

Effect of stress-dosed hydrocortisone on physical capacity in patients with Addison's disease (AD)

Katerina Simunkova¹, Nevena Jovanovic², Espen Rostrup¹, Paal Methlie², Marianne Øksnes², Roy Miodini Nilsen³, Hanne Hennø¹, Mira Tilseth¹, Kristin Godang⁴, Ana Kovac¹, Kristian Løvås^{1,2} and Eystein S Husebye^{1,2}

Departments of 1Clinical Science and 3Global Public Health and Primary Care University of Bergen, 4021 BERGEN, Norway. 2Department of Medicine, Haukeland University Hospital, 5021 BERGEN, Norway. 4Department of Endocrinology, Oslo University Hospital Rikshospitalet, Sognsvannsveien 20, 0372 Oslo, Norway

Aim: To evaluate the effect of stress dose hydrocortisone (HC) on physical activity in female patients with AD.

Introduction: Many patients take stress doses during physical or psychological events and report benefit on performance and post-exertion fatigue. The effect of such dosing has not been demonstrated.

Results:

- V02max and duration of exercise were lower in AD than controls, and did not improve with stress dosing.
- The glucose response to exercise was attenuated in the patients compared with the controls
- The adrenaline response to exercise was flattened in patients compared with controls.

Parameters	Treatment		Placebo		Healthy subjects		P for interaction ^b
	Observed Mean ± SE	Observed Mean ± SE	Predicted Mean Difference (95% CI) ^a	Observed Mean ± SE	Predicted Mean Difference (95% CI) ^a		
FFA^c (mmol/L)							
Before	0.4±0.05	0.4±0.07	0.03(-0.10,0.16)	0.4±0.08	0.03(-0.21,0.27)	0.7f/0.002 ^g	
After	0.3±0.04	0.3±0.04	-0.01(-0.15,0.12)	0.4±0.06	0.03(-0.21,0.27)		
15 min	0.4±0.05	0.4±0.07	-0.01(-0.14,0.12)	0.3±0.06	-0.07(-0.31,0.17)		
30 min	0.4±0.05	0.4±0.06	-0.03(-0.16,0.09)	0.3±0.05	-0.12(-0.37,0.12)		
Glucose^c (mmol/L)							
Before	5.0±0.1	4.7±0.1	-0.29(-0.68,0.10)	5.4±0.2	0.36(-0.46,1.18)	0.06	
After	5.0±0.1	5.1±0.1	0.04(-0.37,0.46)	6.0±0.3	1.00(0.17,1.83)		
15 min	5.3±0.1	5.1±0.1	-0.17(-0.56,0.22)	5.9±0.3	0.69(-0.14,1.51)		
30 min	5.1±0.1	4.9±0.1	-0.18(-0.57,0.21)	5.7±0.3	0.48(-0.35,1.31)		
Insuline^c (mIE/L)							
Before	7.05±2.11	7.26±1.53	0.21(-3.67,4.09)	9.77±2.44	2.72(-4.89,10.33)	0.34	
After	7.14±2.13	8.92±1.95	0.70(-3.42,4.83)	14.51±1.56	6.60(-1.07,14.28)		
15 min	11.06±2.88	10.97±2.12	-0.09(-3.97,3.79)	14.01±1.34	2.59(-4.66,10.57)		
30 min	9.73±2.54	9.18±2.06	-0.55(-4.43,3.33)	11.97±1.60	2.29(-5.39,9.98)		
GH^e (ug/L)							
Before	-0.62±0.61	-0.79±0.57	-0.49(-2.62,1.64)	0.30±0.37	0.69(-2.15,3.53)	0.8 ^f /0.3 ^g	
After	-0.19±0.71	0.20±0.52	0.44(-1.83,2.70)	0.50±0.37	0.14(-2.74,3.03)		
15 min	0.47±0.47	0.43±0.40	-0.47(-2.60,1.66)	0.48±0.31	-0.86(-3.70,1.98)		
30 min	0.37±0.42	0.37±0.42	-0.13(-2.26,2.00)	0.05±0.37	-1.03(-3.92,1.85)		
Lactate (mmol/L)							
Before	1.07±0.24	1.12±0.13	0.05(-1.71,1.82)	0.98±0.10	-0.09(-2.06,1.88)	0.81	
After	7.05±0.79	6.48±0.67	-0.57(-2.34,1.99)	6.51±0.51	-0.54(-2.51,1.43)		
15 min	4.40±0.63	4.06±0.61	-0.34(-2.11,1.43)	4.67±0.59	0.24(-1.70,2.24)		
30 min	2.19±0.34	2.09±0.47	-0.10(-1.87,1.67)	2.91±0.53	0.75(-1.27,2.22)		

