



# **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](mailto:liaisonsecretary@addisonsociety.ca)  
<http://www.addisonsociety.ca>

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**ISSUE NO. 57**

**JANUARY 2010**

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## **In this issue:**

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- Membership Renewal
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- Highlights from Local Meetings
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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.

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## **Membership Renewal:**

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***It's time to renew your memberships for 2010. A copy of the membership form is attached to this newsletter and also available on our website. Remember – if you read this newsletter, appreciate the Q&As, or ask questions of our medical advisor – it is only possible because of your membership dues. PLEASE contribute. Thank you.***

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## **Announcements:**

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- Addisons Disease was recently the subject of a segment on *The Doctors* TV show. Go to [http://thedoctorstv.com/main/procedure\\_list/1055](http://thedoctorstv.com/main/procedure_list/1055) to see the segment. However, we have no idea how long this link will be there, so watch it soon.

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- Long-time Eastern Ontario member, Al McConnell, has been having health problems. Our thoughts go out to him, with hopes that he will be doing better soon.
- Judy Stanley wants to remind all local support groups of the very positive cooperation between her group and the local medical school. Vancouver will shortly be doing their 7th annual interviews with 1st year medical students. These interviews help train doctors do diagnostic interviews with those with chronic conditions. Hopefully, their experience with us will help them identify Addison's in any future patients, before the patient has spent years being ill. You may want to check with local universities who train doctors to see if they have their students interview people with chronic conditions. Perhaps we can put Addison's on the radar screens of new doctors across Canada.

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## **Research into Adrenal Insufficiency:**

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A recent email was sent by the Canadian Addison Society to members regarding a survey mentioned on Aleita's Facebook page *Yes, I have Addison's Disease. No, it's not contagious.* You may want to check out this site, but if you do not belong to Facebook, you can access the survey directly, as indicated below:

Eric Fiedler is a fellow Addisonian, founder and co-leader of the Baltimore/D.C. Addison's Support Group, and senior at John Hopkins University in Baltimore, Maryland, working toward degrees in neuroscience. He has undertaken a survey of adrenal insufficient (Addison's disease and secondary adrenal insufficiency) patients, entitled, "Qualitative Study on Cushingoid Syndrome Associated with Corticosteroid Replacement Therapy", as his Undergraduate Research Project. He is conducting the survey under the supervision of Dr. Roberto Salvatori, an endocrinologist at John Hopkins University who specializes in adrenal diseases and is one of the foremost researchers in that area.

He is asking that the survey be completed by patients who have adrenal insufficiency, with the exclusion of those whose adrenal insufficiency is due to adrenoleukodystrophy, adrenomyeloneuropathy, congenital adrenal hyperplasia (all types) and AIDS. The survey can be found at:

[http://www.surveymonkey.com/s.aspx?sm=bzyHMPS6VbAtkaS3eBM6Qw\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=bzyHMPS6VbAtkaS3eBM6Qw_3d_3d).

If you have any questions or need help in any way, please contact Eric Fiedler at [efiedle1@jhu.edu](mailto:efiedle1@jhu.edu) or (609) 432-4102.

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## **Personal Experiences:**

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I was 12 in 2004 when first diagnosed with Addison's disease. I was always a rather small child, but that was attributed to my premature birth. At the start of seventh grade, I would wake up, feel like I was going to collapse, do my chores, eat breakfast and proceed to vomit it up. My mother believed that I wasn't bathing (which in fact was not true) as my skin on my

joints was so dark I looked as if I were black, and my other skin had a yellowish cast to it. During my days of illness I felt extremely dizzy, depressed and I couldn't interact with others because it sounded like they were yelling when I was talking to them. I began to faint and I was in a living hell (quite literally). I went to a doctor due to a strange discoloration on my toenail that had been there over a month. I was then referred to an endocrinologist who gave me liquid cortisol and a bag of chips. I immediately felt better. Within three months of starting to take my cortisol and fludricort, I gained thirty pounds. During this ordeal, I had extreme salt cravings and difficulty breathing. I owe my life to my doctor and my mother. Through this ordeal, I have learned to appreciate the simple joy of being able to walk and run and feel normal. I am so glad I am able to share my experience with others. I am now attending my senior year in high school, and I hope to be a fire fighter in my years to come.

