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

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**ISSUE NO. 65** **JANUARY 2012**

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**PLEASE NOTE: The content of this newsletter is intended for basic information only and not as personal medical advice. Readers are advised to consult their own doctors before making changes to their Addison management program.**

## News and Announcements:

- Membership renewals for 2012 are now due. If you have not yet renewed, please do so immediately, using the form included in this newsletter. The form is also available on our website.

- An Addisonian undergoing cancer treatment (surgery and chemo) is feeling extremely alone and would like to be in touch with other Addisonians who have also gone through cancer treatment. If you have any personal experience or would like to exchange information with her, please contact our liaison secretary, Irene Gordon at liaisonsecretary@addisonsociety.ca, who will put you in touch.

- With regret, we inform you of the death of Rick Thompson, a former member (2009) from Kitchener, who passed away recently.

## Minutes of Annual General Meeting 2011 (DRAFT):

The 2011 Annual General Meeting (AGM) of the Canadian Addison Society was held Saturday, October 1, 2011, in Brantford, ON.

The AGM meeting was called to order and thanks offered to Harold Smith, South/Central Ontario Support Group Leader whose group hosted the AGM. This segment of the day was chaired by Irene Gordon. We began with a small tribute for Greeta (Fraser) McKague, one of the organization's founding members, who passed away quite recently. Thirty-four people were in attendance. Our thanks to Leslie James who acted as our recording secretary for this meeting.

1. **Welcome** – Introduction of Guests

2. **Review of President's Report** – Irene Gordon
Reminder - Newsletters are posted on the website.

3. **Adoption of minutes from 2010 Annual General Meeting** – Irene Gordon
**Moved** by: Rick Larocque; **Seconded** by: Denise Burpee and **CARRIED** that the Minutes of the 2010 Annual General Meeting be adopted.

4. **Financial Report** – John Gordon
Financial Statements made available for periods ending Dec. 31, 2010 and Sept. 30, 2011
**Sept. 30, 2011** - $34,379.90 bank balance. $22,535.76 invested. Balance on deposit at TD Canada Trust ($7,454.34 for The Canadian Addison Society, $4,389.80 for Support Groups)
Major expenses: ~$800 Newsletter, ~$850 Phone
**Moved** by: Don Archi; **Seconded** by: Harold Smith and **CARRIED** that we accept the financial report as presented.

5. **Slate of Officers & Directors for 2011/2012** – Irene Gordon
Motion to accept and close new board nominations – Gerry Ott (BC) and Don Archi (ON)
**Moved** by: Nancy Bingeman; **Seconded** by: Jack Mayos and **CARRIED**

6. **Membership Update** – Irene Gordon
153 current paid members as of October 1, 2011.

7. **Old Business**

a. **Update on Hair Cortisol Testing** – report is on website in July 2011 edition of newsletter.

b. **Update on Brochure Holder** for information leaflet – Harold Smith:
Harold reviewed the concept – the goal is to create awareness of The Canadian Addison Society, for both patients and endocrinologists. The brochure holder would make the brochures more visible/available and the contact information in the brochures would benefit newly diagnosed or existing Addisonians seeking support.

The brochure holder is available as a tabletop or wall-mount and can hold up to 50 brochures.

Lots of discussion and suggestions.

Additional stickers/labels with contact info to be included in the test packages.
How would success be measured?
Suggested that we create feedback area on website – "How did you come across this brochure?"
Attach evaluation form with paperclip to brochure
Include Postal Code? For tracking purposes
Discussion about GP's and ER's – suggestion to post at Doctor's office, but noted that with the average family doctor – the "hit" rate may be much lower.
Endocrinologist's offices would benefit more and would be the better target.
Investigate the possibility of using TV's infomercials in doctor's offices to create awareness.
Change approach – ask each Member to take advantage of their situation – Endo, Doctor, Gastro, etc. Endo will remain primary contact, and perhaps 2-3 kits made available initially.
Other ways of raising awareness – Mailings – Irene. Hardly any returned. Ensuring we connect with Endo's across country in a phased approach – i.e. By province.

**Motion made** that we proceed with a test run of 50 kits in South/Central Ontario to determine viability of this project. Members will distribute to their own doctors to save postage costs. Endocrinologists are the primary focus.

**Moved** by: John Gordon; **Seconded** by: Roger Steinmann and **CARRIED**

Congratulations extended to Harold Smith for all the work and investigation that's gone into this concept over the past couple of years.

8. **New Business** – Irene Gordon

For discussion: Covering travel costs and accommodation, meals, etc. for Executives to fly in for AGM. Rationale – Treasurer and Secretary missed at meetings out West, for expertise in financial areas.

