Adrenal Function in Chronic Fatigue Syndrome and Fibromyalgia

The study below demonstrates, as others have, that there is an altered hypothalamic-pituitary-adrenal axis in Chronic Fatigue Syndrome and Fibromyalgia. This means that there is low adrenal function that is not picked up by standard blood tests by most doctors. The reason is that the overwhelming majority of doctors look for the pituitary's response to low hormones to make the diagnosis because this is the way that was taught in medical school. Unfortunately, this does not work with these conditions and results in an incorrect interpretation and diagnosis. This is true of many hormones in Chronic Fatigue Syndrome and Fibromyalgia, including thyroid, cortisol, estrogen, progesterone, testosterone, growth hormone and aldosterone, to name a few.

While this study demonstrates that low dose cortisol supplementation was beneficial for some, as a single treatment it did not work for many. Poor adrenal function is present in significant numbers of Chronic Fatigue Syndrome and Fibromyalgia patients, but if, however, only the adrenal deficiency is treated without treating the other deficiencies, there will be disappointing results, as in this study. It must be given in combination with the other necessary hormones. If low adrenal function is missed, however, it can mean the difference between treatment success and failure.

Hypothalamo-Pituitary-Adrenal Axis Dysfunction in Chronic Fatigue Syndrome, and the Effects of Low-Dose Hydrocortisone Therapy. The Journal of Clinical Endocrinology & Metabolism Vol. 86, No. 8 3545-3554