



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

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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.

2009 Annual General Meeting:

The 2009 Annual General Meeting will be held Saturday, **October 3, 2009**, from 12:30 to 4:30, in the Community Room at the Brantford Police Station, 344 Elgin St, Brantford, ON. The draft agenda is:

- 1) Registration
- 2) President's Report
- 3) Minutes of the 2008 AGM
- 4) Election of Board Members
- 5) Financial Report
- 6) Membership Update
- 7) Director's Reports
- 8) New Business
- 9) Guest Speaker – TBD

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Invitation to Participate in Research into Hair Cortisol Levels:

University of Western Ontario, London, Ontario, under the direction of Dr. Van Uum, is conducting a research study on hair cortisol levels in people with adrenal insufficiency. The study team is looking for people treated with hydrocortisone (Cortef), and may also need volunteers (family members living in the same environment) for a control group. Participation in this study requires only 30 minutes, does not require you to attend a laboratory, clinic, or hospital, and can be done from your home anywhere in Canada. If you take hydrocortisone (Cortef) and can help with this research, we encourage you to contact the study team at (519) 646-6170 or hairstud@uwo.ca for more information. We're always commenting on the lack of research for Addisonians. Here's our chance to help.

H1N1:

Members are reminded to take precautions to avoid the H1N1 virus. These precautions – the same to avoid any and all viruses – include thorough and regular hand-washing, avoiding touching your mouth, nose or face, using hand-sanitizer, avoiding touching items touched by others (such as hand rails, light switches, doorknobs), avoiding crowded areas, avoiding people who are displaying symptoms (such as sneezing or coughing). If you get ill with any virus, remember to increase your medications and contact your doctor. If someone close to you has a confirmed diagnosis of H1N1, you may want to discuss preventative measures with your doctor.

Personal Experiences:

In the Capital Health Region of Edmonton, we were successful in having a Hospital Emergency Protocol developed for Addisonians in crisis. Just recently, I became very sick in a very short time; within ½ hour of a feeling of stomach upset. I went by ambulance to the hospital (I gave them a copy of the hospital protocol). They started an IV immediately. I had appropriate treatment started within a very short time of arrival at hospital. I was admitted to hospital for 2½ days.

Prior to having this protocol available, it was a very different story when arriving at emergency. Getting past the triage nurse was the first big hurdle to overcome (not really their fault - they are unaware of the urgency of an Addisonian Crisis). I also observed a doctor reading a book to see what this Addison's is all about. A little scary to say the least. I urge all members of various support groups to

endeavour to have a protocol developed for your region. It makes a world of difference! Good luck!

Submitted by Ginny Snaychuk

Highlights from Local Meetings:

Vancouver Island Support Group

The group met Saturday, May 30th, at the Victoria General Hospital, with 8 people.

- Members and family members may be asked to participate in a University of Western Ontario study to measure and observe the long-term cortisol levels in the hair of people taking cortisol replacement. (See further information in this newsletter.)
- How did we develop Addison's?
This discussion revealed that everyone has a different rationale, but stress seemed to be the common factor. Reasons ranged from a gradual evolving over time to more obvious, unnatural disruptions. Grief, injury and viral illnesses all played their part. Inherited vulnerability to autoimmune diseases was suspected in many but not all cases.
- How are we limited by our Addison's? Are there activities that you feel you cannot take part in because you have a disorder that requires replacing steroid hormones?
Again, there were various responses. For some members, Addison's and concurrent disorders have definitely reduced the levels of physical activity from pre-Addisonian days. Generally, we all feel stress more now and wish we were more mentally alert. Can this be because present pharmaceuticals do not adequately replace what our adrenals should be producing? Regular exercise is important to everyone attending. Several take lengthy walks each day. Others exercise with weights to counter osteoporosis. Some people feel that Addison's has not significantly altered their lifestyle activities. However, although we don't want to be constantly reminded that we have a particular health concern, we do subconsciously or consciously take precautions to avoid potential mental and physical stresses until we are well prepared to handle them. With Addison's, it seems prudent to push yourself gradually in small increments rather than risk overworking your body or tackling stressful endeavours, because the cortisol and mineralocorticoid in our body is limited to the amount that we replace with pharmaceuticals.
- Is increasing stamina possible for us?
Some people with Addison's participate in endurance sports. It seems possible, once optimum replacement is determined, that we can very gradually increase our endurance through exercise. Your doctor should be

consulted before starting ambitious training regarding dosages, whether increases are necessary.

