



***The Canadian Addison Society  
La Société Canadienne d'Addison***

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**Minutes of the Annual General Meeting  
Saturday, October 14, 2017  
Woodstock, Ontario**

The Canadian Addison Society Annual General Meeting was held Saturday, October 14, 2017 at College Avenue Church, 22 Wilson Street, Woodstock Ontario. Approximately 45 members were in attendance. In addition, there was a video link with the Lower BC Mainland Support Group with 15 members in attendance there.

The Annual General Meeting was called to order at 1:00 pm Eastern Daylight Time by Rick Burpee, Secretary-Treasurer.

**Adoption of Minutes from the 2016 Annual General Meeting**

The Minutes of the 2016 AGM were published in the Fall 2016 Newsletter.

The motion to accept the minutes was duly nominated, seconded and approved by a show of hands.

**Financial Report**

The yearend Financial Report (attached) had been included in the Notice of Meeting. Rick Burpee, Secretary-Treasurer, updated the numbers to September 30, 2017.

Net income for 2016 was \$2261, an increase of \$2190 over 2015 as a result of increased revenue and reduced costs. The increase in revenue was largely from an increase in donations.

Year to date in 2017, net income is just over \$5000, resulting in cash on hand of \$68,000. Donations are slightly above last year's level, again many were made "in memoriam". Membership fees are up from 2015. Part of this can be attributed to a higher level of renewals than normal, likely because this was the last time members had to renew given the change to lifetime membership. Our current membership number is 190.

The option of paying via PayPal has been hugely successful, with roughly 95% of membership fees now coming in this way.

The biggest expense items continue to be the newsletter, phone (1-800 number) and insurance. From the Pfizer donation in 2014, roughly \$8500 remains to be spent.

## President's Message

The Canadian Addison Society **AGM**

October 14, 2017

Officers, Directors, Members and Guests, we have come to the end of another 3-year cycle for the Society's current elected officials. It has been a very busy and productive period spotted with a few moments of frustration and more important, a breakthrough or two.

Before I go through a brief recap I want to stress to you that absolutely everything that happens within the Society, in fact the very existence of the Society, is reliant on volunteers. There are no staff members to whom we may delegate projects or assignments.

Speaking of volunteers, I would be remiss if I did not introduce Stacey Doherty who has recently volunteered as our National Newsletter Editor. Thank you, Stacey for stepping forward. I know for a fact that many members look forward to receipt of the Newsletter. I can also tell you that over the last several years we have significantly expanded the mailing list of Medical Doctors receiving the Newsletter as part of our Medical Community Awareness Campaign.

Across the country we have several new volunteer Regional Representatives and I welcome all of them and call on their groups to thank them for stepping forward. We also have several groups seeking a Rep. This local group gathered here today can thank Becky Sparks for stepping forward as the new Rep for South Central Ontario.

*I want to take this opportunity to thank all volunteers across Canada for their contribution of time, talent and empathy. It doesn't matter if you are the Doctor volunteering as the Society's Medical Advisor, or the President, or the member that arrives early to set up tables and chairs at a meeting, you are all important and because of you, the Society works for all of us. Thank You!!*

OK, let's take that brief snapshot look at some advancements of the Society during this period.

1)) The **Website** was given a whole new modern face lift with some improvements in navigation simplicity a couple of years ago. In addition, a French translation service was added that works on many documents. We continue to search for ways to make the website even better.

2)) A **New Brochure** was created using elements of the original brochure as well as important information added regarding Emergency Injection Kits.

3)) The new **Member Card** was another positive step forward as part of the effort to improve awareness within the Medical Community. It now incorporates portions of the Hospital Protocol document. Since its release I have had two “opportunities” to personally present the New Card at Triage and it made a positive and helpful impact. We will continue to look at ways to further improve this valuable card.

