



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

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ISSUE NO.38

FEBRUARY 2005

DANGER TO THE CANADIAN ADDISON SOCIETY

The Canadian Addison Society can only continue to function if sufficient volunteers are willing to get involved. As of today, we have no **President** and no **Liaison Secretary** – two of the most important functions. If the CAS is to continue as a vibrant and helpful Society, we need YOU.

If you are willing to serve as President or Liaison Secretary for the Society for this year, or if you have someone to suggest, please contact Judy Stanley (Vice-President) by email bugbee@shaw.ca or by phone at (604) 936-6694.

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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 doctor before making changes to their Addison management program.

International Addison's Survey Update:

We are so pleased to have an analysis of the Canadian input to the major U.K. survey that has been looking at Addison's in the last several years. The following article is thanks to Katherine White with the U.K. survey research team.

The survey research team, based in the UK, are still finalising the analysis of the international Addison's questionnaire that members of the Canadian Addison's society completed in 2003. It has taken us much longer than we anticipated, despite having recruited several additional volunteers for the data entry. But we are close to completion and hope to present the overall results at an endocrine conference in March 2005.

Over-medicated or under-medicated?

The overall results show that people with Addison's experience high levels of fatigue and other ongoing symptoms which are not well controlled by medication. The preliminary findings to this effect were reported in the newsletter in early 2004 and have been confirmed. Many of the ongoing symptoms we experience are characteristic of pre-diagnosis illness, such as salt cravings and muscle weakness. But some appear to be signs of over-medication, such as fluid retention and insomnia. The survey team are doing further analytical breakdowns of the results to try and establish if those people who report signs of over-medication are, in fact, on higher doses.

Reading through the individual responses suggests that it may be more complex than that, as people can respond to similar levels of medication in quite different ways. For example, poor wound healing is a sign of over-medication. Yet two Canadians with a similar build (Body Mass Index) taking an almost identical dose reported quite different responses to surgery. One made an excellent recovery where the other had serious problems with poor wound healing and bruising from the surgery.

A well-matched control group in our friends

The friends whom you found to complete the questionnaire for you proved to be an extremely well-matched control group by age, gender and overall profile. Compared to our control group, people with Addison's are less likely to be employed (by about 25%) and those who are employed generally work fewer hours.

We rate our overall health and fitness as worse than our friends (by about one-third), but we manage to participate in sport and recreational activities at a similar level. You may recall from the information we shared in early 2004 that a few

individuals attain exceptional levels of fitness despite high levels of fatigue. You can find a copy of this information on the UK website at www.adshg.org.uk.

The UK breakdown of our quality of life as compared to the control group is illustrated in the chart at the bottom of this article. As the chart shows, we experience symptoms which reduce our quality of life – such as fatigue – far more frequently than the control group.

We attempted to assess to what extent the range of symptoms reported by people with Addison's might be influenced by the mentality of living with a chronic condition. We identified those people who rated their general health and level of fitness as "very good" and compared them to the larger sample.

People with Addison's who rated their health and fitness as "very good" reported fewer symptoms than most Addisonians, but still reported significantly poorer health than the wider control group and strikingly poorer than controls who rated their health and fitness as "very good". In particular, they reported levels of fatigue, salt cravings, extreme thirst, hyperpigmentation, sensitivity to extremes of heat and cold, poor memory, loss of libido, and difficulty in recovering from illness which were well above all controls. They also reported a tendency to easy bruising which was well above controls, so that even very fit Addisonians report some symptoms of both steroid insufficiency and steroid excess.

Concerning levels of osteoporosis

Osteoporosis and high blood pressure are the most commonly reported health problems additional to our endocrine/autoimmune conditions. A certain proportion of the general population can expect to get high blood pressure as part of the ageing process, and where this occurs in previously stable and well-medicated Addisonians, it probably reflects an underlying predisposition to high blood pressure.

But osteoporosis is an indication of over-medication. A little under 20% of people with Addison's report a problem with either osteoporosis or osteopenia (bone thinning), where less than 3% of our control group report this.

This level of osteoporosis is concerning; we are doing further analysis to try and understand if it is more likely to occur in people on higher doses or in those who have been taking medication for longer. On a more positive note, some individuals report that with several years of bone-strengthening medication and exercise, their bone mass has been restored to normal.

A small minority of people report severe problems with fibromyalgia; for a few individuals this causes high levels of pain and a greatly reduced quality of life.

Are we overweight?

