



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

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**ISSUE NO.28**

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## **President's Message:**

Dear Friends,

It's springtime again and flowers are appearing, but today here they are covered in snow. I pray for good health for us all. It has been so nice to meet some of you this past while; Conrad from Alberta, Shirley from Lindsay, Ontario once again, June from Ravenna, Ontario and Janet from Penetanguishene, Ontario. It's good to compare notes, as this is what our group is for.

This disease does have its strange complications and each person has a similar but slightly different outcome. Make sure you see your doctor regularly and have blood tests to know how things stand.

Hopefully, we will be starting a couple more support groups in Ontario this year. If anyone would like to start one in their own area, please contact me and with your help, I will work on it.

Sincerely,

Greta Fraser [gfraser@dsisp.net]

## **Charitable Status Attained**

The Canadian Addison Society/La Société canadienne d'Addison has been designated as a registered charitable organization under the Income Tax Act by Canada Customs and Revenue Agency (CCRA).

We give great thanks to our "resident lawyer" and fellow Addisonian Mr. Don Archi along with Joan Southam our Corresponding Secretary and Canadian Contact for their hard work and perseverance over these last few years.

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## **Annual Meeting Announcement**

The annual meeting of The Canadian Addison Society/La Société canadienne d'Addison has been scheduled for Saturday, September 21, 2002. The business meeting will get under way at 10:00am until 12:00 noon at which time we will break for a lunch of finger foods. All are welcome to contribute to the potluck lunch.

The afternoon portion will get under way about 1:30 until about 4:00pm and will include a short coffee break. Our guest speaker will be Dr. Don Killinger, endocrinologist and medical advisor to The Canadian Addison Society. There will be a question and answer format, therefore if any members would like to submit their questions to Joan Southam, she will send them along to Dr. Killinger or please feel free to bring your questions with you if you are able to attend the meeting.

### **An Announcement From Joan Southam:**

After much thought, it is my wish to retire from the position of Corresponding Secretary and Canadian Contact for The Canadian Addison Society/La Société canadienne d'Addison. The group has grown and changed a great deal in so many ways over the last 6 years that I have been involved with the organization. We are now a registered charitable organization and as such, we need new and fresh ideas to take this organization to the next plateau.

If you are interested in this volunteer position, if you have a computer with e-mail capabilities and if you want to make a difference by helping fellow Addisonians, send a letter telling us about yourself. I would very much like to work with someone over the coming months with the thought of making my retirement official at our annual meeting September 21, 2002. Thank you to all of you who have been so kind to me over these years.

Sincerely  
Joan

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*"Expect people to be better than they are; it helps them to become better. But don't be disappointed when they are not; it helps them to keep trying."*

*-Merry Browne National Enquirer*

## **DIFFERENCES BETWEEN DHEA and 7-KETO DHEA.**

The following, excellent piece of information, was supplied by Joan Southam. It should be of interest to all who are taking, or thinking of taking, the hormone DHEA.

DHEA is the most abundant hormone produced by the adrenals. There is also some produced in the brain and ovaries, just to name two sources. It is metabolized into other hormones including testosterone and estrogen. In Canada, DHEA is available through prescription WITH approval by the Canadian Government. If you are interested, have your endocrinologist contact Dr. Don Killinger, London, Ontario and he will tell them how to go about applying to the government on your behalf.

7-KETO DHEA has the same power as DHEA, but in another form, that cannot be converted in the body to the sex steroids thereby apparently getting rid of most of the obvious side effects such as itchy scalp, greasy skin and acne. 7-KETO DHEA is not made in Canada but is readily available off the shelves in the United States.

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### **ACIF Update**

Last November 2001 the Addison and Gushing International Federation (ACIF) and steering committee from Holland asked through a survey our thoughts on the future of the ACIF. Canada replied that they would be willing to support a strong truly international organization. However few of the countries that it was sent to responded - only Joan Hoffinan of the U.S (one of the steering committee members), The Dutch Addison and Gushing Society (NVACP), Sweden, New Zealand and Canada. Because of the lack of response, the ACIF website ([www.nvacp.nl](http://www.nvacp.nl)) now contains only basic international information and contact with a link to our website.

