Trilostane Therapy for Hyperadrenocorticism

Initial dosage is based on body weight and is given once a day with food in the morning. The dose is then adjusted based on ACTH stimulation test results and clinical signs. Within the first two weeks, a physical exam, serum chemistry profile with electrolytes and an ACTH stimulation test will need to be performed. The ACTH test has to be performed four to six hours after trilostane administration to be meaningful and the patient should only eat 1/3 of their normal diet on day of testing. Optimal control is usually seen with a post-ACTH stimulation cortisol concentration between 1.5 and 5.5 ug/dl, and the patient should be drinking and urinating less (normal amounts). If dose changes are made, then the ACTH simulation test has to be repeated by 2 weeks. For normal monitoring, the ACTH stimulation test should be checked every 3-6 months. Complications that could occur are related to decreased levels of steroids, which manifests as anorexia and lethargy. If these signs occur, the trilostane should be discontinued and an ACTH stimulation test with electrolytes should be performed. The drug will potentially be restarted with a 50% reduction in dose when the patient is eating and active. If electrolyte abnormalities occur, IV fluid therapy could be required. Rarely, trilostane has been associated with adrenal gland decay which is permanent and irreversible. If this occurred, lifelong supplementation of both mineralocorticoids and glucocorticoids would be necessary.