Submitted by Nickolas

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## **Highlights from Local Meetings:**

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### **Vancouver Island Support Group**

The next meeting of the Vancouver Island group will be Sat. February 6, 2010, 1:00 to 3:00 pm in Room 1814 (by Cafeteria), Victoria General Hospital, in Victoria.

Submitted by Jim Sadlish

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

### **BC Lower Mainland Support Group**

- The BCAA sent the following response to a question with regard to the stability period during our "Travel Medical Insurance" presentation at the October 17, 2009 meeting.

Answer: The clients will be considered unstable for this condition if the medication dosage changes within the stability period. It appears that folks with Addison's disease will be considered "unstable" if they self medicate and the medications change.

Supplementary Question: I assume by 'stability period', they mean 90 days prior to departure.

Answer: Stability period - 365 days for the people 60 years of age or older, 90 days for someone 59 years of age or under.

Supplementary Question: As an example, if I had a cold/flu and the first three days

had to increase my cortisone as per usual with an infection but did not require going to the doctor, would that be considered unstable?

Answer: Yes, it will be considered unstable.

Please consult with your insurance provider to see what their conditions and terms of stability are for travelling with a chronic condition.'

- We shall shortly be doing our 7th annual interviews with 1st year medical students as part of the UBC First Year Medical students' In-Home interviews. They are starting their second semester and hopefully an interview will trigger a diagnosis in the future. Thank you to Jane Bremner who is coordinating this year. To date, we have 14 volunteers. We have the highest response for all conditions, and we only do up to 20 each year. There are over 200 students in the medical/dental programs each year.
- Members have asked about the process for application, qualification, etc for disability benefits. If you have any experience with this, they would appreciate hearing about it from you.
- The Vancouver support group will be hosting the 2010 AGM in October.
- The next meeting of the BC Lower Mainland Group will be Sat. Feb.20, 2010, 1:00 - 3:00 PM, Sherbrooke Lounge, 260 Sherbrooke Street, New Westminster, BC.

Judi Whittaker will help us learn how to use Solu Cortef vials in an emergency. Come along and join us filling syringes. It's not as easy as it sounds! Bring any outdated Solu-Cortef vials, syringes, needles and an orange (an orange is closer in feel to your body for injection than an apple). If you have more than one vial, bring it along for others to participate.

Submitted by Judy Stanley

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

### **Alberta Support Group**

In December, 6 Addisonians from Edmonton were invited by an endocrinologist to take part in training sessions for university students training to be doctors. We were asked to share our experiences with the disease (symptoms, time to be diagnosed, problems with the disease, and how it has affected our lives, etc.). We were asked some good questions. It was a very useful endeavour and we hope to be asked again!

Submitted by Ginny Snaychuk

For information on this support group, contact Ginny Snaychuk at [ginray@shaw.ca](mailto: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](mailto:kesahill@sasktel.net) or [elizabeth.h@pnrha.ca](mailto:elizabeth.h@pnrha.ca).

### **Southern Ontario Support Group**

The next meeting of the Southern Ontario group is scheduled for Saturday, May 15, 2010, 12:30 pm, at the Erin Mills United Church, Lower Hall, 3010 The Collegeway, Mississauga, ON L5L 4X9. The church is located on the southwest corner of Winston Churchill Blvd. and The Collegeway. There is an elevator available. The agenda has not yet been finalized. In the meantime, please, mark your calendars.

Submitted by Harold Smith

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

### **Eastern Ontario Support Group**

The next meeting will be at Robbie's Italian Restaurant, 1531 St Laurent Boulevard, Ottawa, at noon on Saturday May 15, 2010. As our guest, we will have a local pharmacist who will speak to us on Addison medications and their interactions with other commonly prescribed drugs.

For information on Eastern Ontario Support Group activities or meetings, please contact Steve McKenna at [steveandpat@rogers.com](mailto:steveandpat@rogers.com) or 613-523-7648.

### **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 [marijornormand@mac.com](mailto:marijornormand@mac.com), or through the 'Local Groups' page of our website.