Many Addisonians report that they have a problem with weight control. A few individuals are at the top of the range, with a Body Mass Index that is heavily overweight or close to clinical obesity. However, the data indicates that, on average, we are not dissimilar to our friends in Body Mass Index and only mildly overweight, which is normal for our age profile. (We are re-checking these figures to be sure this is correct.) This suggests that many of us may have an underlying issue with body image, perhaps stemming from the weight loss and anorexia (inability to eat) typically found in pre-diagnosis illness.

What to do in an emergency

Many Addisonians need to be better prepared for crisis prevention. A surprising proportion of people (around 40%) said they do not regularly increase their medication if they are ill. Many people were unable to describe the rules they follow for increasing their medication to cope with illness or injury.

Just under half of us have an emergency injection kit, and very few of us (less than 10%) used it ourselves the last time we needed an emergency injection. Of concern are the reports that some endocrinologists do not believe we need to keep a kit at home, even where the individual lives some distance from the nearest hospital. This is a particular issue in Canada, where a higher proportion of people live in remote locations. More than 20% of people report that they do not have easy access to a hospital, or live alone.

The combination of infection and fluid loss from gastric infections (vomiting and diarrhoea) is the major cause of emergency treatment. But dehydration and exhaustion from farm labour in the heat has also been reported as the cause of emergency treatment by one Canadian. Health management during extremes of heat and cold is more of an issue for Canadians than for other countries who took part in the survey: Australia, New Zealand and the UK.

Both in Canada and overseas, many people report that staff in emergency rooms are poorly trained in the needs of Addison's patients and that there can be delays before receiving the correct treatment.