**Motion** to reimburse expenses for travel by Executive members was **not seconded** and therefore **tabled**. However, r**ecommendation was put forth to explore other less expensive communication options**: web conferencing, SKYPE, and teleconferencing. Begin with teleconferencing or SKYPE and perhaps investigate video conferencing.

9. **Next AGM in 2012** – Location Vancouver Island. Date TBA

10. **Guest Speaker** – Dr. Stan Van Uum

**Topic**: What is the Endocrine Society currently studying that may be meaningful to Addisonians?

⇒ Must advocate for ourselves.
⇒ and as a group – just like The Canadian Addison's Society

- General – all kinds of individual differences – presentation, impact on family, length of time for diagnosis.
- Patients need to be the experts and the doctors need to learn from us.
- Too many doctors think that once you are on medication, all your problems are solved.
- If you look at biological treatments (i.e. diabetes, thyroid) – lots of variation due to personal differences.
- Often more than one hormone to replace.
- Adrenal hormones increase before you wake-up. So you may start the day when you are already behind. If there is a problem, perhaps set-alarm a couple hours earlier – wake-up just to take morning dose – and go back to sleep.
- Was surgery involved? Auto-immune? – could lead to other auto-immune – thyroid, celiac, diabetes (not familial)
- Taking too much prednisone for a long time has implications
- Variations with absorption (i.e. celiac), affects metabolism.
- Not every health issue you have is caused because you have Addison's. Nausea – is it from being under-dosed or something you ate?
- If starting any new medications, ask pharmacists about interactions. If you want to make a change, just do one change at a time. You will not be able to identify if there are too many changes – complicates things. Document: Keep a journal about side-effects: weight change, diarrhea; write it down to avoid falling into the same trap in the future.
- What is the individual right dose? Other things need to be considered – is it Thyroid, Vitamin D or B-12 deficiency, Diabetes. Rather than ask, "Do I have Hypothyroidism?" say – I have not been feeling well, so other issues can be uncovered and you have a plan. Ask for copies of any tests that are done. Certain diseases run in families. If Auto-Immune, Vitamin D mal-absorption could be an issue. Also screen for B12 and Celiac.
- B12 – common test – if in lower half of normal range, you could ask for another special B12 test (more expensive).
- TSH is a very good test.
- No lab test is 100% perfect.
- Low ACTH Readings: DHEA – also dependent on ACTH
- Discussion about Insurance premiums – starting to see questions on Travel documents re: "Do you have Adrenal Insufficiency".
- Exercise – there may be some need to increase dosage. If you make a change, keep it the same for 4wks and see if there is any difference. Keep a diary.
- Development of dual release Cortef. Benefit is the release is closer to the normal physiology. Patients feel somewhat better. Not available in Canada yet. When and how can we get it to Canada sooner? Suggestion – We, as patients, need something to help us feel better. Awareness in news will help.
- Longer term study on side-effects: Reducing impact on quality of life. More and more are changing Cortef to 3 times a day (i.e. 20, 5, 2.5) to mimic more of the natural rhythm.
- Kidney Transplant – What happens to the Addisonian? Dosing required to suppress immune system – need higher dose. Adrenal gland does not get transplanted. No studies

have shown that this is possible at the moment. Need innovation.

- Cortisol binds to receptors all over the body, so there is an effect everywhere. Effect on Mood Swings and Brain Fog. Higher levels of Cortisol – increased mood swings and negative effect on memory. Higher exposure to steroids has an effect. Keep track of when you take the medication and incidences.
- Florinef – Affects water and blood volume in body. Too much – blood pressure is high. Measure BP lying down and then standing up. Measuring position changes.
- Signs of too high dosages of Cortef or Prednisone – (like Cushing's):
  - Weight gain
  - Blood Pressure increase
  - Blood-sugar increase
  - Lose Calcium
  - Risk for Cardiovascular disease
- Overall, you would like to go to the lowest dose that you can tolerate without having an Addisonian Crisis.

## Highlights from Local Meetings:

### Vancouver Island Support Group

The Vancouver Island Support Group will meet at Victoria General Hospital in Room 1814, near the Cafeteria, between 1:00 and 3:00 PM on the following Saturdays: February 18 and June 2, 2012. Reminder: the autumn meeting is hosting the 2012 AGM.

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

### BC Lower Mainland Support Group

The group of 14 met November 5, 2011 with three newly diagnosed Addisonians and a family member attending. They are all adjusting to their new diagnosis and balancing medications. Our new meeting room has splendid views and a set up conducive to discussion.