It is sad that such an organization did not have the support, including time, effort as well as financially, from the rest of the Addisonian support groups in this world. We may be miles apart but we all share common concerns, problems and goals. We hope that many of these groups will continue to keep in contact to exchange information.

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### **NADF CHANGES**

Of interest also is the fact that Erin Foley will be the new President/Director of the National Adrenal Diseases Foundation, (NADF) in Great Neck NY. Erin has an extensive background in the healthcare profession and she will be taking over many of the duties that Marylou Celeberti is presently doing. Marylou cannot devote as much time and energy to her work as she would like due to family health concerns. Erin Foley can be reached at 516-487-4992 or [NADKnaieaol.com](http://NADKnaieaol.com) and will be officially taking over in June of 2002.

*"Those who bring sunshine to the lives of others cannot keep it from themselves."*

*-James M. Barrie*

## **PLEASE TAKE NOTE - OUR ADDRESS HAS CHANGED**

As announced in our last issue, The Canadian Addison Society/La Société canadienne d'Addison has undergone changes to our e-mail address and website address effective November 22/01.

Our new e-mail address is as follows: [isoutham@rogers.com](mailto:isoutham@rogers.com)

Our new website address is as follows: <http://members.rogers.com/isoutham>

Please adjust your records and we sincerely apologize for any inconvenience this may have caused you.

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Have you paid your 2002 dues yet? Please send your cheque or money order for \$25.00 to John Gordon, 193 Elgin Ave. West, Goderich, Ontario, N7A 2E7. A membership form was included in the last newsletter for your convenience or call the nearest group contact for information on how to become a member.

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**P l 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.

We have a recommendation by Jean Sloate of Dr. Ronnie Aronson, 1235 Trafalgar Rd. Oakville, Ontario. Contact at 905-337-0040. Jean believes that he has several patients with Addison's Disease.

We also have a recommendation from Krista Carbon. She recommends Dr. El-Fellani A. Mohammed at the Cornwall Professional Building. 404-2125 11<sup>th</sup>. Ave. in Regina SK. Phone 306-757-5143 or fax to 306-585-3993

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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.

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We have a member, Eileen McQuaid-Costello, who is a mother on Prince Edward Island and would like to correspond with another mother regarding pregnancy and Addison's Disease. If you would be interested in contacting Eileen, please let Joan Southam know at The Canadian Addison Society and she will be happy to get you in touch with each other.

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Condolences go out to long time member Mrs. Shirley Shier from Lindsay, Ontario who recently lost her husband of 50 years this past December 24<sup>th</sup>.

Also, condolences go out to Greeta Fraser in the recent loss of her brother.

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Francisca Swist would like everyone to know that she has revised and updated the new web-site for The Canadian Addison Society. There were a number of links that were no longer valid and have been deleted. Please check out our site at <http://members.rogers.com/jsoutham>

Thank you Francisca for all your work in keeping our web-site current.

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The sale of the UK booklet "Living With Addison's Disease" has been going well. You can still request a photo-copy through The Canadian Addison Society in Brantford at a cost of \$10.00 by cheque or money order, of which \$5.00 is our expenses and mailing costs, \$2.50 copyright royalties to the UK group and \$2.50 for the Canadian Addison Society. It should also be noted that this booklet can be downloaded on the internet through The Canadian Addison Society site. You will need an Acrobat reader to read the document and it is approximately 25 pages to print.

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We would like to remind you that The Canadian Addison Society will gratefully accept donations of Canadian Tire Money. There have been two donations so far totaling \$10.90 from Sherri Bychyk and Helene Perry. If you can spare this form of donation to help alleviate the various cost of running the organization it would be most appreciated by all.

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### **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.