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 [marijornormand@mac.com](mailto:marijornormand@mac.com), ou bien par l'entremise de notre site-web.

## **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](mailto:liaisonsecretary@addisonsociety.ca) or at the national address shown on the front of this Newsletter.

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## **Medical Q & A**

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*Before submitting a question to our medical advisor, please consult the wealth of Q&As on our website. Many questions have already been answered.*

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:** How do you know when to call an ambulance?

**A:** If you are careful, you should not have to call an ambulance. If someone with adrenal insufficiency has gastrointestinal problems and is unable to keep down their cortisol or other glucocorticoid for more than 24 hrs, they should be taken to an emergency department so they can be given intravenous solucortef and saline. It is not appropriate to wait until they are so ill that they cannot be taken to the hospital by a family member. If the individual is unable to retain anything by mouth and is very ill, or if they have had a sudden stress such as a fall or an infection, then it would be necessary for them to go by ambulance as soon as possible.

If you are living a good distance from a hospital, it is important that you should have an emergency kit at home and that someone in the household knows how to use it. The components of the kit must be obtained by prescription from your doctor. If he/she is unfamiliar with the contents of the kit, he/she can look it up on the Canadian Addison Society website (<http://www.addisonsociety.ca/emergencyproc.html>). Your doctor can show you and a family member how to use it, or he/she can print off the instructions from the website for you (<http://www.addisonsociety.ca/injection.html>). There are also instructions in the Solucortef package. The important thing is to have someone in the household who knows how to use it.

The contents of this syringe provide 100mg of cortisol. This will begin acting fairly quickly and will support the individual during the trip to the hospital. This treatment may improve the condition of the individual enough that they will be able to retain fluids and their cortisol so that they will not have to go to hospital. This may be important if you are travelling or are located several hours away from the nearest hospital.

**Q:** How do we treat ourselves after we have been discharged from hospital?

**A:** If you are admitted to hospital, it usually means that you have some complication such as an infection along with your adrenal insufficiency. While in hospital, you will be given extra cortisol to deal with this stress, and when you go home, you will most likely be on a slightly higher dose of cortisol than your usual daily dose. You will probably be told to stay on this slightly higher dose for a day or so, and when you are back to your usual self, you can go back to your usual dose.

**Q:** Travelling with Addison's disease

**A:** First of all: be sure to have more than enough cortisol tablets with you to cover extra doses of cortisol that you may require if you should get an infection or encounter some other stress. Make sure you have this on you, not in checked baggage. It might also be useful if your travelling companion carries a supply, in case of stolen bags.

Second: take an emergency kit with you. It will help you both practically and psychologically. If you are going to be away for an extended period, you may want to take several kits with you. Be sure one of your travelling companions is familiar with the use of the kit. Your endocrinologist can find these kits on the Canadian Addison Society website (<http://www.addisonsociety.ca/emergencyproc.html>).

Third: Be sure that you have had all the required immunization shots. These should include hepatitis A and B plus tetanus and any specific shots for specific parts of the world.

Fourth: Be sure that you have a letter with you explaining that you have adrenal insufficiency. It should state that you require extra cortisol in stress situations and are carrying cortisol tablets and the emergency kit(s) which contains the solucortef, syringe and needles for emergency use. *(Editor's Note: Sample letters of several kinds and in a variety of languages can be found at <http://www.addisonsociety.ca/emergencylett.html>. Be sure to take emergency procedures and letters in the language of your destination.)*

Fifth: You may want to take some medication to help control diarrhea such as Imodium or Pepto Bismol. You should check this with your family doctor.

**Q:** Can I take an "adrenal support vitamin" from one of the local health food stores, along with my Addison medications?

**A:** It is unlikely that this preparation will contain anything harmful with respect to Addison's disease. On the other hand, it is unlikely to contain anything specific that will be beneficial. In adrenal insufficiency, the missing hormones are cortisol and

Florinef. There are no specific vitamins that are required. These preparations are usually expensive and do not provide any real health benefit.

**Q:** I have Addison's, hypothyroidism and hypertension. I am taking 50 mg of atenolol. Is there any problem taking Melatonin 3 mg for insomnia? I asked my pharmacist who said it was OK but I wanted to ask you as well.

