• Hormone –

Table 13.1 Hormones from A to T		Table 13.1 - Continued			
		HORMONES FROM A TO T			
Hormone	Source	Functions	Hormone	Source	Functions
Aldosterone	Adrenal cortex	Aids in regulating the levels of salt and	Glucagon	Pancreatic islets	Increases the level of glucose in the bloodstream.
		water in the body.	Growth hormone (GH)	Pituitary gland	Regulates the growth of bone, muscle, and other body tissues.
Androgens	Adrenal cortex and gonads	Influence sex-related characteristics.	Human chorionic	Placenta	Stimulates the secretion of the hormones
Adrenocorticotropic hormone (ACTH)	Pituitary gland	Stimulates the growth and secretions of the adrenal cortex.	gonadotropin (HCG) Insulin (In)	Pancreatic islets	required to maintain pregnancy. Regulates the transport of glucose to body
Antidiuretic hormone (ADH)	Pituitary gland	Helps control blood pressure by reducing		i directare isiets	cells and stimulates the conversion of excess glucose to glycogen for storage.
		the amount of water that is excreted.	Lactogenic hormone (LTH)	Pituitary gland	Stimulates and maintains the secretion of breast milk.
Calcitonin	Thyroid gland	Works with the parathyroid hormone to regulate calcium levels in the blood and tissues.	Luteinizing hormone (LH)	Pituitary gland	In the female, stimulates ovulation. In the male, stimulates testosterone secretion.
Cortisol	Adrenal cortex	Regulates the metabolism of	Melatonin	Pineal gland	Influences the sleep-wakefulness cycle.
carbohydrates, fats and proteins in the	carbohydrates, fats and proteins in the	Norepinephrine	Adrenal medulla	Stimulates the sympathetic nervous system.	
	14 -	body. Also has an anti-inflammatory action.	Oxytocin (OXT)	Pituitary gland	Stimulates uterine contractions during childbirth. Causes milk to flow from the
Epinephrine	Adrenal medulla	Stimulates the sympathetic nervous system.			mammary glands after childbirth.
Estrogen	Ovaries	Develops and maintains the female	Parathyroid hormone (PTH)	Parathyroid glands	Works with calcitonin to regulate calcium levels in the blood and tissues.
Estrogen	Walles	secondary sex characteristics and regulates the menstrual cycle.	Progesterone	Ovaries	Completes preparation of the uterus for possible pregnancy.
Follicle-stimulating	Pituitary gland	In the female, stimulates the secretion of	Testosterone	Testicles	Stimulates the development of male secondary sex characteristics.
hormone (FSH)		estrogen and the growth of ova (eggs).	Thymosin	Thymus	Plays an important role in the immune system.
		In the male, stimulates the production of sperm.	Thyroid hormones (T4 and T3)	Thyroid gland	Regulate the rate of metabolism.
			Thyroid-stimulating hormone (TSH)	Pituitary gland	Stimulates the secretion of hormones by the thyroid gland.

**Steroid Hormones** - control metabolism, inflammation, immune functions, salt and water balance, development of sexual characteristics, and the ability to withstand illness and injury

- <u>Steroid:</u>
- Anabolic Steroids:
  - Side effects liver damage, altered body chemistry, testicular shrinkage and breast development in males, plus unpredictable mood swings and violence
    - Steroid use by teenagers also stops long bone development, resulting in shortened stature

#### Structures of the Endocrine System:

Major Glands -



#### Pathology of the Endocrine System:

- Endocrinopathy -
- Hypercrinism condition caused by excessive secretion of any gland
- Hypocrinism condition caused by deficient secretion of any gland

## **Diagnostic Procedures Related to the Endocrine System:**

- Nuclear medicine and imaging techniques
- Urine and blood testing are used to measure endocrine hormone levels and to detect the presence of anabolic steroids

## **The Pituitary Gland:**

Pea-sized; located at the base of the brain just below the hypothalamus and is composed of anterior and posterior lobes AKA:

