

Re: Low cortisol and low testosterone

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- *From:* "NoReply" <nospamplease@xxxxxxxxxxxxxxxxxx>
 - *Date:* Sat, 19 Apr 2008 14:33:53 -0700
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Thanks for all this info.. this all agrees with my research but this is much better organized. Thanks!

"Robert1" <Goldentouchman@xxxxxxxxxx> wrote in message
news:7ecb070e-e1ec-4b52-849a-cc953901893d@xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx
On Apr 18, 7:39 pm, "NoReply" <nospamle...@xxxxxxxxxxxxxxxxxx> wrote:

I hope someone reading this will be able to help me decipher what is going on. I've been to a number of endos and DOs.

I'm 32 years old, used to be in excellent shape but I overtrained last

year

with weight lifting. It has been a full 12 months and I still cannot exercise.

Was diagnosed with hashimoto's thyroiditis in 2002 and I am on 1 grain of armour, this keeps my FT3 right at the top range.

I've had low testosterone for at least two years. Free T is 20% below the low range.

My urine and saliva cortisol tests showed very low cortisol. In fact my DO wanted me to take 15mg of cortisone daily, but I don't want to become dependant on that, so I haven't tried it yet, still thinking about it.

I have *severe* exercise intolerance plus most of my muscle has been lost (30 lb lost starting from 7% body fat!!) and I have fat accumulating

around

my waist now.

#1: When I take testosterone, this causes my DHEA to sky rocket, up to

4000%

above the normal reference range. It goes back down to normal when I stop

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taking it.

#2: When I take testosterone cream (I can't stand shots), my cortisol also goes very high out of the normal range and my estradiol goes way out of range. They go back to normal when I stop it.

#3: The more armour and testosterone I take, the more I feel drained, with brain fog and tiredness. I guess the T3 and testosterone cause my adrenals to work harder?

#4: I feel like I'm running on adrenaline when I'm taking testosterone. I get very anxious and startled easily.

Question #1: Should I take the 15mg of cortisone? Will I become dependant

on

it? I never had an ACTH stim test. He said the urine and saliva tests were accurate enough.

Question #2: Should I just leave my low testosterone alone, or would my adrenals be OK if I used the testosterone and arimidex that he prescribed?

He told me that if I felt better a week after taking cortef, I should try adding the testosterone back but I wonder if this will just put more

stress

on my adrenals. I certainly don't want to be stuck on cortef for the rest

of

my life.

Its just that when I am taking testosterone (small amounts, under doctor care), I am very wired up and have anxiety so bad that I've been to the ER twice with a pounding pulse in my neck and severe panic attack. This

doesn't

happen when I'm not on testosterone.

Thanks in advance for any clues.

Just some comments which reflect my understandings and don't hold me to them without confirming them.

There is a sequence involving HRT because of the interconnection of the endocrine system. It can be very complicated and one psychiatrist online posted this order.

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The order is usually

1. Cortisol
2. Aldosterone
3. Thyroid
4. Sex hormones
- 5 Growth hormone

Autoimmune disease like Hashimoto's can often be associated with other autoimmune disease like primary adrenal insufficiency. I would have been nice to see other confirmations such as with 21-OH adrenal antibodies. The other classic findings of hypotension, unexplained fever, altered mental state with lab findings of low cortisol low DHEA, potassium, low sodium and low glycohemoglobin pertain to adrenal failure.

Putting that aside anyone taking thyroid hormones will stress the adrenal gland. The key is an adequate target TSH where one is not hypo or hyper. Giving T3 promotes serotonin production. Some patients with depression are given thyroid hormones to that when they are refractive to antidepressants.

With regards to testosterone, excess testosterone is converted to estradiol by the Aromatase enzyme peripherally by fat tissue. Estrogen increases serotonin levels and low estrogen and high estrogen levels can both cause anxiety symptoms, and insomnia. Testosterone reduces pituitary ACTH secretion which in turn reduces cortisol production. It helps in limiting chronic stress. Even when testosterone levels are optimized according to that psychiatrist, one does not feel "right" when "adrenal fatigue" coexists with anxiety, irritability, feelings of desperation occur. High cortisol levels can be due to low testosterone or high stress and can lead to suppression of TSH, and impair conversion of T4 to T3 and impair serotonin function, reduces serotonin receptor density, increases serotonin reuptake etc.

So with that in mind your doctor seems to be inclined to treat the adrenal deficiency if it exists as the testosterone didn't make you feel better and see how the rest falls into place based on the order above on HRT.

My understandings on Cortef is that it doesn't shutdown adrenal production like the other glucocorticoids. That's basically what I have without the original references.

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