**A:** I am not an expert on melatonin but as far as I am aware, there is no reason why you should not give it a try. The people using it to help them sleep in cases of jet lag generally feel that it is helpful and I am not aware of side effects.

**Q:** My daughter has type 1 diabetes and Addison's disease. Her endocrinologist told her that she has "naturally low blood pressure". She is taking 20mg Cortef in the morning and 10mg Cortef at supper and only 0.05mg Florinef at night. She is 5'4" and underweight. Any comments?

**A:** I am not sure what your daughter's blood pressure is, so I am not sure if it is abnormal. The most accurate way to determine if she is getting enough Florinef is to measure a plasma renin. This is a simple blood test and will help to determine whether more or less Florinef is indicated.

**Q:** I'm a 27-year-old female who had a bilateral adrenalectomy to treat recurring Cushing's Disease, I am struggling with low blood pressure and a very high heart rate. I'm currently on 17.5mg of hydrocortisone a day and 0.125mg of Florinef. However, when I wake up in the morning and stand, my heart rate jumps to 150. My resting heart rate first thing in the morning ranges from 90-100bpm. I take my Florinef at 8am, and in the afternoon my heart rate settles down but is still high (75-85bpm while sitting, and anywhere from 100-130bpm standing). I find it's better the later the day gets, but still it's too high. My blood pressure is around 110/72. Is something wrong with my Florinef dose? Should I try taking it twice a day instead of just in the morning? Should I be taking more Florinef?

**A:** It is sometimes difficult to get your replacement stabilized after adrenalectomy for Cushing's syndrome. I do not know when you had your adrenalectomy, but there is a tendency to want to get down to normal replacement doses right after surgery in order to get rid of the features of the excess cortisol. Your body has been accustomed to high levels of cortisol probably for a long time. When cortisol levels are brought down to normal, the body has difficulty dealing with this initially, so replacement doses need to be higher than normal after surgery. The amount of cortisol secreted when Cushing's syndrome is active would be at least 2 or 3 times the normal secretion. We tend to start post-operative replacement with doses of cortisol in the range of 40 to 80 mg a day in divided doses and once the post-operative stress has settled down, the dose is gradually lowered. The rate at which it is lowered depends on the response of the individual, but it can take several months to get down to a normal dose level.

The replacement dose of cortisol can be quite variable from individual to individual. It can be as low as 15 mg a day or as high as 40 mg. The average is from 20 to 30 mg. The dose of Florinef required ranges from 0.1 to 0.2 mg a day but it is important to balance the dose of Florinef once the dose of cortisol has been determined.

Your current situation depends on when you had your surgery and how this relates to what I have described. You must discuss your problems with your endocrinologist because there may be factors that I am not aware of that have an impact on your medication requirements.

**Q:** My daughter was diagnosed with type 1 diabetes in May 2002 at age 14 and Addison's disease in September 2006 at age 17. She is currently taking: Cortef 20mg in the morning and 10mg before supper. In February 2008, her blood pressure crashed, and her endocrinologist put her on Florinef 0.05mg in the morning. Further, my daughter must have had at least 100 hypoglycaemic seizures since 2006. I am convinced that she is not receiving the care she deserves from her endocrinologist. I know and trust her GP but she admits to not knowing anything about Addison's. Last month, I left with her GP and endocrinologist all of the printable information from the amazing UK web site Addison's Disease Self Help Group. Hopefully, they will read it.

**A:** The medication that your daughter is on for her Addison's disease - Cortef 20 mg in the AM and 10 mg at supper plus 0.05 mg Florinef daily - should be about right. My major concern would be her diabetic treatment. The hypoglycaemic episodes have to be related to her insulin/diet/activity regimen and this should be reviewed with your family doctor or endocrinologist. You should review the times of day that the low blood sugars occur, what type of activity she has been doing in the hours before the episodes and when and what she has eaten. She should also be checking her blood sugars before meals and at bedtime to determine how much insulin she needs. You may be able to determine a pattern that will help you and your endocrinologist to determine how these can be avoided.

