The Canadian Addison Society
La Société canadienne d'Addison

193 Elgin Avenue West
Goderich, Ontario N7A 2E7
Toll free number: 1-888-550-5582
Email: liaisonsecretary@addisonsociety.ca
http://www.addisonsociety.ca

ISSUE NO.45 **JANUARY 2007**

In this issue:

PLEASE NOTE: The content of this newsletter is intended for basic information only and not as personal medical advice. Readers are advised to consult their own doctors before making changes to their Addison management program.

Membership Renewal for 2007:

Remember to renew your membership in the Canadian Addison Society for 2007, by sending a completed renewal form (copy attached to this newsletter or on the web at http://www.addisonsociety.ca/membership.html) and your cheque for $25.00 to:

The Canadian Addison Society
193 Elgin Avenue West
Goderich, Ontario N7A 2E7

Your membership will enable the Society to continue providing support to Addisonians through our website, information programs, local group meetings and this newsletter.

Minutes of Annual General Meeting 2006:

The 2006 Annual General Meeting of the Society was held October 14, 2006 in New Westminster, B.C., hosted by the B.C. Lower Mainland Support Group. About 31 people attended. An abbreviated version of the minutes follows. The official version of these Minutes can be found at http://www.addisonsociety.ca/meetings.html.

1) President Athena Elton thanked Judy Stanley and the B.C. Lower Mainland Group for hosting the meeting, thanked Irene Gordon for her many hours of work as Liaison Secretary and thanked all the members who help the Society continue to function. She reminded us of our past successes and challenges.

   She wants the Society to act as catalyst for further research into Addison's treatment and cure. But, it is a rare disease, and pharmaceutical companies, medical institutions and governments are likely to concentrate on groups with a larger voice.

   On a local level, she suggests we continue to support efforts to establish Emergency Room Protocols (such as in Ottawa), bring together members to discuss how to live with Addison's disease, and to educate medical students on diagnosing Addison's disease.

   She encouraged all members to ensure they have medic alerts, injection kits and, most importantly, a letter from the doctors explaining how to treat Addison's disease in a crisis situation (especially why immediate treatment is essential).

   Athena shared the experience of her first crisis in six years of having the disease, a result of food poisoning. The experience reinforced her belief in the importance of engaging the local medical community in education of the disease, and of having a letter explaining the disease for the paramedics and ER staff. Since her vital signs were still within the normal range when the paramedics arrived, but she was defiantly in crisis, she found her letter from her endocrinologist explaining this rare condition made a huge difference.

2) **Adoption of Minutes from 2005 Annual General Meeting**: Moved by Athena Elton, Seconded by Jim Sadlish and CARRIED **THAT the minutes of the 2005 Annual General Meeting be adopted as distributed**.

   Business Arising from the 2005 Minutes

   - An article by John Gordon, Treasurer, on leaving money from an estate to the Society appeared in the March 2006 Newsletter.
   - Requested that we investigate the cost of inserting an ad in the CMA. Action completed (refer to 2005 minutes for further detail).
   - Requested that we approach Medic Alert regarding the purchase of fanny packs for emergency injection kits. Action completed (refer to 2005 minutes for further detail)
   - The Addison Society brochure was revised and updated. Brochures available on request.

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- Patricia Hehner, Newsletter Editor, offered to investigate reproduction of a small plasticized brightly coloured card for members to carry in their wallets that would identify their Addison condition and the type of emergency treatment needed. Action incomplete. (Athena Elton/Irene Gordon to approach the Addison Disease Self Help Group in the U.K. to see if they will provide us with a sample of the plastic card they use for their membership.)
- Athena Elton, President, wrote a list of "Benefits for Membership in the Society" which has been published on the web site.
- The Canadian Addison Society renews its membership with CORD on an annual basis.

3) **Financial Report**: The financial report to September 30th 2006 was presented and discussed by John Gordon, Treasurer. Moved by John Gordon, Seconded by Ginny Snaychuk and CARRIED **THAT the financial statements to September 30, 2006 be accepted as presented**. (Please note that the **Financial Statements** appended to this Newsletter are for the year ending December 2006.)

