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

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**ISSUE NO.24** **APRIL 2001**

**President's Message:**

Dear Friends,

I'm sure most of us are looking forward to spring. In the middle and east of the country, we are so tired of the snow and spring seems a long time coming. This year, hopefully, we will be starting some new groups.

Joan and I will be participating in a next steps meeting; a continuation of last falls workshop with other group's of people with rare diseases. It was an education in itself. On hearing some of their experiences, it made one feel fortunate that Addison's is a disease with proper medication, so one can live a fairly full life. It also gives us a chance to tell others about our disease, our group, and what we are doing. It is also good to associate with Health Canada and the Canadian Association of Rare Diseases, (C.O.R.D).

I wish you all continuing good health. Greeta.

## Medical Questions and Answers

**Dr. Donald Killinger, MD, PhD, FRCPC**

Dr. Donald Killinger, from London, Ontario, who is the Medical Advisor for The Canadian Addison Society, will answer your questions about Addison's disease. Questions and answers that may be of interest to everyone will be published in the newsletter. Dr. Killinger has asked that we not write him directly, but to address your questions by letter / e-mail or fax through The Canadian Addison Society and they will be forwarded on to Dr. Killinger.

**P l e a s e** - If you are pleased with your endocrinologist - LET US KNOW! We have many requests not only from recently diagnosed Addisonians but other Addisonians from all parts

of the country, who may be moving from one area to another and require the services of an endocrinologist knowledgeable about Addison's disease and its treatment.

Patti Nauta from Regina strongly recommends her endocrinologist, Dr. El-Fellani A. Mohammed of Regina, who Patti says saved her life.

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The Canadian Addison Society would like to express sincere condolences to the family of one of our members, the late Stella Milway of Sarnia Ontario. Stella passed away recently from causes other than Addison's Disease.

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

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The Canadian Addison Society now has copies of the NADF North American Survey booklets. This information was gathered in 1997 with 700 participants of which 665 had Addison's Disease. The respondents were of all ages and ethnic backgrounds and this was the first survey of its kind conducted in North America of individuals with Addison's Disease. The information contained in this booklet is astounding. It runs the gamut from what Addisonians can expect in terms of quality of life to what are the typical daily problems encountered. It covers almost all aspects of life with Addison's Disease. The survey was initiated as a service to Addisonians in an effort to bring about greater understanding of life with this rare adrenal disorder. The booklet is very easy to understand and contains many graphs and charts supporting the written information and is the culmination of a lot of work by some very dedicated people.

The 20-page booklet is available through Joan Southam for $16.00 Cdn. (our cost). A lot of research and work went into the publication of this informative piece and this is what sets the price slightly higher. Please contact Joan at the Canadian Addison Society at the address on the front of this newsletter if you are interesting in obtaining this publication.

We also have received a copy of the New Zealand Addison's Network, (NZAN) November 2000 survey. This is a group of approximately 66 members and had a questionnaire return rate of 80%. This is also a most interesting three page read with 8 questions answered, some multiple parts, and gives a good look at life with Addison's on the other side of the world and down under. The NZAN group also keeps a very up to date and more personally detailed database for its members, involving more medical information for comparison purposes. This group is now looking at the possible set-up of regional meetings within their group. NZAN can be reached at jeanette@ramhb.co.nz or P.O. Box 8562 Havelock North, New Zealand.

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In February, the Victoria group had a pharmacist guest speaker, Mr. Thorne, who mentioned a sublingual, under the tongue lozenge, that could possibly be carried for emergency use and would be absorbed into the blood stream quickly. This is called the buccal method as opposed to injection method. A much more pleasant and easier task to perform if you are hurt/sick and alone. This method of administration is already used for other problems such as heart medication for pain of angina, testosterone replacement and $B_{12}$ injections. All these and many more can now be received by the buccal method.

Perhaps the next time you visit your specialist or doctor you could inquire if they have heard of any such a product being tested and what their opinion on the subject is. Maybe you will find something on the internet. I will pass along any information obtained in the next newsletter. The Dutch Report, published November 1998, mentions this method on the bottom of page 31, but it does note some problems with taste and local reactions. If anyone has any information on this subject, could you please get in touch with Judy Stanley, Jim Sadlish, Joan Southam or myself. More information is available in this issue under the two BC meeting minutes.

