**Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s Diagnosis of Endocrine Disorders**

As an endocrinologist, you have the important job of correctly identifying your patients’ endocrine disorders and also prescribing a treatment plan. After listening to patients who have called into your hotline, use your *Handbook of Endocrine Disorders* to diagnose which disease the patients have. You can then think about a treatment plan for each patient to help them feel better again. Take notes in the patient charts below.

http://www.edencsd.org/Page/1616

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| **Patient** | **Symptoms** | | **Diagnosis** | **Endocrine Gland Involved** | **Treatment Plan** |
| #1-  A 22 year-old college student-athlete |  | |  |  |  |
| #2-  A 41 year-old female computer data entry employee |  | |  |  |  |
| **Patient** | **Symptoms** | **Diagnosis** | | **Endocrine Gland Involved** | **Treatment** |
| #3-  A 55 year-old married male |  |  | |  |  |
| #4-  A 16 year-old high school sophomore |  |  | |  |  |
| #5-  A 38 year-old active mother |  |  | |  |  |

**Analyze characteristics and treatment of common endocrine disorders.**

A. Gigantism

1. Hyperfunction of pituitary – too much growth hormone

2. In preadolescence – overgrowth of long bones leads to excessive tallness

B. Acromegaly

1. Hyperfunction of pituitary – too much growth hormone in adulthood

2. Attacks cartilage so chin protrudes

3. Rx – drugs to inhibit growth hormone, radiation

4. Symps - Overdevelopment of bones in face, hands and feet

C. Dwarfism

1. Hypofunction of pituitary in childhood

2. Small size, but body proportions and intellect normal

3. Rx – early diagnosis, injection of growth hormone

D. Hyperthyroidism - Graves disease

1. Overactive thyroid gland

2. Too much thyroxine leads to enlargement of gland

3. Goiter – enlargement of gland

4. Exophthalmos – bulging of eyeballs

5. Rs – partial or total removal of gland, drugs to reduce thyroxine, radiation

6. Appetite change (decrease or increase)

7. Symps – consuming large quantities of food but lose weight, Difficulty sleeping (insomnia), Fatigue, Frequent bowel movement—perhaps diarrhea, Heart palpitations ,Heat intolerance ,Increased sweating, Irritability, Light menstrual periods—perhaps even missed periods, Mental disturbances, Muscle weakness, Nervousness, Problems with fertility ,Shortness of breath, Sudden paralysis, Tremor/shakiness, Vision changes, Weight loss-but perhaps weight gain, Dizziness, Thinning of hair, Itching and hives, Possible increase in blood sugar

E. Hypothyroidism

1. Not enough thyroxine

2. May be due to lack of iodine (simple goiter)

3. Symps – dry, itchy skin; dry and brittle hair, constipation, muscle cramps at night, tiredness, being sensitive to cold, weight gain, depression, slow movements and thoughts, muscle aches and weakness.

F. Tetany

1. Hypoparathyroidism, decreased calcium levels affect functions of nerves

2. Rx – Vitamin D, calcium and parathormone

3. Symps – convulsive twitching develops, person dies of spasms in the respiratory muscles

G. Cushing’s Syndrome

1. Hypersecretion of adrenal cortex

2. May be caused by adrenal tumor or prolonged use of prednisone

3. Rx – surgical removal of tumor

4. Symps – high blood pressure, muscle weakness, obesity, poor healing, thinning skin tendency to bruise, excessive hair growth, menstrual disorders,. weight gain, obesity. fatty deposits, especially in the face (round "moon" face), between the shoulders, the upper back (buffalo hump), and midsection, stretch marks on the breasts, arms, abdomen, and thighs.

H. Addison’s Disease

1. Hypofunction of adrenal cortex

2. Rx – Replace deficient hormones

3. . Symps – bronzing of skin, Low blood sugar (hypoglycemia), hypotension, Muscle weakness and fatigue, weight loss and decreased appetite, darkening of your skin (hyperpigmentation), low blood pressure, even fainting, salt craving, Nausea, diarrhea or vomiting.

I. Diabetes Mellitus

1. Cause – decreased secretion of insulin

2. If not treated, excess glucose in blood (hyperglycemia) and secreted in urine (glycosuria)

3. If too much insulin given, blood sugar can get too low

(hypoglycemia) and person can develop insulin shock

4. Type II diabetes is not insulin-dependent – most common, usually familial, occurs later in life, usually treated with diet

5. Symps – polyuria, polyphagia, polydipsia, weight loss, blurred vision, and possible diabetic coma