4) **Elections** (3 year term): Director: Ginny Snaychuk (AB). Moved by Athena Elton, Seconded by Jim Sadlish and CARRIED**: THAT we accept the nomination of Ginny Snaychuk (AB) as Director to the Society for the next 3 years**.

   It is with regret that we accept the resignation of Francisca Swist (AB) from the Board.

5) **Proposed By-Law Changes**: The following by-law changes have been requested for clarification purposes, and in keeping with The Canadian Addison Society's current practice motions were tabled regarding the actions of the Board relative to previous Annual General Meetings and proposed by-law changes:

   Moved by John Gordon Seconded by Judy Stanley and CARRIED:

   WHEREAS it has been brought to the attention of the Board of Directors that some of the annual meetings of the Canadian Addison Society have been inadvertently held in contravention of the By-Laws in that the meetings were not scheduled within four (4) months of the year-end of the organization;

   AND WHEREAS it is in the interest of the Canadian Addison Society to ratify the defective meetings and all decisions made therein;

   AND WHEREAS it is desirable to pass a confirmatory resolution in that regard;

   NOW THEREFORE BE IT RESOLVED THAT all acts, proceedings, by-laws, resolutions, contracts, elections, appointments and payments taken, enacted, made or done by past and/or present Directors of the Canadian Addison Society since its inception, as recorded in or as evidenced by the books of the Canadian Addison Society, including minutes of meetings of the Board of Directors and Members of the

Canadian Addison Society be accepted and the same are hereby ratified, confirmed and approved.

Moved by Jim Sadlish Seconded by Sherri Bychyk and CARRIED: **That the following wording to By-Law #10, Membership, be approved**.

The membership shall consist of those individuals as are admitted as members by the Board of Directors, and who have submitted a Membership Form and Dues payment to the Society for the current year.

Members may resign at any time in writing or by telephone, effective upon notification.

Material costs over and above what is provided by the Society (i.e. booklets) must be pre-paid by any member requesting it.

Moved by Linda Fabbro Seconded by Jackie Erickson and CARRIED. **That the following wording to By-Law #11, Annual and other meetings of members, be approved.**

The annual or any other general meeting of the members shall be held at the head office of the Society, or elsewhere in Canada, as the Board of Directors may determine and on such day as the said Directors shall appoint, ***but in no event later than 12 months*** after the end of the latest fiscal year of the Society.

At every annual meeting, in addition to any other business that may be transacted, the report of the Directors, the financial statement shall be presented and members of the Board of Directors elected for the ensuing three (3) years (if applicable).

In the event of an emergency; or if there is no quorum of the Board; or should the Board of Directors be unable to reach consensus on an issue(s), then the President or the Vice-President shall have the power to call a Special General Meeting of the members of the Society, at any time. When a Special General Meeting is called, the time, place and purpose of the meeting must be communicated to the members of the Society by mail, telephone or electronic means, at least fifteen (15) days prior to the meeting date.

Moved by John Gordon Seconded by Ruth Scott and CARRIED: **That the following wording to By-Law #24, Dues, be approved**

There shall be no dues or fees payable by the members except such, if any, as shall from time to time be fixed by the Board of Directors, which vote shall become effective only when confirmed by a vote of the members at an annual or other general meeting.

Members shall be notified of renewal dates for their dues in the Newsletter, on the web site or by other appropriate means. Membership will be terminated 4 months following the fiscal year end, unless membership has been renewed.

Members may re-join the Society at a future date at no penalty to them.

6) Directors Reports

- o Judy Stanley, B.C. Lower Mainland Support Group: Speakers at the Diabetes Expo in April 2006 were familiar with the relationship between diabetes and Addison's, but had little new to add. The guest speaker on sleep disorders mentioned the importance of REM sleep, which occurs at the same time each night. If it is missed, we are prone to disease and weight gain.

- o Jim Sadlish, B.C. Vancouver Island Support

  - Members meet three times a year at the Victoria General Hospital, and very occasionally invite medical experts to speak. Attendance continues to average about 20%. Sharon Erickson is the Regional Representative for the Nanaimo area and plans at least one meeting a year.