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I personally would like to recommend to anyone interested in the recent DHEA Studies done around the world that they take the time to read a British study that was recently completed. It is a very comprehensive and easy to understand report, with tables and graphs included. Each group has been sent one copy for their reference file, which you should be able borrow to read, if you do not have access to a computer.

Patient allocation details were coded and kept confidential until the trial was completed. The study consisted of 39 subjects, (15 males ages 33 - 56 and 24 females ages 26 - 69). Only four of the subjects were over 50 years of age. Excluded were under 18 and over 70, pregnant women and any intercurrent significant medical or psychiatric conditions. Subjects also had to have had Addison's Disease for at least 4 years and be on the usual replacement therapy with no changes for a least 3 months prior to the start of the study. The subjects were instructed not to alter their diet or exercise habits.

"The most common side-effect was mild facial acne, affecting 8 of 24 females and 1 of 15 males during the DHEA 50 mg replacement, but this symptom was also reported by 4 females and 1 male who received placebo treatment. Mild excess facial hair growth was only reported in 2 females, 1 receiving DHEA and the other placebo. A single male subject reported increased facial hair growth after DHEA. However, no subject withdrew from the study due to these or other adverse effects."

The study concluded that oral DHEA replacement in Addison's Disease is biochemically effective, well tolerated, and associated with improvement in psychological well being, mood and fatigue. Two thirds of the patients at the end of the study wanted to continue DHEA replacement therapy.

I would personally like to thank Teresa Barnes, Professor Chatterjee and all others involved at the Department of Medicine in Cambridge, England, for their kind responses and permission

to write about their work, Jim Sadlish of British Columbia and his friend Dave for the website address and for their patience and concern helping me to open the PDF File. Working together, the more we share, the more we have.

Following is a copy of the abstract of this study along with the website address.

Helene Perry

## Improvement in Mood and Fatigue after Dehydroepiandrosterone Replacement in Addison's Disease in a Randomized, Double Blind Trial

Penelope J. Hunt, Eleanor M. Gurnell, Felicia A. Huppert, Christine Richards, A. Toby Prevost, John A. H. Wass, Joseph Herbert and V. Krishna K. Chatterjee

Department of Endocrinology, University of Oxford, Radcliffe Infirmary (P.J.H., J.A.H.W.), Oxford, United Kingdom OX2 7JS; and Departments of Medicine (E.M.G., C.R., V.K.K.C.), Psychiatry (F.A.H.), Community Medicine (A.T.P.), and Anatomy (J.H.), University of Cambridge, Addenbrooke's Hospital, Cambridge, United Kingdom CB2 2QQ

Address all correspondence and requests for reprints to. Prof. Krishna Chatterjee, Department of Medicine, Level 5, Addenbrooke's Hospital, Hills Road, Cambridge, United Kingdom CB2 2QQ. E-mail: kkc1@mole.bio.cam.ac.uk.

Dehydroepiandrosterone (DHEA) and DHEA sulfate (DHEAS) are adrenal precursors of steroid biosynthesis and centrally acting neurosteroids. Glucocorticoid and mineralocorticoid deficiencies in Addison's disease require life-long hormone replacement, but the associated failure of DHEA synthesis is not corrected. We conducted a randomized, double blind study in which 39 patients with Addison's disease received either 50 mg oral DHEA daily for 12 weeks, followed by a 4-week washout period, then 12 weeks of placebo, or vice versa. After DHEA treatment, levels of DHEAS and androstenedione rose from subnormal to within the adult physiological range. Total testosterone increased from subnormal to low normal with a fall in serum sex hormone-binding globulin in females, but with no change either parameter in males. In both sexes, psychological assessment showed significant enhancement of self-esteem with a tendency for improved overall well-being. Mood and fatigue also improved significantly, with benefit being evident in the evenings. No effects on cognitive or sexual function, body composition, lipids, or bone mineral density were observed. Our results indicate that DHEA replacement corrects this steroid deficiency effectively and improves some aspects of psychological function. Beneficial effects in males, independent of circulating testosterone levels, suggest that it may act directly on the central nervous system rather than by augmenting peripheral androgen biosynthesis. These positive effects, in the absence of significant adverse events, suggest a role for DHEA replacement therapy in the treatment of Addison's disease.

