



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

8 Francis Street, Brantford, Ontario,
Canada N3R 7C4

1-519-751-4472

E-mail: jsoutham@rogers.com

Fax: 519-751-4473

<http://members.rogers.com/jsoutham>

ISSUE NO.26

OCTOBER 2001

Editor's Message:

Dear Friends,

There is no "President's Message" for this edition as Greeta Fraser has been under the weather lately. Greeta has done so much to further the cause of The Canadian Addison Society and benefit us all, that we ask you at this time to think of her in your thoughts and prayers and wish for her a speedy and complete recovery.

Annual Meeting of the Canadian Addison Society

The annual meeting got under way on schedule at 10:00 am on September 29, 2001. Joan Southam opened the meeting by having everyone introduce themselves. We had three visitors from Montreal, Sybil Harrison, Rosella DalCengio and Sophie Lapointe, and Sandy Rock from Michigan. A letter was read from our president, Greeta Fraser, who was unable to attend due to illness.

The minutes of the last annual meeting from September 23/2000 was read and adopted as read.

Don Archi, who is looking after the paperwork for the charitable status of our organization, spoke on the present status of our application. As soon as things are approved, everyone will be notified. These things do require quite a lot of time working through the government paperwork to get results and will probably be another 5 or 6 months before he hears their decision.

Greeta Fraser has brought forward the question of remuneration for the information secretary position and it was decided that it should first go to the executive and perhaps be voted on as an executive decision. The proposal was brought up by Sybil Harrison on behalf of Greeta due to her absence. Don Archi spoke briefly to answer questions about the legality of payment.

The financial report from the treasurer, John Gordon, was handed out. A copy of same is attached. This report was adopted by Sybil Harrison and seconded by Sophie Lapointe.

Joan read a letter from Maureen Gaetz-Faubert about the Orphan Drug Policy that they wanted Canadian Organization of Rare Diseases, C.O.R.D., to be involved with at the grassroots level. The letter informs us that Health Canada has excluded them from the second stage of their Policy Development Program. The Canadian Addison's Society is an affiliate member of C.O.R.D.

Joan read the results of Justin Elton's research project. The question was put forth by Helene Perry about whether a pre-ready master list would be a time saver for Joan for the occasions when she is asked if any of the membership would be willing to consider getting involved with ongoing studies by the medical profession or the like in future. The idea was cautioned by Don Archie that some form of release would be necessary and the wording would have to be considered.

Helene Perry is looking for someone to help with the newsletter with the option of taking over as editor after the year 2002. There are four editions a year published, and all expenses are covered by the Canadian Addison Society. A computer with e-mail access is required. Please contact Joan Southam or Helene if you are interested in giving back in this way to the group.

Joan gave us a list of reading material and their prices, where applicable, that are available from the office. A listing for your convenience is printed in the minutes of the regular meeting from the afternoon. Of special interest is a newly published manual for living with Addisons from the British Group. Copies are being sent by ship to Canada and if you are interested, please contact Joan for prices.

Joan held up for us all to see, the plaque which is now finished to honour deceased members of the Canadian Addison Society. The plaque will be updated once a year and it will remain at the national head office in Brantford. Please contact Joan Southam regarding having a name added.

The a.m. part of the meeting was adjourned by Helene Perry and seconded by Lois Bleth and was followed by a lovely pot-luck lunch laid out by Lois Bleth.

Afternoon minutes submitted by Angela Timms: -

The group got underway again at 1:30 pm. Joan Southam presented her "magic basket" which contained copies of reading material available to purchase and extra copies of newsletters. There were 3 tee shirts which were sent to Joan from C.O.R.D. and it had been decided in the morning meeting to have a silent auction for them after the afternoon break.

A reminder was given to renew your memberships. They are due the first of January for \$25.00. There is a blank renewal form at the back of this issue for your convenience.

Our speaker for the afternoon was Marion Jutzi, B.A., RHN, RNCP from Troy, Ontario. She came to speak to us about stress, which can leave us susceptible to many diseases and hinder our recovery from ongoing illnesses. While there is no cure for Addison's Disease, we can do much to improve the way we feel and function everyday. All of us have a weak area of the body which can be triggered by stresses. 20% of the population are highly sensitive people, who have trouble with pain, florescent lights and seasonal disorders, especially in the winter months.

Symptoms usually start gently. Listen to your body for clues and use your gut instincts. When your "cup of life" overflows with stress it can lead to disease. One of the best ways to avoid stress is to keep your body hydrated with plenty of water to flush the lymph system of impurities. Coffee, Tea and soft drinks are diuretics and should be consumed in moderation. Water is much better for you.