  - Informal discussion of problems, symptoms and treatment is the most beneficial aspect of meetings. We share information on diets, vitamin supplements, exercise for increasing bone density, medical news and studies, doctors' comments, emergency experiences and precautions, to medications and dosages.

  - Our project to more quickly access treatment at Emergency wards by showing triage nurses the Emergency Letter written by Dr. Pledger has helped a number of our members. The Ottawa Protocol for treating Addisonians in crisis has also been a prudent addition to emergency documents we carry at all times.

  - Following the lead of the B.C. Lower Mainland group, we have contacted the Medical Program at the University of Victoria to ask if our support group may participate in student interviews of patients with chronic diseases. Their program is not yet at a level where students are studying chronic disease patients but we will be contacted when they need us.

- o Ginny Snaychuk, Director/Regional Representative for Alberta, reported on work to develop a provincial hospital emergency room protocol for individuals presenting Addison's disease. Ginny would like to organize a members meeting in Calgary (with the support of Athena Elton) and is also researching the possibility of having an EpiPen developed for Addisonians.

7) Membership Update: Membership usually fluctuates between 150 and 200 members from year to year. We currently have 145 paid memberships.

A question was raised regarding how to educate teachers about Addison's in students. Gerry Ott (teacher) and Aleita Northey (student) have agreed to develop an article for the Newsletter and website that would explore Addison's from a teen's perspective and help give teachers insight into the disease. It was also suggested that our Addison's brochure might be a useful tool to provide to teachers in the interim.

8) Web Site Development Update: Web site has been quite successful and has received many hits. We do not have a counter on the site so we are unable to calculate the exact number of hits we receive. (See further information in the Nov 2006 Newsletter).

   Theresa Seasons, Eastern Ontario, will be working with the Canadian Air Transport Security Authority to develop a permanent page for our web site on air travel with medications. It would include a Q & A section.

   We are currently working with Lisa Harpur on upgrades to the website to allow the site administrator to upload pertinent information on an as-needed basis. Will also ask what would be involved in adding a counter to the site. Target date for the new changes is late November.

9) New Business: It was suggested that instead of re-inventing the wheel, we co-ordinate support group actions of a similar nature, so that when something beneficial happens in one part of the country, processes and/or information would be made available to other local support groups exploring the same avenues.

10) 2006 Annual General Meeting: Saturday, September 15 or 22, 2007 (TBD) at the Brantford Police Station Community Room, 344 Elgin Street, Brantford Ont.

11) Guest Speaker – Dr. Clarissa Wallace – Endocrinologist

   Dr. Wallace read an article *My Addison's Disease* from the British Medical Journal, outlining the personal experience of Kathleen Hilditch, Leamington Spa in the U.K. Her story covers the range of events from pre-diagnosis, the first signs of illness, the frustrations getting a correct diagnosis, crises, and finally, a fairly normal life.

   Dr. Wallace answered questions on several issues.
   - The need to carry emergency injection kits with you at all times.
   - It's healthier to break up your dosage of hydrocortisol over the course of the day.
   - Issues that surface around sexuality and child bearing.
   - DHEA, it's use (benefit is increased alertness and increased sexuality in some people), and it's lack of availability in Canada.
   - Is Addison's on the rise? Is the disease spreading or is it just that with education it's being diagnosed more readily? Dr. Wallace thinks it is that it is diagnosed more readily.
   - Is it alright to take extra cortisol? You know your own body, so if you feel you need to take extra cortisol, it's o.k.

- There is an increased risk in families that if one sibling has Addison's then other siblings may also develop it.

The Canadian Addison Society Board Members

L/R Jim Sadlish (BC) Director, Irene Gordon (ON) Secretary, Athena Elton (AB) President, John Gordon (ON) Treasurer, Judy Stanley (BC) Vice-Pres, Ginny Snaychuk AB (Director)

Announcements and Reminders:

- We were very pleased to see updates from the Canadian Addison Society, including contacts for the various local groups, included in a recent issue of *NADF News* Vol. XXI, No. 3 2006, from our U.S. sister organization.