Note that parking meters now have a two-hour maximum on side streets.

When you have blood work done, be sure to register with www.myehealth.com. You may be given a number from your blood work test sheet or you can register on line within 15 days of the tests; you will receive a PIN number by mail to complete the registration. Once you have completed the one-time entry into the system, you will then be able to access all future blood work results within roughly 24 hours.

UBC is calling all past participants of the 1st Year Medical Students interviews program. We will forward information to all members as soon as it is received. Those who have not received a call from UBC, contact them early to be included in their curriculum studies. This is a great opportunity for us to raise awareness about Addison's Disease with the medical profession.

Thanks to Marilyn Thauberger for providing us with another great guest speaker, Susan Turner, a certified hypnotherapist, along with a host of other credentials related to stress relief, which people need before they can heal. Hypnosis works with the subconscious mind – the emotional, imagination side of the brain – to find the root of the stress. Natural processes such as daydreaming can help to heal the mind and regenerate the body. Susan led us in a simple guided meditation, which not only relaxed us, but gave us a "special place" to return to when we wish to meditate again.

Marilyn Thauberger is finalizing a speaker for our next meeting. Dates will be posted on the website and sent to members when they are confirmed.

Submitted by Judy Stanley

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

## Alberta Support Group

For information on this support group, contact Ginny Snaychuk at ginray@shaw.ca or (780) 454-3866 in Edmonton, or Peter Little at bettypeter66@gmail.comor (780) 918-2342 in Edmonton.

## Saskatchewan Support Group

For information on this support group, contact Elizabeth Hill at (306) 236-5483 kesahill@sasktel.net or elizabeth.h@pnrha.ca.

## South/Central Ontario Support Group

Because the meeting was attached to the AGM, the focus was Emergency Injection Training presented by member Denise Burpee, RN.

A Solu-Cortef injection is a temporary measure till you get to hospital, where you will receive intravenous Solu-Cortef and fluids. The most important thing is to get medication into the body. Don't try to be exact or make it overly complicated.

Participants watched a demonstration, received instructions and practised all steps of injecting (using oranges or grapefruits): hand washing, mixing Solu-Cortef, drawing up medication into syringe, injecting medication and safe disposal of needles.

An intramuscular injection starts to work in a few minutes, peaks between ½ - 1 hour and can last from 6 to 10 hours.

It is very important to understand and be familiar with the signs/symptoms of when you need an emergency injection. Vomiting or major diarrhea may require an injection, especially if emergency help is not immediately available. Remember that suppositories are also available for prednisone, and can be helpful if nausea is a significant issue (for ex. With cancer treatment).

A template on the website can be used for travel purposes under the section "Healthy Living/Emergency Letters". This letter should be on a doctor's letterhead. A suggestion was made to have the letter laminated. Triage nurse may look at letter and it may influence her/his response to your condition. It is important to have an advocate – someone to speak for you – partner, spouse, family member, etc.

**Paramedics can NOT give injection, EVEN if you have documentation and a kit.** This is why it is important to have kit on hand and know how to use it. Emergency kits are for security and are recommended by The Canadian Addison's Society. Your doctor can write a prescription for Solu-Cortef. You assemble the remaining elements in the kit yourself and find a suitable carrying case. Include the doctor's letter in the kit.

MedicAlert is advocating on our behalf regarding the training of Paramedics to get them to consider treating Addison's Disease.

Follow up to AGM re: brochure holder: Harold will try to roll-out the test program in South/Central Ontario before the May meeting.

Submitted by Harold Smith

The South/Central Ontario Support Group will meet Saturday, May 12, 2012, at Erin Mills United Church Lower Hall (elevator available), 3010 The Collegeway, Mississauga, Ontario, L5L 4X9, speaker to be determined. For further information on Southern Ontario Support Group activities or meetings, contact Harold Smith in Kitchener at hsmith9995@rogers.com or (519) 742-9995.

## Eastern Ontario Support Group

The next meeting will be the weekend before the May long weekend, on Saturday, May 12, 2012, at Robbie's restaurant on St. Laurent in Ottawa, starting at noon. Attendance in October was very disappointing, so we hope more members will be able to make the May meeting.

If members from Kingston/Cornwall are interested in attending a meeting closer to home, please contact Stephen McKenna at steveandpat@rogers.com or 613-523-7648. If there is enough interest, we will arrange one.

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

## Québec Support Group

Our representative in Québec is Marie-Josée Normand, in Montréal. If you wish to contact her, she can be reached at (514) 376-2712, by email at marijonormand@videotron.ca or through the 'Local Groups' page of our website.

