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**ADULT  
MANAGEMENT OF  
CAH**

*Transcript prepared by Sue Elford. Although sent for checking by Dr Conway at the time of printing alterations had not been received. We therefore accept there may be discrepancies.*

## ADULT MANAGEMENT

Dr Conway probably has the largest practice of CAH adults in the country, comprising of approximately 100 patients. 75% of these are women, 25% men. He maintains that CAH is easier to treat in adulthood, as you do not have the problems of height to consider, which is one of the major concerns in childhood.

### ISSUES FOR WOMEN

**Overweight** - We look at exercise and diet and ways of reducing the overall steroid dose to get this under control. Careful monitoring of weight is important, as prevention of weight gain is better than a harsh weight reducing diet. Careful adjustment of treatment and attention to diet and exercise should enable most people with CAH to avoid obesity.

**Hair Growth** – This can be more of a problem as high androgen levels occur when cortisol treatment is too low. Cosmetic methods of treating excess hair such as creams, electrolysis, shaving, waxing and laser are effective options. In some women we use the oral contraceptive pill (Dianette) to curb the production of testosterone, which can help reduce hirsutism.

**Fertility** – In general this depends on the level of salt losing and also on the menstrual cycle. If the latter is regular, fertility isn't such a problem. Standard fertility treatment is effective for those having trouble conceiving.

**Adrenalectomy** - At the time of this conference sixteen adrenalectomies had been performed on CAH patients in the World. Five of these were patients attending Dr Conway's clinic. Their ages ranged from 15-30 years.

Of those five, two were performed as fertility was a problem and all treatment had failed. After the adrenalectomy both women became pregnant. The other three women had the operation because their CAH was extremely difficult to control and he could not find a satisfactory treatment dose that suppressed the adrenals yet helped the patient lose weight. The adrenalectomies were very successful in these cases too! We don't know if there are any long-term problems associated with adrenalectomies as yet.

It is best to try and predict if there are going to be problems with fertility and if it is suspected, an earlier adrenalectomy may be the answer. Reduced doses of steroids can be given once an adrenalectomy is performed, as the patient no longer has CAH – so suppressing androgens is not a problem, so a lower replacement dose can therefore be prescribed. This also reduces the problem of osteoporosis (low bone density), which is associated with high dose steroids.

**Hand Over Clinic** – Patients should be transferred to an adult endocrinologist once final height is achieved.

**Sex Life** – The genital surgery performed on women may have an impact on sex life. The UCLH team is undertaking research and data is being collected.

**Jobs** – There are very few jobs where people with CAH are excluded. Pilots and the armed forces are the only ones we are aware of. A letter may be required from the doctor if there is any doubt about fitness, which explains the condition, so there should not be a problem in most employment.

**Alcohol** - Not an issue as long as tablets are not forgotten!

**Antibiotics** - There are one or two anti-biotics (more unusual ones) where there may be a problem but the doctor should be aware of the condition and the medication already prescribed for CAH and give an alternative prescription.