- The Q&A section of our website seems to be extremely popular and helpful to Addisonians. One recent user told us "(we are) thankful for all of the online support we have had over the past few months from (the Society)". And our heartfelt thanks go out to Dr. Killinger, who donates his time to answer the wide-ranging questions posed by Addisonians. If you haven't already done so, we encourage you to go to this section of the website, to get information on how to deal with all sorts of issues you encounter in your daily lives.

Highlights from Local Meetings:

Vancouver Island Support Group

Support group meetings for Addisonians on Vancouver Island will be held in Victoria until further notice. Please note that Barbara Hunn, a contact person for the Nanaimo area, has a new telephone number: 250-714-0036

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The next meetings of the Vancouver Island group will be held on February 3, 2007 in Room 1814 near the cafeteria at the Victoria General Hospital in Victoria between 1:00 and 3:00 PM. Future meetings are scheduled for June 2 and September 29, 2007.

For further information or to contact the Vancouver Island Support Group, please contact Jim Sadlish at jsadlish@horizon.bc.ca or (250) 656-6270. For information on mid-Island activities, please contact: Christy Lapi at clapi@shaw.ca or 250-245-7554; Barbara Hunn at bhunn@shaw.ca or 250-714-0036; or Sharon Erickson at ericksons@shaw.ca.

BC Lower Mainland Support Group

The next meeting will be Sat. Feb. 17, 2007, 1:00 to 3 pm in the Sherbrooke Lounge, Sherbrooke Centre, 260 Sherbrooke St., New Westminster, Vancouver B.C. The guest speaker will be Ruth Ditchburn, RN, Bnp, independent nurse practitioner and foot care clinician. Ruth is also a guest columnist for the Tri-city News.

Other meetings for 2007 will be May 26 (our annual appetizer get-together) and October 27.

For further information on this support group or any upcoming meetings, contact Judy Stanley, 604-936-6694 or bugbee@shaw.ca.

Alberta Support Group

The Alberta group have a meeting planned tentatively for Saturday, February 3, 2007 (likely a luncheon meeting) in Edmonton. Ginny will advise Alberta members of further details by early January. For information on this support group, contact Ginny Snaychuk at glav@telus.net or (780) 454-3866 in Edmonton.

Saskatchewan Support Group

For information on this support group, contact Elizabeth Hill at (306) 236-5483 kesahill@sasktel.net or elizabeth.h@pnrha.ca.

Southern Ontario Support Group

The next meeting is Sat. May 5, 2007, 1:00 to 4:00 pm, Brantford Police Station 344 Elgin Street in Brantford. For further information on Southern Ontario Support Group activities or meetings, contact Irene Gordon at liaisonsecretary@addisonsociety.ca or toll-free at 1-888-550-5582.

Eastern Ontario Support Group

The next Eastern Ontario meeting is currently set for May 12, 2007, in Kingston. Please confirm with Teresa before the meeting for exact location and time. For information on Eastern

Ontario Support Group activities or meetings, please contact Teresa Seasons at tseasons@magma.ca (613) 761-1195.

Québec Support Group

If you wish to start a local group in the area, please contact the Liaison Secretary at liaisonsecretary@addisonsociety.ca or at the national address shown on the front of this Newsletter.

Medical Q & A

Q: I was diagnosed with Addison's in May 2006. I am on hydrocortisone, florinef and also synthroid as my thyroid stopped functioning as well as the adrenals. I had ovarian failure almost 20 years ago. My question is if it is normal to wake up in early morning hours each night, around 3:30 - 4:00 a.m. and not be able to fall back to sleep for the rest of the night? This happens frequently since we returned from a trip to Europe in August 2006. I have taken melatonin for a few weeks and it helped somewhat (no longer taking it) but I wake up now at 5:00 a.m. and feel anxious and worried. I take my hydrocortisone early morning (and synthroid), noon and at suppertime.