Website address:

http://jcem.endojournals.org/cgi/content/abstract/85/12/4650

The Journal of Clinical Endocrinology & Metabolism Vol. 85, No. 12 4650-4656
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The following article is copied, with kind permission, from the New Zealand Addison's Network. It is appropriate for this time of year with summer just around the corner.

## DON'T BAKE YOUR MEDICATIONS

Tips from Gary Roselli, our pharmacist member:

Summer is coming - at least that's what we want to believe! It is helpful to have spare caches of our meds, (hydrocortisone, prednisone, Florinef, and in some circumstances, Solucortef). But they are damaged by heat and light, and the manufacturer's original packaging clearly states to store below 30°C.

Baking in hot cars over an extended time can seriously reduce the potency of pharmaceuticals, so should be avoided. The worst areas for heat build up are the glove box, dash, and boot, (trunk in Canada). Insulated containers can help. But it's a better plan to store a few spares in each of the handbags or business bags we are likely to use.

A day's supply, and some extras in case of delays can be carried in a little bottle in a pocket -preferable a loose pocket, and not one close against the body such as a chest pocket or tight jeans. To minimize the impact of heat damage on these pills, use them up and replace them frequently. "I wouldn't carry pharmaceutical s in my pocket for more than about 4-5 days," says Gary.

NZAN Update November 2000 (No. 11)

Also, please remember to wear sunscreen and check your skin regularly for any unusual changes in moles or pigmentation. The parts you can't see, get your partner or a friend to check for you. Check each other. Skin cancer, caught early, is almost always 100% curable.

# Highlights From Local Meetings

## Vancouver Island Support Group (Victoria)

Following is Florence Weekes' account of the meeting from February 03,2001:

Larry Thorne, of Victoria Compounding Pharmacy, addressed the February 3 meeting of the Vancouver Island support group of the Canadian Addison Society, held at Victoria General

Hospital. There were 15 in attendance. Mr. Thorne's talk dealt with various hormones and with his company's work in preparing individualized drug dosages and compounds for patients at doctors' requests. As a palliative-care pharmacist he also works with special medication for pain.

Both women and men share the same hormones, he noted, but in different amounts. Although adrenocortical hormone problems are not so frequently under treatment, compounding pharmacies often deal with replacement modules for insufficient production of progesterone and testosterone. Testosterone replacement is achieved, he said, by sublingual lozenges, intramuscular injection, topical application, pellet implanted in buttock, and an adhesive dermal patch. A problem with this last can be presented by the glue that holds it to the skin.

One member of the group asked about the possibility of having a sublingual lozenge for emergency glucocorticoid that could be absorbed into the blood stream quickly, and also be easy to carry and to apply. Mr. Thorne agreed to check into the feasibility of preparing the drug in this form. He also agreed to investigate preparation of a pre-filled emergency syringe, though pointed out there could be a problem with the effective life of the cortisone in this form. He agreed with the questioner that direct absorption into the blood stream might ease the workload of the liver. He pointed out that sublingual applications are increasing and we now have one for B12, which formerly had to be injected intramuscularly.

To a question about saliva testing for hormones, he said the World Health Organization now recognizes this kind of testing. Though not done in Victoria, saliva tests are available, though expensive, from other places. Some other specialties, such preparing slow-release capsules of various drugs, are dealt with directly by Victoria Compounding Pharmacy.

Speaking of nutrition, Mr. Thorne suggested the group watch for information about "Syndrome X," which he called the "new term of the decade." Syndrome X deals with insulin sensitivity and might be of particular interest to Addisonians because of the interactions of cortisone, glucose and insulin.

Mr. Thome distributed handouts listing symptoms of deficiency or excess of estrogens (estradiol), progesterone, DHEA, testosterone and cortisol.

The next Vancouver Island meeting will be at Nanaimo Regional General Hospital, Room G235, Saturday, March 10. For more information, please contact Christy Lapi at clapi@island.net, or at 250-245-7554.

