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
http://www.addisonsociety.ca

ISSUE NO.43 **JUNE 2006**

In this issue:

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.

Annual General Meeting 2006

The 2006 Annual General meeting of the Canadian Addison Society will be held Saturday, October 14, 2006 from 1:00 – 4:30 pm (registration at 12:30) in the Sherbrooke Library, Sherbrooke Centre, 260 Sherbrooke Street, New Westminster BC. All members are invited to attend.

Tentative Agenda:

1) Registration
2) President's Report
3) Minutes of the 2005 AGM
4) Election of Board Members
5) Financial Report
6) Membership Update
7) Director's Reports
8) New Business - By-Law Revisions & Resolution
9) Guest Speaker Dr. Laugh

Members of the local support group have also generously offered to billet people who wish to attend the meeting. Please contact Judy Stanley at 604-936-6694 or bugbee@shaw.ca or 5 Tuxedo Place, Port Moody, B.C. V3H 3W5.

PROPOSED BY-LAW CHANGES TO BE PRESENTED AT THE 2006 AGM

Item 8 on the agenda is several proposed amendments to the Society bylaws. As required, these are being published in this Newsletter to provide all members with advance notice of the proposed changes. We suggest that members review these changes for any comments they may have, before the proposed changes are voted on at the Annual General Meeting.

These by-law changes have been requested for clarification purposes, and are in keeping with The Canadian Addison Society's current practice.

BY-LAW #10- MEMBERSHIP (Please note that a family membership has never been instituted since inception of the Society. All individuals joining the Society pay membership dues, regardless of whether they are from the same family or not. Therefore, this reference should be removed from this by-law, and from any by-law that it impacts.)

Current Wording

> The membership shall consist of those individuals as are admitted as members by the Board of Directors. Provided that a family membership may be available, at the then individual membership rate, and can include those immediate family members residing at the same residence as the member who has Addison 's disease.
>
> Members may resign by resignation in writing which shall be effective upon acceptance by the Board of Directors.
>
> In the case of resignation, a member shall remain liable for payment of any assessment or other sum levied or which became payable by him to the Association prior to acceptance of his or her resignation.

Proposed Wording

> The membership shall consist of those individuals as are admitted as members by the Board of Directors, and who have submitted a Membership Form and Dues payment to the Society for the current year.
>
> Members may resign at any time in writing or by telephone, effective upon notification.
>
> Material costs over and above what is provided by the Society (i.e. booklets) must be pre-paid by any member requesting it.

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BY-LAW #11- ANNUAL AND OTHER MEETINGS OF MEMBERS (We have changed the timing of the annual meeting to reflect current practice and have revamped paragraph 3 to give clearer understanding of the process that is currently in place.)

Current Wording

> The annual or any other general meeting of the members shall be held at the head office of the Association or elsewhere in Canada as the Board of Directors may determine and on such day as the said directors shall appoint, **but in no event later than four months** after the end of the latest fiscal year of the Association.
>
> At every annual meeting, in addition to any other business that may be transacted, the report of the Directors, the financial statement shall be presented and members of the Board of Directors elected for the ensuring three (3) years (if applicable).
>
> The Board of Directors or the President or the Vice-President shall have power to call at any time a special general meeting of the members of the Association. When so called no public notice or advertisement of directors meetings, annual or special, shall be required, but notice of the time and place of every such meeting shall be mailed to each member and deposited in the post office or public letter box or telegraphed at least fifteen (15) days before the time fixed for the holding of such meeting, provided that any meetings of members may be held at any time and place without such notice, if two-thirds of the members of the Association are present thereat in person and at such meeting any business may be transacted which the Association at annual or special meetings may transact.