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### **Update on Med Shortage**

In our last issue of the newsletter we informed everyone of the possible shortage of Cortone® (cortisone acetate), that was apparently developing across the country. Jim Sadlish had contacted Pharmacia Canada, who supplies their areas, regarding this problem and they answered that they were expecting shipments in the new year and the supply should be ok then. Some areas of the states were experiencing the same problems and it was suggested that they may have to switch to Cortisone Acetate (generic) should their pharmacy run out of Cortone®.

The Canadian Addison Society has requested information and has come into possession of a letter directed to, "Dear Health-Care Professional" from Merck Frosst Canada. The body of the letter reads as such:

**"We regret to inform you that CORTONE® 25mg (cortisone acetate tablets, Merck Frosst Std.) in bottles of 100 tablets has been discontinued. No more stock is available. Furthermore, CORTONE® 5mg, (cortisone acetate tablets, Merck Frosst Std.) in bottles of 50 tablets will no longer be available upon depletion of the existing stock. The anticipated date of depletion is the end of February, 2002.**

**Should you require further information, please do not hesitate to contact our Customer Information Centre at 1-800-567-2594. We thank you for your understanding."**

This letter is signed Elgin Cameron, Director, Professional Communications and is dated February 2002.

This should pretty much put to rest what is happening with the Cortone® product. Unfortunately, no explanation comes with the letter. A service representative said it was a "business decision" to stop production. There is the alternative of the generic brand, ICN, which is still available. They produce the product in 25mg, scored tablets only. The chemical content should of course be the same as Cortone®, but it is the fillers and binders which could be different and may cause some concerns for people who are sensitive. Please contact your own doctor if you are one of the patients on Cortone® and cannot get your prescription refilled, in order to make alternative arrangements suitable to your own situation.

The product Cortef® (hydrocortisone), by Pharmacia is still being produced, although not in Canada either. According to their service representative, their shortage of the 20mg product was temporary only. The 20mg tablets were apparently affected due to the increased demand accompanied by an issue related to the suppliers. It was not known if this was due to raw material shortages or otherwise. The 10 mg Cortef® tablet was not affected and there is no 5mg tablet available in Canada. Pharmacia expected their shortage problems to be resolved around March 6<sup>th</sup>.

None of these meds are produced in Canada. All are imported from the United States and whether they are actually produced there or off shore, we have not been able to find out. It is a good idea to ask your doctor to specify exactly what medication you are to be taking and also to include the instructions, "take as directed" so you are not cobbled by your insurance company issuing payment for meds by counting days and not assuming you may have been ill and required to use up your prescription ahead of schedule. Some of our members had found that their pharmacy had substituted their medication with a generic brand without their knowledge. It would be wise to open the container and check that you have what you expected to receive before you leave with your prescription.

Joan Southam had written to Kripps Pharmacy in British Columbia asking if they had any knowledge of the current situation and whether or not they are able to supply the product, perhaps through the postal service

Here is the information that she received by phone from Mrs. Thorpe at Kripp's Pharmacy in Vancouver, British Columbia.

Re: Cortef 10 mg. - they do have some in stock but NO 20 mg. in stock. No further word on when there will be more available. - Re: Cortone - NONE is available

Mrs. Thorpe did tell Joan that they could compound different prescription with a Canadian doctor's original prescription including 5 mg. generic cortisol (Hydrocortisone)

If your physician wishes specific requirements e.g. fillers or binders, he/she can contact the pharmacist there, Dr. Thorpe at 604-687-2564 to arrange a trial sample of the different fillers to be tested on you under your physicians care. All orders through Kripps Pharmacy are available through mail order and mailed directly to you.

Please note - this is for your information only and we at The Canadian Addison Society are not recommending or not recommending any specific compounding pharmacy. If any one knows of any other compounding pharmacy that offers the same services, we would be most interested in receiving that information.

Joan also contacted the Canadian Organization of Rare Disorders, (CORD), to ask if they had been contacted or had any information perhaps from other interested groups. CORD did respond with a letter, but they did not have any further information to offer.

If anyone would be interested in reading the latest newsletter from the New Zealand Addison's Network, (NZAN), please refer to the website. [www.addisons.org.nz](http://www.addisons.org.nz). Please be advised that you will require Acrobat Reader to download this document. It is approximately 21 pages of very interesting reading.