The next Victoria meeting will be held at Victoria General Hospital, Room 1814, on Saturday, May 5. For more information, please contact Jim Sadlish at wx699@victoria.tc.ca or 250-656-6270, or Florence Weekes at fmweekes@telus.net or 250-598-0321.

## Vancouver Island Support Group (Nanaimo)

Following is a report from Barbara Hunn

The Vancouver Island branch of the Canadian Addison Society met at Nanaimo Regional General Hospital March 10. Eight local members attended, as well as Judy Stanley, a member of The Vancouver Branch and also on the board of the Canadian Addison Society.

The topic of our meeting was to be our care and treatment in Emergency Rooms, particularly when we are in danger of crisis. It was suggested that we should have:

1. A letter from our doctor advising that we have Addison’s Disease and are cortisone dependent. It may also give the recommended treatment for us if we are in crisis.
2. Ask our doctor to request a "flag" on our file indicating the above and the seriousness of our illness. The Nanaimo hospital has provided two contacts for our doctors to arrange this "flag".
3. It is also very important that we carry identification indicating we have Addison’s Disease and where possible to wear a Medic Alert bracelet or necklace.

We had hoped that a registered nurse from the emergency room staff would attend our meeting, but the ER was understaffed and so she could not make it this time.

Judy distributed information on diet, in particular on the importance of sufficient calcium. Addisonians tend to suffer from bone loss, due to our medication. She also recommended that we have bone density tests, and compare the results.

Christy and another member will be meeting with ER staff and hopefully they will give us advice on what to do when we need to go to ER. Future speakers we are considering having are ambulance attendants and a pharmacist. As always, we welcome suggestions from any and all members.

Our next meetings are in Victoria at Victoria General Hospital on May 5th in Room 1814, and in Nanaimo at Nanaimo Regional General Hospital, June 9th in Room G245.

## BC Lower Mainland Support Group - February 17/2001

Following is a report from Florence Weekes:

The February 17 meeting of the Lower Mainland Group was well attended with 16 present. Three members had Adrenalectomys. Sherri recently had radiation for her pituitary tumor and Jackie was asking the length of time to recover from the surgery as well. All said that it was a long process but that eventually you return to feeling well again. For those asking I had an e-mail from Gerry and he is

recovering from major surgery in December and hopes to be back to work in May. Marilyn is off to Turkey and Egypt in September. If anyone has traveled to those areas and has any tips let me know and I shall forward them to her. Jana had just flown in from Mexico where she and her family had spent a relaxing week in the sun.

Victoria and Nanaimo groups have been active with meetings scheduled for Victoria May 5, Sept. 8 and Nov. 24 in Room 1814 of Victoria General Hospital and Nanaimo March 10, June 9, October 20 in Room G235 at Nanaimo Regional General Hospital. All meetings run from 1:00 to 3:00 p.m.

The Victoria February meeting had a Pharmacist to their meeting who spoke of a sublingual under-the-tongue lozenge which I forwarded to Dr. Wallace for comment. Dr. Wallace had not heard of this type of use but felt that it would be beneficial but would need testing. I forwarded her concerns to Jim Sadlish in Victoria and the following is the reply to the questions from myself and Jim.

I will do my best as a chemist and compounder to answer your doctors and members questions:

1. HOW LONG WILL THE MEDICINE REMAIN IN THE BLOOD STREAM?
If the same drug is put into the same person's blood, the length of time it lasts in the blood stream is not changed by 'how' it gets into the blood stream.

WHAT IS THE APPROPRIATE DOSAGE?
I would suggest the exact same dose be used buccally as was used by sc injection. We go with what we know. For example if "x" mg is the effective and safe injection dose, we know that this is a "tested" dose. The buccal route will also by-pass the stomach and go into the blood stream. On the one hand, we presume that some of the buccal preparation will be swallowed, and the rest diffused into the blood stream through the very rich blood-supplied tissue in the mouth. On the other hand, the injection is diffused into the tissue, (because you do not inject directly into the blood). The rate of absorption will not be as fast from the injection site. Buccal absorption of medicine is not new. For example we use buccal absorption for medicine to treat acute, life-threatening angina.