Get plenty of rest and remember that foods can be 40-60% of the problem. Watch for food sensitivity and avoid the foods that cause even a slight reaction and make every effort to avoid these foods. B vitamins are very important for fighting stress, especially B5. We need to get plenty of exercise and think positively about our lives. Laughing and crying both relieve stress. Encourage yourself in life and practice deep breathing from the belly. Many people breathe from only a small portion of their upper chest. If you feel the need to detoxify your body, try the use of a juicing machine for a few days.

We were then given a demonstration of Specialized Kinesiologist Exercises that can help our bodies to deal with stress. These exercises are an excellent self-help therapy for recovering stroke patients and very useful in facilitating clear thinking. They help the left and right side of the brain rebalance and learn to connect with each other. The ones we saw were called "hookups", in which you touch your left elbow to your right knee followed by your right elbow touching your left knee. Another exercise is to cross your legs while you cross your wrists all the way around and hold them into your chest. This has a calming effect for stress and is excellent for the hyperactive child.

Marion was kind enough to stay and field some questions from the group, after which Joan, presented her with a gift and our thanks.

Medical Questions and Answers

Dr. Donald Killinger, MD, PhD, FRCPC

Dr. Donald Killinger, from London, Ontario, who is the Medical Advisor 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.

The following question was sent in by Francisca Swist:

I have a question for Dr. Killinger. If somebody with Addison's disease tests positive for TB with the skin test but the chest x-rays are clear. What does he recommend? Regular x-rays? Treatment with TB antibiotics? Watch for symptoms and follow-up then?

Dr. Killinger's reply:

The problem of a positive TB skin test in a patient with Addison's disease is interesting. If this patient is an adult; we may assume that the Addison's disease was caused by tuberculosis involving the adrenal glands. This is not necessarily true since someone with Addison's disease can get TB just like anyone else. The fact that this person's chest x-ray is negative suggests that they were exposed to the tubercle bacillus but overcame the infection without developing a chest lesion. Another possibility is that they were immunized with B.C.G., which gives a positive skin test but no infection. If the Addison's disease is due to the TB, they must have had the infection for quite a while. We will often give anti TB drugs to new Addisonian patients when we start cortisone (or prednisone) if they have a chest lesion since the cortisone can allow reactivation of the disease. With a clear chest x-ray I would follow with regular chest x-rays. If someone has had a negative skin test and is positive on a follow up skin test; it suggests recent exposure and advice should be sought regarding a course of treatment.

Donald Killinger, MD, PhD, FRCPC

The next question was sent in by Joan Southam:

I have read that there is a new drug soon to be available in the U.S. for osteoporosis. It is called Forteo. I understand it is a synthetic version of the parathyroid hormone and a recent study reported in the NEJ of Medicine cited a study of 1637 postmenopausal women. In this study the bone density had been replenished to the point where treatment could be discontinued. Gains in bone strength occurred in just 3 months of treatment. I understand as well that so far, this is in the form of self-injected daily shots just under the skin but oral and inhaled versions of it are now under study and may soon be available as well.

My thoughts at first are that this is "too good to be true" and like my Daddy always said - it is seems too good to be true, it probably is! However, I would like your thoughts on this new drug or any side effects that were not listed etc. Your help would be greatly appreciated.

Dr. Killinger's reply:

The question has been raised regarding the use and benefits of synthetic parathyroid hormone in the treatment of osteoporosis. There are currently studies underway with the subcutaneous injectible form of this hormone and results are promising. Bone remodeling is a relatively slow process with treatment being required for years rather than months. How it will compare with the currently available drugs as well as its long-term safety remains to be seen. I have not seen any information on inhaled or oral preparations.

Donald Killinger, MD, PhD, FRCPC

The following questions for Dr. Killinger from Glenda George who is a member of the Canadian Addison Society in Australia:

Vanessa is my 21 year old daughter and was diagnosed with Addison's at the age of eight. During this time she has kept in relatively good health but has had several bouts of herpes simplex virus in her eyes which left her with badly scarred corneas leaving her with 7% left in the right eye and 33% in the left eye. She is to receive a cornea transplant and could you tell me what or if any complications could arise from this?