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### **Highlights From Local Meetings**

#### **Vancouver Island Support Group (Nanaimo)**

Please contact Christi Lapi of Ladysmith BC at [clapi@island.net](mailto:clapi@island.net) or Barbara Hunn of Nanaimo at [bhunn@telus.net](mailto:bhunn@telus.net) for information on upcoming meetings.

#### **Vancouver Island Support Group (Victoria)**

The Vancouver Island Support Group will meet at Victoria General Hospital, Room 1814 on Saturday, April 6<sup>th</sup> at 1:00pm. For further information, please contact Florence Weekes at 250-598-0321 [fmweekes@telus.net](mailto:fmweekes@telus.net) or Jim Sadlish at 250-656-6270 [x699@victoria.tc.ca](mailto:x699@victoria.tc.ca).

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*"The strongest single factor in prosperity consciousness is self-esteem: Believing you can do it, believing you deserve it, believing you will get it."*

*-Jerry Gillies*

## **BC Lower Mainland Support Group - February 16,2002**

**Submitted by Judy Stanley:**

The February 16, 2002 meeting guest speaker was Dr. Jerilynn Prior, BA, MD FRCPC Professor of Endocrinology and Metabolism (the study of hormones and glands) at the University of British Columbia. <http://www.bcendocrineresearch.com/news.html>.

The following is a summation of Dr. Prior's talk. Consult your doctor for correct medication amounts as I may have misinterpreted information on steroids and medications I'm not familiar with.

**Addison's** — the cortisol hormones are not produced for stress as with non-addisonian people. Addison's was first described in 1855 by T.A. Addison in England. Slides showing the first patient who had TB but was not recovering with the therapy provided. He displayed what is now known to be classic Addison symptoms. Addison is most common now in auto-immune disease which targets the hormonal glands, cancer and aids. In Addison's the cortex is affected which produces aldosterone (florinef), cortisol, and sex hormones.

**Secondary Adrenal Insufficiency's** most common cause is a tumor on the pituitary negating the requirement of Florinef. The hypothalamus causes the hyper pigmentation, weight loss and dizziness. When stress is increased it impacts on the sex hormones. Tests on young women worried about their weight had increased cortisol levels. They had normal bone density but less bone structure for woman their age.

**Question:** I was wondering about exercise, Addison's and energy levels. I know that if you are "normal" and you exercise, your cortisone increases and your energy in turn increases. What happens when you have Addison's (or no adrenal glands) and you exercise hard? Is your cortisone used up? Does an Addisonian have more energy after exercise (like a normal person)? I have noticed recently that when I have a good workout (e.g. - sweating a lot), that afterwards I feel sick. I try to eat something with a lot of salt, like pretzels, but this nauseated feeling doesn't go away until much later. So, my question is, if a person who has Addison's exercises hard, should they be taking more cortisone?

**Answer:** If you are going to be doing hard exercise you should take less medication in the morning i.e. Prednisone 4 mg. in the morning and 1 mg. before exercise. (5 mg. Prednisone = 25 mg. cortisone acetate = 20 mg. hydrocortisone). Salt and fluids are lost and should be replaced. Be sure you are replenishing fluids, sugar and salt so you are not getting dehydrated. Salt tastes will change according to need i.e. heavy exercise, cross country skiing, in a sweaty hot environment, perimenopause and sweating will also cause water and salt loss.

The study of a blood pressure group of 94 showed the average pulse rate goes up 10 beats/minute after standing for 3 minutes. Be sure to have your blood pressure taken lying down. Systolic pressure goes down and diastolic rises slightly in Addison's on standing - not enough cortisol or florinef. Diastolic should not be higher than 80 lying down or high blood pressure can develop. Too much Florinef will lead to high blood pressure.