- One woman with diabetes walks to lower her blood sugar and finds that it also reduces stress.
- A member with very high calcium levels has been instructed not to take supplements. Another takes about half of the recommended dose because her bone density test results are excellent. She attributes this to walking daily and drinking milk instead of tea or coffee, (which should be reduced or eliminated by people with osteoporosis). Several members have taken or are taking Fosamax, but doctors are asking these patients to go off this medication at regular intervals.
- There have been many studies in medical research related to Addison's in the last while. Some of these discuss mortality risk. There does not seem to be a consensus among researchers, as some conclude we may have a slightly higher risk while others argue that we have the same as everyone else. You may be interested to know that one member recently arranged life insurance without any difficulty, except a short-term restriction on disability claims. Knowing that life insurance companies treat us as normal mortality risks is very reassuring.
- An important point to note is that in studies delving into mortality in Addison's, medical researchers cite adrenal crisis as being a major factor. It is obvious to all of us that we are more at risk because of the potential of an Addison's crisis. We know to carry a hospital protocol or doctor's triage letter for E R situations and to have our emergency syringe and vials of Solu Cortef at hand when we are travelling or away from home, out of reach of immediate medical aid. (Medical syringes can be taken aboard aircraft without incident.) Ensuring that we and those close to us know how to administer emergency injections is vital. It was suggested that the support group have another demonstration of how to inject a syringe for safety sake, during a future meeting. We will attempt to organize this and inform everyone. *(Ed Note: See information on our website with respect to hospital protocols, triage letters for ER and emergency kits, including instructions on how to give an injection.)*

Submitted by Jim Sadlish

The next meeting will be **October 3**, at the Victoria General Hospital.

For further information or to contact the Vancouver Island Support Group, please contact Jim Sadlish at wx6999@gmail.com or (250) 656-6270. For information on Central Island activities, please contact Barbara Hunn at bhunn@shaw.ca or (250) 714-0036, or Sharon Erickson at ericksons@shaw.ca.

BC Lower Mainland Support Group

Seven people attended the May 30 meeting. We all enjoyed the variety of appetizers, then we discussed the questions below:

- How do we know when to call an ambulance?
 - If you think you may need an ambulance, don't hesitate to call.
 - It's better to call than to have a situation that your family cannot control or cope with.
 - The paramedics will be able to insert an IV, by-pass triage and get you on the road to recovery faster.
- What if our symptoms don't follow the Ottawa protocols? i.e.: What are the tell-tale signs of an approaching crisis?
 - Each person will have different symptoms, and if you have never experienced a crisis, it can become life threatening very quickly.
 - Several members had rapid heart beat and higher blood pressure than mentioned in the protocol.
- How "bad" do we have to be to use our emergency kits, or to call for help?
 - Your emergency kit is only an emergency measure to give you more time to get to the Emergency Department.
 - If you are feeling "bad" enough that you are contemplating using your kit, you should have already called 911.
 - One member mentioned that her daughter read the instructions but didn't realize the yellow cap came off the Solu-Cortef vial. The needle was rather blunt but she was able to complete the injection.
- How do we treat ourselves after we've been discharged from hospital?
 - Ask the ER doctor and make an appointment with your doctor upon discharge.
 - Find out what to do before needed, not at the hospital or on vacation.
- How do we wean down from the high cortisone doses used in a crisis?
 - Discuss with your doctor or endocrinologist - most said to decrease gradually over a few days.
- Travelling with Addison's Disease:
 - Customs: have a list of all medications you are taking for the trip, dosages, and diagnosis signed by your doctor
 - What medications to take with you? – all your medications in their original containers.
 - Take double the cortisone you need for the entire time.
 - If you are taking a cruise and tendering ashore, carry extra ashore in case you cannot get back to the boat for a couple of days due to inclement weather.
 - How will you communicate in a foreign language? – UK Manual - Emergency letters in French, Italian, German, Spanish, Portuguese and Russian are available. *(Ed Note: Emergency crisis protocols are available in a range of languages through our website*