Dr. Killinger's reply:

Vanessa is a 21 year old female - diagnosed with Addison's disease at age 8 and now has visual problems due to scarring of her corneas from viral infections. The diagnosis at age 8 raises the possibility that she may have a syndrome in which there can be autoimmune involvement of other hormone producing organs and a tendency to have candida (fungal) infections in the mouth and gastrointestinal tract. It is unlikely that this would make her susceptible to the herpes virus infections, but it would be important to be sure there are no other associated problems before corneal surgery. The other autoimmune problems include hypothyroidism, hypoparathyroidism (problems with calcium), pernicious anemia (low hemoglobin), diabetes and vitiligo (patches on the skin with no normal pigment). If everything else is under control the corneal transplants should go well.

Donald Killinger, MD, PhD, FRCPC

P 1 e a s e - 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.

Recommended by Astrid Penno of Mississauga is Dr. Betty Chan, who has 3 Addison patients. Dr. Chan is at 1033 Bay St., Suite 201, Toronto, Ontario, M5S 3A5 416-515-7194

If anyone would like to have a poster to put up in their doctor or specialist's office, (with their permission, of course), then the Canadian Addison Society has some available and can send one to you free of charge. Please contact the office at the address on the front of this newsletter with your request. It's an excellent way for you to help spread the word around that we are here.

Thank you to Francisca Swist for submitting such an interesting article.

The following was in the June 29, 2001 issue of the Edmonton Examiner under the Pharma Facts section. It was written by William Leung (B.Sc. Pharmacy) from the Strathcona Prescription Centre.

What makes up a tablet?

Red, green, brown, yellow, pink, purple, or round, rectangular, oblong, and pentagonal, tablets come in all colors, shapes, and sizes. Tablets are the most commonly used solid dosage form. They have the advantages of being inexpensive to manufacture, simple to identify, easy to swallow, tamperproof, and are very stable (long expiry dates).

What makes up a tablet? Aside from the active ingredient (the drug that exerts the desired effect in the body), tablets contain excipients.

Excipients are components added to the active ingredient(s) with each having a specific function. Diluents are fillers used to make up the required tablet. They help to improve the binding and impart hardness to the tablet. Binders are ingredients used to help hold the tablet together. Disintegrates facilitate tablet disintegration or breakup. These ingredients draw water into the tablet, swell, expand, and disrupt the tablet to break apart.

Colors are added to make identification of tablets easier, disguise off-color drugs, and produce a more elegant product. Flavors are added to make the tablet taste better. They are commonly added to chewable tablets or tablets that dissolve in the mouth. Some examples of excipients are lactose, sucrose, starch, waxes, and artificial sweeteners.

In general, excipients are harmless. However, some individuals may have allergies to dyes, lactose, or starch. For these individuals, a pharmacist may be able to compound the medication without the offending additives.

Ask your pharmacist about the tablets you take.

Check Your Medicine Cabinets!

Please be reminded that on November 6/2000, Health Canada issued an advisory recommending that consumers not take any cough/cold or allergy medications listing phenylpropanolamine, (PPA), as an ingredient because of a reported association with haemorrhagic stroke. At that time, most manufacturers voluntarily suspended sales of these products and retail outlets should have removed them from their shelves by now. Please take the time to check your medicine cabinets for cough syrups or cold and allergy medicines that may still be in your home from last winter containing PPA. Your pharmacist will be able to dispose of the product safely.

Many of these product were sold under very familiar names such as: Alka-Seltzer Plus Cold, Contact C products, Coricidin products, Dimetane products, Dimetapp liquid and tab products, Entex products, LB Cold & Allergy products, Ornade products, Sine-Off products, Sinutab, and Triaminic syrups and tabs as well as many more familiar brands too numerous to mention here. The cold and flu season is fast approaching, check the labels for phenylpropanolamine or PPA before you need to use them and may be too sick to notice the ingredients.

Please.....don't neglect to get your flu shots!

Highlights From Local Meetings

Vancouver Island Support Group (Victoria) - September 08/2001

Submitted by Florence Weekes

The Vancouver Island support group of the Canadian Addison Society met September 8, 2001, at Victoria General Hospital for informative and lively discussion. Of 10 in attendance, there were 7 with Addison's disease, one with low pituitary function, one with adrenals producing cortisone only at the expense of other hormones, and one was an interested family member.

We spent considerable time discussing diet. Though it was agreed that proper diet is particularly important for an Addisonian, we receive conflicting suggestions as to which supplements should or should not be taken together. Most considered calcium supplements important to help prevent osteoporosis, though it was noted that it is better to get calcium from calcium-rich foods. One member credited a diet without sugar or refined carbohydrates with helping her stay very well on only 5 mg./day of prednisone. One had tested a no-carbohydrate diet but it made him weak and ill. It was pointed out that a diet high in phosphorus, as from meat, can take calcium from bones.