Medications should be taken first thing in the morning. If you take Prednisone suggested dose was 5 mg. in the morning and 2.5 at noon. Everyone should carry a medical pack with extra medication, salt and sugar for energy source, water, medic alert, and diabetics should also carry complex carbohydrates with them. She also advised that we have our flu shots updated each year. Your partners and health care workers should also have a flu shot. In a trial done in New York those who had a flu shot had six fewer ill days and most of those were just for a cold.

Double your medication when you are ill for 3 days only as too much can also cause problems.

She has found that being ill and with Addison's has a different feel to it. If you are lying down and experience weakness on rising it means you need more water, salt and flonid. After standing your heart rate should only increase 10 beats/min. if 30 or more it's a good measure of not having enough flonid. Increase your salt and water then review with your doctor.

Normal menstrual cycles have a rise of 200% estrogen above normal which rises, falls and rises again but a 900% rise of progesterone. The body produces estrogen for 25 days and progesterone for 14 days (overlapping). In auto-immune disease, ovaries can also be attacked causing early menopause. Estrogen alone will thicken lining of uterus but ovaries may not be working. Non-production of eggs occurs with stress and perimenopause. The signs of perimenopause, if ovulating, will be a tenderness under the armpit, fluid retention and production of a stretchy mucus from progesterone. If the front of the breast has soreness then there is too high estrogen but no ovulation and stretchy mucus that doesn't go away.

Progesterone levels can be tested. The cost is \$40.00, but as it is created in bursts the reading can give a false sense of levels. Normal replacement doses are Medroxyprogesterone 10 mg. or Progesterone 30 mg. Pharmacies can also prepare a cream formula with a prescription from your doctor. Natural progesterone creams off the shelf do not have enough for replacement therapy. You need 200 mg. to be effective for bones.

**Osteoporosis** -The skeleton changes every 7 years and consists of a hard outer shell and a honeycombed shell inside. Young people taking sufficient calcium, not too skinny, will keep their frame until time of perimenopause then there is rapid bone loss which continues five years after menopause. Age 80 would naturally be an age to break bones. Bones are always gaining and losing. Osteoporosis is a process of re-absorption, where the body starts to reabsorb bones. Have a bone density test done with Addison's as high med replacements can deplete bones. If either T score is under -2.5 you have Osteoporosis. Standards are different for men and women. High calcium depletion usually occurs in the spine. Stand tall and take a deep breath for standardized height measure. Fractures usually occur in the front of the spine causing kyphosis. One quarter of men and women tested had previous spinal fractures.

**Prevent Bone Loss** - avoid weight loss, gain muscle weight, deal with stress, increase calcium intake and Vitamin D 400 IU (perimenopause, osteo etc. take 800 - 1200 IU), decrease caffeine to less than 3 cups a day, avoid high protein and salt in your diet. Take up to 2500 mg./day of calcium and take your calcium pill at bedtime.

**Increase Bone** - exercise and/or walk 1/2 hour each day. A study found that bone density in women who never used the birth control pill was higher than those who did. Of the bisphosphonates Didrocal is the only medication currently covered in BC.

**Perimenopause** - occurs for the ten years before the last menses as a portion of regular and then irregular periods. One year after the last menses, menopause begins. Symptoms can be irregular periods, hot flushes, heavy flow etc. In perimenopause if irregular you can still have high estrogen levels. Hot flushes make stress hormones which are made worse by stress. To decrease symptoms - decrease stress, Vit. E, moderate exercise, and dress in layers. Take progesterone for hot flushes - 10 mg of provera or 10 mg of prometrium (contains peanut oil and soy) - prometrium taken at bedtime aids sleep as well. Full progesterone dose can still be taken after menopause.

Thanks go to Marilyn Thauberger for arranging the speaker and Sandra Denisuk for phoning everyone in the Lower Mainland.

The Canadian Addison Society has a new website: <http://members.rogers.com/jsoutham/>  
NADF News from New York summarized from the Journal of Endocrinology & Metabolism an article on Addison's Disease is 'Under-Diagnosed and Under-Appreciated' by Dr. Noel Maclaren. Unfortunately my copy was ravaged in the mail so the top half of the first page is missing. Included were Nutrition Notes: advice for optimal absorption of thyroid medication, take it first thing in the morning ~ avoid eating soy or taking strong calcium supplements which will partially block absorption of your thyroid medication.