Proposed Wording

> The annual or any other general meeting of the members shall be held at the head office of the Society, or elsewhere in Canada, as the Board of Directors may determine and on such day as the said Directors shall appoint, ***but in no event later than 12 months*** after the end of the latest fiscal year of the Society.
>
> At every annual meeting, in addition to any other business that may be transacted, the report of the Directors and the financial statement shall be presented, and members of the Board of Directors elected for the ensuing three (3) years (if applicable).
>
> In the event of an emergency, or if there is no quorum of the Board, or should the Board of Directors be unable to reach consensus on an issue(s), then the President or the Vice-President shall have the power to call a Special General Meeting of the members of the Society, at any time. When a Special General Meeting is called, the time, place and purpose of the meeting must be communicated to the members of the Society by mail, telephone or electronic means, at least fifteen (15) days prior to the meeting date.

BY-LAW #24- DUES (This wording has been revised by the Treasurer of the Society to reflect current practice.)

Current Wording

> There shall be no dues or fees payable by the members except such, if any, as shall from time to time be fixed by the Board of Directors, which vote shall become effective only when confirmed by a vote of the members at an annual or other general meeting.
>
> The Secretary shall notify the members of the dues or fees at any time payable by them and, if any are not paid within 30 days of the date that they are due and payable, the members in default shall thereupon automatically cease to be members of the Association. But any such members may on payment of all unpaid dues and fees be reinstated by the vote of the Board of Directors

Proposed Wording

> There shall be no dues or fees payable by the members except such, if any, as shall from time to time be fixed by the Board of Directors, which vote shall become effective only when confirmed by a vote of the members at an annual or other general meeting.
>
> Members shall be notified of renewal dates for their dues in the Newsletter, on the web site or by other appropriate means. Membership will be terminated 4 months following the fiscal year end, unless membership has been renewed.
>
> Members may re-join the Society at a future date at no penalty to them.

Highlights from Local Meetings:

Vancouver Island Support Group

Eleven people, including 2 spouses, 2 members from Ladysmith and 1 from Nanaimo, attended June 3rd.

- The Canadian Addison Society 2006 AGM will be held in New Westminster, B.C. on October 14 from 12:30 to 4:30 PM. The scheduled agenda was reviewed during our meeting and the proposed by-law changes were read out and discussed.

- Sharon Erickson has kindly agreed to arrange support group meetings in Nanaimo. It will be helpful for mid-island members to have at least one meeting each year. Although a meeting date has yet to be decided, Sharon will be in contact with members when she is prepared. Christy Lapi and Barbara Hunn will remain as

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Nanaimo group contacts on the Canadian Addison Society website, keeping in touch with Sharon at ericksons@shaw.ca.

- One man who has taken prednisone for years asked if there were remedies for skin tears: skin becomes so thin that it bruises or bleeds when chafed, sometimes a side effect of glucocorticoid replacement. Suggestions included collagen cream (to mend), Tagaderm bandage (used by nurses) to protect an area regularly abraded, skin cream daily as a preventative, and zinc supplements for tougher skin. One member was advised by a specialist to use Coenzyme Q10 to strengthen skin, used for symptoms of another unrelated ailment.

- An article from the magazine *The Vitamin Maze* cited the Institute of Medicine [IOM], part of the US National Academy of Sciences, to warn about high levels of Vitamin A in some common multivitamins. According to this source, too much retinol, listed on labels as Vitamin A acetate or palmitate or fish liver oil may raise the risk of hip fractures. Instead, eat beta-carotene-rich fruits and vegetables like carrots, cantaloupe, sweet potatoes, and broccoli, which may also help prevent cancer. The same magazine writes that we should take Vitamin D supplements. The recommended levels vary widely depending on your reference source. Vitamin D is said to help prevent osteoporosis, reduce risk of getting multiple sclerosis, inflammatory bowel disease, type 1 diabetes, hypertension, and colon cancer. You may wish to discuss this with your doctor or nutritional expert.

- Some members have difficulty persuading their family physician to refer them to an endocrinologist for their Addison's. Most members see their specialist at least once per year to review blood test results and treatment medications. Endocrinologists and internists are better informed of improvement and concepts for treating endocrine diseases.

- A number of members attending the meeting stated they experience arrhythmia, at nighttime, in the morning or after taking medications.