WHAT IS THE SHELF LIFE?
We are dealing with a dry product that will not evaporate. The recommendations laid down for such a product by the USP (United States Pharmacopea) recommends that in such a situation the "best before" date be recommended as one-half the expiry date of the original ingredient. The usual date on the pure drug is stated on the container, as usually one year or more. Therefore the prepared buccal would be six month or more, but would be established using the pure drug expiry, and listed on the prescription label at time of dispensing.

2. WHAT RANGE OF DOSES CAN WE PREPARE?
Since we prepare items on a one-to-one basis, we can prepare ANY strength. We are only limited by the size of the item one wants to put under the tongue or in the cheek. The tiny buccal troche I showed you and your group will hold up to 80 mg of active ingredient. We

do have a mold that is larger and will hold up to 250mg, but I would suggest the smaller one be used and more than one at a time be placed in the mouth if higher doses are required.

3. WHAT IS THE CORRECT DOSE IN A CRISIS?
As mentioned above, I would follow the guidelines used for the sc (subcutaneous) injection. Absolutely the doctor would need to make that decision.

4. ARE CHEMICAL AGENTS NEEDED TO SPEED DELIVERY THROUGH THE MUCOSA?
We use what we refer to as a "buccal troche base" to suspend the active ingredient. Its purpose is to make the preparation palatable, and allow us to accurately and consistently carry the medication. If a drug company was preparing a medication for commercial use, they must be within 95% to 105%. Because we are individually preparing our medicines, the accuracy rate is 98% to 102%.

5. IS THERE A HEALTH DANGER IF SWALLOWED?
As long as the same (or lower dose) is taken buccally as compared to injection, the same danger would apply to both methods of administration. This danger is not increased.

6. WILL THE BUCCAL DOSE BE EQUIVALENT TO THE INJECTION?
I alluded to this above. The soft answer is "I think so". Will it act as quickly as the injection? The same answer is also "I think so". What we have to go on is experience with other medicines, and not with hydrocortisone. The preparation needs to be treated as an emergency drug, in the same manner as the injection -to allow the individual time to get medical treatment.

I suspect there might be advantages, such as being available when injection is not possible or available; that the dose can be titrated exactly to the need; and that it may work as fast (if not faster) than the injection.

WHAT IS THE COST?
The cost will depend on the dose required, but will be in line with that of the injection. Give me a call at the Pharmacy during the day and I will work it out exactly.

Sincerely

Larry Thorne,
BScPharm, FACA
Compounding Pharmacist

I also took a copy of the DHEA study from England (supplied by Jim Sadlish). Addison News also lists studies conducted in the US, Canada, Germany, Sweden. Joan inserted a caution (While it appears Addisonians benefit from replacement DHEA they cannot produce and so far no study has shown any serious side effects for Addisonians, it is important to work with your doctor. There are some conditions such as polycystic ovary syndrome which are made worse by adding androgens. Also, it is important to use a pharmaceutical grade of DHEA. Some available DHEA is costly but worthless.) Anyone

wanting a copy of the report let me know and I shall e-mail it.

Dr. Wallace mentioned that one of the most noticeable side effects of not producing DHEA was lack of body hair. As men produce androgens it is most beneficial to post menopausal women.

John who attended meetings about a year or so ago wrote CAS to thank our group for support and noted that he has been diagnosed with CPT2 a Fatty Oxidation Disorder. I was glad to hear that he is doing so much better, he had e-mailed me previously but it was nice to see the follow up.

Evelyn Hogan from 100 Mile phoned, would be willing to talk to anyone who has had an adrenalectomy. She is doing well and sends her regards. You can call Evelyn at 1-250-395-2029.

New Medic Alert newsletter notes that effective Feb. 1 they have moved but if you need information you can call toll free 1-800-668-1507.

NADF News - Research into multiple Autoimmune diseases for a registry of families with multiple autoimmune diseases within first-degree relatives. For further information on the project contact AARDA e-mail: aarda@aol.com. I haven't contacted them to see if this is a US program only. It also had an interesting write up in Nutrition Notes by Deborah Redman, Ph.D. on endometriosis.

The NADF Survey booklet has now been published and can be purchased for $10.00 US but CAS is looking into obtaining copies cheaper for Canada. If you pay NADF dues you will have received a copy.