A The sleep problem is an interesting one and there may be several factors. I am assuming that your sleep pattern was satisfactory before your trip to Europe in Aug. If that is correct, there would have been a 5 hr shift in your body's sleep/wake cycle so that your brain was preparing you to wake up at a new time. When you come home, your body readjusts and this usually takes about a week, depending on how long you have been away. This should have sorted itself out by now, but may have been a factor in causing the change. Some individuals on steroid hormones (hydrocortisone, prednisone) have trouble sleeping and this can be helped by the timing of your hydrocortisone medication. You are taking your medication three times a day and this is ideal. By moving the lunch and dinner doses a little earlier, say at 11 AM and 4 PM you may find that this will help with you sleep pattern. You should also review the dose of hydrocortisone because if it is higher than is necessary, this can affect your sleep pattern.

Q: My father was diagnosed with Addison's years ago and has also developed diabetes. He has been losing weight since the diagnosis, but in the past couple of years has dramatically dropped in weight - to about 112 lbs on a 5'8" frame. What can he eat that will help him gain but not effect his diabetes? Should he increase his cortef/cortisol? He is under a great amount of stress right now, so I did not know if more medication might regulate things better. Please help - we are desperate to put some weight on him. Thank you.

A. The combination of Addison's disease and diabetes present two separate but interrelated problems. The Addison's disease should be treated with a combination of hydrocortisone (cortisol) and Florinef as in other situations. The lowest dose of cortisol

that makes him feel well is the best dose although this may be a little hard to determine if his diabetes is not well controlled.

First of all, he should be followed carefully by an endocrinologist. He should be on a standard dose of cortisol (e.g. 20 mg AM, 5 mg at noon and 5 mg at 4 PM) and Florinef depending on his blood pressure (e.g. 0.1 mg). If he is losing weight while he is eating a reasonable diet, it is likely that his sugars are not well controlled and his diabetic medication may require adjusting. Since his weight is so low and he is still losing weight, he probably requires insulin if he is not on it already. This is a complex situation so he must have these decisions supervised by his endocrinologist.

Q: Why do you not prefer your patients to take dexamethasone, and instead prefer they take cortisone? I have read that dexamethasone stays in one's system for 24 hours and thus may make someone feel better.

A. Your question about taking dexamethasone for glucocorticoid replacement is a logical one. The body normally secretes hydrocorticortisone (cortisol) in small bursts throughout the 24 hrs. The bursts are more frequent starting about 4 AM so that the blood level of cortisol is highest when we get up in the morning. The timing of these bursts is governed by the time we usually rise in the morning. During the day, the bursts are less frequent, so the average blood level falls throughout the day and is lowest around midnight. These fluctuations in blood levels of cortisol are important in providing adequate amounts of cortisol to the cells without causing excessive exposure. The timing also helps to control blood sugar levels and causes a release of sugar from body stores when it is needed.

Dexamethasone is very useful in situations when continuous glucocorticoid levels are required to suppress inflammation and some other problems, but the continuous exposure of tissues to even moderate doses of dexamethasone over time frequently results a condition of glucocorticoid excess.

By using cortisol in doses spread throughout the early part of the day, we try to mimic to some degree the normal secretion of cortisol and avoid problems such as excessive weight gain, easy bruising and elevated blood sugar.

Q: I have been recently diagnosed with Addison's disease. Should I get a flu vaccination?

A: Individuals have different views about getting the flu vaccine. The fact that you have Addison's should not alter your opinion. If you are on appropriate replacement medication, your immune response to the flu vaccine should be normal and you will get normal protection from this year's brand of the flu. It is important to remember that each year new strains of the flu evolve so your protection will not be absolute but vaccination will reduce your chances of getting the flu.

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Q: I have Addisons and I am on 15 mgs of Cortef a day. I am wondering about taking an herbal product called Cold FX that stimulates the immune system, to help with the common cold.

A: COLD-FX is a specific extract of North American ginseng that is marketed to decrease the frequency and severity of symptoms of the common cold. The available studies have been carried out on healthy volunteers and individuals taking corticosteroids were excluded from the study. This exclusion was most likely designed to exclude individuals taking large doses of steroids as treatment for an underlying disorder and rather than individuals taking physiological doses as is used in Addison's disease. There is however no information about its use in individuals with Addison's disease.