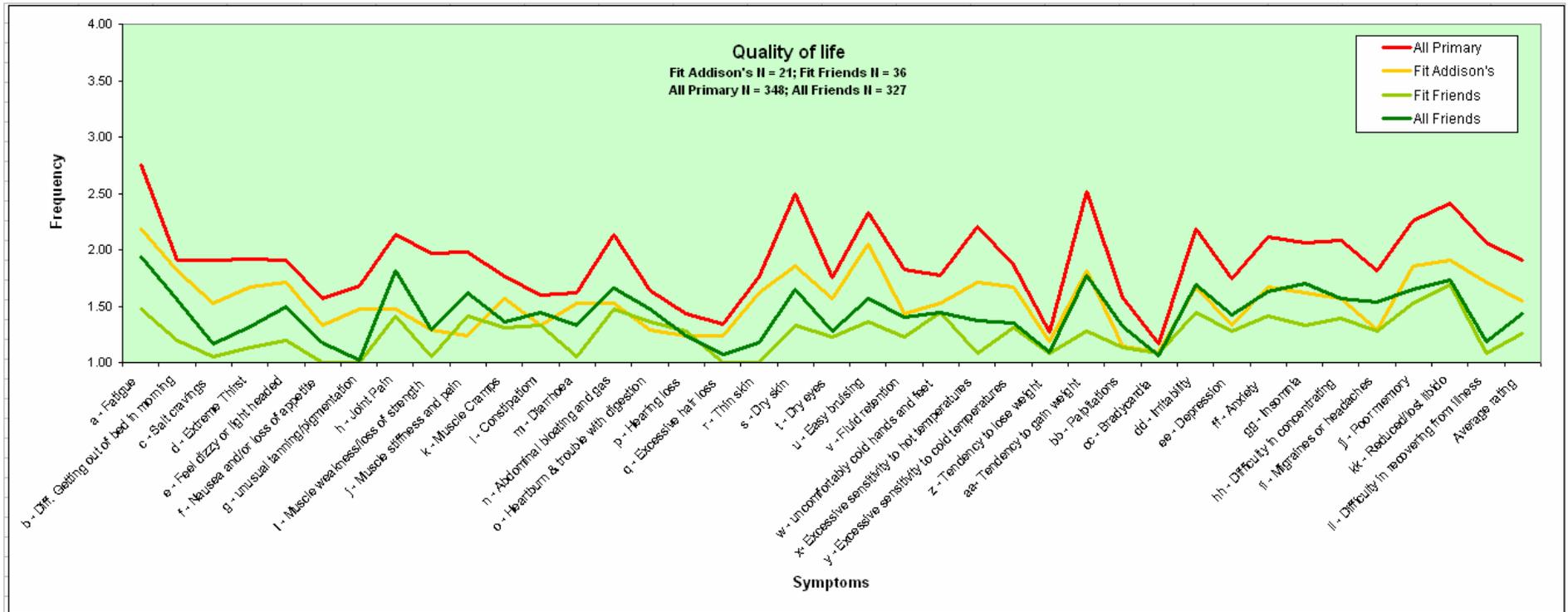
Inheritance patterns among our families

The information on family members with related endocrine or autoimmune conditions is proving the most complex to understand. A panel of endocrinologists, supervised by Professor John Wass of Oxford, are helping us with this statistical analysis. The overall figures suggest that hypothyroidism is the most likely endocrine condition to occur in other family members, with a slightly higher than normal chance of Type 1 Diabetes (insulin-dependent diabetes) as well. Addison's

itself shows up in other family members only occasionally. Vitamin B12 deficiency and vitiligo are the autoimmune conditions which are most likely to occur in the extended family of people with Addison's. Although there seems to be a slightly higher incidence of rheumatoid arthritis in our families, this may prove to be not statistically significant when the full regression analysis is done.

Who are the survey research team?

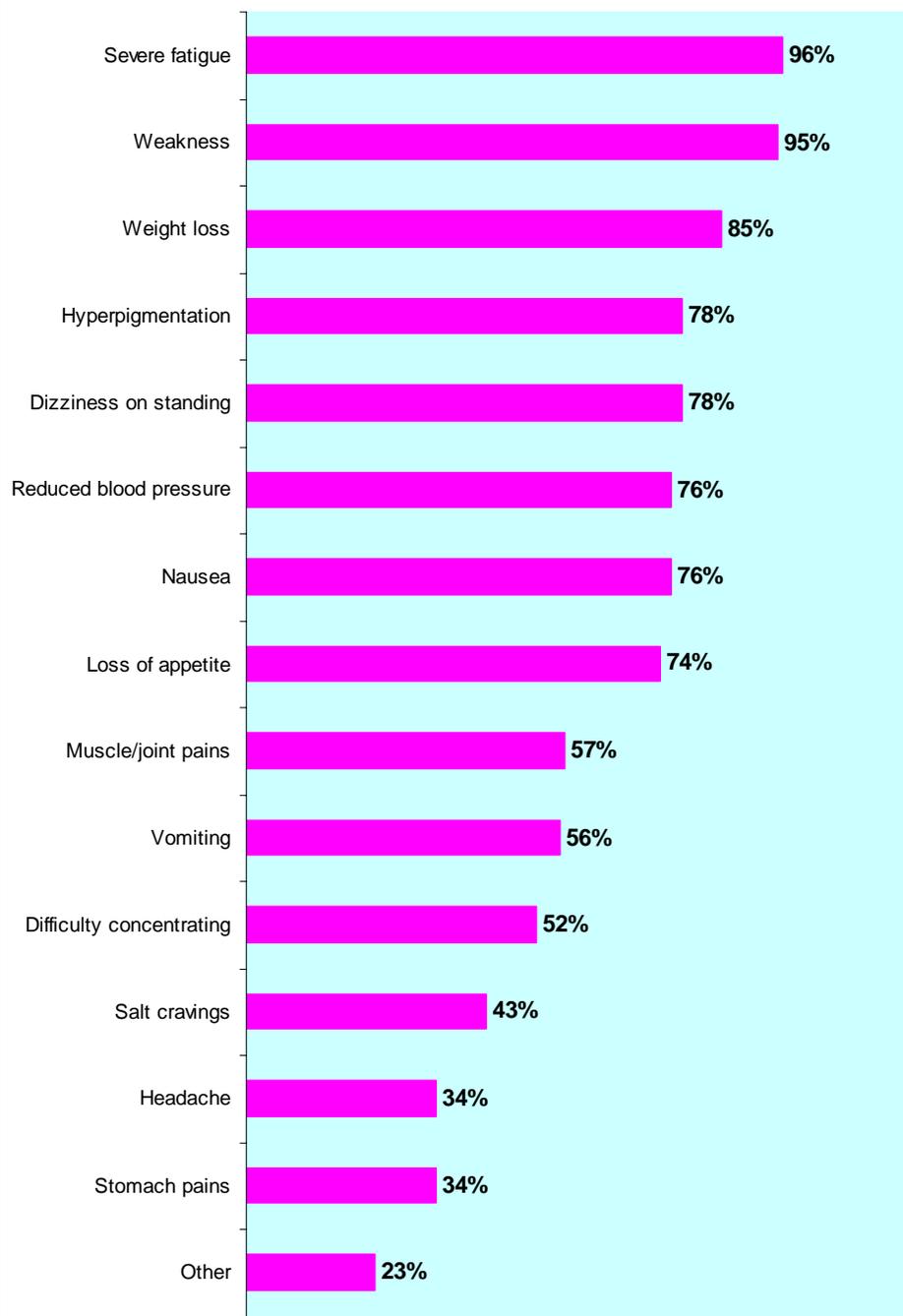
The survey research team is headed by Professor John Wass, who has supervised the questionnaire. The questionnaire analysis has been led by Alyson Elliott, who has designed all our software, with Sarah Baker and Katherine White. This core team have been supported by Pat Beeching and Dory Scott (New Zealand and UK data entry), Jan Dryden and Jan Snaith (Australian data entry), Suzannah Bartov (Canadian data entry). Between them in 2004 the research team clocked up: three relocations (buying, selling and moving house), three university enrolments, two new grandchildren, two family bereavements, one hip replacement and one emergency surgery for an intercostal (chest) drain. Getting on with real life has been part of the reason why the survey analysis has been slower than we anticipated!