- Florence Weekes, a member who has both Addison's disease and diabetes, raised concerns about whether the Addisons and its medications could falsify glucose test results done in the context of diabetes. The Society's medical advisor suggests that anyone who may be questioning the validity of diabetes test results discuss with the matter with their endocrinologist to ensure all medications are at the proper levels.

  To continue researching this question, Florence wishes to know if other Addisonians have had diabetes diagnosed on the strength of an overnight-fasting glucose test or if they, too, only showed hyperglycemia following a glucose tolerance, or postprandial (after eating), blood glucose measurement. If you have any observations or concerns regarding this testing, please contact Florence at metay@telus.net.

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- Members wanted to inform others:
  - The drink Red Bull (or Red Rave in Costco) is recommended by one member to be uplifting on low-energy days. It is rich in caffeine and has B_6 and B_{12} and the amino acid taurine. *(Ed. note: Please note that health concerns have been expressed with respect to such drinks.)*
  - Members discussed a recent Q&A (see last newsletter or http://www.addisonsociety.ca/faq.html) related to the birth control pill, Yasmin, which is contra-indicated for people with adrenal problems, as the progestational component in Yasmin blocks the action of aldosterone, the adrenal hormone that stimulates the kidney to retain salt. In individuals with Addison's disease who are taking Florinef, it will block the salt-retaining effects of the Florinef and could cause a fall in blood pressure. It is therefore not a good choice for women with Addison's disease.

- A number of research studies were mentioned. Readers are reminded that this Newsletter provides very limited information, and these studies should be discussed with your endocrinologist, both to understand any limitations in the research and to consider their applicability in your personal treatment plan.
  - One Victoria endocrinologist, Dr. Richard Phillips, supplied 2 members with copies of a review article from Clinical Endocrinology (2005) 63, 483-492 *Why is the management of glucocorticoid deficiency still controversial: a review of the literature* by authors Anna Crown and Stafford Lightman from Bristol, U.K. This review states, "The cortisol production rate in normal subjects is lower than previously believed" (approx. 10 mg/day). It goes on to say "available evidence suggests that conventional treatment of hypoadrenal patients may result in adverse effects on some surrogate markers of disease risk, such as a lower bone mineral density than age-sex matched controls, and increases in postprandial (after a meal) glucose and insulin concentrations". This implies we are generally prescribed too much replacement medication. The reviewer continues: "Although the quality of life of hypoadrenal patients may be impaired, there is no evidence of an improvement on higher doses of steroids, although quality of life is better if the hydrocortisone dose is split up, with the highest does taken in the morning. ..... most patients may safely be treated with a low dose of glucocorticoid (e.g. 15 mg hydrocortisone daily) in two or three divided doses, with education about the appropriate action to take in the event of intercurrent illness" (fever). Since this review is based on studies in which the number of Addison's patients is small, anyone considering changing their dosage is advised to discuss this review article with their specialist. An abstract is available at: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-2265.2005.02320.x
  - A study of interest is *Salivary cortisol daycurve and Quality of Life assessment in optimizing glucocorticoid replacement therapy in patients with Addison's disease* by authors LCCJ Smans, EGWM Lentjes & PMJ Zelissen of the Netherlands (Endocrine Abstracts 2006 - 11 P176). Of 19 patients, 16 were found to be over-replacing. Conclusion: Individual adjustment of glucocorticoid replacement therapy

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based on salivary cortisol day curve to approach normal cortisol concentrations during the day can reduce over-replacement without leading to a decrease in quality of life. This can prevent long-term complications of mild cortisol excess. A salivary cortisol day curve is a simple and patient friendly tool for optimizing glucocorticoid replacement therapy and can be useful in the follow-up of patients with Addison's disease. The abstract for this study can be viewed at http://www.endocrine-abstracts.org/ea/0011/ea0011p176.htm. *(Ed. note: See also a related question and answer in the Q&A section of this Newsletter.)*

- Another study *Circadian hydrocortisone infusions in patients with adrenal insufficiency and congenital adrenal hyperplasia* by author Z. Merza in Sheffield, U.K. January 2006 says "Objective Conventional hydrocortisone therapy in adrenal insufficiency cannot provide physiological replacement. We have explored the potential of circadian delivery of hydrocortisone as proof of concept for such therapy delivered in modified-release tablet formulation." This experiment was successful, but a slow release tablet is not available yet and probably unlikely because of the relative small number of Addisonians. . The abstract for this study can be viewed at: http://www.blackwell-synergy.com/doi/abs/10.1111/j.1365-2265.2006.02544.x.