This is a patented over-the-counter medication and the active material and the mechanism of action are unknown. The clinical studies of its beneficial effects are limited. Since the common cold is a self-limiting problem, it is best to avoid potential complications of taking a compound which is not well defined.

Remember, you should increase your hydrocortisone (cortisol) by 1/2 to 1 tablet per day when you have a cold.

Q: My friend had an MRI, which has shown a large tumour (2 cm in one area) on the pituitary, indicating secondary Addison's. Serum prolactin is high. She has Hashimoto's Thyroiditis. TSH values have tended to stay suppressed despite adjustments in medication over the past several months. She feels she is exhibiting symptoms of low thyroid. Would the THS level be an accurate test given the size and type of tumor?

A: You have raised a very interesting point. It sounds as if your friend has a prolactin secreting pituitary adenoma which is large enough to crowd out most of the normal cells secreting other pituitary hormones. This has apparently resulted in secondary adrenal insufficiency as you had suggested. In this situation, the TSH is no longer helpful in deciding the dose of thyroxine required because TSH secretion is compromised and cannot increase as thyroxine levels fall. The tests used in this situation are the levels of free T4 and free T3 and also determining how the individual feels. Other pituitary hormones affecting the ovaries or the testes are commonly affected in this situation so this should be taken into consideration as prolactin levels are brought down with medication.

Q: My friend has gained 30 lbs in 4 months since diagnosis of Addison's disease. I attribute some weight to the large amount of cortisol (30 mg then 40 mg) she was initially put on (now taking 22.5 mg). Low TSH has resulted in the doctor lowering the dose of thyroxin to an all-time low level. Now with diagnosis of large prolactinoma, she has signs of low thyroid levels. Could the weight gain also be related to hypothyroidism and associated decreased metabolism? Secondly, blood pressure has been high and unstable (diastolic) since diagnosis

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of Addisons disease. Previous to diagnosis, blood pressure was easily controlled with low dose Vasotec and Amiloride. Could the tumour have an impact on blood pressure?

A: I am sorry that your friend is going through such a difficult time. I hope you are discussing these concerns with her endocrinologist. If you are not already doing this, you should be going with her when she sees the doctor, and asking these questions directly to her/him. I am pleased to see that the dose of cortisol is down to 22.5 mg per day. I have talked about the TSH level in another Q&A, but will just remind you that a TSH is not helpful in determining the dose requirement for thyroxine in individuals with secondary hypothyroidism (pituitary cause).

Your friend has secondary adrenal insufficiency and in general these individuals require cortisol but not florinef because the adrenal is able to make some aldosterone. This is the usual situation but there are exceptions. I am not sure whether your friend is on florinef or not, but this could be reviewed with the endocrinologist. Since individuals with low cortisol tend to have a low blood pressure, it would not be too unusual for the blood pressure to be a little harder to control once they are treated. With a 2 cm tumour, it is unlikely that the tumour is responsible for the blood pressure problems.

Q: I am an 85-year old male, in excellent health, who has had Addisons Disease for 38 years. I have been on the same dosage of Cortisone Acetate since 1968. I take 25mg. in the a.m. and 12.5 mg. in the p.m. In approximately 1978, I started on Florinef which I took for about 22 years until my blood pressure started to increase, and the Florinef was discontinued. My systolic reading is from 150 to 175, while my diastolic is 55 to 75. Both are tending to increase. I am now taking 2.5 mg. of Altace daily. My general practitioner keeps wanting me to increase the Altace because of the high systolic reading.
Should I be concerned that my systolic reading is higher than normal, while the diastolic reading is below normal?

A: I am pleased to hear that at age 85, you are in good health after having had Addison's disease for 38 years. You provide an excellent example for our members.

The problem of treating high blood pressure in patients with Addison's disease poses some specific problems. Cutting back or stopping the Florinef is logically the first step as has been done in your case. It is important to follow serum potassium once the Florinef has been stopped. The addition of Altace as a next step is a reasonable one, but if this is not achieving the desired result, I tend to try a calcium channel blocker such as verapamil.

I would avoid Norvasc because it causes ankle swelling.