Symptoms at diagnosis: self-reported

Sample of 148 autoimmune Addison's cases

Preliminary findings ADShG survey 2003

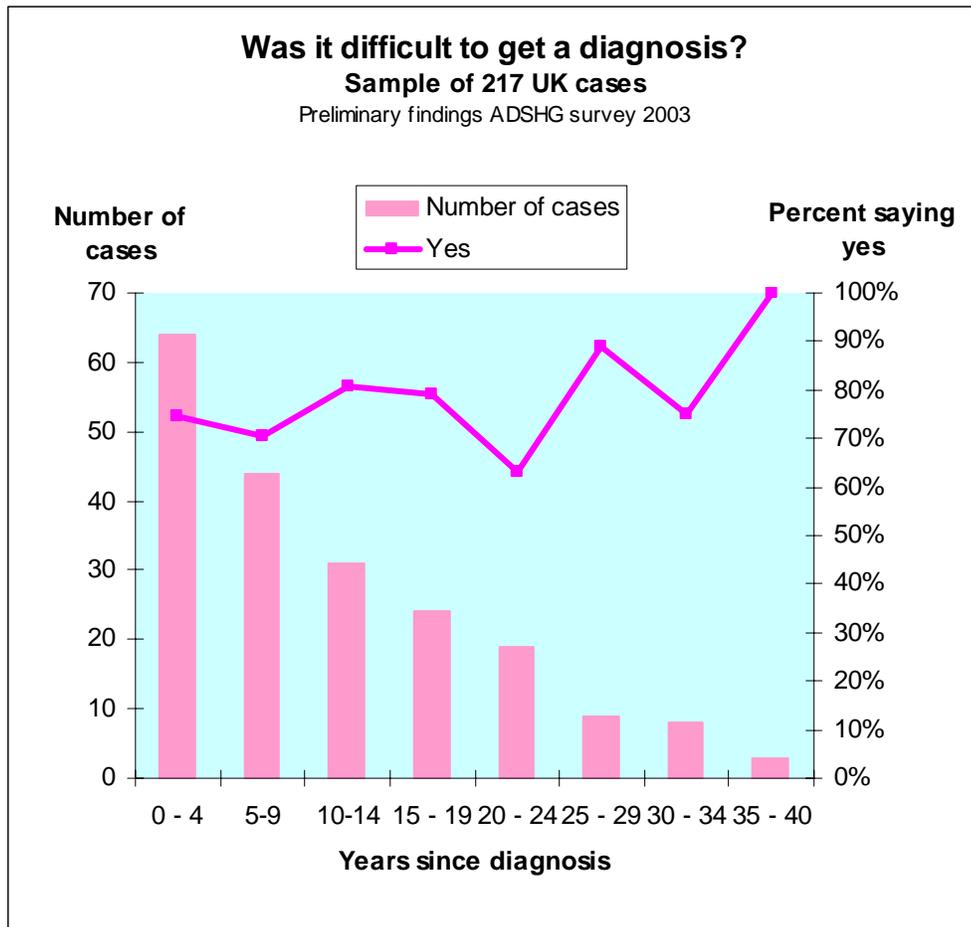


The Canadian Addison Society is a registered charity, # 87248 5511 RR0001.