- Would anyone, especially those in Nanaimo, be interested in car-pooling to local support meetings?

Submitted by Jim Sadlish with contributions by Florence Weekes

For further information or to contact the Vancouver Island Support Group, please contact Jim Sadlish at jsadlish@horizon.bc.ca or (250) 656-6270. For information on mid-Island activities, please contact: Christy Lapi at clapi@shaw.ca or 250-245-7554; Barbara Hunn at bhunn@shaw.ca or 250-756-4385; or Sharon Erickson at ericksons@shaw.ca.

BC Lower Mainland Support Group

Six people attended the June 3, 2006 meeting.

Our next meeting will be the AGM on October 14, 2006, Lecture Theatre, Sherbrooke Lounge, Sherbrooke Centre, 260 Sherbrooke St. New Westminster BC. Please mark your calendars.

- Registration will start at 12:30 with goodies, business meeting 1:00 – 3:00, and guest speaker, Dr. Laugh, from 3:00 – 4:30 (apparently his commitment to us made him unable to accept a speaking engagement in Whistler at a conference with 1000 people attending! He is a highly sought after keynote speaker and we are fortunate to have him).
- The sign-up roster for the AGM was passed around, and an information update will be sent in August for those who have already volunteered to help set up for the AGM.

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- Parking on Sherbrooke Street is $4.00 for 10 hours and $7.50 for the day in the parking lot. As well, there is a transit stop at Royal Columbian Hospital on the Millennium Line that takes you over the street to the buildings.

Guest was comedian Mavis Pickett. Mavis has found that humor reduces your blood pressure and increases your immunity. Laughter gives you a brief hiatus from your situation and you can start with a new freshness. For a crisis situation such as a death in the family where it is awkward to start a conversation, take your friend something you know they will be interested in from a newspaper, magazine and a fridge magnet. Humorous or not, this gets them talking on a different level and gives you common ground to start the conversation. The item will remind them of you during the weeks to come.

Submitted by Judy Stanley

Future Meeting Dates:

- **AGM -** Lecture Theatre on Saturday, **October 14, 2006**.

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 (306) 236-5483 kesahill@sasktel.net or elizabeth.h@pnrha.ca.

Southern Ontario Support Group

Fifteen people (10 members/5 guests) attended the meeting on May 13 in Brantford, co-chaired by Irene Gordon (Liaison Secretary) and Joan Southam (Director and Past President).

This local support group has been without a group leader for just over a year, and as a result there have been no meetings.

The general purpose of this meeting was to determine if holding regular meetings was still a priority to members and if so, how many meetings per year we should have (excluding the Annual General Meeting).

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Because there were new members in attendance, the majority of our time was spent sharing each other's experiences regarding general state of health, medication concerns, treatment in emergency situations (this differed considerably depending on the location of the hospital i.e. Toronto vs. a smaller community).

A copy of our proposed By-law changes was distributed to those in attendance. We suggested that members take the by-laws home and review them for any comments they may have, before they are voted on at the Annual General Meeting. A copy of these changes is also being published in this edition of the Addison Newsletter, for the same purpose.

