



# The Canadian Addison Society La Société Canadienne d'Addison

*Offering support for those with Addison's disease  
and other forms of Adrenal Insufficiency*

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2021

**FALL & Winter Edition**

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Distribute to:


## PLEASE NOTE:

*The content of this newsletter is intended for basic information only and not as personal medical advice. Please note that the Society does not endorse the information provided by guest speakers. Meeting minutes/notes are prepared by non-medical volunteers. Readers are advised to consult their own doctors before making changes to their Addison/Adrenal Insufficiency management program.*

## **News and Announcements**

### **Covid-19 Booster Shots - COVID-19 Booster vaccination for patients with adrenal insufficiency?**

We have received many questions about booster vaccinations for COVID-19. My recommendation is to get the booster vaccination as soon as you can (unless you have a specific contraindication).

On October 29, 2021, the Canadian National Advisory Committee on Immunization (NACI) released its latest statement. They recommend booster vaccinations for several groups, but at present NACI does not include adrenal insufficiency patients in these groups.

The recommendations for booster vaccinations for patients with adrenal insufficiency are stronger in other countries. The National Adrenal Diseases Foundation (NADF) advises booster shots for those who are 65 years or older or have adrenal insufficiency. The United Kingdom Addison's Self-Help Group advises a booster vaccination for "people 16-64 years with underlying health conditions which put them at higher risk of serious illness or death from coronavirus" – and this includes patients with adrenal insufficiency.

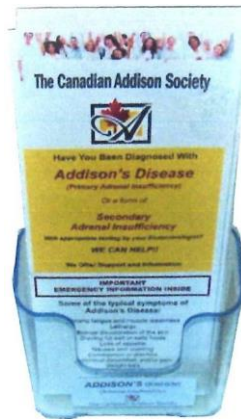
Overall, my recommendation is to get a COVID-19 booster vaccination as soon as you are eligible in your health region.

*Dr. Stan Van Uum*

**Attention: Healthcare providers**

## Information Brochure & Holder

*Complimentary package includes brochure holder, plus 50 brochures. Re-order of brochures available at no charge English brochure only at this time. French version available soon. All materials and shipping are free*



Small countertop footprint  
4-3/4" W x 3-1/4" D  
(12 cm W x 8.25 cm D)  
May also be hung on wall

To order complimentary brochures and countertop holder contact:

[lucilia.addisons.distribution@gmail.com](mailto:lucilia.addisons.distribution@gmail.com)

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### **The Annual General Meeting**

Minutes of the Annual General Meeting are available for review on the website. Year end Financial Reports were sent to all members prior to the meeting. These Reports are also available upon request.

### **National EMS Status**

To learn the current status of Paramedic approvals to inject hydrocortisone, HC, Solu-Cortef, in your province/territory in case of adrenal crisis, please see the Status Chart attached to this newsletter. We continue on members' behalf, to work with all provinces and territories still not providing this service, in some form. In most cases, the onus is also on you, the patient, to always have your emergency kit with you and your MedicAlert bracelet or similar, easily accessible in case you are unable to explain your steroid needs. Remember, not all crises occur close to a medical facility.



### **President's Comments**

Please give a warm welcome to Jacqueline, our new Newsletter Editor. A short bio may be found below, and I will let her tell her own story. Thanks, Jacqueline, for stepping forward to fill this very important volunteer role.

We draw your attention to the Society's '[Surgical Guidelines](#)' page as it appears on our website. We receive many calls and questions regarding steroid coverage required for medical procedures. The answers to most questions are covered within these guidelines which have been on our website for several years. You or your doctors may access this page at any time. [Surgical Guidelines V1 \(addisonsociety.ca\)](#)

We also draw your attention to the new '[Medical Information Card](#)' presented in the SPRING Newsletter. We have spoken with many members who have not yet taken advantage of the digital version in the newsletter or the opportunity of ordering a printed version. Healthcare providers are welcome to order quantities for their Adrenal Insufficient patients. No charge of course. Follow this link for instructions. [medical-information-card.pdf \(addisonsociety.ca\)](#)

With Covid-19 still an issue, our in-person support group meetings continue to be on hold across Canada. A few groups in Eastern Canada have held virtual meetings with success. These will continue and you may keep track by checking our website regularly for updated meeting information. Remember, any member may attend any meeting. [Canadian Addison Society – Support Group Meetings](#)