Regarding osteoporosis, two women reported taking Calcitonin, one by subcutaneous injection (covered by BC Medical Services) and one by means of a new nasal spray (not covered). There was also discussion of a bone-density marker now available that uses urinalysis and that would save a person from being subjected to x-rays currently in general use for bone-density testing.

Several reported results of DHEA. Though 50 mg./day is used in some research studies, one man finds 25 mg/day gives good results, one woman does well on 15 mg/day, and two women found 25 mg/day intolerable because of resulting acne. Difficulty was reported in obtaining DHEA under the present rule, which apparently allows only one drug store in Canada to sell it, even when one's physician prescribes it and obtains the required approval from Ottawa. DHEA is a cheap, over-the-counter substance in the United States but a special import license is required to bring it to Canada.

One woman reported on the availability, through a Vancouver distributor at comparatively reasonable rates, of saliva and blood tests for hormones and food sensitivities. The patient is sent a kit that can then be taken to any local laboratory for the blood to be drawn, and the results are sent directly to the patient's physician.

As well as comparing prescribed medications and over-the-counter supplements, members compared experience with various symptoms, including headache, difficulty with memory, hypoglycemia, hair gain and loss, weight gain or loss, and sleep difficulties.

The next Vancouver Island meeting will be at Nanaimo Regional General Hospital, in the Malaspina portable, at 1 p.m., Saturday, October 20. For further information, Christy Lapi, clapi@island.net or 250-245-7554, or Barbara Hunn, bhunn@telus.net or 250-756-4385. For Victoria information, Jim Sadlish at wx699@victoria.tc.ca or 250-656-6270, or Florence Weekes at fmweekes@telus.net or 250-598-0321.

Vancouver Island Support Group (Nanaimo)

Submitted by Christy Lapi:

The Vancouver Island chapter of the CAS will meet in Nanaimo Oct. 20 from 1-3 p.m. at Nanaimo Regional General Hospital. It will meet in a new location, in the Malaspina Portable which is outside the main building near the Rehabilitation entrance. For more information and further details on how to get to the portable, contact Barbara at bhunn@telus.net or call her at 756-4385.

BC Lower Mainland Support Group

Submitted by Judy Stanley:

October 13,2001 meeting of CAS Lower Mainland will have guest speaker.

Ifigenia Fasogiannis
Human Resources Development Canada
Outreach Officer
Income Security Programs Branch

Topics will include Income Security Programs, including disability pension, and the significant changes that took place in May of this year. She'll also give information about how to apply for and receive benefits for various programs. Can also include financial planning depending on the group. Will be able to tailor her talk to our group specifics, depending on the types of questions we ask.

The meeting will be held from 1:00 - 3:00 in the Sherbrooke Lounge, Sherbrooke Bid., 330 East Columbia St. New Westminster. Pay parking is available.

Saskatchewan Addison Support Group

There are no meetings on the calendar at the present time. If you are from the area and wish to make contact with the group, please call Elizabeth Hill from Meadow Lake at 306-236-5483.

Southern Ontario Support Group

The date for the next meeting for this group was not available at press time. If you wish information for any upcoming meetings, please contact Lynda Daniels in Toronto at 416-538-4978 or e-mail at vfdaniels@hotmail.com

Alberta Support Group

For information regarding any upcoming meetings, please contact Peter Little at 780-922-5307 or e-mail to Litt019@ibm.net or contact Ginny LaValley at 780-939-3730

Eastern Ontario Support Group

Submitted by Elaine Hall:

The next meeting will be October 13th at Susan Steadman's home 46A Geneva Crescent off Island Park Drive, Ottawa. (613) 728-3956 or Elaine at (613) 824-0160. Pot-Luck Lunch beginning around noon. I have been unable to secure a speaker for this meeting.

Directions:

From Queensway (Going West) - Exit Island Park Drive, take Island Park Crescent (Crescent is immediately following Highway Exit), left onto Geneva.

From Queensway (Going East) - Exit Carling Avenue, turn left into Westgate Plaza, and exit left on Merival Drive, to Island Park Drive, first right onto Island Park Crescent left to Geneva St.

Quebec Support Group - September 15/01

We are pleased to include the minutes and agenda from our group in Montreal in both official languages and welcome some new friends to our newsletter. Thank you Sohpie Lapointe for your hard work translating our message out to our French speaking Canadian friends.

