



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

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President's Message:

Dear Fellow Addisonians,

I congratulate the many of you that have been holding and attending Addison Meetings, and I thank the leaders for their work. Please let Helene know of future dates well in advance. Also she needs our stories and news for the newsletter. I have moved across the hall and my address now is #203A, 192 Sykes St. N., Meaford, Ontario N4L 1S7. (519-538-4012) or gfraser@greynet.net. If I can be of help, please contact me.

There is going to be a meeting in June in Montreal for the Cjuebec Support Group, (no date has been set as of yet). All are welcome. Please contact Sybil Harrison at 514-486-9817 in late May if you would like further information. There are both French and English contacts and Sybil can speak enough French to answer any questions you may have.

The following articles/information submitted by Joan Southam:

Sympathies were extended to Deana Kenward who runs the Self Help Group in England and who recently lost her mother.

We have another Dutch study book called "Gushing Patients in the Netherlands", and the price will be \$35.00 Canadian funds for this one, as it is bigger and ring bound. It is based on 325 patients and ex-patients with Cushings. For those interested, we have three books available through the Canadian Addison Society at the above address. If necessary, more can be ordered.

PRESS RELEASE

NEW BOOK ABOUT THE TREATMENT OF CUSHING PATIENTS

A study of 325 (ex-)Cushing patients, carried out by M. Knapen and P. Puts of the Social Research Foundation in Gennep (ML) and Dr. A. Hermus, endocrinologist at the St. Radboud University Hospital in Nijmegen (ML), led the researchers to some extraordinary- conclusions.

The most significant finding was that treatment can be further unproved if the patients receive better post-operative counseling and monitoring, so that fewer patients remain dependent on corticosteroids. Perhaps unsurprisingly, the diagnosis is made far more quickly today than it was 30 years ago. and today's improved (neuro-) surgical techniques also make it possible to treat patients more effectively.

On 24 January 2000, a first copy of the book will be presented by the Dutch Addison & Gushing Society (NVACP) to - among others - Prof E. De Kloet. chairman of the Dutch Association of Endocrinoloins.

"Quicker" diagnosis:

Before the seventies, on average it took over five years before patients were diagnosed correctly; in the eighties and nineties this period has declined to "only" three years and four months In the intervening period, patients will have seen an average of 2.4 medical specialists in an attempt to pinpoint the cause of their symptoms. The only conclusion has to be that this is still an avoidable burden on the health-care sector and the patient.

Improving the quality of life:

Many (ex-) Gushing patients are considered "cured" after surgery'. Nonetheless, this study has shown that of the 325 (ex-) patients only 37% was no longer dependent on cortisol replacement medication. In the post-operative period in particular, when - in close cooperation between doctor and patient -every effort must be made to reduce dependence on corticosteroids and to restore the normal function of the adrenal gland, major benefits can be achieved. This is especially true for patients whose symptoms are caused by adrenal gland tumors.

Negative impact of corticosteroids:

This study has shown that patients who are chronically dependent on corticosteroids tend to experience more limitations in their day-to-day lives than patients who do not need this medication (or who no longer need it). Therefore, if (a larger proportion of) Gushing patients could live without corticosteroids, their quality of life will improve significantly, and the demand for after-care for patients with this relatively rare disorder will decline or even disappear altogether. Then the patient can try to pick up the threads of his or her normal (working) life once again. An incidental advantage will be a reduction of the side effects of long-term corticosteroid usage, such as osteoporosis.

Unjustified suspicion of psychological causes:

The report published by the NVACP also addresses the problems and experiences of the patient before the definite diagnosis is made. In the majority of cases, there was an unjustified suspicion that the root of their physical symptoms would be found in psychological or even psychiatric causes. This suggestion proved to hang over the patient's head for a long time. The study also considered the symptoms the (ex-) patients had had at various stages of their "medical careers" and what the consequences were or had been for their day-to-day lives. Differentiation was made between the various forms of treatment, and a comparison was drawn with the case histories of other groups of patients.

The 160 page book has been written for both the patient (via the summaries) and the medical practitioner (via the full text and statistics), and contains information about all the various stages of Cushing's Disease and Cushing's Syndrome, from the period before diagnosis to the long-term consequences for the patients after the operation(s) and/or radiotherapy.