### **Editor's Comments**

Hello everyone! My name is Jacqueline Maerz, and I am pleased to be taking on the role of Newsletter Editor. After an arduous battle with numerous physicians and emergency room visits, I was finally diagnosed with Central Adrenal Insufficiency in 2017. Aside from learning to navigate this unique disease, I am a proud wife, daughter, and mom to an amazing 22-year-old woman. I live with my little family on an acreage in Foothills County, in rural Alberta. I absolutely love spending time with my husband, gardening, playing with and training my German Shepherd, baking, painting, reading, writing, and learning to play polo. I am an avid NFL and MLB fan and I love to watch the Kansas City Chiefs and Toronto Blue Jays play. In my spare time, I am a Calgary Police Officer.



### **Youth Ambassador**

Kyle is available as a contact to any youth who would like to connect with him regarding adrenal insufficiency. Kyle is a physics student at Laurentian University. He commented that when he was first diagnosed (via crises at 18 years of age); "It would have been great to be able to talk to someone else who had experienced a new diagnosis. [kylegyeates@gmail.com](mailto:kylegyeates@gmail.com)

## Support Group Reports

With the lack of in-person meetings, there are no Support Group Meeting Reports

<b>Support Group Contacts</b>	<b><u>B.C. - Vancouver Island (Nanaimo)</u></b> For information on the Vancouver Island Support Group, please contact Sharon Erickson at 250-729-1446.	<b><u>Quebec - Montreal</u></b> For information on the Montreal Region Support Group, please contact Shelley Saklatvala at 514-991-0294 or <a href="mailto:shell326@hotmail.com">shell326@hotmail.com</a>
<b><u>Alberta</u></b> For information on the Alberta Support Group, please contact Rosemary Brown  403-391-1507  <a href="mailto:hdbrown52@outlook.com">hdbrown52@outlook.com</a>	<b><u>B.C. - Vancouver Island (Victoria)</u></b> For information on the Vancouver Island Support Group, please contact Derek Clarke 250-857-4320. <a href="mailto:vancouverislandaddisons@gmail.com">vancouverislandaddisons@gmail.com</a>	<b><u>Quebec - Québec City</u></b>  We are searching for a volunteer to become our Regional Representative for a Quebec City Region Support Group. If you can assist in this volunteer role please contact Shelley Saklatvala, email <a href="mailto:shell326@hotmail.com">shell326@hotmail.com</a> or telephone 514-991-0294.
<b><u>Atlantic Canada</u></b>  For information on the Atlantic Canada Support Group, please contact Harold Smith at <a href="mailto:hsmith.addisonsociety@outlook.com">hsmith.addisonsociety@outlook.com</a>	<b><u>Manitoba</u></b> We are searching for a volunteer to become our Regional Representative for a Manitoba Support Group. If you can assist in this volunteer role, please contact Harold Smith <a href="mailto:hsmith.addisonsociety@outlook.com">hsmith.addisonsociety@outlook.com</a>	<b><u>Saskatchewan</u></b> For information on the Saskatchewan Support Group, please contact Nicki (Barr) Clarke at 306-531-4567 or <a href="mailto:nclarke@hotmail.com">nclarke@hotmail.com</a>
<b><u>BC - Lower Mainland</u></b> For more information on the BC Lower Mainland Support Group, please contact Geoff Metcalfe at 604-533-0579 or <a href="mailto:calfe579@telus.net">calfe579@telus.net</a>	<b><u>Ontario - Eastern</u></b>  For information on the Eastern Ontario/Western Quebec Support Group, please contact David Sparks at <a href="mailto:davidsparks04@gmail.com">davidsparks04@gmail.com</a>	<b><u>The Territories</u></b> We are searching for a volunteer to become our Regional Representative for a Territories Support Group. If you can assist in this volunteer role, please contact Harold Smith <a href="mailto:hsmith.addisonsociety@outlook.com">hsmith.addisonsociety@outlook.com</a>
<b><u>BC- Northern BC</u></b> For more information on the Northern BC Support Group, please contact Tyanna Trottier at 250-845-9446 or <a href="mailto:tyannatrottier@gmail.com">tyannatrottier@gmail.com</a>	<b><u>Ontario - South/Central</u></b> For information on the South-Central Support Group, please contact Sheri Thiffault at 647-406-7780 or <a href="mailto:thiffaultsheri@gmail.com">thiffaultsheri@gmail.com</a>	<h3>Volunteer Today</h3>