After our informal discussion, members determined that

- we should continue to have local support meetings but, because of long travel distances and rising costs of fuel, they should only be once a year (in the spring);
- that we should split our time during the meeting between a formal (speaker involved) and informal portion (to allow for sharing of information that may have changed for members from one meeting to the next);
- the meetings should continue to be co-chaired by Irene Gordon and Joan Southam until someone expresses an interest in taking on the role of the Regional Representative;
- that we explore asking different health care professions to participate in the "formal" segment of our meetings, and based on this, we are proposing that we approach the following health care sectors:
  - Endocrinologist – (Dr. Nadira Hussen – Kitchener)
  - Homeopathy
  - Naturopath
  - Fitness Expert
  - Pharmacist
  - Dietician

The next meeting of the Southern Ontario Local Group will be on Saturday, May 5, 2007 from 1-4 pm in the Community Room at the Brantford Memorial Police Station.

Submitted by Joan Southam and Irene Gordon

The Southern Ontario Support Group continues to look for someone to act as local contact and representative. If you are willing to take on this important role, please contact the liaison secretary at liaisonsecretary@addisonsociety.ca or toll-free at 1-888-550-5582.

For the moment, for further information on Southern Ontario Support Group activities or meetings, contact Joan Southam at jsoutham@rogers.com or Irene Gordon at liaisonsecretary@addisonsociety.ca or toll-free at 1-888-550-5582.

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Eastern Ontario Support Group

The group met on Saturday, May 13, 2006, with 25 people present.

National items

- Brochures on Addisons Disease have been prepared and are available through the local representative, Teresa Seasons. They have general information about the disease and are useful for informing people in your health care sphere. Leave one in your doctor's and endocrinologist's office.
- Check out the website at www.addisonsociety.ca. There are always lots of questions around how to give an emergency injection, emergency/travel letters, and various day-to-day questions. Many of these are answered on the site.
- The next AGM will be held on Saturday, October 14, 2006 in Vancouver, B.C. The 2007 AGM will be in Brantford, Ontario.

Local Items

- This meeting was not scheduled for Kingston, as discussed at last meeting, because there were only four positive responses from new folks in the Kingston area. This was considered not enough to move the venue. There was some discussion that a Kingston meeting location would be as good or better for several who are regular Ottawa attendees.
- Clarification – of the $25.00 society membership fee, you may attribute $5.00 to our local group budget, for items such as speakers' costs, mailings etc. The remainder goes to the national association, for various costs such as the Newsletter mailings.
- Ideas for changes to the meeting are welcome – agenda, speakers, locale, food, etc.
- Date for next meeting – As the AGM is October 14, 2006, and Teresa is not available in October, **the next meeting** of the Eastern Ontario local branch will be **September 30, 2006,** in **Ottawa** (site to be decided).

New Business

- People around the table introduced themselves
- The Newsletter is looking for articles about living with Addison's or an Addisonian, as well as descriptions of Addisonian crises.

Dr. Mark Silverman, endocrinologist, was the guest speaker. He gave us a very interesting talk about many facets of the disease, related conditions or problems, and medications. He also answered a wide range of questions from the group.

Submitted by Doug Harpur

The next meeting will be Saturday, September 30, 2006. For information, please contact Teresa Seasons at tseasons@magma.ca (613) 761-1195.

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Québec Support Group

If you wish to start a local group in the area, please contact the Liaison Secretary at liaisonsecretary@addisonsociety.ca or at the national address shown on the front of this Newsletter.

Tips and Reminders:

- Membership renewals for 2006 were due January 1st. If you have not yet done so, please send your renewal to the Treasurer, at the address indicated in this newsletter. Or you can download the membership form from our website at www.addisonsociety.ca/membership.html.

- Check out our website at www.addisonsociety.ca. There are always lots of questions around how to give an emergency injection, emergency/travel letters, and various day-to-day questions. Many of these are answered on the site.

- Check out the websites and newsletters of other Addison's groups, for example, the New Zealand group at http://www.addisons.org.nz (their December newsletter includes a range of diagnosis stories and interesting suggestions).

- The U.S. National Institute of Health is recruiting volunteers with thyroid cancer for a medical study. For more information, call 1-800-411-1222 or go to http://clinicalstudies.info.nih.gov/detail/A_2006-DK-0025.html.