- <http://www.addisonsociety.ca/emergencylett.html> and though the UK group website <http://www.addisons.org.uk/info/emergency/page5.html>).
- Article by Dr. Don Killinger – Issue No. 38 – February 2005 – page 15 entitled *Emergency Treatment of Individuals with Adrenal Insufficiency (Addison’s Disease)*.
 - All our newsletters can be found on our website: www.addisonsociety.ca and are a great source of information: Emergency Information – April 2008, October 2007 and February 2005; Illness – July 2008; Ambulance Protocol – June 2006 and Emergency Kit – April 2009, January 2008 and July 2003
 - Other sources of reference: UK Manual - www.addisons.org.uk - Crisis Management — Pages 18, 19, 20 Also on site: Medications for Surgery (*Editor’s note: We also want to remind members of the wealth of information now found in our Frequently Asked Questions document (<http://www.addisonsociety.ca/faq.html> and click on ‘More Frequently Asked Questions’ on the right) where they are categorized by issue, for example Crisis, Travel, etc)*)

Other discussion items:

- With summer starting:
 - Remember to re-hydrate. Mountain Equipment Co-op has a rehydration mix – go to www.mec.ca website and enter product code 4007-749 “Adventure Medical Oral Rehydration Salts” (*Ed. note: A hydration recipe is also available on our website at <http://www.addisonsociety.ca/tips.html>*)
 - With BBQ season upon us - *Foods to Avoid for People at Risk of Food-borne Illness* (Health Link BC File #76, September 2008)
- Be vigilant in cleaning your hands, with the H1N1 flu virus still with us.
- Recently the Vancouver Sun had an article on a rare cancerous disease – adrenal cortical cancer – which has only 600 patients throughout Canada and the U.S. A letter to the Editor from the BC Rare Disease Foundation was in a subsequent issue. I looked the Foundation up on the web and will contact them on research into Addison’s Disease, linking emergency departments and other concerns. Once the new BC Provincial cabinet is formed, I will make contact with the new Minister of Health as well.
- We were also excited to learn that members and selected family members can participate in a University of Western Ontario study to measure and observe the long-term cortisol levels in the hair of people taking cortisol replacement. (See further information in this newsletter.)
- I still have to follow up with Health Canada regarding DHEA prescription fills if DHEA is prescribed by your endocrinologist.
- Several members have been out to visit Louise and she is making progress. We all signed a card which Marilyn and I delivered along with a picture of everyone present at the meeting.

Submitted by Judy Stanley

The next meeting will be Saturday, **October 17** 1:00 to 3:00 p.m. in the Sherbrooke Lounge, Sherbrooke Centre, 260 Sherbrooke St., New Westminster BC. An area will be set aside for younger members, so, if you are under 30 and would be interested, please let me know bugbee@shaw.ca.

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

Alberta Support Group

For information on this support group, contact Ginny Snaychuk at ginray@shaw.ca 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 Southern Ontario group met May 9, 2009, with 16 people present.

- Dr. Stan Van Uum and Rachael Gow, University of Western Ontario, are doing research on cortisol levels in the hair (see previous meeting report, January 2009 Newsletter). They need volunteers: Addisonians taking hydrocortisone and a control group (others living in the same living space). The Society will facilitate contact between the study team and our Addisonian members, while protecting their privacy, by sending a letter of introduction to those on our mailing lists. It will be up to individual members to decide whether to pursue this opportunity by then contacting the research team. Complete details are available through the research team (see further information in this newsletter).
- As requested in November, Dr. Van Uum drafted a letter for signature by a member's physician, in order to facilitate travel with an emergency cortisol kit. (A similar letter already exists on the web site. This version will be available to local members who do not have web access). It was also suggested that we carry a thermometer with us at all times.
- Dr Van Uum is looking at the best way for the Society to ensure that Canadian endocrinologists are aware of the Society and its services for Addisonians.
- A suggestion was put forward that we provide holders for our brochures when taking them to our doctor's or other places for distribution. Holders can be purchased for \$2/\$3 apiece. This may be brought to the AGM as a formal proposal.