The research was initiated by the Dutch Addison & Gushing Society (Nederlandse Vereniging voor Addison en Gushing Patienten; NVACP) and was funded primarily from private donations. The research was possible thanks to the cooperation of the endocrinology departments at the University Hospitals in Nijmegen, Utrecht, Leiden, Rotterdam and Groningen.

Following is a letter that you may wish to discuss with your endocrinologist. The letter was submitted to Joan Southam by Pierre Corbeil, who is a member from Golden Lake Ontario. He carries this letter in his emergency kit. We wish to thank Pierre for his thoughtfulness in sharing the contents of his letter with others:

(Doctor's letterhead paper)

Re: *(Patients name and address)*

To whom it may concern:

Mr. Pierre Corbeil is a patient of mine. He underwent bilateral adrenalectomies on July 11, 1996 at the Ottawa Civic Hospital for management of hyperaldosteronism. He has adrenal insufficiency, for which he requires hydrocortisone 20mg AM 10mg PM 5mg evening, as well as fludrocortisone 0.025mg daily.

Thus Mr. Corbeil needs to be treated urgently for adrenal insufficiency if he develops severe vomiting, as he does not have the normal stress response of increased cortisol secretion. Should he present to a hospital emergency room he requires immediate intravenous normal saline at a rate of 250-500ml/hr and immediate intravenous hydrocortisone 100mg followed by 100mg IV at Q8H intervals. This is usually tapered to 50mg Q8H for 24 hours and then he can resume his standard hydrocortisone doses on the third day if his condition has improved.

This is standard emergency protocol used for individuals with adrenal insufficiency, either due to Addison's disease or, as in Mr. Corbeil's case, to surgical removal of the adrenal glands.

Sincerely,
(*doctor's signature and title*)

Please- If you are pleased with your endocrinologist - LET US KNOW! We have many requests not only from recently diagnosed Addisonians but other Addisonians from all parts of the country, who may be moving from one area to another and require the services of an endocrinologist knowledgeable about Addison's disease and its treatment.

Medical Questions, and Answers

Dr. Donald Killinger. MD, PhD, FKCP

Dr. Donald Killinger, an endocrinologist from Loudon, Ontario, who is the volunteer specialist for the Canadian Addison Society, will answer your questions about Addison's disease. Questions and answers that may be of interest to everyone will be published in the newsletter. Dr. Killinger has asked that we not write him directly, but to address your questions by letter/e-mail or fax through the Canadian Addison Society and they will be forwarded on to Dr. Killinger.

Neil Atwood of Australia has designed a professional quality emergency response card to include our logo and laminated at approximate cost of \$10.00, (exchange rate may alter this a bit.) He is offering this service to members at his cost, it is a one-time only card with basic instructions/meds etc. so no data base will be kept. For those interested, a "batch mailing" will be made May 1, 2000, so get your orders in to Joan. See sample below:

 Emergency Medical Advise Card Provided by Australian Addison's Disease Association Inc	
I suffer from HYPOADRENALISM and am dependent on cortico-steroids for my life. In case of accident or injury, please inject the 100mg of Solu-Cortef (Hydrocortisone) found with my belongings. Endocrinologist: Dr. B. Robinson, Royal North Shore Hospital - (02) 9926-7267	
Name: Mrs Robyn Anne ATWOOD	Date of Birth: 24.11.1959
In case of emergency please contact: Mr Neil Atwood	Phone: 02 9628-6028 0414-777-847
Address: 103-105 Ellsworth Drive, Tregear, NSW 2770	

Other Medical Conditions: Asthma, Connective Tissue Disorder, Sjogren's Syndrome, Raynaud's Syndrome
Steroid dose: Prednisolone (11mg daily) Hydrocortisone injectable with my belongings
Other medication: Flonaf, Vantolin, Saravent, Pulnicort, Athvent, Aspirin, Typranol
Blood Group: A Positive Antibodies: Anti-Adrenal, Anti JK, LEH, As, Bp, anticardiolipin
Allyl/Sensitiser: Penicillin, Tetrans, Pethidine, Toradol, Many foods
Other info: Donor of any needed organ (see drivers license)

Highlights From Local Meetings

BC Lower Mainland Addison's Support Group

The Vancouver Lower Mainland Addison's Group met on February' 26, 2000. There were 19 members present with 3 contacts that could not make the meeting.