Addison News by Joan Hoffran covered ~ You and Your Advocate in Addison's, Addison's Fitness and Muscle Function and Medicating for Dental Surgery.

Copies of 'Living with Addison's Disease — an owner's manual for individuals with the disease' by Sarah Baker and Katherine White (both have Addison's) in collaboration with endocrinologist Prof. J A H Wass. I will have two copies for sale (\$10.00) at the next meeting. It is an excellent manual, easy to read and informative on many subjects.

The Canadian Addison Society Newsletter is being co-edited by Helene Perry and Heather Nicholson this year.

Write-ups on all meetings across Canada are printed in The Canadian Addison Society Newsletter sent to members quarterly.

The Canadian Addison Society/La Société canadienne d'Addison contributed and honorarium of \$50 to Dr. Prior for her continued research at the University of British Columbia.

The next meeting will be Saturday, May 25th from 1:00 to 3:00 p.m. at 330 Columbia St. E, Sherbrooke Lounge, Sherbrooke Centre, next to Royal Columbian Hospital We are currently looking into a yoga instructor to talk and demonstrate for us.

### **Saskatchewan Addison Support Group**

If you wish information about this support group or upcoming meetings, contact Elizabeth Hill at Meadow Lake 306-236-5483 or Rob Zaleschuk at Caronport 306-756-2339

## **Southern Ontario Support Group**

There was a meeting in Brantford, Ontario of the Brantford and District Support Group on Saturday, February 09/02. There were 12 present. We had one Addisonian who was visiting the area and dropped in on the meeting. He had traveled about 1,000 miles from Antigonish, Nova Scotia for other reasons and decided to make a visit with us.

The meeting was opened by Lynda Daniels at which time everyone introduced themselves by with their names and how long they have had Addison's Disease.

Don Archi informed the group that we have finally attained Charitable Status and we can now accept donations/bequests and respond with tax receipts. This will also make it possible to approach sponsors/businesses for their support. All donations are to be made to The Canadian Addison Society. This process has been about 2V\* years of work done for the most part by Don Archie and Joan Southam. We would like to take this opportunity to thank them for all their time and hard work on our behalf.

This announcement was followed by a lively discussion on various subjects of interest to us all. Most of the discussions were on various mixes of meds and encounters we have had with different doctors. The fact was stressed that we should NEVER CHANGE OUR MEDS WITHOUT FIRST SPEAKING WITH OUR DOCTOR. This is a very important rule to observe.

Joan also brought up the subject of having your doctor prescribe your meds with the instructions reading, "take as directed". This will eliminate the problem of insurance companies dictating when they will release payment for more drugs because of the timed instructions by which they are able to count when you should need more. Sometimes, when we are ill, we may need to take extra and this could result in the problem of perhaps running out of your medication and your insurance company will not pay it yet. It is also wise to keep a little extra on hand for such occasions. Another possible problem is that of the "generic substitute" being dispensed. The prescription should always name the specific drug that you need. The generic brand is always more convenient for the druggist to supply, particularly if the brand name medication is harder to find. Medication results are not all alike and it is advisable for you to open your pill container before you leave the counter and make sure you have what you thought you were paying for.

Joan informed the group that the response to the British publication, "An Owner's Manual for Individuals with the Disease", has been excellent. If you wish to obtain a copy, the price is \$10.00 and you should send this by cheque or money order made out to The Canadian Addison Society to Joan Southam in Brantford, Ontario. This publication was co-written by Sarah Baker and Katherine White, members of the UK Addison's Disease Self-Help Group, in collaboration with endocrinologist, Professor J.A.H. Wass. It is written in layman's terms and includes a glossary of terms and references used in the publication for your convenience. The publication is available through links on The Canadian Addison Society web-site. It is approximately 25 pages to print and you will require an Acrobat reader to read the document.