NORD is working to produce a new book on rare diseases for the family physician with the goal to promote earlier diagnosis of rare disorders. It will cover approximately 800 rare diseases written by a physician who is an expert on that particular disease. It is planned for publication in 2002.

The poll from CAS members voted to stay with the name Canadian Addison Society.

Questions submitted to Dr. Wallace.

Question 1: Does steroid use over an extended period of time have any negative effect on the eyes?
Dr. Wallace: A physiological dose should have no side effect and you should only have normal problems associated with the general population.

Question 2: Has there been any evidence of a genetic connection to Addison's?
A: None to date.

Question 3: How about the incidence of 'spontaneous arthritis' in conjunction with bolus doses of cortisone?
Dr. Wallace could not find any information on this.

Dr. Wallace suggested that you try to maintain the lowest possible dose of cortisone. This should be done in conjunction with your doctor. Too much can effect your body shape and muscle tone. Testing for the amount of cortisone can be done by a 24-hour urinalysis, salivary cortisol but the most accurate is a blood test.

Bisphosphonates such as Fosomax and Didrocal will be coming out in a once a week dose in the near future. An easy to read book on osteoporosis is 'Strong Women, Strong Bones' pages 73-76 tells you how to interpret your bone density results.

Evista (Reloxophene) works like a modified estrogen and has the same clotting effect as estrogen but doesn't help menopausal symptoms.

We are extremely grateful to Dr. Wallace for taking the time from her busy schedule to attend our meeting and answer questions.

The meeting scheduled for March 19th for young people with Addison's Disease was cancelled due to other commitments. Judy will look into a meeting for another date, with a speaker, as Children's Hospital is still willing to assist with this.

## Southern Ontario Support Group - January 20/2001

Following is a report from Angela Timms:

The Southern Ontario Support Group held their last meeting January 20/2001 at the Brantford Police Station. The guest speaker was Jean Ross R.N. from Mississauga. Jean, who is a diabetic herself, was there to talk about Diabetes in general and with special emphasis on care of the feet.

Diabetes is a disease of an abnormal metabolism of fats and sugars in the body. There are two types of diabetes. Type One Diabetes is a complete shutdown of the pancreas and requires insulin by injection. This is usually an autoimmune disorder and tends to strike mainly in the younger population. Type Two Diabetes is a partial shut down of the pancreas. Some insulin, but not enough, is produced by the pancreas and so the body is less able to convert sugars to energy. Type two typically occurs after the age of 40 and can be severe enough to also require insulin injections if it can't be controlled properly with diet/oral medication and lifestyle changes.

A blood monitor measures the amount of sugar in the bloodstream and lets diabetics know how well they are doing. The normal range for blood sugar readings are between 4 and 7. Anything over 8, (hyperglycemia), is considered diabetic. Below 4, (hypoglycemia), is a low sugar level. Both conditions can become an emergency if not treated. Chemical analysis of blood glucose sugar should be between 80 to 120 milligrams per 100 cc. Above this amount may indicate the presence of diabetes. All families of diabetics need to be trained to recognize and treat a diabetic emergency. The patient should have a medical alert identification.

Care of the feet of diabetics is paramount because of neuropathy, (nerve damage), and arteriosclerosis, (plaque buildup in the leg arteries causing a decrease of blood flow), of the

lower extremities. Healing of the feet because of these problems is difficult if injuries and disease are not addressed early and treated with diligence. Indeed, amputation can be the result.

Jean left us with the list of Ten Commandments of Food Care:

1. Never apply heat of any kind to the feet.
2. Never soak the feet. Soaking the feet often allows too much time for the skin and underlying structures to come in contact with excessive heat, and if the skin is macerated, the barrier against infection is broken.
3. Never cut your own toenails: only file them. The nails should be filed so that they are straight across and filed diagonally at the corners. Periodic podiatric care along with good shoes is the best investment against foot problems.
4. Never wear ill fitted shoes. Vanity and style have often allowed the medical aspects of good fitting shoes to go unemphasized.
5. Never go barefoot. Injuries often occur in the home when people do not wear footgear, be it shoes or slippers.
6. Never assume that sensation or circulation is normal in the feet. Often a vague numbness or tingling is the only sensation that patients with severe neuropathy describe. Healing of painless ulcers of the feet sometimes requires more than 3 weeks of complete bed rest. These ulcers are not innocent lesions.
7. Never use strong colored medications on the feet. Strong medications burn. Medications with color, such as Betadine or iodine, can make the skin look red and mask areas of inflammation.
8. Never permit calluses or corns to develop. In general, this requires a careful analysis of your particular food problems, and properly fitting shoes.
9. Never perform "bathroom surgery" on your own feet. About as common as the problems from ill-fitted shoes or injuries from walking barefoot are the self-inflicted wounds that occur when people cut corns or use sharp scissors to cut the nails, (especially if they have poor vision).
10. Never keep the feet too moist or too dry. Overly moist feet promote skin infections, while extremely dry skin allows fissures and cracks to develop resulting in infections. Keep a balance between powdering and lubricating the feet.

Jean also stressed that you should <u>never use cornstarch on your feet</u>. Because this is a protein (corn), it encourages the growth of bacteria. Use a talc or baby powder without perfumes is best and do not apply between the toes. When buying a cream for the feet, look for any lanolin products to moisturize without alcohol or perfumes and if you suffer from cracked heels a cream with 25% Urea will work the best to clear this problem.

The meeting ended with a lively question and answer session. A variety of samples and pamphlets were provided by Jean and was most appreciated. A thank you gift was presented on behalf of the group.

The next meeting of the Southern Ontario Support Group will take place on Saturday, April 14th at the Brantford Police Station on Wayne Gretzky Pkwy. from 1 to 430pm. At this

meeting we will learn about Tai Chi and how it can help to improve our lives. This is a gentle, slow moving form of the martial arts and is designed to help maintain flexibility and range of movement.

## Eastern Ontario Support Group

Submitted by Elaine Hall:

The next Ontario East Meeting will be held May 26th at 12:30 at:
Robbie's Italian Restaurant
1531 St. Laurent Blvd.
Ottawa Ont
Tel: (613) 744-8585

Reservation will be made in the name of Elaine Hall; our speaker will be Dr. Weinberg. Please call Elaine Hall (613) 824-0160, if you have any questions or comments. Hope to see you in May!

Meetings are held twice annually at the following times:

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

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

Please contact Elaine Hall at 613-824-0160 for further details.

# Let's Hear It For Life!

A wonderful tip from Peter Freeman:

I have a great idea for carrying my drugs around with me on a daily basis. I use a Bausch & Lomb contact lens case. I use one compartment and cut the other one off and keep it as a spare. File smooth the edges.

It is low profile, easy to fit in my pocket. Tough plastic. I stood on mine to make sure. Waterproof with o-ring seals so you don’t have to think about it if your hiking and caught in a downpour or wipe out in a puddle. It holds up to 5 of the large Cortefs along with one Florinef or drop one Cortef to fit in a DHEA. I have had the same one for 10 years. Is it bullet proof? I don’t know. I purchased mine at a large drug store.

This is a great idea. Small enough to be discreet and should also fit into the tiniest of evening bags. Thanks Peter for sharing.

Scalloped Carrots from Greeta Fraser

4 cups sliced & peeled carrots
1 medium onion
3 tsp. butter or margarine
1 tin cream of celery soup
½ cup grated cheddar cheese
3 cups herb flavored Uncle Bens Stuffing
½ tsp. Salt
½ tsp. Pepper
1/3 cup melted butter

Cook carrots until tender and drain well. Cook onions in 3 tsp. Butter or margarine till soft. Stir in soup, salt and pepper, cheese and carrots. Put in casserole dish.

Toss bread stuffing with melted butter or margarine and use about a l/2 cup of water to moisten the mixture. Spoon the stuffing over the carrot mixture and heat at 350° F for about 20 minutes

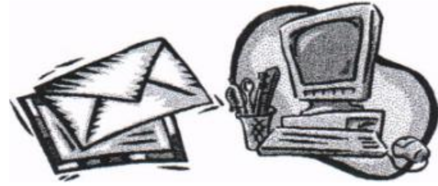
It is often easier to become outraged by injustice half a world away than by oppression and discrimination half a block from home.