- Harold reminded everyone of the different protocol sheets that are available on the website for use by Addisonians.
- There are now three Facebook sites that encourage participation from Addisonians: “Yes I have Addison’s disease, No it is not contagious” was developed by a British Columbia member to provide a place where young people suffering with Addison’s can share their concerns and experiences. This has led to worldwide coverage amongst young people. Two sites have been developed and managed by Julie Sproule in Hamilton: “Adrenal Insufficiency/Addison’s Disease” and “Addisonians”.
- Harold reported on the latest NADF Swine Flu article to bring members up to date on how best to deal with the flu should one contract it. There is no specific protocol: apply all the normal precautions for avoiding any flu virus.
- Members were reminded that not every Addisonian reacts the same to medication, so this must be very individualized.
- Another member has a problem in dealing with heat in the summer. Again, some had a real problem while others did not seem to be affected. *(Ed Note: Members affected by the heat may find the article on Cooling Vests in the July 2008 newsletter of interest.)*

The guest speaker was Carol Morley, BKin, ND, Zawada Health, who discussed Naturopathic Medicine: its principles and philosophy, benefits, approaches, and how it can be used to complement traditional western medicine.

- Addisonians especially need to manage stress, to deal with the lack of energy:
 - o Are you eating the right things?
 - o Are you exercising?
 - o B5/B6 can be really supportive, what other supplements do you need?
- A Medical Doctor will determine that your organs are either working or they are not. The Naturopathic approach is that the organ can hypo-function without noticeable pathological tissue changes and function. This is especially true of adrenal glands.
- A good daily diet is essential:
 - o It is important to manage blood sugar properly.
 - o You should have protein in every meal.
 - o Avoid caffeine (no coffee), alcohol, and tobacco.
 - o Keep salt intake high and potassium intake low.
 - o Avoid the intake of fats, fried foods, ham, pork, highly processed foods, red meats, sodas, sugar and white flour.
 - o Increase foods rich in iodine, silicon and phosphorus – kelp, dulse, swiss chards, pomegranates, strawberries, tomatoes, figs, and almonds.

For a more complete record of this presentation, please contact Harold Smith.

Submitted by Harold Smith

The next meeting will be the Annual General Meeting on Saturday, **October 3**, 2009, from 12:30 – 4:30 pm, at the Brantford Police Station, 344 Elgin Street, Brantford, Ontario.

For further information on Southern Ontario Support Group activities or meetings, contact Harold Smith at hsmith9995@rogers.com or (519) 742-9995.

Eastern Ontario Support Group

The Eastern Ontario group met May 9, 2009. There was no guest speaker; discussions were informal.

The next meeting will be held Saturday, **October 17**, 2009, at noon, at Robbie's Restaurant, St. Laurent Blvd, Ottawa, Ontario.

The Eastern Ontario group is looking for someone to act as contact, and to organize future meetings. If you can volunteer, so that our meetings may continue, please contact the Liaison Secretary at liaisonsecretary@addisonsociety.ca or at the national address shown on the front of this Newsletter.

Québec Support Group

We now have a local representative, Marie-Josée Normand, in Montréal. If you wish to contact her, she can be reached at (514) 376-2712, by email at marijonormand@mac.com, or through the 'Local Groups' page of our website. Thank you so much, Marie-Josée, for accepting to do this.

Nous avons maintenant une représentante, Marie-Josée Normand, à Montréal. Si vous désirez la rejoindre, vous pouvez communiquer avec elle au (514) 376-2712, par courriel au marijonormand@mac.com, ou bien par l'entremise de notre site-web. Merci, Marie-Josée, pour votre appui de la Société.

Atlantic Support Group

The Atlantic Canada Support Group is looking for a volunteer to act as contact point. If you can do this, please contact the Liaison Secretary at liaisonsecretary@addisonsociety.ca or at the national address shown on the front of this Newsletter.

Medical Q & A

There is now a very large and wide-ranging set of questions on both daily living and very situation-specific issues that have been answered by our medical advisor. To review these questions, please go to the Canadian Addison Society website under Education (<http://www.addisonsociety.ca/faq.html>), or see previous issues of the newsletter.

Q: I have Addison's Disease. What can happen if I get extremely over heated (hyperthermia)?

A: Hyperthermia occurs when we are in an environment that is above the normal body temperature. The body generally keeps its temperature down using perspiration which evaporates, using energy, resulting in a cooling effect. If we cannot get rid of enough heat to keep our temperature controlled, body temperature rises resulting in hyperthermia.