The next meeting of the Southern Ontario Support Group is scheduled for June 8/2002 at the Brantford Police Station, on Wayne Gretzky Pkwy in Brantford, Ontario. The meeting will take place from 1:30pm to 4:00pm and the guest speaker will be Barbara Cobbe from the Thyroid

Foundation of Canada. There will be two videos shown - one on Hypothyroidism and one on Hyperthyroidism.

If you wish any further information on this meeting, please contact Lynda Daniels hi Toronto at 416-538-4978 or e-mail at [lyndadaniels@hotmail.com](mailto:lyndadaniels@hotmail.com).

### **Alberta Support Group**

For information on this support group or for upcoming meetings, please contact Francisca Swist of Edmonton at [francisca@shaw.ca](mailto:francisca@shaw.ca) or Ginny La Valley of Morinville at 780-454-3866.

We are going to arrange to have a casual dinner meeting. It will be at the Spaghetti Factory (10220 - 103 Street) Boardwalk location at 6:30pm on Friday, May 24th.

For those interested in attending, please call 422-6088 and add yourself to the Alberta Addison's reservation.

If there are any members interested in taking over some of the functions for our group, please let us know.

We hope to see you there.

Thank you,  
Francisca

### **Eastern Ontario Support Group**

Meetings are held twice annually at the following times:

MAY - The first Saturday following the Victoria Day weekend. The group meets at Robbies Italian Restaurant on St. Laurent Boulevard, Ottawa at 12:30 for an informal lunch.

OCTOBER - The first Saturday following the Thanksgiving weekend. The group holds this meeting at a member's home and a "pot-luck" lunch is arranged. A speaker is invited to this meeting.

Please contact Elaine Hall at 613-824-0160 or [laininger.1@sympatoo.ca](mailto:laininger.1@sympatoo.ca) if you require further details.

### **Quebec Support Group**

If you would like 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](mailto:sophiel@sympatico.ca).

# Let's Hear It For Life!

## *Mid Day Energy Salad*

*This is a low fat salad that carries really well in a Tupperware container to work or for walking around the great outdoors. Has a nice kick of carbs for energy to help get you through a busy day or make it through that long hike.*

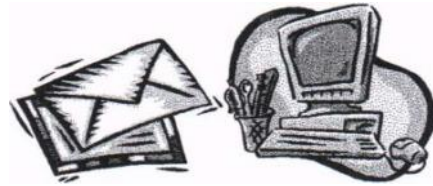
*Grains such as rice, and legumes such as chick peas or kidney beans provide the protein and are a good source of complex carbohydrates. This meal salad may be served at once or refrigerated a few hours or overnight to enhance the flavors. You can add a few walnuts for a special treat.*

- 2 cups brown or white rice cooked and chilled
- 1 can, (19 oz/540 ml), of chick peas or kidney beans or half of each (drained)
- 1 large tomato cubed
- 1 large carrot shredded
- 1 green onion chopped
- ½ cup chopped parsley
- 3 tbsp. fresh lemon juice (or use bottled)
- 3 tbsp. light olive oil

*In a medium bowl, combine rice, chick peas and/or kidney beans, tomato, carrot, green onion and parsley. Prepare dressing by blending lemon juice and olive oil. Pour dressing over mixture. Season to taste with salt and pepper. Makes 6 servings.*

*Per Serving: 250 calories - 6.5g protein — 8.2g fat — 38.7g carbohydrates — 5.0g fiber*

*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 [addison\\_editor@yahoo.com](mailto:addison_editor@yahoo.com) or mail to P. O. Box 1417 Bradford, Ontario L3Z 2B7. Please let me know if you do not want your name used. Let's share with each other and we all win!*



## Letter to the Editor

I thought I would share with you a new steroid regime that is working well for me.

As many of you know, I have had Addison's Disease for over 42 years and have during this time been on Hydrocortisone, then Cortisone Acetate and finally on Prednisone and have been on this medication for several years.

However, lately I have found that my laboratory tests have shown that my body is not a happy camper and thought that perhaps the long term Prednisone use attributed to part of this!