Carl T. Rowan

Love does not consist in gazing at each other, but in looking outward together in the same direction.

Antoine De Saint-Exupery

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



## Letter to the Editor

Follow up to our story from the October 2000 issue is a note from "Toronto", who was having a difficult time dealing with his insurance company not giving him some rest time due to his stress and fatigue. He has worked in the construction business for 22 years as a laborer. This gentleman would like you to know that he has had a break time of 6 weeks beginning at the first week of January. Although they couldn't afford a warm climate vacation, the time to rest and heal was most appreciated. He credits his endocrinologist and family doctor in getting behind his need with strong letters and a phone call. "Toronto", would like you to know that he is back on the job now, and would like to thank the Addison Society for giving him a place to "sound off. He is now attending night school classes once a week in the hopes that he can get into a different profession with less physical stress.

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We have a new member from British Columbia, who would like to hear from any other member that previously had Cushing's Disease or syndrome. She relates that in nine years she has not yet met anyone in this category and she would be interested in making contact with someone in the same situation. Mailing address is: Mrs. Barbara Hunn,
5775 Vanderneuk Rd., Nanaimo, B.C. V9T 5H3 or e-mail at: bhunn@teius.net

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We also have a new member in Surrey, BC, who would like to have contact with anyone that has been diagnosed with Crohn's Disease along with Addison's Disease. Derek was born in London, England in 1944 and emigrated to Vancouver in 1972. He has had Crohn's Disease since 1980 and was diagnosed with Addison's just last year after two admissions to hospital and many test. A CT scan which revealed his adrenals to be misshapen or in his case enlarged, provided his doctor with the first clue for a diagnosis of Addison's Disease. If you suffer from Crohn's and Addison's Diseases and would like to make contact, please write to:
Derek Phillimore, 12524 21A Ave., Surrey, B.C V4A 7G6

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Share your ideas/opinions/experiences/funny or horror stories, or just something to get off your chest, mail it to the address below or send by e-mail. You may remain anonymous if you wish. No names will be published without your consent.
Helene Perry 75 Wendover Drive #218 Hamilton, Ontario L9C 2S7
e-mail to: hperry@interlynx.net

THE CANADIAN ADDISON SOCIETY

STATEMENT OF INCOME & EXPENSES FOR THE 3 YEARS ENDING DECEMBER 31, 2000

| | January 1, 1998 | January 1, 1999 | January 1, 2000 |
|---|---|---|---|
| Cash in bank | $4,519.91 | $7,415.64 | $7,814.03 |
| **Income** | | | |
| Dues Received | 3,640.00 | | $4,160.00 |
| Donations | 817.37 | | 488.21 |
| Book Sales | 425.000 | | 645.00 |
| Other | | | 405.00 |
| **Expenses** | | | |
| Meeting expense | | | 200.00 |
| Fax machine – Purchase & Installation | | 463.65 | |
| Books | 411.87 | 292.16 | 477.08 |
| International Dues | 74.45 | 74.45 | |
| Postage, stationery & supplies | 1,401.44 | 1,266.13 | 2038.74 |
| Travel – Guest Speaker | 23.75 | | |
| Memorial Donation | | 50.00 | |
| Telephone | | | 599.79 |
| Web page | | | 100.00 |
| Bank Charges | 66.16 | 60.00 | 68.00 |
| | December 31, 1998 | December 31, 1999 | December 31, 2000 |
| Cash in bank after adjusting for O/S cheques | $7,415.64 | $7,814.03 | $10,028.84 |

# CANADIAN ADDISON SOCIETY

## Analysis of bank balance as at December 31, 2000

| | |
|---|---|
| Canadian Addison Society | 9,663.84 |
| Montreal Support Group – Quebec | 10.00 |
| Ottawa Valley Support Group - Eastern Ontario | 45.00 |
| Brantford and District Support Group - Southern Ontario | 155.00 |
| Edmonton Support Group – Alberta | 40.00 |
| Lower Mainland (Vancouver Group) - British Columbia | 70.00 |
| Vancouver Island Support Group - British Columbia | 45.00 |
| Total | $10,028.84 |