Medical Q & A:

Q: We required Yellow Fever vaccination for a cruise stop in Columbia, and the doctor would not give me one. I gather that they will not be given to anyone who takes over 10 mg. of corticosteroids a day. The vaccine is live and complications could result if given. We were told that a waiver would be needed for each trip taken. Is this correct?

> **A:** This person has raised an interesting question regarding yellow fever vaccination in individuals with Addison's disease. She has stated that her doctor would not give the vaccine to anyone taking over 10 mg of corticosteroids per day. I am assuming that this means 10 mg of prednisone per day. This would be equivalent to 40 mg of cortisol or 50 mg of cortisone per day, and this is a slightly higher dose than is normally used for replacement in individuals with adrenal insufficiency. Levels of corticosteroids that are higher than physiological (normal) can suppress the immune system, and can either decrease the antibody response to the vaccine so that the individual will not be protected or can increase the possibility of a reaction to the vaccination.

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For a full discussion regarding yellow fever vaccination, you can review the Center for Disease Control web site at http://www.cdc.gov/ncidod/dvbid/yellowfever. The vaccine is apparently administered at specific approved sites where the physician should have the correct information.

Q: I was diagnosed with Addisons about a year ago and have noticed a considerable weight gain after my initial crisis in hospital. I was taking prednisone until recently, changing to hydrocortisone and florinef about 2 weeks ago. This change has made a big difference and I feel a lot better, but will still need to settle on a dose that will keep me stable throughout my day. However my weight seems to continue to creep up and my face looks rather puffy. I try to exercise regularly and keep an eye on my diet. If you have any suggestions or comments, I would appreciate it. Thanks.

A: The question relates to the dose of glucocorticoid (prednisone or hydrocortisone) replacement. Weight gain and a puffy face are usually symptoms of too much prednisone or hydrocortisone. The dose of hydrocortisone required may vary from 20 to 40 mg per day. It should be spread throughout the day e.g. 20 mg hydrocortisone first thing in the morning, 5 mg at lunch and 5 mg in the afternoon, or 10 mg in the morning 5 mg at lunch and 5 mg in the afternoon. The lowest dose that keeps you feeling well is the best for you.

Q: I have recently been diagnosed with Addison's Disease after being ill for 4 or 5 years. The brown pigmentation of my skin was the symptom that eventually led to diagnosis. During this period, I lost about 15 pounds, and now weigh 97 lbs. I also lost a great deal of muscle mass and have very little strength.

I have been taking 0.1 Florinef and 0.5 Dexamethasone for about three weeks.

The other day I went out for a half-hour walk, and found it quite tiring, but I was kept awake all night by the twitching of my leg muscles. Is this a problem that can be addressed by adjusting my medication or can I expect it to resolve itself through getting used to the medication, or further exercise?

A: It is good that your diagnosis has been established. Once the doses of your medication get stabilized, you should gradually regain your strength and energy and regain your lost weight.

Most endocrinologists prefer hydrocortisone rather than dexamethasone as the glucocorticoid replacement but there is room for discussion. The argument for dexamethasone is that it is long acting and only has to be taken once per day. Since it does not provide the normal fluctuations in glucocoricoid levels throughout the day, even doses that seem in the physiological range usually result in over-treatment because the cells in the body are exposed continuously to glucocorticoid.

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The argument for hydrocortisone is that it is the hormone that the adrenal normally produces and is metabolized fairly rapidly. This means that the cells in the body are normally exposed episodically to varying levels of hydrocortisone throughout the day. Hydrocortisone replacement is usually given twice or preferably three times per day with the largest dose in the morning and smaller doses at lunch and in the late afternoon or at dinner. Usually the total dose is 20 to 30 mg. The smallest dose that makes you feel well is the best dose. You should always be sure to discuss your treatment with your family doctor or endocrinologist because each person has different needs and in some cases, other medications can affect rate of metabolism of hydrocortisone.