Notre représentante au Québec est Marie-Josée Normand, à Montréal. Si vous désirez la rejoindre, vous pouvez communiquer avec elle au (514) 376-2712, par courriel au marijonormand@videotron.ca, ou bien par l'entremise de notre site-web.

## Atlantic Support Group

The Atlantic Canada Support Group is looking for a volunteer to act as contact point. If you can do this, please contact the Liaison Secretary at liaisonsecretary@addisonsociety.ca or at the national address shown on the front of this Newsletter.

# Medical Q & A

There is now a very large and wide-ranging set of questions on both daily living and very situation-specific issues that have been answered by our medical advisor. To review these questions, please go to the Canadian Addison Society website under Education (http://www.addisonsociety.ca/related/FAQApril2011.pdf), or see previous issues of the newsletter.

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

**Q:** I am on chemotherapy every three weeks for cancer, and am feeling Addisonian symptoms, and wonder if I should be adjusting my Cortef schedule. The chemo includes 3 days of dexamethasone 8 mg in each chemo cycle. My endocrinologist has told me to keep my dosage the same except for the days where I take dexamethasone in a fairly high dosage; on those days, I was told not to take my regular Cortef. I have also had trouble sleeping and was thinking of using melatonin

> **A:** Getting chemotherapy is obviously a stress, so you may need extra cortisol while this is going on. The greater the degree of stress, the more cortisol you would need. Since dexamethasone is part of the chemo treatment, it depends on the dose whether or not you need to take Cortef on those days. For example, if you were getting 16 or 32mg of dexamethasone daily, this is a large dose and your regular dose of cortisol would be relatively small, so whether you took your regular dose of cortisol on those days would be your choice, it would not hurt you. The relationship between the glucocorticoid strength of dex and cortisol is about 100:1, i.e. 0.5 mg of dexamethasone

is roughly equivalent to 50 mg of cortisol. The glucocorticoid activity of the dexamethasone is so much greater than the cortisol that it probably doesn't matter whether you take it continuously or stop on the days you take the dexamethasone. If it is easier to take your cortisol as usual, then do so; you do not have to worry about it. I don't think it will make any difference if you take the cortisol continuously or stop for the days you are getting the dexamethasone.

The dexamethasone may be a factor in your sleeping problems. Cortisol can also cause sleep problems so we usually suggest that the last dose of the day be as early as is convenient such as 4 or 5 PM. I am not sure that there is an easy solution to this. Melatonin has an effect on your sleep center. It should not have any negative effects on your Addison's treatment.

**Q:** I am Addisonian, currently on 30 mg of Cortef. Soon, I will have cataract surgery. My endocrinologist has advised my surgeon that I need only double my Cortef, taken orally, yet most of the literature recommends 100 mg at the time of minor surgery, including cataract, with 2x normal dosage the following day. There is also a question as to whether I have Addisons. Nevertheless, I am on Cortef as I have 7 other AI diseases. These other conditions mean that I undergo endoscopies and other "minor" procedures for which the websites advise IM cortisol.

**A:** You are right that most surgical procedures that are considered major require 100mg of Solu-Cortef, either IM or IV prior to the anaesthetic. In the case of cataract surgery, it is usually done without a general anaesthetic and would not be considered major surgery. In your case, I think your endocrinologist is correct and an extra 30mg on top of your usual dose should be about right. When to take the extra depends on when you are having the surgery. If it is in the morning, take the extra at the time of your usual morning dose. If the surgery is in the afternoon, take the extra Cortef at noon, at least an hour before your surgery.

**Q:** I am nearly 54, have had primary Addison's disease for almost 6 years, and was diagnosed with breast cancer (a different type in each breast). My Addison's has been fairly stable with 25 - 30mg of hydrocortisone and 0.1mg fludrocortisone daily. I have had the first session of chemotherapy, and I would like some advice about how much daily cortisone to take. I have had side effects (which are all so similar to Addison's symptoms) that I am still on a double hydrocortisone dose. The oncologist does not seem at all concerned about my Addison's, but I am. I am also concerned with the prolonged high dose of hydrocortisone, but am guessing that as an Addisonian (under stress) I will be "using" it up and will be able to taper down one day again. I have no cushingoid signs. I have always kept an injection kit on me, fortunately I have never needed to use it, but it just gives me peace of mind.