The guest speaker, arranged by Catherine, was Gerry Kaffein, a nutritionist with the Simon Fraser Health Unit.

Judy has arranged for Connie Waterman as a guest speaker for the upcoming meeting on June 17th, who will talk about Osteofit, exercise for those with osteoporosis. limited energy and/or mobility. Judy is taking Osteofit classes, and feels it is an education just learning the proper way to exercise without causing damage.

- 1 New handouts from NADF News - Nutrition Facts and a list of the pamphlets available. When ordering any of their information sheet's payment must be sent in US funds, enclose a self-addressed envelope and add \$.45 US to the total for a stamp. They are charged if Canadian funds are sent. New e-mail: NADFMAIL'o/aol.com
- 2 There are several publications available from CAS. Membership forms for 2000 are enclosed Dues were raised to \$25.00 with \$5.00 to be designated to the local group of your choice. Note: new phone, and fax numbers for CAS.
- 3 Bill Farrett, an Addisonian, finished the LaSalle Banks Chicago Marathon in mid-October. He had his best time ever for the run. Congratulations, 1 would have difficulty running around the block!
- 4 Videotapes are available for Dr. Kendler — osteoporosis, Zahida Esmail -- pharmacist and Gerry Kaffein — nutritionist. If anyone would like a copy they are \$5.00 each plus postage if mailed out.
- 5 The price to get tapes copied anywhere else was \$25.00/tape but my son has been copying them for me.
6. Linda Messmer's husband is taking a course in "Healing Touch" if anyone is interested contact Mitch at 604-942-4977. For his practicum he needs 100 client hours that are provided free.

Gerry Kaffein from Simon Fraser Health Unit (covering the area from Burnaby to Mission) researched eating for Addison's, Cushing's and found that literature says that if medications are well controlled a normal diet should provide energy and nutrition levels that the body requires.

- Eat lower fat foods for reduction of risk to diseases that kill people prematurely today i.e.: heart disease and cancer, a diet with more plant foods than animal products is recommended.
- Foods high in antioxidant nutrients like whole grains
- Dark green, orange vegetable are high in beta carotenes
- Tomatoes --juice, sauces etc. – lycopenes

- Sulfur containing vegetables — cabbage, bok choy, lots of rich, dark colours
- Brown, red rice with the kernel intact provides more nutrients and roughage
- Soluble fiber holds water in a gel —i.e. pectin, Kayo Pectate
- Guar gum, xanthan gum in foods give the mouth a feeling of soluble fat
- Best combination is raw or steamed in larger chunks - antioxidants are more available, minerals are more available if cooked
- For cheese lovers get Lite must have % of fat by weight marked. Aged cheese has less lactose and is a primary dietary source of calcium
- Meats -- we need less as it is protein and most easily reconstructed in body. For comparison, one McDonald's plain burger is the ideal size for a single portion of meat
- Meat is most the absorbable form of irons and B vitamins
- Salmon at 11 to 12% fat is equal to lean ground beef; the whiter a fish is the less fat
- Seafood reduces platelet aggregation
- Peas, beans, lentils are high in protein but no fat
- Meat alternatives -- eggs, tofu
- If you have high cholesterol limit to 3 yolks per week
- The major portion of blood cholesterol is produced by the liver, 1/5 of cholesterol in blood is from food
- The body takes fat and builds them into cholesterol
- Unsaturated fats don't tend to impact on blood cholesterol as much
- Saturated fats are solid at room temperature
- Hydrogenated fats are man made i.e.: shortening
- Highest trans fats are in commercial baked goods to a lesser extent in salad dressings
- Amount of food you need depends on gender, age, pregnant, etc.
- You need twice as much plant food as animal -- read serving sizes for nutrition amounts i.e.: split buns = 2 servings, 1/2 cup rice = 1 serving making it quite easy to reach your Food Guide amount of grain products of 5-12 servings per day
- Work on increasing your vegetable and fruit intake
- Supplements - i.e., calcium if you drink 4 glasses a day you will get your requirement. Check for USP for dissolvability of vitamins
- Drink lattes - 1 tbsp. of the milk will bind the caffeine leaving the rest calcium for you
- Drink two liter's of water a day, if your urine is clear once a day, you are drinking enough water
- Cheese one serving = two fingers held' up (middle and index)
- Yogurt one serving - 175 ml make sure it has active bacterial culture or aphidolphis
- Canned fish — include bones — salmon, sardines, mackerel
- Tree nuts (acorn, hazelnut, brazil, etc.) and nut butters 1/3 cup = serving, not peanuts as they are a ground nut
- Seaweed's — Hiijaeki seaweed is best
- Fortified non-dairy beverages — orange juice use Tropicana if you have a lactose intolerance as Minute Maid uses milk products
- Bones — do weight bearing exercises not swimming or cycling. Calcium, vit. D and estrogen are helpful
- Phytoestrogens -- from soft tofu (if not pasteurized be sure to cook), roasted soy nuts
- Near the end of taking antibiotics start taking yogurt with aphidolphis bacteria and keep taking for an extra period of time to rebuild friendly flora in the intestines