## Functions of the Pituitary Gland – Anterior Lobe

1. Acts in response to stimuli from the hypothalamus of the brain	2. System of checks and balances maintains an appropriate blood level of each hormone
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Adrenocorticotropic Hormone (ACTH)/Adrenotropin:	Follicle-Stimulating Hormone (FSH)/Follitropin: <ul> <li>female -</li> <li>males -</li> </ul>
Growth Hormone (GH)/Somatotropin (STH):	Lactogenic Hormone (LTH)/Prolactin:
Luteinizing Hormone (LH)/Luteotropin: <ul> <li>female -</li> <li>male -</li> </ul>	Melanocyte-stimulating Hormone (MSH)/Melanotropin:
Thyroid-stimulating Hormone (TSH)/Thyrotropin:	1

# Secretions of the Pituitary Gland: Posterior Lobe

Antidiuretic Hormone (ADH):	Oxytocin:
<ul> <li>When ADH is secreted, less urine is produced. When a <b>diuretic</b> is administered, urine secretion increases</li> </ul>	<ul> <li>After childbirth, stimulates the flow of milk from the mammary glands</li> </ul>

# Pathology of the Pituitary Gland

<ul> <li>Alcohol Consumption:</li> <li>Results in increased urine output that can disrupt the body's fluid balance</li> </ul>	<ul> <li>Acromegaly:</li> <li>Due to the excessive secretion of GH after puberty</li> </ul>
Gigantism/Giantism: • Due to excessive secretion of GH before puberty	<u>Hyperpituitarism:</u>
<u>Hypopituitarism:</u>	<ul> <li>Pituitary Adenoma:</li> <li>Causes excess hormone secretion</li> <li>ACTH-secreting tumor stimulates the excess production of cortisol = Cushing's syndrome</li> </ul>

Pituitarism:	Prolactin-producing adenoma/prolactinoma:	
	<ul> <li>Causes it to produce too much prolactin         <ul> <li>Females =</li> <li>Males =</li> </ul> </li> </ul>	

## **Diabetes Insipidus:**

- Either allows too much fluid to be excreted, resulting in extreme:
  - Polydipsia -
  - Polyuria -
- Is not similar to Diabetes Mellitus

#### Treatment Procedures of the Pituitary Gland -

- <u>Hypophysectomy:</u>
- <u>Human Growth Hormone Therapy (GH)/Recombinant GH:</u> synthetic version of naturally occurring growth hormone

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## The Thyroid Gland:



#### Secretions of the Thyroid Gland -

- Thyroxine (T<sub>4</sub>) and Triiodothyronine (T<sub>3</sub>) -
- Calcitonin/thyrocalcitonin -
  - Decreases blood levels by moving calcium into storage in the bones and teeth

## Pathology of the Thyroid Gland -

- **<u>Thyroid Cancer</u>**: first indicated by an enlargement of the thyroid gland
- Insufficient Secretions of the Thyroid Gland:



## Hypothyroidism/Underactive Thyroid -

 Symptoms: fatigue, depression, sensitivity to cold and decrease in metabolic rate

## Cretinism -

Can cause arrested
 physical and mental
 development



Myxedema -	Hashimoto's Thyroiditis -
• Symptoms: enlarged tongue and puffiness of the hands and face	<ul> <li>setting up an inflammatory process that may progressively destroy the gland</li> <li>Causes a</li> </ul>
Excessive Thyroid	Secretions:



Hyperthyroidism -	Graves' Disease -	
• Symptoms: increased metabolic rate, increase sweating, nervousness, and weight loss		
Thyrotoxicosis/thyroid storm -	<b>Goiter/thyromegaly:</b> abnormal enlargement of the thyroid gland that produces a swelling in the front part of the neck	
Exophthalmos: abnormal protrusion of the eyes		

Diagnostic and Treatment Procedures Related to the Thyroid Gland -

- Thyroid Scan
- Antithyroid Drugs:
- <u>Chemical Thyroidectomy/Radioactive lodine Therapy:</u>
  - Used to treat hyperthyroid disease like Graves' disease
- Lobectomy:
- Thyroid-stimulating Hormone Assay:
  - $\circ$   $\;$  Used to detect abnormal thyroid activity resulting from excessive pituitary stimulation