This can occur in anyone and is a serious stress to the body. Individuals with Addison's disease are more sensitive to stress because they cannot release cortisol in response to this stress. This type of problem is best avoided. If you are outside, wear clothing that is light in weight and colour, and most important of all, wear a light coloured hat. If you are in a situation where you feel unwell after being in the sun for a prolonged period, you should take an extra cortisol tablet and be sure to get adequate hydration: water is great but you will need some extra **SALT** because you are losing it in your perspiration. It is a good idea to carry a drink such as Gatorade, because it has some salts in it to replace what you are losing. Remember that the Florinef that most individuals with Addison's disease take is for salt retention, and you may have to take a little extra in hot weather and put a little extra salt on your food.

Soft drinks are **NOT** appropriate to replace fluid loss. It is my view that they are not appropriate at any time.

(Ed Note: The July 2008 newsletter included an article on Cooling Vests which will be of interest to Addisonians who suffer from the heat.)

Q: I was diagnosed with Addison's in October 2008 and am taking 15mg of Cortef in the morning, 10mg at night, and .05 mg of Florinef daily. I am also hypothyroid and take a low dose of Synthroid. Sometimes I wake up very hot at night - not sweating, just extremely hot. It usually goes away within 5-10 minutes. Is this something I have to learn to live with or is there anything I can do to alleviate this?

A: I am not sure that I have a direct answer to your question. You did not mention your age. If you are in the 50+/- age group, the possibility of hot flashes would have to be considered even though your description does not fit this very well. It usually involves perspiration as well as feeling hot.

You mentioned that you were taking 15mg of cortisol in the morning and 10mg at night. If the last dose of cortisol is taken in the late afternoon or evening, it will often cause difficulty sleeping. I would suggest that you take the 10mg dose at noon rather at night. This will give you the cortisol when you need it most and may cause less difficulty with your sleep.

Q: I have some questions regarding shingles in patients with Addison's disease. First, can a patient with Addison's disease, who has had chickenpox, develop shingles by contact with a person with shingles, because of their suppressed immune system? Second, should they double up on cortisone, or keep the dose the same, since being on a higher dose would perhaps even further compromise the immune system and hinder the body from fighting off the shingles?

A: Regarding shingles in individuals with Addison's disease: Shingles is not contagious. It is caused by activation of the virus that causes chickenpox, which has been dormant since the individual had chickenpox usually many years ago. The blisters do contain the virus but contact with the virus will not cause shingles. It can, however, cause chickenpox in someone who has never had chicken pox.

Addison's disease is an autoimmune disease with antibodies to a specific protein in one of our own tissues. Our ability to develop antibodies to external material such as a virus is intact.

If we develop symptoms of shingles, the first step is to see our family doctor to get antiviral medication within the first 2 to 3 days. This will decrease the severity of the illness. The need for extra cortisone or hydrocortisone will depend on the severity of the problem. If there is a lot of pain, our body would normally produce more hydrocortisone to help us deal with the situation, so taking extra hydrocortisone is the right thing to do. How much extra depends on the severity of the problem -- an extra ½ or 1 tablet or a doubling of the regular dose would be appropriate.

Q: My daughter has been taking hydrocortisone for the past year, due to primary Addisons. As she is experiencing a rapid heart rate and pounding heart, her endocrinologist has changed her to cortisone acetate. I am wondering why he would choose cortisone acetate rather than prednisone. Is there much difference between them? I have not heard of many people on acetate.

A: Cortisone acetate is frequently used for cortisol (hydrocortisone) replacement. It is inactive itself and has to be converted to hydrocortisone by the liver. The end result should be the same, provided that the liver can readily make this conversion. I am not sure that it is likely to have any effect on your daughter's heart situation. Prednisone is less expensive than hydrocortisone but is longer acting and does not provide the same episodic effect as hydrocortisone given three times a day. The body normally secretes hydrocortisone episodically -- more frequently during the day than during the night.

You and your daughter should discuss the situation with your endocrinologist. I am sure that s/he has done the appropriate heart investigations to rule out any underlying heart problem. S/he can try to explain to you what is actually happening during these episodes and what might be triggering them.

Q: My daughter (24) was diagnosed with Addison's disease one year ago. The day after starting on hydrocortisone, she experienced a rapid heart rate and 'pounding heart'. It is intermittent and occurs daily, most often in the evenings and at night. Lifting objects can start the symptoms. I wonder if you can suggest anything that could be causing this problem. She has type one diabetes; tests for thyroid antibodies are negative, TSH is 2.2; K and N are in the normal range.