Table 1. Comparison of selected parameters among patients and healthy subjects

a linear mixed effect models with random intercept; 95% CI for difference by post-hoc test for pairwise comparison (Sidak corrected).

b Overall P for interaction by likelihood ratio test.

c No statistically significant period or sequence effects.

d A statistically significant period effect for the cross-over of the treatment and placebo.

e A statistically significant sequence effect for the cross-over of the treatment and placebo.

f separate analysis for treatment and placebo.

g separate analysis for treatment and controls.

Parameters	Treatment		Placebo		Healthy subjects		P for difference ^b
	Observed Mean ± SE	Observed Mean ± SE	Predicted Mean Difference (95% CI) ^a	Observed Mean ± SE	Predicted Mean Difference (95% CI) ^a		
Load _{max} (W)	141±32.1	142±33	0.8(-4.40,5.96)	186±35	44.7(12.51,76.87)	0.02	
Time _{max} (sec)	344±108	353±99.7	9.0(9.82,27.82)	490±98	146.0(50.05,241.95)	0.007	
VO _{2max} (L/min)	1.56±0.43	17.5±50.1	0.13(-0.063,0.33)	2.33±0.55	0.77(0.31,1.23)	0.003	
VO _{2kgmax} (ml/kg/min)	25.7±8.37	26.6±8.11	0.91(-2.10,3.912)	34.1±7.35	8.49(1.04,15.93)	0.06	
VCO _{2max} (L/min)	1.9±0.489	2.03±0.49	0.16(-0.08,0.35)	2.73±0.66	0.83(0.28,1.38)	0.007	
RER _{max}	1.2±0.046	1.21±0.046	0.01(-0.02,0.04)	1.17±0.054	-0.04(-0.08,0.01)	0.1	
BPdia _{max} (mmHg)	94.2±8.59	94.7±11.8	0.5(-3.96,4.96)	95±13.4	0.80(-10.44,12.04)	0.9	
BPsys _{max} (mmHg)	186±19.2	192±18.9	6.0(-3.25,15.25)	195±26	9.2(-12.05,30.45)	0.3	
HR _{max} (beats/min)	160±20.3	159±15.6	-0.9(-9.08,7.28)	172±12	11.8(-3.13, 26.73)	0.2	
O _{2pulsmax} (ml)	9.82±1.84	10.7±2.16	0.91(-0.37,2.19)	13.5±3.22	3.71(1.24, 6.18)	0.007	
Recovery (sec)	53±24.1	58±22	5.0(-7.63,17.63)	107±32.3	54.0(27.86, 80.14)	0.001	

Table 2. Physical and cardiorespiratory parameters in response to a cycle test

a. By linear mixed effect models with random intercept; 95% CI for difference was obtained by post-hoc test for pairwise comparison (Sidak corrected). b. Overall P value for group difference obtained by likelihood ratio test.

Load_{max} - Load max, time_{max}- duration of exercise, VO_{2max} -oxygen uptake, VO_{2kgmax} oxygen uptake per kg, VCO_{2max}- carbon dioxide production, RER_{max}- respiratory exchange rate, BPdia_{max}- Peak diastolic blood pressure, BPsys_{max}-Peak systolic blood pressure, HR_{max}- Peak heart rate, O_{2pulsmax}-maximum peak of oxygen per pulse, E_{max}- Energetic expenditure max, METS_{max}-Metabolic equivalents max, Recover-Time of recovery.

Conclusions

- Stress dosing does not seem warranted for short-term exercise
- Dysfunction of the adrenal medulla and impaired glucose response to stress might lower performance and increase post-exertion fatigue in AD

e-mail: katerina.simunkova@k2.uib.no

Design

Double blind, controlled, cross-over designed, randomized pilot trial to investigate the effects of **10 mg oral HC** on ergometer test to exhaustion.