193 Elgin Avenue West, Goderich, Ontario N7A 2E7

Toll free number: 1-888-550-5582

www.addisonsociety.ca



Submitted by Katherine White
U.K. Addison's Disease Self Help Group

Important Announcements:

- We regret to inform you that one of our members, Margaret Shouldice of Lion's Head, Ontario, died just before Christmas. We send our condolences to her family.
- **Annual Membership Renewal Reminder:** We remind all members that annual dues to the Addison Society of Canada were due January 2005. Please note that members who do not renew will cease to receive the Newsletter or other communications from the Society.

Financial Statements:

THE CANADIAN ADDISON SOCIETY

STATEMENT OF INCOME & EXPENSES
FOR THE PERIODS ENDING DECEMBER 31, 2003
AND DECEMBER 31, 2004

	January 1, 2004	January 1, 2003
Cash on hand and in banks	\$18,332.30	\$14,740.92
Income		
Dues Received - National	\$3,735.00	\$5,400.00
- Support Groups	550.00	765.00
Donations	1,147.94	2,815.64
Book Sales		20.00
Interest	189.70	229.05
	5,622.64	9,229.69
Expenses		
Newsletter		
Annual Meeting	1,398.11	1,312.39
Outside Meetings, Seminars and Membership	277.79	235.48
Postage, stationery & supplies	74.54	40.00
Telephone	482.40	945.10
International Survey	2,068.24	2,475.70
Support Group Expenses		525.92
Bank Charges	173.10	43.72
	60.00	60.00
	\$4,534.18	\$5,638.31
	December 31, 2004	December 31, 2003
Cash on hand and in banks after adjusting for O/S cheques	\$19,420.76	\$18,332.30

THE CANADIAN ADDISON SOCIETY

Analysis of cash on hand and in banks as at December 31, 2004

Equitable Trust

The Canadian Addison Society	\$14,801.09
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TD Canada Trust -

The Canadian Addison Society	2,030.65
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Montreal Support Group - Quebec	95.00
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Ottawa Valley Support Group - Eastern Ontario	448.90
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Brantford and District Support Group - Southern Ontario	1,185.00
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Edmonton Support Group - Alberta	131.58
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Lower Mainland (Vancouver) Support Group - British Columbia	393.54
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Vancouver Island Support Group - British Columbia	335.00
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Total	\$19,420.76
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Submitted by John Gordon
Treasurer

Help Needed with Research Project:

Francisca Swist, in Alberta, is working on a research project and needs help from Addisonians to gather the necessary data. Please take a few minutes to complete the questionnaire and help her out.

The following is from Francisca:

I am working on a research project and my proposed thesis statement is: The stress associated with type A personality is a major contributing factor for primary adrenal insufficiency (Addison's Disease). There are 10 survey questions as well as a few statistical questions. I would greatly appreciate it if you would be able to take the time to go through these questions and e-mail me with the results by February 10, 2005. If you would like, you could e-mail me with just the question number and corresponding answer, i.e. 1.b), as well as the statistical information.

Statistical questions:

1. How old were you when you were diagnosed with Addison's?
2. What is your age now?
3. Are you male or female?
4. What is your race?

Survey Questions

The following questions should not be considered as a medical or scientific assessment, but they do point toward Type A Behaviour. The questions were adapted from the website at <http://www.mindpub.com/art207.htm>.

1. Do you tend to do more than one thing at a time? (i.e. watch TV or read the paper while eating, do things while listening to someone on the telephone, think about other things while listening to someone talk).
 - a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
2. Do you usually find yourself in a hurry? (whether it is to get someplace or get something done).
 - a) always

- b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
3. Do people tell you to slow down or take it easy or relax?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
4. Do you have difficulty falling asleep or staying asleep because you are upset about something a person has said or done?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
5. Do you become irritated when driving?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
6. Do you grind your teeth or have you ever done so?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
7. Do you thrive in a competitive situation?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never

8. Do you feel the need to be in control of most situations?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
9. Do you have a strong need for recognition/advancement?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never
10. Do you tend to be the leader in situations?
- a) always
 - b) frequently/often
 - c) sometimes
 - d) rarely
 - e) never

If you are interested in a copy of the final product, please let me know and I will send it to you when it is complete.