- If using organic vegetable be sure to wash thoroughly as organic fertilizers and insecticides used
- Red wines contain polyphenols which are antioxidants

If you want a personal diet consultation you can get one from a private consulting nutritionist for a fee, with a physician referral for outpatient, check with your doctor or you can check the internet at www.hlth.gov.bc.ca/prevent/nutrition.html. Available handouts are Vegetarian Edge, Senior Chef, Health Files - Non Dairy Sources of Calcium and for children -- Healthy Snacking. Check with your local health unit and they will let you know how to obtain any of these. Gerry dispenses them from the PoCo Health Unit.

Next meeting (mark your calendars) June 17- 1:00 - 3:00, Sherbrooke Lounge, Sherbrooke Centre, 300 E. Columbia St.. New Westminster. Arrangements need to be made for the next years' meeting dates. If you have any questions I shall forward them on for answering at the meeting.

Judy Stanley phone: 604-936-6694 e-mail: bugbee@direct.ca

Vancouver Island Addison's Support Group

The Vancouver Island Addison's group met February 12/2000 at Victoria General Hospital, with 13 in attendance. In addition to those with Addison's, there were 2 spouses and 2 women whose young daughters have the condition. There was discussion of the additional balancing of drugs and energy use and lifestyle choices that can face an adolescent diagnosed with adrenocortical deficiency.

Comparison of drug regimens among those present revealed many differences, from actual replacement of some daily corticosteroid with DHEA or Chinese medical herbs to supplementing with a variety of vitamin and mineral preparations. The group also compared times of day they found better or worse for taking, or dividing, dosages of corticosteroids as well as drugs prescribed for various other medical conditions that must be treated at the same time. As at previous meetings, it was apparent that treatment of Addison's disease must be geared to the individual, and monitored and changed as time passes or other complications arise.

The group has a growing collection of books, tapes, newsletters, journal articles, computer printouts, etc., and these are being regularly shared.

It was suggested the group might try meeting other than in the city of Victoria: perhaps alternating with Nanaimo, Ladysmith or other sites, but no decision was reached. It was agreed that traveling to Victoria presents difficulty for several living up-island, on the west coast or the gulf islands, but that it is very important to all of us to be able to share support and information as we do at our regular meetings.

Other items of interest discussed:

Lois Ainey brought forward two points of interest at the meeting.

1) Her doctor requisitioned a "Pyridinium cross-link" lab test to check for bone density loss/reabsorption. To find more information about this test, below are the websites of 3 labs on the internet:

<http://www.metrabio.com/html/prods/L3-catPyriD-m.htm>

<http://www.greatsmokies-lab.com/clinicianservices/boneresorptionclinician.htm>

<http://www.specialtylabs.com/testguid/tesfils/T0000058.HMT>

2) Lois also mentioned a study published in the New England Journal of Medicine, September 30, 1999 that researched DHEA supplements in women with adrenal insufficiency. The following sites are extremely interesting:

<http://www.nejm.org/content/1999/0341/0014/1013.asp>

<http://www.nejm.org/content/1999/0341/0014/1073.asp>

The next meeting is scheduled for Saturday, April 15, 2000, at Victoria General Hospital, 1:00pm to 3:00pm, room 1814, (beside the cafeteria). For more information, please call Jim Sadlish at 250-656-6270 or e-mail at wx699@victoria.tc.ca or Florence Weekes at 250-598-0321 or fmweekes@jslandnet.com.

