

# Adrenocortex Stress Profile (Saliva)

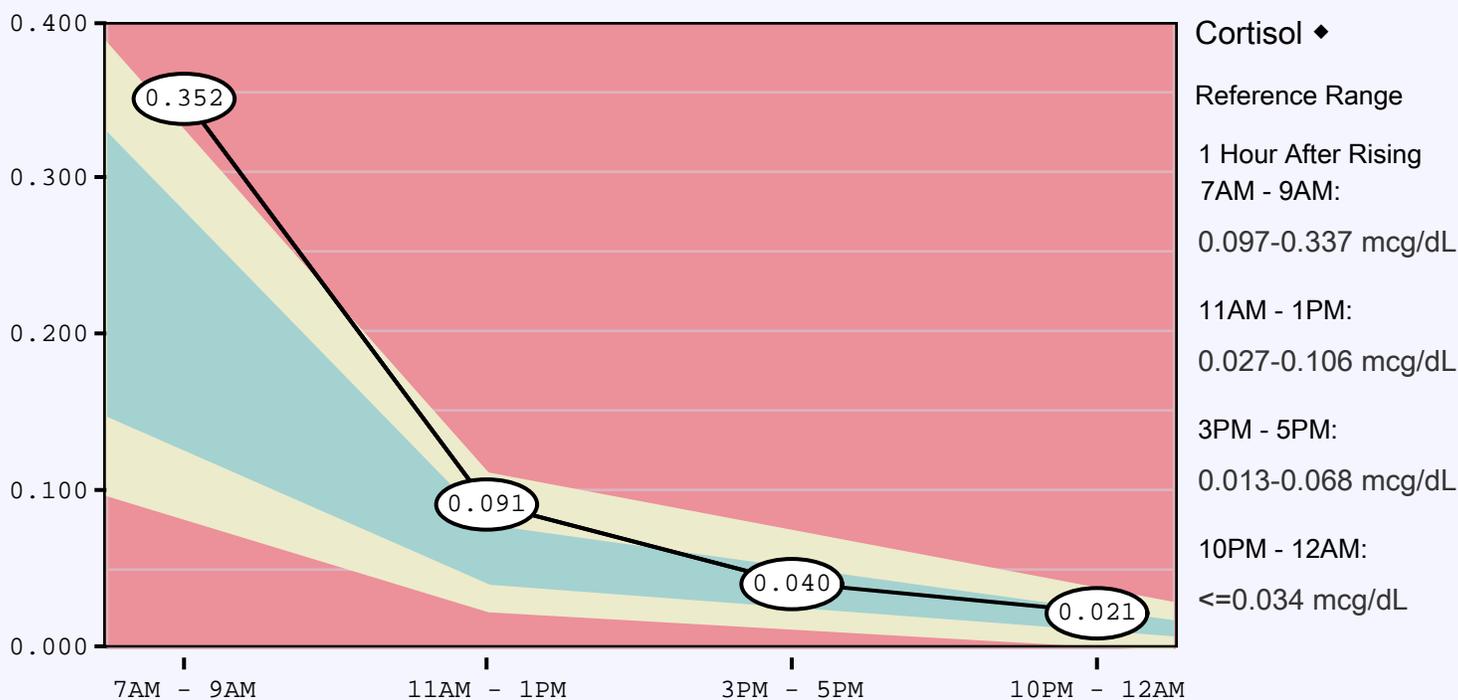


63 Zillicoa Street  
Asheville, NC 28801  
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Patient: **SAMPLE**  
**PATIENT**

DOB:  
Sex:  
MRN:

## Salivary Cortisol and DHEA



Hormone	Reference Range	Reference Range
DHEA 7am - 9am	168	71-640 pg/mL
DHEA: Cortisol Ratio/10,000	477	358-2,538

## Commentary

The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. Unless otherwise noted with ♦, the assay has not been cleared by the U.S. Food and Drug Administration.

Methodology: EIA

Cortisol reference ranges are for patients 18-65 years old.

## Commentary

Commentary is provided to the practitioner for educational purposes, and should not be interpreted as diagnostic or treatment recommendations. Diagnosis and treatment decisions are the responsibility of the practitioner.

For the patient:

This profile measures the levels of cortisol and DHEA and provides an evaluation of how cortisol levels differ throughout the day. Cortisol levels typically peak shortly after rising and are at their lowest after the onset of sleep.

Cortisol is involved in many important functions in your body, including the metabolism and utilization of proteins, carbohydrates and fats, your body's response to physiological or psychological stress, and the control of inflammation and proper blood sugar levels. Cortisol also helps maintain proper blood pressure, normal nerve and brain activity and normal heart and immune function. DHEA also plays a role in the metabolism of protein, carbohydrates and fats, and works with cortisol to help maintain proper blood sugar levels. DHEA helps regulate body weight, blood pressure and immune function, and is used by the body to make the hormones, testosterone and estradiol.

Too much or too little of cortisol or DHEA can lead to illness, and it is important that these two hormones be in balance with each other.

For the physician:

In this profile, the 7-9 AM cortisol level is significantly elevated. Because cortisol levels are typically at their peak shortly after awakening, morning cortisol may be a good indicator of peak adrenal gland function. High morning cortisol levels suggest a degree of adrenal hyperfunction in regard to peak circadian activity, stress being the most common inducer. High cortisol levels cannot be sustained and are often a precursor to adrenal fatigue. Other possible causes of high salivary cortisol include heavy exercise, pregnancy, hypoglycemia, smoking, obesity, depression, alcoholism, and if significantly elevated, adrenal hyperplasia or Cushing's syndrome.

The 11 AM-1 PM cortisol level is within the reference range. Mid-day cortisol levels may be a good indication of adaptive adrenal gland function since they represent the adrenal glands' response to the demands of the first few hours of the day. Mid-day cortisol levels within reference range suggest a component of normal adrenal function in regard to adaptive response.

The 3-5 PM cortisol level is within the reference range. Afternoon cortisol levels may be a good indication of the adrenal glands' ability to help regulate blood sugar, since they represent a postprandial sample. Afternoon levels within the reference range suggest normal adrenal function, especially in the area of glycemic control.

The 10 PM-12 AM cortisol level is within the reference range. Late-night cortisol levels may be a good indication of baseline adrenal gland function since they typically represent the lowest level during the day. Normal late-night cortisol levels suggest normal adrenal function with regard to baseline circadian activity.

DHEA is within the reference range. Proper levels contribute to the ideal metabolism of proteins, carbohydrates and fats, including efficient glycemic control.

The ratio of DHEA to cortisol is normal. This ratio indicates a relative balance of the adrenal output of androgens and cortisol. Both of the hormones are released in response to ACTH from the pituitary and a normal ratio indicates a balanced function of the hypothalamic-pituitary-adrenal axis.

A pattern showing one or more elevated cortisol levels, while the level of DHEA is within reference range, is clinically significant. Elevated cortisol suggests adrenal hyperfunction of the zona fasciculata (the primary source of cortisol). At this time there is no evidence of hyperfunction of the zona reticularis (the primary source of DHEA). This profile may present in the presence of increased physiological or psychological stress, anxiety, hypertension, and/or dysglycemia.