Participants

- 10 female patients, age (mean SEM) 48 15,9 yr, BMI 22,9 4,6 kg. Regular treatment was cortisone acetate 30.1 7.6 mg (range 18.7-37.5 mg) and fludrocortisone 0.095 0.015 mg (0.05-0.1 mg).
- 10 age and BMI-matched healthy female controls.

Outcomes

- primary endpoint: oxygen uptake (O₂ uptake) and maximal aerobic capacity (V_{O₂ max}
- secondary endpoints: detailed cardiorespiratory parameters, duration of exercise, post-exercise hypoglycaemic events and glycaemic variability, endocrine and metabolic responses, and HRQoL evaluated by questionnaires.

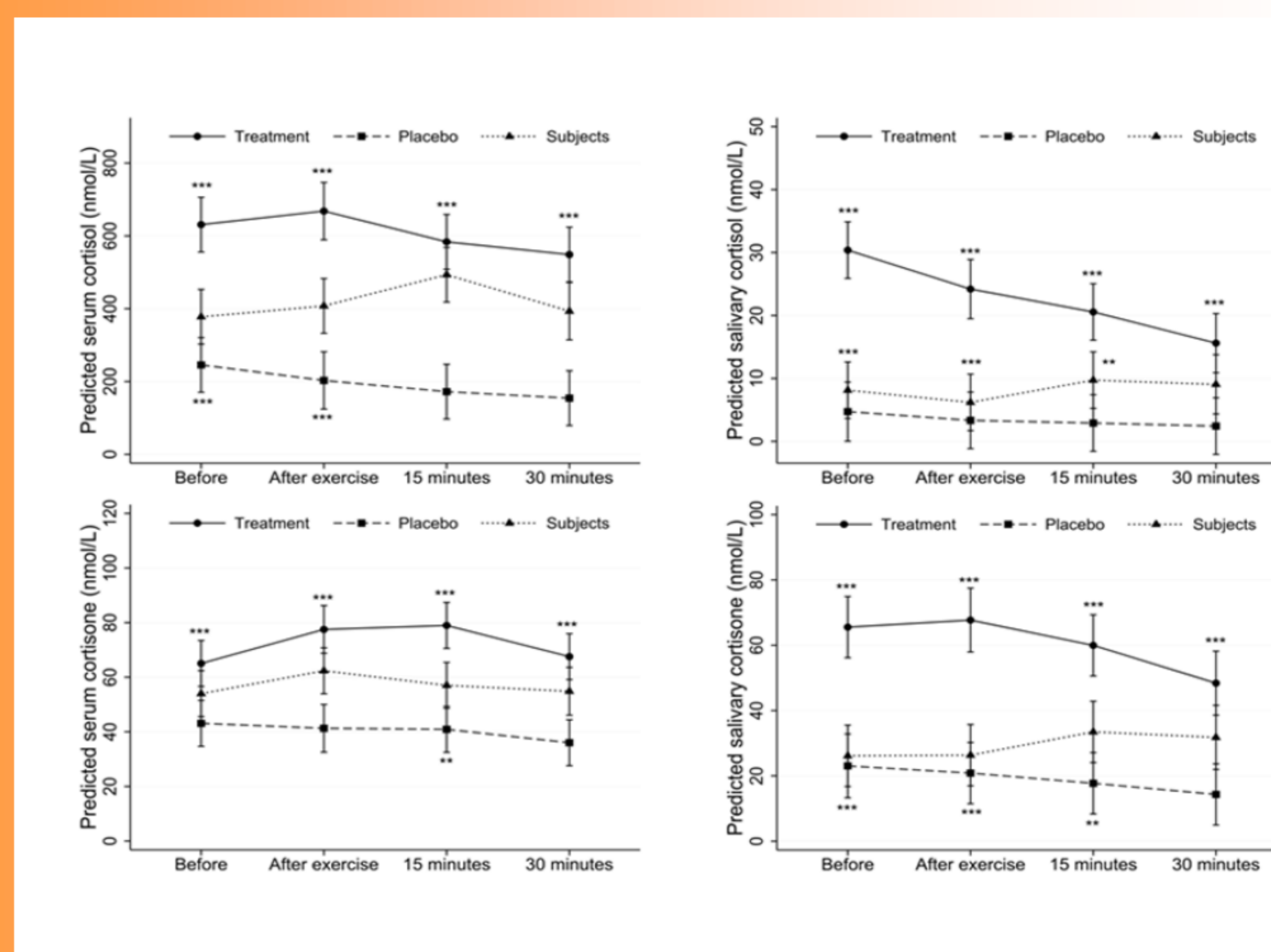


Figure 1. Serum or salivary cortisol, cortisone in patients and healthy subjects.

***P ≤ 0.001 for treatment vs placebo, ***P ≤ 0.001 for treatment vs subjects, **P ≤ 0.01 for treatment vs subjects

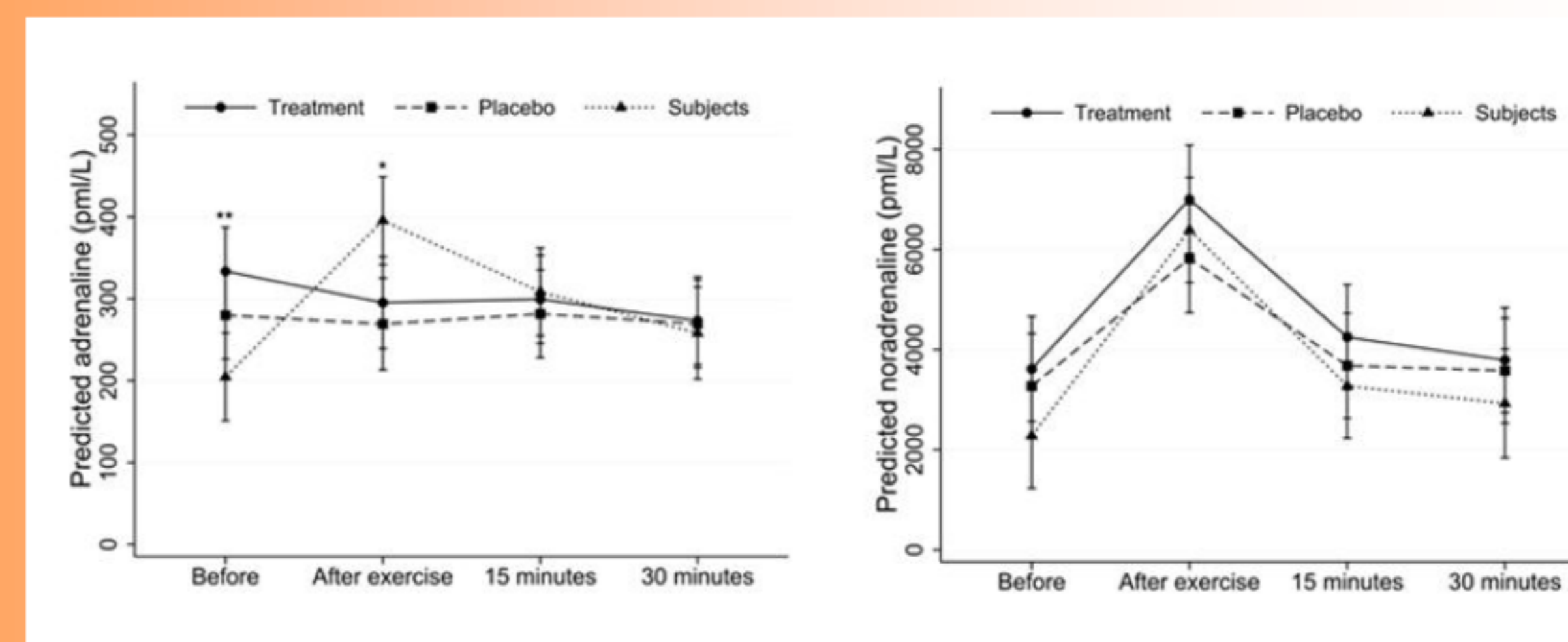


Figure 2. Levels of plasma adrenaline and noradrenaline in patients and healthy subjects **P ≤ 0.001 for treatment vs healthy subjects *P ≤ 0.01 for treatment vs healthy subjects