**Q:** I am always tired, whether I get a good rest or not. Is this normal? As well, insomnia is now becoming common. Is this normal?

**A:** I know that it seems too simplistic, but it is hard to ignore the connection between your two questions. Insomnia can be related to the timing of taking your hydrocortisone tablets. Some people find that if they take their hydrocortisone in the morning and their second dose in the early afternoon, it does not interfere with their sleep. You can try different times of day for your tablets, and see how it works. Perhaps if you get more sleep, your fatigue will sort itself out. Give it a try and let us know.

**Q:** What is your opinion on the H1N1 virus for adrenal insufficiency patients? I am a hospital nurse and am at risk for being exposed to H1N1. However, from what I've read, people with underlying autoimmune can have nasty reactions to this.

**A:** With respect to the H1N1 flu shot, the general statement is that we should all get the vaccine. There are diverse opinions even among health care workers regarding the benefits and possible side effects, but the feeling is that the benefits outweigh the side effects. In spite of the statements by the officials regarding the safety of this preparation, I think most of the comments are based on the fact that previous vaccines have been safe. Individuals with adrenal insufficiency should have a normal antibody response so there is no reason to avoid the vaccine.

**Q:** I have hypothyroidism and adrenal insufficiency. After years of suffering, unable to take thyroid meds, we realized that my cortisone dose was too low. I am currently increasing my desiccated thyroid meds slowly while taking my hydrocortisone. So far, we have not needed to add Florinef as my blood pressure, sugars, and salts are good as well as my aldosterone levels. I am feeling better, taking 45-60mg of hydrocortisone, and stress-dosing when I need to at work. My insulin levels are high; my cortisone levels are low, indicating I'm not exceeding my needs. I actually take the cortisone only when I feel the need, which is around every two -three hours. Is that normal? Have you ever heard of someone eventually getting off hydrocortisone once their thyroid is alright?

**A:** I am a little concerned about your problems in getting your medication sorted out. Most patients with Addison's disease require both hydrocortisone and Florinef because the adrenal cannot make hydrocortisone and aldosterone. Individuals with secondary adrenal insufficiency, i.e. a pituitary problem, generally do not require Florinef because they can make aldosterone. You noted that your aldosterone level was satisfactory suggesting that you may have secondary adrenal problems.

Generally, the best way to take hydrocortisone is 3 times a day - 20mg in the AM, 5-10 mg at noon and 5-10mg at supper. There are many variations in the dosage routine. Taking hydrocortisone late in the day sometimes causes problems sleeping. You should make an appointment with your endocrinologist and discuss these problems.

**Q:** I've been diagnosed with secondary Addison's due to long term use of prednisone to control sinus problems and polyps. The endocrinologist advised me to switch from Cortef back to prednisone since I have to take prednisone to control the sinus issues. However, the endocrinologist has left and it is not feasible for me to see a specialist several hours away. Mostly, I know it's up to me to regulate the dosage.

I've been reading a lot about prednisone, and have read that the side effects of Cortef are less as it does not go through the liver. Also, I read of one person who took 20 mg of Cortef in a split dose and took 1 mg of prednisone in the morning. The small dose of prednisone

would help control my allergies and arthritis aches. I feel it is easier to take prednisone as I'm still working full time, and it gives me more energy, but I'm still concerned about which one would be best in the long run. Is there a specific method for switching from prednisone to Cortef?

As well, the lowest dose of prednisone which is effective causes me stomach problems. I did not have stomach problems with Cortef. Would it be possible to switch to Cortef for a period of time and then go back to the prednisone?

**A:** The effects of prednisone and cortisol on your conditions should be the same. Prednisone is activated in the liver and has its effect over 4 to 18 hrs. Cortisol is the compound normally secreted by the adrenal and has its effect over 2 to 12 hrs. The fact that prednisone is activated in the liver is not a disadvantage and does not cause any damage to the liver even over the long term. We like to use cortisol in individuals with Addison's disease because the episodic fluctuations in blood levels of cortisol and variation from day to night is what occurs normally and decreases the tendency for over treatment.