Thank you.
Francisca Swist
e-mail: francisca@shaw.ca

Submitted by Francisca Swist

Hospital Emergency Room Protocol:

As reported in the November 2004 Newsletter by the Eastern Ontario Support Group, Dr Mark Silverman MD, FRCPC, an Ottawa endocrinologist with several Addison patients, shared with the group the Ottawa Hospital's written procedures for dealing with Addisonians in crisis. These procedures are attached to this Newsletter in both English and French. As well, this Newsletter includes a report of personal experience using this protocol. The Ottawa Hospital's protocol can also be found on the web at <http://addisonsdisease.tripod.com/id4.html>.

We encourage you to keep several copies of this protocol with your emergency kit(s). We also suggest that you keep a copy with you at all times, perhaps in your wallet or purse

Although you may not live within the area served by the Ottawa Hospital, you may find that your local hospital has a similar protocol in place. If not, here's your chance to make a difference in your area – not only for yourself but also for those who come later with the same condition. If your local hospital does not have such a protocol in place, they may be interested in using the one from the Ottawa Hospital to add into their collection. Please encourage them to do so. If they need more information on this document, have your local hospital contact the Ottawa Hospital's Endocrinology Department or Dr. Silverman.

The Ottawa Hospital Protocol – A Personal Experience:

In November 2004, my husband suffered his first Addisonian crisis since diagnosis. As soon as we realized what was happening, I had used our emergency injection kit and called 911. However, I also remembered horror stories from fellow Addisonians about delays getting emergency treatment – both disbelief about the urgency and lack of information on what to do.

Luckily, I had received the Ottawa Hospital protocol (reproduced above) a few days before. While I pulled out a copy, I was also concerned about the reaction I might receive – my experience has not always been that the medical community appreciates the patient (or family members) who want to influence medical care.

The paramedics were, as always, very comforting, but had never seen a case of Addison's Disease. The senior person was more than interested when shown a copy of the protocol, and in accordance with it, started intravenous fluids even before reaching the hospital. He was so interested, he asked for a copy to keep permanently.

Once at the hospital, the paramedic passed the protocol to the triage nurse, who took it seriously, and had my husband in an emergency bed within minutes. And remember that the Ottawa Hospital has a typical overcrowded Emergency Room.

Next was the question of how the doctors would react. The emergency doctor indicated that, although he knew of Addison's Disease, he had never encountered a case, and that to be provided with the protocol was tremendously helpful. Again, within a few minutes, he had implemented the case management regime (Solu-cortef IV), and in little time, my husband was already feeling better. In fact, probably less than 15 minutes elapsed between the time we arrived at the Emergency Room and the time my husband had been treated.

All in all, we were out of the hospital within 3½ hours of calling the paramedics, and most of that period was due to the time rehydration took.

I was so relieved to have the protocol available and with me. We now have multiple copies with the emergency kit my husband carries with him, and the extra kit in our cupboard.

We also have a copy of the Protocol in French, and have had a copy translated into Portuguese (to take with us on an upcoming vacation).

I cannot urge each of you strongly enough to make copies of this protocol and keep it handy. It was indeed a very powerful tool.

Submitted by Patricia Hehner

Emergency Treatment of Individuals with Adrenal Insufficiency (Addison's Disease):

Over the years, a number of members have indicated that their physicians have been reluctant to prescribe the necessary elements of an emergency kit. To help Addisonians discuss this issue with their doctors, Dr. Donald Killinger, MD, PhD, FRCPC, Medical Advisor for The Canadian Addison Society, has written the following article. The expectation is that, if a patient takes this outline to their physician and they review it together, they will both agree on the need for this kit, and how to use this kit properly in an emergency.

Emergency Treatment of Individuals with Adrenal Insufficiency (Addison's Disease)

Individuals with adrenal insufficiency who are treated with appropriate replacement with glucocorticoids (cortisol, cortisone, prednisone) and mineralocorticoid (Florinef) can lead normal active lives. The adrenal gland responds to the stresses we experience on a daily basis by increasing the output of cortisol in keeping with the degree of stress. Individuals whose adrenal glands are not working (adrenal insufficiency) must "do the thinking" for their adrenals and vary the dose of glucocorticoid in situations where added stress is experienced. These stresses can be physical or emotional. The increase in the dose of glucocorticoid should relate to the degree of stress (one half tablet for a mild cold, double the daily dose for a more severe infection). The dose of Florinef can generally remain the same, but since we

tend to excrete more salt when we have a fever, foods containing salt such as soups are helpful.

Situations in which individuals with adrenal insufficiency are unable to retain their medication present a more difficult problem and it is important to be well prepared.