!! New Group Meeting Alert !!

The Vancouver Island chapter of the Canadian Addison's Society will be having its first ever meeting in Nanaimo, British Columbia, on June 3/2000. This group has never met before and is an offshoot of the Victoria group, who are trying to get a few more people in that area out to the meetings. The meeting is from 1 to 3pm in Room G235A at Nanaimo Regional General Hospital. Use the main entrance and go to the elevators. Ride to the basement, get out on the same side of the elevator as you got in. Turn around and room is halfway down the hall on the left.

For more information, contact Christy Lapi at clapi@mail.island.net. We wish you a very successful afternoon and look forward to hearing how the meeting progressed in our next issue.

Ontario - Brantford & District Support Group:

As of the printing of this issue, there has been no date set for the next meeting. Everyone will be advised as soon as possible, when we have this information.

Alberta Addison Support Group Meeting

The next meeting will be on April 29, 2000

Location: Community Room at Save-On Foods in Mayfield Common (167 St. & Stony Plain Road)

Start time: 1:00pm

Speaker: Doret Cheng, Pharmacist with London Drugs will start a presentation at 1:30pm

Please call Ginny La Valley if you are planning to attend at 780-939-3730 or e-mail Francisca Swist at swist2@aol.com

Your Comments

Safety Alert - Microwaving Water

Submitted by Francisca Swist:

I feel that the following is information that any one who uses a microwave oven to heat water should be made aware of. A young man decided to have a cup of instant coffee. He took a cup of water and put it in the microwave to heat it up, (something he had done numerous times before). I am not sure how long he set the timer for, but he wanted to bring the water to a boil. When the timer shut the oven off, he removed the cup from the oven. As he looked into the cup he noted that the water was not boiling but instantly the water in the cup "blew up" into his face. The cup remained intact until he threw it out of his hand but all the water had flew out into his face due to the buildup of energy. His whole face was blistered and he had 1st and 2nd degree burns to his face, which may leave scarring. He also may have lost partial sight in his left eye. While at the hospital, the doctor who was attending to him stated that this is a fairly common occurrence and water (alone) should never be heated in a microwave oven. If water is heated in this manner, something should be placed in the cup to diffuse the energy such as a wooden stir stick, tea bag, etc.. It is however a much safer choice to boil the water in a tea kettle. Please pass this information on to friends and family.

The following was submitted by Petra Matrundola, a brand new member from Richmond Hill, Ontario. Welcome Petra and thank you for jumping right in with your comments on Francisca Swist's article from last April.

The question re: stress and its link to Addison's is an interesting one. My first endocrinologist, who has just retired, did not believe stress to be a factor. However, my family doctor, who originally diagnosed me and who has studied endocrinology in the U.S., claims that it may be. Although I cannot remember a specific stressful event prior to my symptoms and diagnosis, was working full time plus for ten years (long hours, 6-7 days per week) as a realtor, and countless other hours as a mother and wife. Who can say what happened first? Did this hectic lifestyle weaken my immune system and 'open the door' to Addison's disease? Or did my adrenals malfunction for another reason, therefore making it impossible for me to deal

with usual daily stresses? It seems to me that medical experts all too often make stress the culprit, if no other cause is known. Certainly, we are at a disadvantage with our illness in that it is so rare, not enough research has been done on the disorder.