Your family doctor has obviously taken good care of you and it is reasonable to try to keep your blood pressure under control. At age 85, you may be sensitive to medication so it is wise to start at a low dose and gradually increase it if necessary. It is also wise

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to stop medication that is not achieving the desired result when starting something new to avoid getting on a variety of preparations that cause some cross reactions.

Q: I have been taking hydrocortisone 10 mg for 6 years. Lately, I have developed osteopenia, and I feel it is because of the hydrocortisone. If so, can you suggest any herbal replacement?

A: It is always reasonable to ask whether medication that we are taking could be responsible for new problems that come up. I am assuming that you have been diagnosed with adrenal insufficiency and that is why you are taking the hydrocortisone. The adrenal insufficiency can be primary, due to a problem in the adrenal glands, or secondary, due to a problem in the pituitary gland. If the problem is in the adrenal gland, the dose of hydrocortisone (10mg) that you are on is a relatively low dose and is unlikely to be a factor in your osteopenia. If the problem is in the pituitary, the dose of hydrocortisone is still relatively low and should not cause osteopenia, but there may be other pituitary problems that could contribute to the situation.

If you have adrenal insufficiency, there are no herbal medications that you can take that will replace the hydrocortisone.

Osteopenia is common in the general population and can be due to multiple factors including diet, activity, age, exposure to the sun (vitamin D), and smoking. The dietary intake of calcium and vitamin D are particularly important. It would be a good idea to review these factors with your family doctor or endocrinologist.

Q: My daughter was diagnosed with Addison's in 2003. She was on Cortef (now on Prednisone 5 mg a day) and Florinef (now fludrocortisone 0.1mg 1 in am and one half in pm). She has had weight gain and thinning skin with the increased dose of fludrocortisone. The "stretch marks" are becoming severe, spreading below the elbows and appearing on her knees, as well as all over her body. We believe her dose is too high but her endocrinologist says no. Is there another medicine that will control the salt balance and keep her blood pressure up without these side effects?

A: In general, Florinef (fludrocortisone) does not cause symptoms such as stretch marks. Fludrocortisone is responsible for salt retention which in turn affects blood pressure. The best test to determine if the dose of fludrocortisone is satisfactory is a plasma renin. This is peptide released by the kidney in response to blood pressure and blood flow through the kidney and is very helpful in assessing the dose of fludrocortisone required.

Stretch marks are generally due to thinning of the skin caused by too much glucocorticoid (prednisone or cortisol). The dose requirement for glucocorticoids is variable from one individual to another and studies of cortisol production in non Addison's individuals has shown that the production can be lower than we previously thought. The best way to avoid stretch marks is to use a short acting glucocorticoid

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(cortisol) with the smallest dose that allows the individual to feel well. This can be as low as 15 mg of cortisol in some individuals. You should always discuss changes in cortisol doses with your endocrinologist.

There were a couple of typos in a question appearing in the November 2006 Newsletter. Here it is again, without the errors:

Q: I just went from cortef to 75ug dexamethasone. So far I feel really good, with no highs or lows and good energy all day. Is 75ug a reasonable replacement?

A: The 75ug dose of dexamethasone is higher than a normal physiological replacement of cortisol. Dexamethasone is long acting (24 hrs) versus (90 min) with cortisol, it is difficult to precisely compare doses as I don't know what dose of cortisol you were on before the change. Between 25 and 50ug of dexamethasone is roughly equivalent to 20mg of cortisol, so 75ug of dexamethasone would be equivalent to about 50mg of cortisol. This is a large dose and because of its long duration of action, it tends to be more likely to result in side effects of too much glucocorticoid. You may be feeling so well because you are getting a higher dose of glucocorticoid than normal. This seems good in the short run, but may not be good in the long run. I prefer not to use dexamethasone for replacement in Addison's disease.

- **Medical Questions and Answers - Dr. Donald Killinger, MD, PhD, FRCPC**, Medical Advisor for The Canadian Addison Society, will answer your questions about Addison's disease. Send your question to Dr. Killinger directly from the webpage http://www.addisonsociety.ca/faq.html#, by emailing liaisonsecretary@addisonsociety.ca or c/o The Addison Society (see address on front of this newsletter). Questions and answers that may be of interest to everyone will be published in the newsletter and on the website.