1. All individuals with adrenal insufficiency should have a Medic-Alert bracelet or necklace stating the diagnosis and that in an emergency intravenous cortisol (Solu-Cortef) is required.
2. It is helpful to carry a short note from your family doctor stating the diagnosis and the need for intravenous Solu-Cortef and saline (intravenous salt solution).

If an individual with adrenal insufficiency is unable to retain their medication for longer than 4 to 6 hours, they should:

1. Call their family doctor to tell her/ him that they are ill and are going to the emergency department and ask their doctor to call ahead to the department to suggest appropriate treatment.
2. Go to the emergency department:
 - a) to receive intravenous Solu-Cortef and saline
 - b) to be seen by the emergency physician to determine the cause of the acute situation. This may require additional investigation and treatment for this underlying illness.

Situations may arise in which individuals with adrenal insufficiency will find it difficult to get to a hospital or see a physician. This can occur when traveling or at a summer cottage. Under these conditions it is a good idea to have an emergency kit which will provide temporary help. There is no specific kit available, but the components can be readily obtained from any pharmacy, with a prescription from your family doctor. The components consist of:

1. Solu-Cortef Act-o-vial 100mg
2. 3ml syringe
3. 20 G needle
4. Alcohol swabs

The Act-o-vial contains the soluble cortisol in a dry powder in one compartment and sterile water in a second compartment. The instructions for mixing, come with the package and are easy to follow. After mixing, the solution is drawn into the syringe through the needle. Air in the syringe can be expelled by holding the syringe with the needle pointing up and pushing up on the plunger until the air bubble is expelled. The contents of the syringe can then be injected into a

muscle – preferably the upper outer quadrant of the buttock, by a family member or friend. The effect of the intramuscular injection will not be as rapid as the intravenous injection but should be effective within 30 minutes to one hour.

It should be emphasized that this emergency kit should only be used if there will be a delay in getting to a health care facility. This treatment does not provide the fluid replacement which is usually required and does not treat the underlying problem which precipitated the acute situation. Therefore it is not a substitute for getting medical attention.

Submitted by Dr. Donald Killinger, MD, PhD, FRCPC
Medical Advisor, Canadian Addison Society

Highlights from Local Meetings:

Vancouver Island Support Group (Nanaimo)

Nanaimo meetings: Christy Lapi at clapi@shaw.ca, or 250-245-7554 or Barbara Hunn at bhunn@telus.net or 250-756-4385. Nanaimo meetings are held at Nanaimo Regional General Hospital, Room G245.

Vancouver Island Support Group (Victoria)

For further information or to contact the Vancouver Island Support Group (Nanaimo), please contact Jim Sadlish at jsadlish@horizon.bc.ca or (250) 656-6270 or Florence Weekes metay@telus.net or 250-598-0321.

BC Lower Mainland Support Group

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 or any upcoming meetings, contact Francisca Swist at francisca@shaw.ca or Ginny Snaychuk at glav@telus.net or (780) 454-3866 – both are from Edmonton.

Saskatchewan Support Group

If you wish information about this support group or upcoming meetings, contact Elizabeth Hill at Meadow Lake (306) 236-5483 kesahill@sasktel.net or elizabeth.h@pnrha.ca.

Southern Ontario Support Group

The next meeting for the Southern Ontario group will be on Saturday April 2, 2005. The meeting will be held at the Brantford Police Station and will start at 1:00 pm. The guest speaker will be a naturopath. There will be coffee and snacks served.

For further information, contact Jordan Latter at annemarielatter@yahoo.ca or call (905) 893-4374

Eastern Ontario Support Group

The next meeting is tentatively scheduled for noon on Saturday, May 28, 2005, at Robbie's Restaurant on St Laurent Blvd in Ottawa. For information, please contact Sue Steedman at (613) 726-7414 or steedman@magma.ca.

Quebec Support Group

If you would like information about upcoming Quebec meetings or more information, please contact Sophie Lapointe at (514) 521-6538 or email sophiel@sympatico.ca.

Reminders:

- **Medical Questions and Answers - Dr. Donald Killinger, MD, PhD, FRCPC**, from 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 to him directly, but rather address your questions by letter/e-mail or fax through The Canadian Addison Society and they will be forwarded to Dr. Killinger. This will be easier to do once we have our web site fully operational.
- **Please** – 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.

This is your newsletter! We need your contributions. Please send your stories, tips, ideas directly to our editor Steve McKenna via email at sgmckenna@cyberus.ca or c/o the Addison Society.