Stress itself can be positive or negative, and I always felt that my lifestyle was positive: I had lots of energy and was happy with both my personal life and my business life. However, I must admit that I never took much time for myself, especially for rest and relaxation. Since my illness with Addison's I have come to realize how important this is for my well-being. I have also come to understand the importance of sleep itself and how essential it is to good health. I have had Addison's for about two years now, and during my first year, prior to my diagnosis, although I was so fatigued and weak that I slept most of the time, I do not remember having any REM (rapid eye movement) sleep. REM is the dream phase of sleep and is regarded as the most essential and healing of all the phases. Having taken hydrocortisone for one year now, I am once again having dreams, although my sleep patterns are still far from normal. Certainly, as an Addisonian, I can now hardly deal with any stress at all, be it physical or mental. What once was nothing today is everything. If I have a filling replaced at the dentist, if I stay up too late at night, if I am in a room with people talking - these are just some examples of "stressful" situations that seem to 'tip the scale' and set me back health wise, and in fact, at times, confine me to bed. I do not feel well enough to return to work, and find that I must lead a very 'low-key' life right now in order to feel reasonably well, and even then, I am maybe fifty percent of the person that I once was. Since I am a new member, I would be very interested in hearing from other members if they had a similar experience and if their situation improved with time. For some interesting comments on stress and the adrenal glands, I highly recommend Dr. John R. Lee's book called "What Your Doctor May Not Tell You About Menopause". Check pages 130-131 and pages 294-295. I should also mention that this book contains some excellent information for Addisonians in the sections called "The Adrenal Glands", "The Adrenal Cortex", "The Role of DHEA" and "Nutritional Adrenal Support" from pages 136-145. Chapter 12 is all about "Hormone Balance and Osteoporosis", and for the males in our group there is a section called "Progesterone in Men" and numerous references throughout the book dealing with autoimmune and thyroid disorders.

Perhaps in a future newsletter I would like to ask other members to share their insights/comments on the following topics: 1. exercise and Addison's 2. progesterone deficiency and Addison's (Dr. John Lee mentions in his book noted above that "aldosterone and cortisol are made from progesterone"- I know from my own experience that I was totally depleted in progesterone, prior to my first Addison's symptoms) 3. eating gluten-free and Addison's (in their book "Prescription for Nutritional Healing").

James F. Balch and Phyllis A. Balch state on page 195 that "Certain autoimmune disorders can also be associated with celiac disease, including...thyroid disease, and...Addison's disease". My sister, Anita Zubko, has celiac and is the president of the London, Ontario chapter of the celiac association. She has traveled across Canada for their meetings and has told me that a doctor, who was a recent guest speaker, advised that I should also be eating gluten-free. A new Addison telephone friend that I made in the last few months mentioned that she has been gluten-free for several years now and that her son also has Celiac.)

Submitted by Petra Matrundola 905-7372X74 or e-mail matrindola@home.com

LET'S HEAR IT FOR LIFE:



Summer is almost upon us, so I thought you might enjoy trying a healthy/low fat, refreshing recipe on those hot sultry days. Try serving this with your bar-b-que, along with a chilled potato salad and crunchy green salad.

Tomato Aspic:

Combine in a mixing bowl 2 envelopes of plain gelatin and 2/3 cup of tomato juice. Let it stand to soften the gelatin while you combine in a saucepan:

3 cups of tomato juice	1 teaspoon salt
1 tablespoon of dried onion flakes	1 teaspoon Worcestershire sauce
1 tablespoon of dried celery Hakes	2 slices of lemon
2 tablespoon of sugar	

Bring this to a boil and let simmer for 10 minutes. Strain the hot mixture through a sieve into the softened gelatin and stir thoroughly to dissolve gelatin. Pour into a 6 cup mold or 6 to 8 individual moulds. Chill until firm. Unmold and garnish as desired. Yields 6 to 8 servings.

Variations:

Prepare tomato aspic and chill until slightly thickened. Fold in 1½ cups of finely chopped raw vegetables. Pour into mold and chill.

or

Prepare tomato aspic and pour into a 6 cup ring mold. Fill the center of the unmolded ring with crisp greens or your favorite cottage cheese mixture.

It is not easy to be crafty and winsome at the same time, and few accomplish it after the age of six.

Know or Listen to Those Who Know

A true conservationist is a man who knows that the world is not given by his father but borrowed from his children.

Audubon



Websites

A listing of websites offering information on Addison's Disease and related topics. Italicized headings indicate a 'new' site. Please let us know if you have an interesting site which could be included in our list (or if a URL is incorrect).

The Canadian Addison Society dedicated, up-to-date, information, <http://mcinbers.liome.net/isonthani>

ACIF (Addison and Gushing International Federation) of Holland. <http://www.spiii.ii/iivap0302.htin>

Addison's Discussion Board. This is a new site set up by a woman from New Brunswick with Addison's. She has been through a lot and is now able to share with others.