4) **Increased awareness** of Adrenal Crisis within the:

- *Patient Community (that’s us)*
- *the Medical Community*
- *the Education Community*

This has been the overriding objective of this administration for one main reason, we need to do all we can to survive these adrenal crises. Seems to me that everything else comes second to survival. So, we broke this Increased Awareness objective into multiple actions we would undertake.:

- a) Training of members on how to give the emergency injection.*
- b) To encourage everyone to have one or more emergency injection kits. The brochure encourages you to have several kits.*
- c) Work to gain provincial and territorial support for Paramedic authorization to inject hydrocortisone (Solu-Cortef) emergency dose for suspected adrenal crisis prior to transport to ER.*
- d) Increase the awareness of Triage and other ER Nurses and ER Physicians.*

How have we tackled these awareness initiatives?

- a) We promoted **training** at Support Group meeting attendees across Canada on **how to give injections**. The various Groups have tackled this and I believe have made a huge difference. The intent is to have this on the agenda of every Support Group meeting going forward. You cannot practice this too often whether you are the patient or a family member or friend. A life may well depend on enough practice so it becomes second nature to you. A crisis tends not to be a calming event. You will be rushing and anxious and probably shaky. In that circumstance you don’t want to be reading the instructions on how to inject, you want to instinctively just know how to do it. When in doubt, inject is the medical advice we have received over and over.

We owe thanks to Pfizer Canada for supplying the training version Act-O-Vials of Solu-Cortef over the last few years. This has allowed the injection clinics to become a regular feature at Support Group meetings across Canada.

- b) **Emergency kits** for everyone is a tougher one as we rely on your Endocrinologists to understand and to agree that you must carry a kit(s). This is a work-in-progress as all Endocrinologists have apparently not yet accepted this need as vital. Therefore, we included the kit info in our new brochure and we need your help to promote placing brochure holders in the waiting rooms of all Endocrinologists.
- c) **Paramedics allowed to inject** in cases of suspected adrenal crisis. So far **Ontario** has approved this and as many know this became effective in July of this year. **Newfoundland**

and **Nova Scotia** currently have a program for patients that have registered with the Paramedic Service in those provinces and you must have a kit with you.

The Society has been in touch with every province, territory as well as Health Canada for Northern and Indigenous communities, promoting this program. We have had some very positive responses and a few that may be more challenging, but we are making progress.

- d) In all cases, the onus to have an emergency kit and to always have it with you is entirely your responsibility.
- e) **Triage and other ER Nurses and ER Physicians** is the next leg in the suspected adrenal crisis journey. We have been in touch with the Canadian Association of Emergency Physicians of Canada (CAEP). They have expressed interest in our cause and are investigating the possible creation of an educational module for Emergency Room Physicians on the proper and necessary emergency treatment for suspected adrenal crisis. They currently have a format they use for other maladies and are investigating adding our cause to their website educational program.

5)) **Lifetime Membership** in The Canadian Addison Society was introduced in 2017 following Member approval at this meeting last Fall. As a result, we have seen membership grow as anticipated. This increased membership gives us a louder advocacy voice. The one-time \$25 Lifetime Membership Fee I believe is a success.

6)) **Election rotation** begins today. Again, approved by Members at this meeting last Fall, this will be the last time all Board of Director positions are open for election the same year. Today you will elect the Board with varying terms for this election only. Next year and each year forward a couple of Board seats will be open and those will be for three-year terms and so on.

This change insures continuity of the administration of the Society.

To sum up:

As good health and creeping age are not my best friends right now It was my intention to retire today, I felt it was time for some new energy to carry us forward into a potentially exciting new future for the Society. However, as we do not yet have other nominees for President with only moments before the elections will take place, I have advised the Secretary-Treasurer that if no one does so, that I will, reluctantly stand for re-election for one year only.

This will give the Society one year to determine a succession plan. I trust you will understand.

It has been a great honour to be your President. I am very proud of the Society's accomplishments and those volunteers and outside advocates that made them happen. Sincere thanks to my fellow Officers, fellow Board members as well as Society Members, for your support during this time. It is indeed your support that allowed these accomplishments to be realized.

Thank you!