***Reunion annuelle de la Societe canadienne d'Addison
pour le groupe de soutien de la region de Montréal
Annual Meeting of the Canadian Addison Society
of Montreal support group***

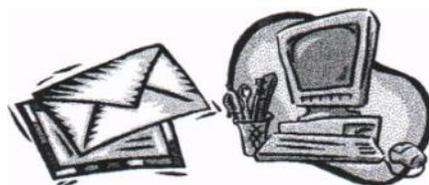
Ordre du jour / Agenda

1. **Mot de bienvenue / Welcome and introduction (Sophie Lapointe)**
 - *Les rencontres dans le passe/Meeting in the past*
 - *Les besoins des Addisonniens/Needs of the Addisonnians*
2. **Invitée de Brantford: Joan Southam /Speaker invited from Brantford (Impossible d'entrer à Montreal par avion)**
3. **Pourquoi nous sommes ici? / Why are we here? (Al McConnell)**
 - *Aspect social et psychologique de la maladie d'Addison / Social and psychological aspects of Addisons disease.*
4. **Fréquence des rencontres et conférenciers invités / Frequency of the meeting and speakers (Sophie Lapointe)**
5. **Points à ajouter à l'ordre du jour / Others things to add at the Agenda**
6. **Discussion libre / Open discussion**
 - **Cafe**

The support group of the Canadian Addison Society of Montreal held their third meeting on Saturday, September 15 in the basement of St. Thomas Church. The meeting is getting bigger one step at a time. Sybil Harrison worked hard to get a place for the meeting and had contacted over 30 people by letter, phone and internet. While Sybil was doing this, I was working at getting all the paperwork translated into French to be available for the meeting. I have prepared a bilingual leaflet in English and French using the official logo of the Canadian Addison Society. Al McConnell has been a tremendous help to make this day a success. Al spoke about his knowledge and experiences with Addison's Disease, particularly of the social and psychological aspects of this disease.

We had a wonderful day with 7 Addisonians present and a few guests. Our speaker from Brantford, Joan Southam, could not make the meeting due to the recent world events. We spoke of why we are here today at this meeting, the frequency of our meetings and the type of speakers we would like to hear. The decision was made to have 2 meetings a year. Our goal will be to continue to search for new Addisonians who would be interested in joining our group and to find a speaker for our next meeting in the spring.

If you would like more information about upcoming meetings, please contact Sybil Harrison at: 108 - 6950 Fielding Ave. Montreal, Quebec, H4V 1P7 514-486-9817 or Sophie Lapointe at 514-521-6538 or e-mail sophiel@sympatico.ca.



Letter to the Editor

The following letter should, at the very least, encourage us to request from our endocrinologist or family doctor a written letter of instructions for the local hospital in your area and to carry a copy in our purse or wallet.

This issue of when an Addisonian needs IV cortisone strikes me as pretty thorny. My understanding is vomiting for 8 hours requires IV cortisone. One source said diarrhea for the same time does as well, but I think that is individual as I think I'd still be okay. Then of course there is the range of stuff, which could bring us into ER, which needs to be evaluated. We are all so different, which does make it hard to talk to ER on this and I suppose makes it harder for them to treat us. I do think most Addisonians who have had this for a length of time know what they need if they show up in emergency, and doctors should listen to us more. Personally, I have a relatively slow slide coming into the crisis territory, and so when I show up I am just pre-crisis. My blood pressure may not show crisis yet. But once I start vomiting for 6-8 hours oral cortisone cannot bring me back and just a saline-glucose drip will only "stabilize" me temporarily. IV cortisone is necessary.

My doc gave me a letter authorizing IV cortisone in response to any acute illness, which I have given to ER. Some of our members, as you know, drop rapidly in crisis, which is truly frightening if ER is at all unsure what to do. My understanding is that an occasional decision to use IV cortisone when it might not be strictly necessary will do no harm, while a decision to withhold IV cortisone when it is needed could be disastrous. I did find lots of material in my file about general Addison's with brief reference to emergency treatment, and I will photocopy and give some to ER here.

Chrisy Lapi Ladysmith, B.C.

I sympathize with your concern! I think the statement depends on the phrase "all cases". It is possible that there are exceptions. The policy would be easier to take if it said that all patients with Addison's disease who present to the emergency department require intravenous Solu-cortef and saline unless the reason for attending the emergency department is unrelated to their adrenal problem.

