

Adrenaline Surges

Hollis Mickey made a Google doc from info found on Hummingbird Foundation.

Adrenaline Surges (Hummingbird archived - Hollis Mickey)

The Hummingbird Foundation: I made a google doc of the information-

<https://docs.google.com/.../1CBenrZAdpaAA7hwodgkEzmL.../edit>

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What is an adrenaline surge and how does this affect M.E. patients?

People with M.E. can sometimes operate significantly above their actual illness level for certain periods of time thanks to surges of adrenaline released when the body is put in physiological difficulty - albeit at the cost of severe and prolonged worsening of the illness afterward. These adrenaline surges are a bit like credit cards. They allow patients to do things that they could never otherwise do, or 'afford.' But the interest rate is extortionate.

Signs that you are overexerting or running on adrenaline may include the following:

*Very fast, loud and continuous talking is a sure sign of an adrenaline burst. You may also sit up or stand for longer than usual (without realising you are doing so) or get 'hyper' and fired up to undertake tasks that you would usually be too ill to do. Sleeping and resting is very difficult as one feels 'wired' and very 'unfatigued.'

*A lack of facial expression and 'slack' facial muscles and/or extreme facial pallor.

*A burning sensation in the eyes and/or an inability to tolerate visual stimulus and to keep the eyes open.

*Excessive water drinking (to try and boost blood volume) and excessive hunger and a desire for sugar- or carbohydrate -rich foods.

*Sweating or shortness of breath after minor exertion or a sudden loss of the ability to walk.

*Visible shaking of the arms or legs or twitching facial muscles.

*Paralysis and weakness in the muscles or an inability to move, speak or understand speech.

*Very distinctly pink, purple or blue feet or legs, with white blotches, after standing or sitting for too long.

*Severe headache or feeling of pain or pressure at the base of the skull. This may also be accompanied by pain behind one or both eyes or ears, or blackouts.

*Sudden onset ringing in the ears or loss of hearing or sore throat and painful glands in the neck.

*During and after overexertion your pulse will very often become much faster (150 bpm or more), your blood pressure will become lower and your temperature may rise and you may feel very hot.

When you are sure you are improving and are suddenly able to do tasks again which you have not been able to do for many months or years - and this occurs right after a very big task has been completed such as a house move or a very taxing trip to the doctor, it is almost certainly an adrenaline surge and not a real improvement. Improvements just do not occur after overexertion in M.E. this way. The big task was well beyond your limits and so the body has released a surge of adrenaline just to cope. Unfortunately, this type of lower-level but prolonged adrenaline surge can often be less easily recognized for what it is.

Tasks done using adrenaline surges come at a very high cost long-term and so must be strongly discouraged and absolutely never encouraged. Friends, family members and carers should be advised not to instigate conversations with a patient when they are trying hard to come down off an adrenaline surge as this can undo hours of resting. If possible, they make a set time to talk to the patient so that they do not have to be in 'on' and potentially ready to talk for hours at a time as this is almost as taxing as actually talking for many patients.

The only way to stop an adrenaline surge is to make sure that the body is no longer placed in physiological difficulty. This often means 3 days or more of absolute rest. While some of the effects of overexertion are immediate there are also secondary relapses that are delayed by 24 - 72 hours. Ideally we need to try to live long-term only completing tasks which can be done daily or every second or third day without causing relapse.

For more information on adrenaline surges in M.E. see: Assisting the M.E. patient in managing relapses and adrenaline surges

<https://web.archive.org/.../www.../adrenalinesurgetips.htm>

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