A: Your daughter has two autoimmune disorders, the Addison's disease and type 1 diabetes. Her doctors have checked for a possible third problem by checking for thyroid antibodies. I am assuming that she does not have any other problems such as gastrointestinal symptoms, menstrual irregularities or muscle cramps which might suggest other autoimmune disorders.

The sudden onset of a rapid heartbeat with a pounding sensation suggests a release of adrenalin, as you would see with sudden stress both physical and emotional. It could also occur with the onset of heart irregularities which could come on for short periods.

Why these would seem to have started with the start of taking hydrocortisone is uncertain. You mentioned that she was taking 17½ mg of hydrocortisone daily and that the episodes seemed to come on in the evening and at night. It is possible that she needs more hydrocortisone in the afternoon if she is taking most or all of it in the morning.

Be sure to discuss these symptoms with her family doctor or her endocrinologist.

Q: I'm a 58-year-old male. I was diagnosed with Addison's and hypothyroidism when 24, and with diabetes 25 years later. I've normally been fine unless dealing with the flu or other issues. In 2007, I was admitted to hospital with fever and chills - an Addisonian crisis - and it took 5 days before I was stable enough to leave. I lost consciousness twice before reaching the hospital and had no BP reading on arrival. The cause was never found, and it was diagnosed as fever of unknown origin. I went back to work but didn't have as much energy, etc as before this incident.

Last November, I was admitted to hospital again, again with fever and chills and adrenal crisis. I was in and out of hospital several times, again very ill, and tested for everything you could imagine, and again there was no diagnosis beyond fever of unknown origin. After one hospital stay, I was given so much fluid that I went into mild heart failure - had legs like tree trunks. I went back to work eventually - after losing about 25 pounds (seemingly diabetic-wasting following very high steroid doses in the hospital) but couldn't cope after 2 months of struggling. I am now applying for long-term disability.

I'm on 5 doses of insulin daily now and still having a hard time with my sugars.

A: I always feel slightly depressed when I hear that someone has had to go on long-term disability because of complications of a medical problem which they have dealt with effectively for over 25 years. In your case, you have three related disorders and have been able to manage everyday health issues along with your work for all these years. It is frustrating that something is now going on which has changed your life.

You have Addison's disease, chronic thyroiditis and Type 1 diabetes mellitus which are part of an autoimmune syndrome in which each of these endocrine glands has been damaged by antibodies directed against a specific protein in each gland. Treatment of the thyroid problem is usually straightforward and once the proper dose of thyroxine is established, the dose remains stable over long periods. The diabetes and Addison's disease are a different matter.

You are on 5 injections a day of insulin, so you are probably checking your blood sugars frequently to regulate the insulin doses. As I am sure you have noted, sugars tend to go up with infections and this requires adjustments in insulin doses. You do not have to keep your sugars perfect during these periods but you do not want them to be too poorly controlled.

During infections, there are also effects which influence your adrenal glands. With the fever, there is a loss of sodium in the urine so you need to increase your salt intake. The stress of an infection also increases your

need for hydrocortisone so you must increase the dose of hydrocortisone that you usually take. How much to increase the dose is always a question, but I like to suggest that you "think for your adrenal gland". For a minor illness such as a cold, the dose can be increased by ½ tablet a day until things return to normal. For more major problems such as the flu, an increase of a full tablet or a doubling of the usual dose would be appropriate. This type of dose increase for a few days will not do you any harm!

A more difficult situation occurs when you have gastrointestinal problems. If for more than 24 hrs you cannot keep your hydrocortisone down, you should go to an emergency department, and show them your information card which you should have in your wallet, stating that you have Addison's disease and that you need solucortef and saline first and then investigation to determine the cause of your current problem. If you cannot get to an emergency department easily, you should have an emergency kit with solucortef at home and have someone there familiar with how to give it to you. This contains 100mg of hydrocortisone and will sustain you until you get to an emergency department. A slightly elevated dose of hydrocortisone should be continued until your situation improves. *(Ed note: see a sample letter for use in emergencies, as well as information on emergency injection kits, on our website at www.addisonsociety.ca.)*

If all of these avenues have been followed, and you are left with an unresolved situation, you should review the problem with your endocrinologist. S/he may want to be certain that there is not some other autoimmune problem which could be contributing to your current situation.

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.