Q: I was diagnosed 12 years ago with Addison's Disease. It appears that my hydrocortisone dose is too high (determined through 24 hour urine cortisol test) and my Florinef is too low. After 4 months, I'm still having a terrible time getting the correct dose. Do you know where I can have a day curve done? I've asked my doctors but they don't seem to know where I can have this done. Is it available anywhere in Canada or the USA?

A: You have raised two interesting questions. The first is the value of a day curve in determining your hydrocortisone dose and the second is the role of a 24 hr urine in determining your dose of hydrocortisone. When you take hydrocortisone by mouth, it is absorbed rapidly and is metabolized fairly quickly. The blood level of hydrocortisone will fall by 50% over 90 min. If you take blood levels of hydrocortisone at two to four hour intervals throughout the day and night, the blood level that you measure will depend on when you took your last tablet. The blood level when you wake up will be low and after you take your morning tablet, the blood level will rise into or above the normal range, then fall as the hydrocortisone is metabolized. Normally, hydrocortisone is secreted at intervals during the day and less frequently during the night, then at increasing frequency starting about 4 AM anticipating our rising in the morning. This provides variation in blood levels during the day with highest in the morning. A day curve will tell you what your blood level is at a specific time and it depends on when you took your last tablet. It does not help much in determining how much you need.

A 24 hr urine for free cortisol tells us how much hydrocortisone is excreted in the urine unchanged and in general is a good measurement of how much hydrocortisone is produced during the 24 hr period. When we take hydrocortisone tablets, our blood levels may at times be higher than normal and at other times low. This may influence how much hydrocortisone is excreted, so once again, may not help to determine how much you need.

The most important thing is how you feel. Dose requirements vary and are influenced by your size, what you do and what other medication you are taking. The right dose for you is the smallest dose that makes you feel well.

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The dose of Florinef (fludrocortisone) is best determined by checking plasma renin and your blood pressure. A dose of 0.1 mg daily is the most common, but it can vary significantly from person to person. You should review these questions with your family doctor or endocrinologist to be sure there are no specific circumstances in your case that require different treatment.

Q: I was recently diagnosed with Addison's and am on 20 mg Cortef daily. Also, I have hypothyroidism and take synthroid 150 mcg. Can you take prescription Lortab with Cortef?

A: The question is whether you can take Lortab with medication for Addison's disease and hypothyroidism. Lortab is a trade name for hydrocodone, a drug that is related to codeine. It is used to treat severe pain problems and is generally used for short periods of time because it can be addicting. It can cause dizziness and individuals with Addison's disease may be more susceptible to this, but I am not aware of any specific contraindications. Your pharmacist should be able to give you a printout for hydrocodone including the side effects and contraindications. It is not a drug that I would normally recommend, but your family doctor may have a specific reason to suggest it in your case.

Q: I have had Addison's for over 12 years. I am thirty and went into early menopause in my early twenties. I have no children but would like to know if it is at all possible to conceive. I have been told that a donor egg may be a possibility. What are my options?

A: The question has been asked whether it is possible for someone who has gone through an early menopause to become pregnant with a donor egg. The answer is yes, it is possible. You would have to see a gynecologist who specializes in fertility problems. The first problem would be to find an egg donor, and there are a variety of factors that should be discussed with your gynecologist about this. The other steps involve preparation of your uterus with appropriate hormone treatment and fertilization of the donor egg in vitro before placing it into the prepared uterus. Each of these steps require the direction of a gynecologist who specializes in this area. There are many factors involved in this situation and my simplified description may have overlooked some factors in individual cases. These can be covered by your fertility expert.

Medical Questions and Answers - Dr. Donald Killinger, MD, PhD, FRCPC, Medical Advisor for The Canadian Addison Society, will answer your questions about Addison's disease. Send your question to Dr. Killinger directly from the webpage http://www.addisonsociety.ca/faq.html, by emailing liaisonsecretary@addisonsociety.ca or c/o The Addison Society (see address on front of this newsletter) to submit the question. Questions and answers that may be of interest to everyone will be published in the newsletter and on the website.

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