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## **Election of Directors and Officers**

The Notice of Meeting proposed a slate of Directors and officers to be elected at the AGM, with the proviso members could still submit nominations. As none were received, the following slate was elected by a show of hands after being duly proposed and seconded (note, the slate also increases the number of directors by two, as permitted by the By-laws):

Officers:        President – Harold Smith (1 year)  
                     Vice – President – Derek Burpee (2 years)

Directors:       Harold Smith (1 year)  
                     Derek Burpee (2 years)  
                     Derek Clarke (3 years)  
                     Gerry Ott (2 years)  
                     Elizabeth Hill (3 years)  
                     Heather Raczynski (3 years)  
                     Roger Steinmann (2 years)  
                     Holly McLean (3 years)  
                     Nancy Bingeman (3 years)

Rick Burpee remains as Secretary-Treasurer to complete the suite of Officers

## **New Business**

### **Surgical Guidelines**

In the past we have heard and personally experienced the terror when Healthcare staff are unfamiliar with Adrenal Insufficiency and the steroid needs when undergoing medical procedures.

Many of us have referred to the UK site for such advice and now we see that NADF in the USA has recently introduced a version of the UK form. Well today we introduce our version of Surgical Guidelines.

You will see that many procedures, surgeries, etc., are reflected. This has been quite a process, to take a UK document and “Canadianize” it with proper terms, measures, acronyms, short forms, etc. This was many months in the making under the guidance of our Medical Advisor, Dr. Killinger who really did guide us through the process until we had a version he felt was acceptable in Canadian terms.

However, Dr. Killinger also has a caution for us as patients, regarding this form:

This Surgical Guidelines document is published for the convenience of attending physicians.  
*(Members and adherents of The Canadian Addison Society who may also access this document should share it with their Physician(s) and not be personally concerned about having access to the equipment described in the document.)*

## **CAEP**

This topic was well covered in the President's Message.

## **Brochure Holder Program**

While this was mentioned in the President's Message, there is a need to establish a longer-term method to promote and supply these Holders. In other words, we need a volunteer to take over administration of this national program while following the guidelines established by the Society. Melanie Westover of the South-Central Ontario Support Group has now stepped forward to take on this challenge. Thank you, Melanie. Details will follow once Melanie has had the opportunity to gather all the necessary information and materials and developed a new plan.

## **Meeting Termination**

The meeting was terminated at 1:45 EDT.

# Surgical Guidelines for Addison's Disease and other forms of Adrenal Insufficiency

## Potentially Life Threatening Steroid Dependency, Steroids and Saline Requirements for Surgery and Dentistry

Type of procedure	Pre-operative and operative needs (See Note 1)	Post-operative needs (See Note 3)
<b>Lengthy, major surgery with long recovery time</b> <i>eg. open heart surgery, major bowel surgery, procedures needing ICU</i>	100 mg hydrocortisone (Solu-Cortef) IV or IM just before anaesthesia. (See Note 3)	Continue 100 mg hydrocortisone (Solu-Cortef) IV or IM every 6 hours until able to eat & drink normally ( <i>discharged from ICU</i> ). Then double oral dose for 48+ hours. Then taper the return to normal dose
<b>Major surgery with rapid recovery</b> <i>eg. caesarean section, joint replacement</i>	100 mg hydrocortisone (Solu-Cortef) IV or IM just before anaesthesia. (See Note 3)	Continue 100 mg hydrocortisone (Solu-Cortef) IV or IM every 6 hours for 24 - 48 hours ( <i>or until eating &amp; drinking normally</i> ). Then double oral dose for 24 - 48 hours. Then return to normal dose
<b>Labour and vaginal birth</b>	100 mg hydrocortisone (Solu-Cortef) IV or IM at onset of labour then 6 hourly until delivery.	Double oral dose for 24 - 48 hours after delivery. If well, then return to normal dose
<b>Minor surgery</b> <i>eg. cataract surgery, hernia repairs, laparoscopy with local anaesthetic</i>	100 mg hydrocortisone (Solu-Cortef) IV or IM just before anaesthesia. (See Note 3)	Double dose oral medication for 24 hours. Then return to normal dose
<b>Invasive bowel procedures requiring laxatives</b> <i>eg. colonoscopy, barium enema</i>	Hospital admission overnight with IV fluids and 100 mg hydrocortisone (Solu-Cortef) IV or IM during purgative stages of preparation. 100 mg hydrocortisone IM just before commencing.	Double dose oral medication for 24 hours. Then return to normal dose
<b>Other invasive procedures</b> <i>eg. endoscopy, gastroscopy</i>	100 mg hydrocortisone (Solu-Cortef) IV or IM just before commencing.	Double dose oral medication for 24 hours. Then return to normal dose.
<b>Minor procedure</b> <i>eg. skin mole removal with local anaesthetic</i>	Not usually required.	An extra dose only where hypoadrenal symptoms occur afterwards
<b>Major dental surgery</b> <i>eg. dental extraction with general anaesthetic</i>	100 mg hydrocortisone (Solu-Cortef) IV or IM just before anaesthesia. (See Note 3)	Double dose oral medication for 24 hours. Then return to normal dose
<b>Dental surgery</b> <i>eg. root canal work with local anaesthetic</i>	Double dose ( <i>up to 20 mg hydrocortisone</i> ) one hour prior to surgery.	Double dose oral medication for 24 hours. Then return to normal dose
<b>Minor dental procedure</b> <i>eg. replace filling</i>	Not usually required.	An extra dose where hypoadrenal symptoms occur afterwards.