The Ottawa Hospital - Emergency Department Policy and Procedure Manual

Policy:

Patients may present identifying themselves as having Addison's disease, adrenal insufficiency, hypopituitarism or being on long term steroid therapy - either by way of their history, wearing a medic alert bracelet or during review of patient's medications.

Procedure:

1. Symptoms:

Patients presenting with:

- Vomiting, diarrhea, decreased urine output:
- Clinical signs of dehydration
- HR>100
- Systolic blood pressure less than 120.

2. Action:

Draw CBC, glucose, electrolytes, calcium STAT

- Patient to be seen by physician within 15 minutes
- Physician management:
 1. Normal saline (500 cc per hour for the first hour, monitor Fluid status, blood pressure, heart rate)
 2. Hydrocortisone (Solu-Cortef) (100 mg IV bolus)
 3. Hydrocortisone (Solu-Cortef) (100 mg IV Q8h)

If the patient condition stabilizes, tolerating oral fluids and normal vital signs then discharge with oral glucocorticoids tripled. Patient to contact their endocrinologist or family physician within 48 hours.

3. Mild cases:

In milder cases, dose can be either doubled or tripled depending on the physician's judgement.

Hôpital d'Ottawa - Manuel des politiques et procédures applicables au Service de Urgence

Politique:

Les patients peuvent s'identifier comme étant atteints de la maladie d'Addison, présenter des symptômes d'insuffisance surrénale, d'hypopituitarisme, ou encore suivre une thérapie à long terme à base de stéroïdes; les antécédents du patient, un bracelet Medic-Alert ou encore l'examen des médicaments utilisés par le patient peuvent tous contribuer à l'identification.

Procédé:

1. Symptômes:

Le patient se présente avec :

- des vomissements, de la diarrhée, une diminution du volume urinaire
- des signes cliniques de déshydratation
- une fréquence cardiaque supérieure à 100
- une tension artérielle systolique inférieure à 120

2. Action:

Immédiatement: numération globulaire complète, glucosémie, équilibre des électrolytes, calcémie

- Le patient doit être vu par un médecin dans un délai de 15 minutes
- Gestion du processus par le médecin :

1. Solution saline normale (500 cc par heure pour la première heure; surveiller les fluides corporels, la tension artérielle et la fréquence cardiaque);
2. Hydrocortisone (Solu-Cortef) (100 mg i.v. bolus)
3. Hydrocortisone (Solu-Cortef) (100 mg i.v. Q8h)

Si l'état du patient se stabilise, s'il peut absorber et conserver suffisamment de liquide par voie orale et si ses signes vitaux sont normaux, on peut alors l'autoriser à quitter l'hôpital en triplant sa dose de glucocorticoïde oral. Le patient doit contacter son endocrinologue ou son médecin de famille dans un délai de 48 heures.

3. Forme modérée:

Dans les cas moins graves, la dose peut être doublée ou triplée selon le jugement du médecin.



The Canadian Addison Society
La Société canadienne d'Addison
193 Elgin Avenue West
Goderich ON N7A 2E7
1-888-550-5582

Website: <http://www.addisonsociety.ca>

New Membership

Renewed Membership

Name: _____

Address: _____

Postal Code: _____ Telephone: _____

E-mail Address: _____ Fax: _____

How do you wish to receive the Newsletter:

- I will read it on the website at www.addisonsociety.ca
- by email (thereby saving costs for the Society). Ensure you provide us with your up-to-date email address.
- by snail mail.

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

The yearly fee for the Canadian Addison Society is \$25.00 due January 1 of each year.

You also have the choice of directing \$5.00 of the annual fee to an approved local support group of your choice. Please check box of your choice.

() \$25.00 to go to the Canadian Addison Society

OR

() \$5.00 to Québec Support Group – Quebec + \$20.00 to Society

() \$5.00 to Eastern Ontario Support Group – Ontario + \$20.00 to Society

() \$5.00 to Southern Ontario Support Group – Ontario + \$20.00 to Society

() \$5.00 to Saskatchewan Support Group – Saskatchewan + \$20.00 to Society

() \$5.00 to the Alberta Support Group – Alberta + \$20.00 to Society

() \$5.00 to B.C. Lower Mainland Support Group – British Columbia + \$20.00 to Society

() \$5.00 to Vancouver Island Support Group (Victoria) – British Columbia + \$20.00 to Society

() \$5.00 to Vancouver Island Support Group (Nanaimo) – British Columbia + \$20.00 to Society

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