

WHICH PAIN PATIENTS SHOULD BE TESTED FOR HORMONE ABNORMALITIES?

CHAPTER 9
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BRINGING A NEW DIMENSION TO PAIN CARE

Information presented here is a public service for health practitioners. It is provided by the Tennant Foundation.

Contact Information:

334 S. Glendora Ave.
West Covina, CA 91740-3043
Ph: 626-919-7476
Fax: 626-919-7497
E-mail: veractinc@msn.com



**Information
Network**

www.hormonesandpaincare.com

ALGORITHM

WHO?

- Patient with constant pain
- Patient whose pain interferes with physical, mental, or social functions
- Patient who requires daily neuropathic or opioid agents

RECOMMENDED HORMONE PROFILE

- Adrenocorticotropin (ACTH)
- Pregnenolone
- Cortisol
- DHEA
- Progesterone
- Testosterone

ACTION

**LOW
HORMONE
LEVELS**

**TEMPORARY
REPLACEMENT**

**HIGH
HORMONE
LEVELS**

**INCREASE
ANALGESIC
MEDICATION**

KEY POINTS

WHO TO TEST?

The screening hormone profile recommended here should be routine in any pain patient who complains that their pain is constant, interferes with their physical, mental, or social functions, or requires a daily potent medication such as a neuropathic agent or opioid.

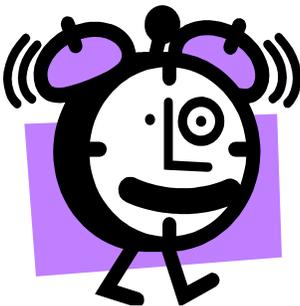


HORMONE PROFILE

Thanks to new technology a hormone profile can now easily be obtained from local commercial laboratories. Other than financial, there is no longer a sound reason to avoid a basic fundamental of pain care which is hormone homeostasis. Adequate serum levels of some hormones are simply critical for maximal pain relief and healing.

WHY THIS RECOMMENDED HORMONE PROFILE?

The hormones critical to pain care are primarily those in the hypothalamic-pituitary-adrenal-gonadal system herein called the axis. The hormones recommended here have normal ranges which give you high, low, and normal levels. While other hormones such as corticotropin releasing hormone, luteinizing hormone, thyroid, or estradiol can be added to the profile, this one profile gives you an excellent picture of the status and activity of the axis and pain's effect on it.



WHEN TO TAKE THE PROFILE

Early morning is the best as that is the time of maximal hormone output, but the profile can be taken anytime.

SHOULD THE PATIENT FAST BEFORE THE TEST?

NO! The patient should be in their usual nutritional and functional state. This is not glucose or cholesterol testing.



INTERPRETATIONS AND ACTIONS

1. Low Hormone Levels

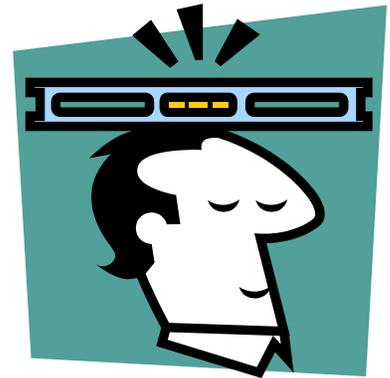
Except for ACTH, start low dose replacement therapy for any hormone with a depressed serum level. Try to hold off additional potent medications such as neuropathics or opioids until normal hormone serum levels are achieved. The patient's pain may greatly reduce with normal hormone levels and eliminate the necessity of potent drugs.

2. High Hormone Levels

A high serum level means that pain is uncontrolled and over-stimulating the axis. The first step is to increase anti-inflammatory, neuropathic, or opioid medication.

3. Normal Hormone Levels

A normal hormone level means that physiologically the patient's pain is not severe enough to over stimulate the axis. This is not to say that the patient doesn't have pain and need more analgesic medication. In most cases, however, little, if any, additional potent medication is required. Additionally, opioids may suppress the axis. If the hormone profile is normal, be alert for false claims of pain severity, addiction, or diversion as this hormone profile serves as a biomarker of severe, chronic pain.



MAJOR NEUROPATHIC AGENTS OF TODAY

Savella® - milnacipran

Cymbalta® - duloxetine

Lyrica® - pregabalin

Neurontin® - gabapentin

Gralise® - gabapentin