



APRIL, 2014
BULLETIN 21

Dr. Techy says,
"A single blood draw will do!"

OPIOIDS SUPPRESS MORE HORMONES **THAN TESTOSTERONE**

In general, pain practitioners think opioids only suppress testosterone. NOT SO. They can suppress pregnenolone, DHEA, cortisol, ACTH, progesterone, and estrogen. Sometimes others.

**POSTERS AT THE RECENT AMERICAN ACADEMY OF PAIN MEDICINE MEETING WERE: (1) A Case of Adrenal Insufficiency Secondary to Chronic Opioid Use-Keep This In Mind, (Rabi J.)
(2) Endocrine Dysfunction with Intrathecal Opioids, (Kim C, et al)**

Beware of the patient on opioids—particularly long-acting and intrathecal—who suddenly has any of these:

- ✓ Hyperalgesia
- ✓ Pain Relief Stops
- ✓ Weakness
- ✓ Stumbles and Falls
- ✓ Mental Confusion
- ✓ Depression
- ✓ Amenorrhea

CAUTION

If any of the above occur, immediately do a hormone profile. Very low levels of cortisol and even testosterone can be life threatening.

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**Information
Network**

Dr. Hormone says,
"Patients on long-acting
and intrathecal opioids are
at high risk of serious
hormone suppression."