## Medical Q & A s

### Question 1

*If a doctor tells a patient to reduce their medication to 1 pill instead of 1 and a half, but does not change the prescription to the new dose, will this be a danger to the patient if they need medical attention in hospital?*

*By law, should a doctor provide a new prescription and not just say to the patient they are to take more if needed? Should the doctor state on the prescription that if the patient needs more medication, they are able to take more?*

### Response 1

*The approach to this question requires a number of points to consider. The response will vary depending on the medications. As this is the Canadian Addison Society, I will respond with respect to medications such as prednisone or hydrocortisone. First, it is important to consider what the intent of the dose reduction was. Was this meant as a temporary step or a long-term dose reduction? If it is long-term, then I would prefer a change in prescription, even though this is not required by law. Second, for this type of medication, it is critical to minimize the chance that the patient runs out*

**Response 1 cont'd**

*of the medication. For example, if I suggest that a patient should occasionally take an extra tablet for stress dosing, then I typically prescribe extra tablets. I prefer to indicate this on the prescription, so that the pharmacist is aware that 100 tablets may last only 90 days and does not have to last 100 days. Third, for any hospitalization (and also for outpatient visits) it is important that the staff carefully review what medications have been prescribed, and how the patient actually has been taking the medications. We find that there are often significant variations.*

**Question 2**

*My Addison's disease is well managed. I am now fully vaccinated (Pfizer) and live in the Peel Region where the Delta variant is dominant. I have had a very tight bubble during the pandemic. I am beginning to have some indoor contact (no mask) with other fully vaccinated people in very small groups. I continue to wear a mask in any public setting. I am wondering what to do about unvaccinated people in my life. I am very concerned about having indoor contact with these people with the highly contagious Delta variant around. I understand that I could still contract COVID being fully vaccinated and figure that the likelihood of that happening is much greater with unvaccinated people. I would appreciate any guidance you could provide regarding close contact with unvaccinated people. I am trying to decide if it is safe for me to return to working with my Pilates personal trainer in her home studio. She hasn't been vaccinated. I am also trying to decide if it is safe for me to return to my Goodlife gym (no masks when you are working out).*

**Response 2**

*This is an important question. First, it is important that you are vaccinated, and in general I do recommend vaccination for COVID-19 for all patients with adrenal insufficiency. I would argue that vaccination is recommended for personal health as well as to reduce the risk of spreading COVID-19 to other individuals, particularly those who are more vulnerable. So, my recommendation is to minimize risk with those who are not vaccinated. With respect to the Pilates, other clients will, at least in Ontario, need to show that they have been vaccinated. In contrast, the business owners, and employees, like your Pilates personal trainer, are not required to show that they are vaccinated. Therefore, I would recommend returning to any of these activities only if you can minimize close contact to those who are not vaccinated, or for whom you do not know if they are vaccinated.*

**Question 3**

*Should my daughter (Brooklyn) receive a 3rd dose of Pfizer? She has been diagnosed with Addison's for 2+ years and she is 15. She has not had any adverse reaction to the two initial doses and has not been in crisis since first diagnosed.*

**Response 3**

*We have received many questions about booster vaccinations for COVID-19. My recommendation is to get the booster vaccination as soon as you can (unless you have a specific contraindication).*

*On October 29, 2021, the Canadian National Advisory Committee on Immunization (NACI) released its latest statement. They recommend booster vaccinations for several groups, but at present NACI does not include adrenal insufficiency patients in these groups.*

*The recommendations for booster vaccinations for patients with adrenal insufficiency are stronger in other countries. The National Adrenal Diseases Foundation (NADF) advises booster shots for 'those who are 65 years or older or have adrenal insufficiency'. The United Kingdom Addison's Self-Help Group advises a booster vaccination for "people with underlying health conditions which put them at higher risk of serious illness or death from coronavirus" – and this includes patients with adrenal insufficiency.*

*Overall, my recommendation is to get a COVID-19 booster vaccination as soon as you are eligible in your health region.*

**Question 4**

*My renin level is 3 times the maximum, and my aldosterone to renin ratio is 3. I have hypokalemia. Palpitations. Kidney US was normal. My specialist does not feel the need to scan my adrenals. Meanwhile, I can't pull myself from the sofa after 4 PM, which is NOT like me. Please let me know your thoughts.*