If you are going to be on steroid treatment over the long term for your sinus problem, I would agree with your endocrinologist that you should be on prednisone at the lowest dose that controls your symptoms. There is really no benefit to being on a mixture of glucocorticoids.

Glucocorticoids can cause some stomach problems and medication such can to help control them. However, if there were no problems with the Cortef, there should be no problem in switching to Cortef. As you know, I prefer it to prednisone for the long term. The conversion dose is 5 mg prednisone = 20 mg Cortef.

**Q:** I have some questions regarding disease management for endurance events. I'm wondering what steps I should take training, leading up to an event, during and after.

A bit about me: I'm 42 and have been athletic all my life (running, skiing or cycling). I was diagnosed in the summer of 2007 with Addison's and have been on Florinef (0.1 mg/day) and Prednisone (5 mg/day) since then. My plans for next year are, a couple duathlons, some 10K races, The Ride to Conquer Cancer (2 days 320K), and The Tour for Kids(TFK). The TFK may be a problem as it's 4 days 800K in total. My doctor raised a concern - that I don't create epinephrine. Is this an issue for me? I've always felt fine on the bike and can approach my anaerobic threshold and hold it there, recover and repeat as I feel is necessary during rides. My heart rate when pushing hard is around 181-185; I have seen it up to over 194 but have been able to recover after it's dropped in a couple minutes.

Currently I routinely ride +/- 100 kms both days on the weekend and shorter rides during the week without issue. Occasionally I feel the need to double up the Prednisone on the second

ride of the weekend. Is this the approach I should be using for the multi-day events? And is there a maximum number of days I should be doubling up for?

**A:** I admire your stamina and your perseverance. You seem to be doing well on 5 mg prednisone a day for your usual activities. The question is what to do during more strenuous sessions. I am not sure that there is a specific answer to your question of how much steroid you need for these events. My fall back position is that you have to think for your adrenals. If the activity is a little more than usual you may not need more prednisone if you have done this before without incident. If you have not done it before you should play it safe and take an extra 1/2 tablet of prednisone. For more strenuous activities, you should take an extra tablet of prednisone, and if it is going to be a long ride, you may need an extra 1/2 to 1 tablet toward the latter part of the ride. My suggestion for the TFK ride of 200 K per day would be to take either two prednisone at the start, or one prednisone at the start and a second after about four hrs. You may revise your plans after the first day. There is no upper limit on the amount of prednisone each day as long as you do not take it for too long. If you take it for more than week, you should cut back the dose in stages to get back to your usual dose.

You don't have to worry about epinephrine. There are adequate amounts of norepinephrine made at the nerve endings to compensate for any lack of epinephrine from the adrenal.

**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](mailto: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.

THE CANADIAN ADDISON SOCIETY  
STATEMENT OF INCOME & EXPENSES  
FOR THE YEARS ENDING DECEMBER 31, 2008 AND DECEMBER 31, 2009

Cash on hand and in banks	January 1, 2008	January 1, 2009
	\$20,865.16	\$22,053.27
Income		
Dues Received - National	\$2,955.00	\$3,219.85
- Support Groups	520.00	550.00
Donations	1,901.91	2,537.60
Interest	629.12	190.15
	<u>6,006.03</u>	<u>6,497.60</u>
Expenses		
Research Support	-	495.07
Newsletter	856.81	799.30
Web Site	188.95	186.90
Secretarial	1,200.00	1,200.00
Annual Meeting	308.85	145.99
Postage, stationery and supplies	850.88	474.11
Telephone	1,006.72	963.13
Support Group Expenses	335.51	215.25
Bank Charges	70.18	62.30
	<u>\$4,817.90</u>	<u>\$4,542.05</u>
Cash on hand and in banks	December 31, 2008	December 31, 2009
	<u>\$22,053.29</u>	<u>\$24,008.82</u>





# **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](mailto:liaisonsecretary@addisonsociety.ca)  
<http://www.addisonsociety.ca>

**Membership in The Canadian Addison Society is \$25.00 due January 1<sup>st</sup> 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](http://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 Atlantic Provinces Support Group (NB/NS/NF/PEI)+ \$20.00 to Society*

*\$5.00 to Québec Support G Group – QC + \$20.00 to Society*

*\$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 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*