### NOTES:

- For any nil-by-mouth regimen, please arrange an intravenous saline infusion to prevent dehydration and maintain mineralocorticoid stability, eg. 1000 mL every 8 hours if >50 kg.
- Please administer bolus hydrocortisone over a minimum of 10 minutes to prevent vascular damage.
- Monitor electrolytes and blood pressure post-operatively for all procedures requiring steroid cover. If the patient becomes hypotensive, drowsy, or peripherally shut down, administer 100 mg hydrocortisone IV or IM immediately.
- If any post-operative complications arise, eg. fever, delay the return to normal dose.
- Please ensure back-up supplies of oral and injectable hydrocortisone are available for resuscitation before commencing surgery. Even at full steroid cover, post-operative resuscitation may occasionally be required.

This chart is based on the UK ADSHG (Addison's Disease Self Help Group) published information.  
It is reproduced here for the education of patients and information for Medical Doctors in Canada.  
*Dr. Donald Killinger, Medical Advisor to The Canadian Addison Society*

The Canadian Addison Society  
**Profit & Loss**  
January through December 2016

	<u>Jan - Dec 16</u>
<b>Income</b>	
4000 · Donations - Tax Receipted	3,258.97
4001 · Donations - Unreceipted	3,449.16
4005 · Interest Income	81.74
4010 · The Canadian Addison Society	3,708.54
4011 · Alberta	30.00
4012 · BC Lower Mainland	170.00
4013 · Eastern Ontario	55.00
4014 · Quebec Support Group	55.00
4015 · Saskatchewan	90.00
4016 · South/Central Ontario	220.00
4017 · Vancouver Island Support Group	45.00
4018 · Atlantic Provinces	5.00
<b>Total Income</b>	<u>11,168.41</u>
<b>Expense</b>	
Pfizer Work Program	2,077.11
Reconciliation Discrepancies	-455.56
5105 · Memberships	595.91
5110 · Annual Meeting	119.90
5120 · Postage, stationery & Supplies	986.71
5125 · Support Group Expenses	360.05
5135 · Newsletter Expenses	2,101.28
5140 · Telephone Expense	1,419.69
5145 · Web Site	203.34
5160 · Insurance	1,499.04
<b>Total Expense</b>	<u>8,907.47</u>
<b>Net Income</b>	<u><u>2,260.94</u></u>

The Canadian Addison Society  
**Balance Sheet**  
As of December 31, 2016

Dec 31, 16

**ASSETS**

Current Assets

Chequing/Savings

1000 - TD Canada Trust 26,263.14

1010 - The Equitable Trust Company(1) 14,963.54

1020 - The Equitable Trust Company(2) 21,864.87

Total Chequing/Savings 63,091.55

Total Current Assets 63,091.55

**TOTAL ASSETS 63,091.55**

**LIABILITIES & EQUITY**

Equity

32000 - Unrestricted Net Assets 18,600.66

39000 - Opening Balance Equity 42,229.95

Net Income 2,260.94

Total Equity 63,091.55

**TOTAL LIABILITIES & EQUITY 63,091.55**