**Response 4**

*Primary Adrenal insufficiency typically is associated with low aldosterone which causes potassium to increase. As you have a low potassium, a low aldosterone is unlikely. Blood pressure measurements and more blood tests are likely more helpful than a scan of the adrenals, as blood tests and blood pressure focus on functionality, while imaging studies focus on structure. Given your symptoms, there can be many causes, so a wider diagnostic approach would be required. I have insufficient information to assess if this has been done sufficiently – you may want to discuss this with your specialist or family doctor.*

**Question 5**

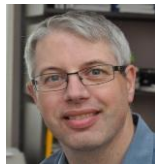
*I contracted Covid-19 in October 2020. After starting to lose weight (by April my weight dropped by 24 kg), I was diagnosed with Addison's disease with all 10 typical signs and hypothyroidism in June 2021. I was prescribed Cortef 20 mg in the morning and 10 mg in the afternoon, L-Thyroxine 100 mg, and Fludrocortisone 0.05 mg three times a week. Can I be vaccinated against Covid-19 and, and if so, which one should I get?*

**Response 5**

*Yes, you can be vaccinated against COVID-19, and I would highly recommend it, with a preference for the mRNA vaccinations (Pfizer and Moderna).*

**Medical Questions and Answers**

Dr. Stan Van Uum, MD, PhD, FRCPC, Medical Advisor to The Canadian Addison Society will answer your questions about Addison's/Adrenal Insufficiency



Send your question to Dr. Van Uum directly from the Society webpage or use this link.  
<http://www.addisonsociety.ca/ask-a-question.html>

By emailing [info@addisonsociety.ca](mailto:info@addisonsociety.ca) or by regular Canada Post mail to

The Canadian Addison Society, 2 Palace Arch Drive, Etobicoke, ON M9A 2S1

*Questions and answers of interest to others may be published (anonymously) in the Newsletter and/or on the website.*



# The Canadian Addison Society

## NATIONAL EMS STATUS by Province & Territory

Regarding Paramedic authority to inject hydrocortisone in cases of suspected Adrenal Crisis in identifiable Adrenal Insufficient patients

<b>Province/ Territory / Jurisdiction</b>	<b>Protocol Approved</b> <i>(Patient Supply of Injectable HC)</i>	<b>Protocol Approved</b> <i>(Ambulance Supply of Injectable HC)</i>	<b>Comments</b>  <i>Ensure that you always have an emergency injection kit with you at all times, with injectable HC (Solu-Cortef).</i>
<b>British Columbia</b>	<b>YES</b>	<b>UNDER REVIEW</b>	Adrenal Crisis guideline has been approved. Check with your local paramedic service for implementation timing in your area.
<b>Alberta</b>	<b>REGIONAL</b>		Specialized treatment protocols in place in some regions. Only Advanced Care Paramedics may administer. Check with local paramedic service. Patient must be registered.
<b>Saskatchewan</b>	<b>YES</b>		Check with your local Paramedic service.
<b>Manitoba</b>	<b>YES</b>		Contact your local paramedic service to confirm training and authorization to inject.
<b>Ontario</b>	<b>YES</b>		Currently reviewing EMS guidelines for 2022
<b>Québec</b>			Currently under Review.
<b>New Brunswick</b>	<b>REGIONAL</b>		Available in some regions. ACPs are now available in some regions. Check with your local Paramedic service.
<b>Prince Edward Island</b>	<b>REGIONAL</b>		Available in some regions. Check with your local paramedic service.
<b>Nova Scotia</b>	<b>REGISTRATION REQUIRED</b>		Patient must be registered (Special Patient Program) Provincial Submission is currently under review.
<b>Newfoundland and Labrador</b>	<b>YES</b>	<b>YES</b>	Confirm with your local Paramedic service.
<b>Yukon</b>	<b>YES</b>		Advanced, Critical Care Paramedics, and Flight Nurses are authorized to inject. Confirm with your local EMS.
<b>Northwest Territories</b>	<b>YES</b>		Approved for Injection by Community Nurses in Health Centres. Patients are advised to register medical information in advance.
<b>Nunavut</b>	<b>REGIONAL</b>		Refer to each Health Centre and Nursing Station in jurisdiction for EMS services available.
<b>Indigenous Communities</b>			Local Indigenous EMS training programs may exist. Contact community leaders.

December 2021

E.&O.E.



**Merry Christmas**