<http://www.fiisideTheVVeb.com/mbs.cgi/inb3l0405>

The Addison's, Schmidt's, Cushing's and other Related Autoimmune Diseases Support Forum This forum is dedicated to the freeflow of information, experiences, questions and answers related to Addisons, Schmidts and other similar autoimmune diseases, <http://www.healinglight.com/addisois/>

American Autoimmune Related Diseases Association (AARDA). A non-profit association bringing a national focus to autoimmunity, the major cause of chronic diseases. <http://www.aardn.org>

American Botanical Council. Herbal medicines. <http://www.herbalgrain.org/>

Australian Addison's Disease Association Inc. <http://addisons.org.au>

BioScientifica. Services to biomedical science which includes the European Journal of Endocrinology online. <http://www.bioscientifica.com>

Centers for Disease Control and Prevention. <http://www.cdc.gov/travel>

Combined Health Information Database, <http://chid.nih.gov>

Library of Medicine (Harvard School). <http://www.countway.harvard.edu>

Cyndi's Addisons Disease and Adrenal Insufficiency Board. A new bulletin board started and maintained by a Canadian woman, <http://www.insidetheweb.coni/nicssagcboard/mbs.cgi7acct-mb310405>

Endocrine Web - Endocrine Disorders and Endocrine Surgery. A site written by doctors for patients. Although the site on Addison's Disease is coming soon, there are other hormone related problems discussed, as well as pictures of the various glands and their locations, <http://www.cndocrineweb.com>

John Hopkins Health Information <http://www.intelihealthli.coin>

Health Answers. A user-friendly site that provides additional information on items such as the ACTH test through hyperlinks. Go to Search area, select "Endocrine System" and then "Acute Adrenal Crises".

<http://www.healthanswers.com>

Institute of Medical Technology — a Finnish study project dealing with rare diseases, specifically Addison's Disease. The site offers a discussion forum, <http://www.iita.ri/laitokset/imt/addison/index.html>

The International Society of Travel Medicine and the Journal of Travel Medicine, www.istm.org

Joan Hoffman's site. Joan is the editor of the Addison News Newsletter from Michigan.

<http://www2.dnici.net/users/hoffmanri>

Karolinska Institutet from Sweden has "MeSH (Medical Subject Headings) Classified" Resources on the Internet for lay persons, health care professionals and researchers. Scroll down and access the "Endocrine Diseases" site. <http://www.inic.ki.se/Diseases/index.html>

Mayo Clinic Site <http://www.niayohcaltli.org>

National Adrenal Diseases Foundation (NADF) <http://medhlp.nctiisa.net/www/nadf.htm>

National Institute of Diabetes and Digestive and Kidney Disease (NIH)K. <http://nidk.nih.gov>

National Institute of Health (NIH). Includes a 9-page booklet "Managing Adrenal Insufficiency" which has 4 pages, with pictures, on how to give yourself an injection. http://www.cc.nih.gov/cccpatient_education/ai/aifinal.html

New England Journal of Medicine. For those of you with an understanding of medical terminology. Articles are available but occasionally with a cost, <http://www.nejm.org>

Rosenthal Center for Complementary and Alternative Medicine <http://cpmcnet.columbia.edu/dept/rosenthal>

RxList - The Internet Drug Index. An excellent reference site to check out the properties and side effects of medications, <http://www.rxlist.com>

Skip Howell's bulletin board. An e-mail listserv. After joining you receive e-mails from people on the list. The bulletin board is divided into two topics, Addison's and AH. To subscribe to the bulletin board, go to addisons@home.ease.isoft.com and in the text write "SUBSCRIBE ADDISONS" followed by your name.

Society for Endocrinology. Full-text online journals, <http://www.endocrinology.org>

Travel Health Information Service, www.travelhealth.com

Vitamin Buzz. See how medications can sap your body of vitamins; plus, herbal news. www.vitaminbuzz.com

WebDoctor- a comprehensive index of medical resources on the Internet produced in Canada. <http://www.gretmar.com/webdoctor>

The World Health Organization. <http://www.who.int>