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Financial Statements:

THE CANADIAN ADDISON SOCIETY
Analysis of cash on hand & in banks as at December 31, 2006

Equitable Trust -	
The Canadian Addison Society	
- $6,375.33 @4.00% due February 12, 2007	
- $9,353.56 @4.00% due March 27, 2007	$15,728.89
TD Canada Trust -	
The Canadian Addison Society	-586.38
Montreal Support Group - Quebec	100.00
Ottawa Valley Support Group - Eastern Ontario	400.70
Brantford and District Support Group - Southern Ontario	1,505.00
Saskatchewan Support Group	20.00
Edmonton Support Group - Alberta	301.75
Lower Mainland (Vancouver) Support Group – B. C.	494.29
Vancouver Island Support Group - Victoria	415.00
Vancouver Island Support Group - Nanaimo	15.00
Total	**$18,394.25**

The Canadian Addison Society is a registered charity, ## 87248 5511 RR0001.
193 Elgin Avenue West, Goderich, Ontario N7A 2E7
Toll free number: 1-888-550-5582
www.addisonsociety.ca

THE CANADIAN ADDISON SOCIETY
STATEMENT OF INCOME & EXPENSES
FOR THE YEARS ENDING DECEMBER 31, 2006 AND 2005

	January 1, 2006	January 1, 2005
Cash on hand and in banks	$17,940.37	$19,420.76
Income		
Dues Received - National	$3,212.18	$2,999.34
- Support Groups	535.00	525.17
Donations	1010.00	615.17
Interest	481.61	363.19
	5,338.79	4,502.87
Expenses		
Memorial Plaque	15.41	-
Newsletter	653.24	1,129.10
Web Site	491.15	1,116.86
Secretarial	1,200.00	500.00
Annual Meeting	202.31	239.22
Donation	-	200.00
Postage, stationery & supplies	1,078.01	96.10
Telephone	896.74	2,031.42
Travel	-	474.38
Support Group Expenses	282.13	136.18
Bank Charges	65.92	60.00
	$4,884.91	$5,983.26

	December 31, 2006	December 31, 2005
Cash on hand and in banks after adjusting for O/S cheques	$18,394.25	$17,940.37

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The Canadian Addison Society
La Société canadienne d'Addison

193 Elgin Avenue West
Goderich, Ontario N7A 2E7
Toll free number: 1-888-550-5582
Email: liaisonsecretary@addisonsociety.ca
http://www.addisonsociety.ca

Membership in The Canadian Addison Society is $25.00 due January 1st of each year.

New Membership ❑ *Renewed Membership* ❑ **+** *Plus a Contribution* ❑

Name: _____

Address: _____

Postal Code: _____*Telephone:* _____

E-mail Address: _____

How do you wish to receive the Newsletter?

- ❑ *I will read it on the website at www.addisonsociety.ca*
- ❑ *by mail*

If you DO NOT want your name to be made available to other Addisonians in your area, please sign here.

_____

You may also direct $5.00 of your annual fee to one of the local support groups below. Please check a box of your choice.

❑ *$25.00 to go to The Canadian Addison Society*

OR

❑ *$5.00 to Eastern Ontario Support Group – ON + $20.00 to Society*
❑ *$5.00 to Southern Ontario Support Group – ON + $20.00 to Society*
❑ *$5.00 to Saskatchewan Support Group – SK + $20.00 to Society*
❑ *$5.00 to Alberta Support Group – AB + $20.00 to Society*
❑ *$5.00 to BC Lower Mainland Support Group – BC + $20.00 to Society*
❑ *$5.00 to Vancouver Island (Victoria) Support Group – BC + $20.00 to Society*
❑ *$5.00 to Vancouver Island (Nanaimo) Support Group – BC + $20.00 to Society*

+ *Contributions are also gratefully accepted. A tax receipt will be issued for contributions over $10.00.*

Please make cheque or money order payable to The Canadian Addison Society and send c/o Treasurer, 193 Elgin Avenue West, Goderich ON N7A 2E7

Revised: November, 2006