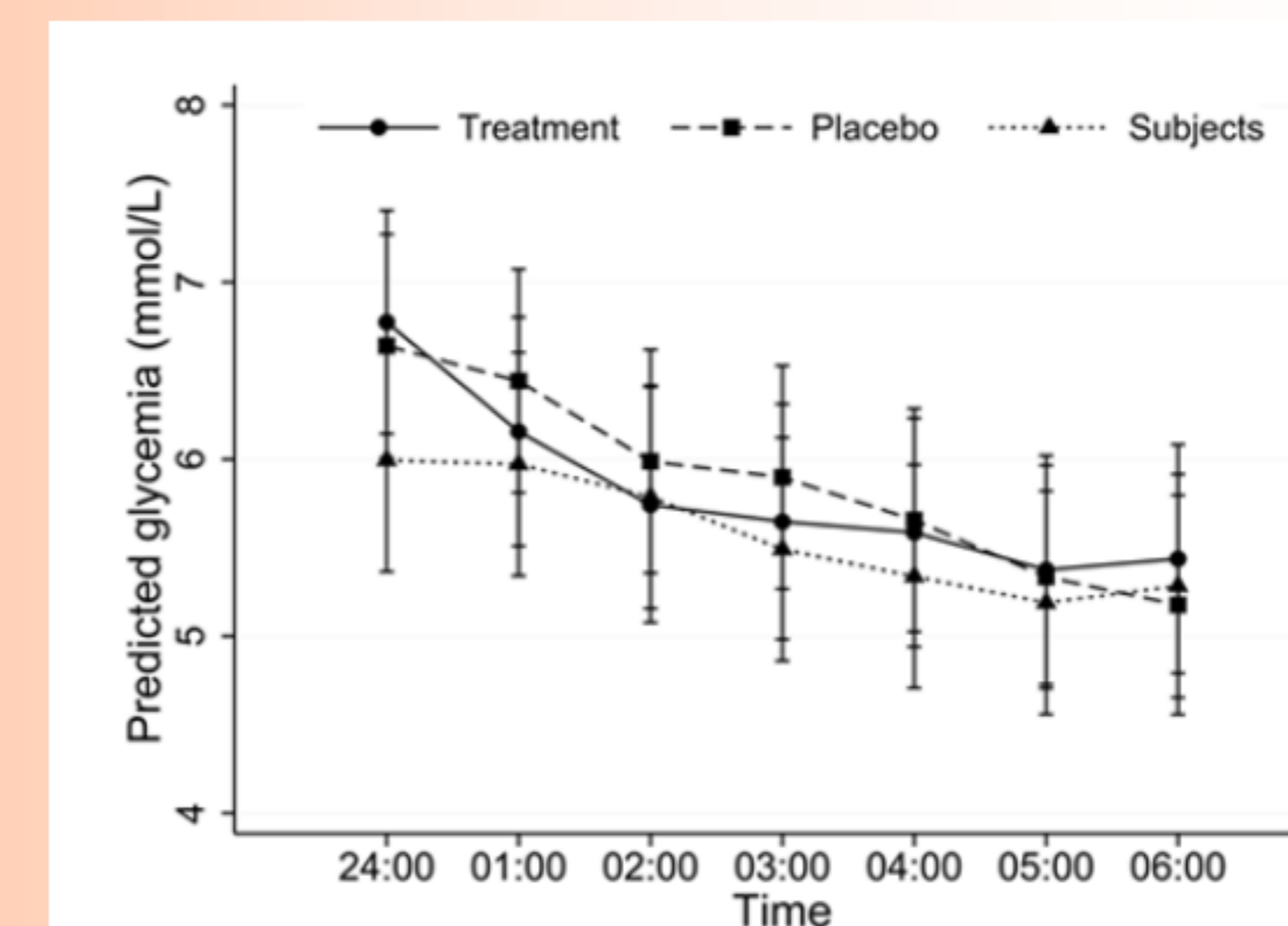


Figure 3. Post-exercise average levels of glycemia followed up from midnight to 0600 a.m. in patients and healthy subjects P for time-by-group interaction was 0.80