

6 EXERCISE

a) EXERCISE IS GOOD FOR US (SO WHY ARE WE COUCH POTATOES?)

It keeps our hearts and lungs healthy, it keeps our bones and muscles strong. It keeps us from stiffening up as we get older, so that we enjoy middle age and old age more. Walking is an excellent form of exercise for Addisonians; it is gently invigorating and helps to prevent osteoporosis. More strenuous exercise is even better. Naturally, in this age of the car, very few of us exercise as much as we should.

Some Addisonians run marathons and compete in endurance sports. Others climb mountains and travel to remote places. Some of us are couch potatoes who feel exhausted after changing into our gym gear. In this respect we have the same broad range of fitness levels as the general population.

In short, being Addisonian does not stop you being a fit, athletic individual. However it does mean you have to plan your fitness regime carefully, to ensure your medication levels remain adequate for the physical demands of your particular sport or recreation.

“For the past five months I’ve been taking karate and I really enjoy it. For a person of 46 with primary Addison’s, hypothyroidism, a spastic bladder and irritable bowel I guess I’m doing pretty well. Since I’ve been taking karate my energy level has improved and most of the pains in my joints have left me. Now if I could just get this weight off!” KAREN

b) ADJUSTING YOUR MEDICATION TO YOUR FITNESS REGIME

■ *When you undertake a form of exercise that is far more physically demanding than usual, you may need to take a little extra medication beforehand.*

■ *When you undertake a form of exercise which you are used to and which your fitness level means they do not find especially demanding, you do not need to take extra medication beforehand, unless it is of long endurance.*

■ *Remember to drink plenty of fluids during and after exercise, to ensure that your mineral balance remains stable.*

■ *Avoid sports drinks with added potassium.*

Most people establish by trial and error when they need to ‘top up’ their medication and when they do not. The general aim is to keep any extra medication to a minimum while gradually building up your level of fitness. For physically challenging sports, such as competitive running, it is best to plan your training regime and the amount of steroid cover you will require beforehand, with advice from an endocrinologist.

Some approximate guidelines are described right. If you are in any doubt, consult your doctor about your medication requirements before you start on a new fitness programme.

EXERCISE: A SUMMARY

Exercise in all weight-bearing forms - including walking - is an important way to help prevent osteoporosis.

Gentle exercise does not need any extra medication.

Physically challenging exercise may need a ‘top up’ to your normal medication.

For competitive sports, such as marathon running, it is best to consult an endocrinologist about your medication regime.

For the Addisonian, it can also seem like harder work to increase your fitness level than it is for someone with healthy adrenals. This is because your body finds it more physically demanding to do something to which it is unaccustomed. So, the first time you go to a gym class will feel like much harder work than it will once you have done the same class a few times.

Starting a new sport or fitness programme, such as:

■ 60 minute ‘cardio’ workout gym class

Try taking an extra quarter of your normal daily dose (eg. 5mg hydrocortisone for someone on 20mg), 60 minutes before the first class starts.

Then, on the next occasion, try a ‘top-up’ of half that amount before the class.

Try the third class with no ‘top up’.

Remember to drink extra fluids after the class.

Returning to a sport or fitness programme you used to do before your diagnosis, such as:

■ Running, swimming or lifting weights

Start out gradually, eg. run just for 5 minutes the first day, so that you are not over-stretching yourself.

Aim to do a little more each time you exercise without needing to take extra medication.

Training for and taking part in a challenging sporting competition, such as:

■ Marathon

■ Mountain marathons

■ Other competitive mountain sports

Consult your endocrinologist first.

Some runners have successfully completed a marathon on less than double their normal daily dose, others may need more than this.

Mountain sports may need considerably more due to the altitude, cold and other physical demands. (Anywhere up to ten times normal daily dose).

Arrange to have plenty of rehydrating fluids and an emergency medical kit to hand along with an escort who can use the kit if absolutely necessary.

A MARATHON RUNNER’S EXPERIENCE:

“I was diagnosed with Addison’s two years ago at the age of 45. I struggled to find good advice as to whether I would be able to get fit again and run another marathon. After a year I decided to start serious training. For long runs of 17 miles plus I took an extra 10mg of hydrocortisone and doubled my fludrocortisone in the morning. I also took electrolyte stamina tablets and made sure that I was well hydrated before and during running. This worked well for me during training runs and the marathon itself. I had absolutely no problems other than the expected sore muscles. The run itself went extremely well, no ‘wall’ at all and I managed a strong finish to creep in just under four hours. I do not believe that being an Addisonian increases the challenge of marathon training by too much. You just have to be more aware of how you are feeling and take the necessary precautions if you start to feel bad. There is no magic formula, just trial and error. You need to remember you will have good running days and bad running days, just like non-Addisonians. After all, training for and running a marathon is tough on the body.” BRIAN