After doing some research on the Internet, contacting various fellow Addisonians throughout Canada and the U.S., I approached my endocrinologist, Dr. Jeffrey Mahon, with the idea of COMBINING my steroid medications. Instead of the 5 mg. Prednisone that I was on daily, I would split up my dosage and take less Prednisone and supplement this with another steroid such as Cortef (Hydrocortisone). He had never heard of the combination but agreed to let me try it. I take Cortef 10 mg. in the morning along with 1/4 tablet of Florinef and in the afternoon I take 2mg. of Prednisone. I am NOT a morning person but with the short acting Cortef in the morning, I find that I am more able to get up and get going. The longer lasting Prednisone in the afternoon sustains the level of energy better through late afternoon and into the evening and lasts enough into the night and I wake up more rested in the morning.

The difference in my sleep has been one of the more welcome results. Before, on just Prednisone alone, I did not seem to sleep deep but "cat napped" through the night. With the "combination" of steroids, I find that I am sleeping deeper. This regime is NOT for everyone and a lot of doctors have not heard of this combination before, but if you are interested, talk it over with your endocrinologist or have your endocrinologist speak to Dr. Jeff Mahon in London, Ontario.

I also found that I was able to cut back on 1/2 mg. of Prednisone as well and will talk about making some adjustment to my Florinef, (perhaps every other day instead of every day), the next time I go visit my endocrinologist. The final proof of course will be in my blood tests next month but I do feel better on this regime.

Do remember that you CANNOT substitute 1 mg. of Prednisone for 1 mg. of Cortef. The accepted milligram equivalents 5 mg. Prednisone is equal to 20 mg. Hydrocortisone. If you have any questions that you think I may be able to answer, don't hesitate to contact me.

TABLE of steroid equivalents: Hydrocortisone 20 mg. Cortisone acetate 25 mg. Prednisone 5 mg. Dexamethasone .75 mg Each of these drugs also contain different "Florinef or salt retaining qualities - Hydrocortisone has the most, followed closely by Cortisone Acetate while Prednisone has little of these salt retaining qualities and Dexamethasone has none.

Sincerely, Joan Southam

**CANADIAN ADDISON SOCIETY**

**STATEMENT OF INCOME & EXPENSES**  
 FOR THE YEARS ENDING DECEMBER 31, 2000  
 AND DECEMBER 31, 2001

Cash on hand and in banks	January 1, 2000	January 1, 2001
	\$7,814.03	\$10,028.84
Income		
Dues Received – National	4,160.00	3,890.00
- Support Groups	365.00	690.00
Donations	488.21	424.49
Book Sales	645.00	399.00
Interest	.21	183.23
Other	40.00	20.00
Expenses		
Newsletter	1,134.07	1,439.80
C.O.R.D. Meetings and Membership	200.00	350.00
Photocopier repair		395.25
Postage, stationery & supplies	904.67	991.19
Books for resale	477.08	241.88
Telephone	599.79	859.93
Memorial plaque		286.35
Web page	100.00	
Support Group Expenses		38.22
Bank Charges	<u>68.00</u>	<u>60.00</u>
Cash on hand and in banks after adjusting for O/S cheques and deposits	December 31, 2000	December 31, 2001
	<u>\$10,028.84</u>	<u>\$10,972.94</u>

**CANADIAN ADDISON SOCIETY****Analysis of cash on hand & in banks as at December 31, 2001**

Petty Cash Advance	\$300.00
Equitable Trust	
Canadian Addison Society	8,181.71
TD Canada Trust	
Canadian Addison Society	1,474.45
Montreal Support Group – Quebec	30.00
Ottawa Valley Support Group - Eastern Ontario	160.00
Brantford and District Support Group - Southern Ontario	465.00
Edmonton Support Group - Alberta	95.00
Lower Mainland (Vancouver) Support Group - British Columbia	156.78
Vancouver Island Support Group - British Columbia	<u>110.00</u>
Total	<u>\$10,972.94</u>