Donald Killinger, MD, PhD, FRCP

Share your ideas/opinions/experiences/funny or horror stories, or just something to get off your chest, mail it to the address below or send by e-mail. You may remain anonymous if you wish. No names will be published without your consent.

Helene Perry 75 Wendover Drive #218 Hamilton, Ontario L9C 2S7

e-mail to: hperry@interlynx.net

Let's¹² Hear It For Life!

Sausage & White Bean Skillet

This delicious recipe was sent in by Ruth Ann Kruger from Brantford, Ontario. The recipe serves four. While it is not especially low in fat, it is high in vegetable and fiber content and does not take too much energy and preparation time. Tastes even better the next day too.

Ingredients:

- 450gm. (1 lb.) sausage, (cut into bite-size pieces). Use hot or mild Italian, English Bangers or Canadian Farmers' Sausage.
- 2 large onions – chopped
- 3 ribs celery – sliced
- 2 large cloves garlic - minced
- ½ teaspoon salt
- ½ teaspoon pepper (coarsely ground if available)
- 1 tablespoon dried parsley flakes or 2 tablespoons fresh parsley
- 1 teaspoon dried sweet basil
- 2 cans (19 oz) white kidney beans - drained and rinsed
- 1 can (28 oz) diced tomatoes - do not drain
- Optional: ½ cup diced carrots and/or green bell pepper

Method:

In a large, deep skillet or dutch oven, simmer bite-size sausage pieces in about ¹A cup water for 5 minutes to remove as much fat as possible. Remove sausage from skillet, set aside and discard water and fat. Add cooking oil to empty skillet or lightly spray with cooking spray. Add onions, celery and garlic. Sauté until tender, (about 3 to 5 minutes). Add extra vegetables such as carrots or green peppers if desired. Return sausage to skillet. Add tomatoes, beans, parsley and seasonings. Cover and bring to a boil. Simmer gently for 20 - 30 minutes. Serve up in soup or pasta bowls with warm, crusty buns or thick slices of pumpnickel bread and carrot sticks on the side.

Nutrient Analysis per serving or ¼ recipe:

Energy: 506 Calories Protein: 26.5 grams
Carbohydrates: 61 grams Fat: 16 grams
Dietary Fiber 15 gm.

Do you have a favorite healthy recipe or tip that doesn't take too much of our stamina resources to create? If you would like to share your recipe or tip with other Addisonians, please send them to hperry@interlynx.net, or mail to Helene Perry, 75 Wendover Dr. #218, Hamilton, Ontario, L9C 2S7. Please let me know if you do not want your name used. Let's share with each other and we all win!

There is a kind of victory in good work, no matter how humble.

Jack Kemp

CANADIAN ADDISON SOCIETY

Analysis of cash on hand & in banks as at September 15, 2001

Petty Cash Advance	\$300.00
Equitable Trust-	
Canadian Addison Society	8,084.69
TD Canada Trust-	
Canadian Addison Society	835.68
Montreal Support Group – Quebec	30.00
Ottawa Valley Support Group - Eastern Ontario	120.00
Brantford and District Support Group - Southern Ontario	290.00
Edmonton Support Group – Alberta	80.00
Lower Mainland (Vancouver) Support Group - British Columbia	150.00
Vancouver Island Support Group - British Columbia	<u>95.00</u>
 Total	 <u>\$9,985.37</u>

THE CANADIAN ADDISON SOCIETY

STATEMENT OF INCOME & EXPENSES
FOR THE PERIODS ENDING DECEMBER 31, 2000
AND THE 8 ½ MONTHS ENDING SEPTEMBER 15, 2001

	January 1, 2000	January 1, 2001
Cash on hand and in banks	\$7,814.03	\$10,028.84
<i>Income</i>		
Dues Received - National	\$4,190.00	\$2,480.00
- Support Groups	365.00	400.00
Donations	488.21	138.00
Book Sales	685.00	254.00
Interest	.21	86.21
Other	40.00	20.00
<i>Expenses</i>		
Newsletter	1,134.07	1,136.79
C.O.R.D. Meetings and Membership	200.00	350.00
Photocopier repair		395.25
Postage, stationery & supplies	904.67	383.61
Books for resale	477.08	241.88
Telephone	599.79	585.80
Memorial plaque		286.35
Web page	100.00	
Bank Charges	68.00	40.00
	December 31, 2000	September 15, 2001
Cash on hand and in banks after adjusting for O/S cheques	\$10,028.84	\$9,985.37