## The Parathyroid Glands:

Parathyroid	Functions of the Parathyroid Gland -
glands rever redening to derive function of an encoded of the reserved.	4 glands each of which is about the size of a grain of rice and are located within the thyroid gland

## Secretions of the Parathyroid Gland -

- Parathyroid Hormone (PTH)/Parathormone -
  - Increases calcium levels in the blood by mobilizing the release of calcium from storage in the bones and teeth

#### Pathology of the Parathyroid Glands -

- Insufficient Parathyroid Secretion:
  - Hypoparathyroidism -
    - Accompanied by hypocalcemia and in severe cases leads to tetany
      - Tetany:
  - Hypocalcemia -
- Excessive Parathyroid Secretion:
  - Hyperparathyroidism (HP) overproduction of PTH
  - Hypercalcemia -
  - **Primary HP** caused by a diseased parathyroid gland
  - Secondary HP caused by a problem elsewhere in the body

## Treatment Procedure of the Parathyroid Glands -

• Parathyroidectomy:

#### The Adrenal Glands: (adrenals) located on top of each kidney



Secretions of the Adrenal Cortex -	Secretions of the Adrenal Medulla -
Corticosteroid:	Epinephrine/Adrenaline:
Mineralocorticoids -	<ul> <li>by increasing heart rate and increases blood pressure</li> </ul>
<ul> <li><u>Aldosterone</u>: regulates the salt and water levels in the body by increasing sodium reabsorption in the kidneys</li> </ul>	<b>Norepinephrine:</b> also stimulates the sympathetic
Glucocorticoids -	nervous system
<ul> <li>Also influence blood pressure and have an anti-inflammatory effect</li> <li><u>Cortisol/hydrocortisone</u>: primary glucocorticoids</li> </ul>	

• Gonadocorticoids: (androgens)

## Pathology of the Adrenal Gland -

<u>Adrenalitis:</u>

Addison's Disease -       Image: Secondary Aldosteronism - abnormality of electrolyte balance caused by excessive secretion of aldosterone         • Underproduction may be due to a disorder of the adrenal glands or inadequate secretion of ACTH by the pituitary gland       • Orimary Aldosteronism/Conn's Syndrome -         • Can produce a life-threatening addisonian crisis       • Oriented for the addisonian crisis       • Oriented for the pituitary gland         • Can produce a life-threatening addisonian crisis       • Secondary Aldosteronism -       • Oriented for the pituitary gland         • Can produce a life-threatening addisonian crisis       • Symptoms: rounded or moon face	Insufficient Adrenal Secretions:	Excessive Adrenal Secretions:
<ul> <li>Caused by an overproduction of cortisol by the body or by taking glucocorticoid hormone medications to treat inflammatory diseases such as asthma and rheumatoid arthritis</li> </ul>	<ul> <li>Underproduction may be due to a disorder of the adrenal glands or to inadequate secretion of ACTH by the pituitary gland</li> <li>Can produce a life-threatening addisonian</li> </ul>	caused by excessive secretion of aldosterone Primary Aldosteronism/Conn's Syndrome Secondary Aldosteronism - Pheochromocytoma - Cushing's Syndrome/hypercortisolism - p Symptoms: rounded or moon face Caused by an overproduction of cortisol by the body or by taking glucocorticoid hormone medications to treat inflammatory diseases such

**Treatment Procedures of the Adrenal Glands -**

- Laparoscopic Adrenalectomy:
- Cortisone/hydrocortisone:
  - Also suppresses inflammation and works as an immunosuppressant to prevent organ rejection after transplants
- Epinephrine:

The Pancreatic Islets:

#### The Endocrine System



## Secretions of the Pancreatic Islets -



#### Pathology of the Pancreatic Islets -

- Hyperglycemia:
  - Symptoms polyuria and polydipsia
- <u>Hyperinsulinism:</u>
- Hypoglycemia:
- Insulinoma:
- Pancreatalgia:

Pancreatitis:

#### Diabetes Mellitus -

- **<u>Type 1 Diabetes:</u>** insulin-dependent diabetes mellitus (IDDM)/juvenile diabetes
  - 0
    - $\circ$   $\,$  Due to destruction of pancreatic islet beta cells, the body does not secrete enough insulin
    - Treated with carefully regulated insulin replacement therapy
      - Symptoms increase urination, constant thirst and hunger, weight loss, blurred vision, extreme fatigue, and slow healing

the body doesn't use it effectively

- Type 2 Diabetes: noninsulin-dependent diabetes mellitus (NIDDM)/adult-onset diabetes
  - 0
    - Treated with diet, exercise and medications
      - Symptoms the same as type 1 plus recurring infections, irritability and a tingling sensation in the hands and feet
- **<u>Gestational Diabetes:</u>** GMD occurs during some pregnancies
- Diagnostic Procedures:
  - **Fasting Blood Sugar (FBS)** glucose levels after the patient hasn't eaten for 8-12 hours; screen for and monitor treatment
  - Glucose Tolerance Test (GTT) used to confirm diabetes and to aid in diagnosing hypoglycemia
  - **Fingerstick Blood Sugar Monitoring Test -** performed at least once daily to determine how much insulin or other medications are required
  - Hemoglobin A1c Testing (HgA1c)/glycohemoglobin testing (GHb) average blood glucose level over the previous three to four months
    - Monitors how well blood sugar levels have been controlled during this time
    - GHb forms when glucose in the blood attaches to the hemoglobin
  - Fructosamine Test average glucose levels over the past three weeks
    - Detects changes more rapidly than the HgA1x test
- Diabetic Emergencies:
  - Hypoglycemia very low blood sugar
    - Treatment is to raise the blood sugar rapidly with glucose tablets or another form of readily absorbed sugar
  - Hyperglycemia very high blood sugar (diabetic ketoacidosis/DKA)
    - Acute life-threatening complication is caused by a severe insulin deficiency = diabetic coma
  - **Dlabetic Complications:** 
    - Most result from damage to the blood vessels (capillaries) caused by long-term high blood sugar
    - Heart Disease occurs because excess blood sugar makes the walls of the blood vessels sticky
    - **Kidney Disease -** lead to renal failure due to damage of the blood vessels that reduces blood flow through the kidneys
    - Peripheral Neuropathy -
    - **Diabetic Retinopathy (DR)** causes damage to the retina of the eye
      - Macular edema: fluids from blood vessels leak into the eye can cause the macula to swell
      - Proliferative Retinopathy: fragile new blood vessels form and break, clouding vision and damaging the retina

## **Treatment Procedures of the Pancreas -**

Pancreatectomy:

## The Thymus:



## Secretions of the Thymus -

• <u>Thymosin:</u>

Pathology of the Thymus -

- <u>Thymitis</u>
- <u>Thymoma</u>

**Treatment Procedure of the Thymus -**

Thymectomy

The Pineal Gland:



## Secretions of the Pineal Gland -

- Melatonin:
  - Circadian cycle refers to the biological functions that occur within a 24-hour period

Pathology of the Pineal Gland -

• Pinealopathy:

#### Treatment Procedures of the Pineal Gland -

• <u>Pinealectomy:</u>

#### The Gonads:



## Secretions of the Testicles -

• <u>Testosterone:</u>

#### Secretions of the Ovaries -

- Estrogen:
- Progesterone:
  - If pregnancy occurs, the placenta will take over; if not then the secretion stops and is followed by the menstrual period
- The Placenta:
  - Formed during pregnancy that allows the exchange of nutrients, oxygen, and waste products between the mother and developing child during pregnancy
  - Human chorionic gonadotropin (HCG) hormone secreted by the placenta during pregnancy
    - Stimulates the corpus luteum to continue producing the hormones required to maintain pregnancy
    - Also stimulates the hormones required to stimulate lactation after childbirth

#### Pathology of the Gonads -

- Hypergonadism:
- Hypogonadism:
- Gynecomastia:

<u>Career Opportunities:</u> Nuclear Medicine Technologist Diabetes Dietician Endocrinologist Diabetes Educator