**A:** I don't think that there is a specific answer to your question, but there is a general approach that should see you through the treatment schedule. It looks as if you have already started to do the right thing. The treatments are stressful and because of this you need extra cortisol to deal with the situation. The question is "how much?". If the treatment makes you feel a little upset, then an extra 10 mg of cortisol may be enough. If you feel very unwell, you may need an extra 20 to 40 mg of cortisol. It is possible that you may have nausea or be unable to keep your cortisol down. It is good that you have an emergency kit so you could get 50 mg (1/2 of the ampoule) or 100 mg of Solu-Cortef intramuscularly. This might save a trip to emergency, but never hesitate to go to emergency if you are concerned. I hope the extra oral cortisol will help you over any difficult periods. You should be in touch with your endocrinologist as well as your oncologist if you have any concerns.

**Q:** Our daughter was recently diagnosed with autoimmune adrenal insufficiency. The internist suggested the addition of DHEA as well as the hydrocortisone prescribed at this time. We are waiting to hear back whether she also needs to take florinef, which seems very likely given her symptoms. What are your thoughts about DHEA? Are doctors allowed to prescribed DHEA in Canada for adrenal insufficiency?

**A:** The appropriate treatment for adrenal insufficiency is cortisol and usually florinef. The dose of cortisol varies but is usually given twice or three times daily. The addition of DHEA to this routine has been extensively discussed. Most studies have shown that the addition of DHEA does not provide any beneficial effects. There are some who feel that it is helpful but the recommendation of the American Endocrine Society is that there is insufficient evidence to recommend the use of DHEA. In our own study, we did not show a beneficial effect when DHEA was given for one year. DHEA is currently not legally available in Canada but it can be obtained from some pharmacies. I do not think it would be an important addition to your daughter's treatment routine.

**Q:** I have had Addison's disease since I was 25 years old; I believe I had it from age 10 but wasn't diagnosed till then. My daughter, 42 years old, who has always been fairly healthy but not had a lot of stamina, has been very tired for the last four or five years. She works half-time and comes home and sleeps for 2 hours many days. She feels she couldn't work full-time, and is exceptionally tired for someone her age. She has things she wants to do and ends up sleeping or resting. She is on an antidepressant for anxiety, which I know, can make you tired, but she has been taking it for at least 5 years. Her electrolytes have been tested as well as thyroid (I also have hypothyroidism) but nothing shows. I know there are better tests for Addison's disease and feel she should be referred to an endocrinologist. She is going to see her family doctor for a physical. What tests should she ask for? I know it doesn't necessarily mean Addison's disease but feel it should be ruled out.

**A:** The symptom of fatigue is always difficult to assess. In your daughter's situation, there is a family history so it is worthwhile checking out the possibility of an adrenal or a thyroid problem. The most specific test for Addison's disease is a morning serum ACTH and cortisol. A plasma renin can also be helpful. These can be arranged by your daughter's family doctor. Changes in electrolytes come only when an individual has become quite ill.

**Q:** I was diagnosed with primary Addison's disease ten years ago. I'm wondering if a person with primary Addison's can take chemotherapy for cancer.

> **A:** Chemotherapy is the only option for the treatment of a malignant disease. An individual with Addison's disease can be treated in the same way as individuals who do not have this problem. The chemotherapy is a stress and your dose of cortisol will have to be increased relative to the degree of stress. Some types of chemotherapy include large doses of prednisone or dexamethasone and if these are part of the treatment, the usual replacement dose of cortisol can be continued. Always discuss this with the endocrinologist involved.
>
> If the chemotherapy results in nausea and vomiting, the cortisol will have to be given by injection and it would be important to discuss this with your endocrinologist and oncologist. The treatment may have to be done in hospital.

**Q:** I think I am having an Addisonian crisis and I don’t know how seriously I should react. I am dealing with a large amount of emotional stress and have never had to up-dose for this before. I have doubled my usual cortef dose but am still feeling dizzy, faint, weak, tired, and short of breath and am having trouble concentrating. I have woken up a few times in the night because I have stopped breathing. At what point should I go to the hospital?

> **A:** It is hard to quantify stress so it is hard to know how much more cortef you need. I think that you have done the right thing by doubling up on your cortef and you should carry on with this for a few days until things settle then return to your original dose over a few days. The symptoms you describe are compatible with stress, but you should consult your family doctor to be sure everything else is OK. If your family doctor is concerned she/ he can suggest that you go to the hospital.

**Q:** For a number of years, I have noticed that my body temperature is between 35.5C and 36.0C. Is this of any concern? I have Addison's Disease (diagnosed in 1993). I have read that this can be associated with Addison's. Is that correct?

> **A:** Individuals in an adrenal crisis may indeed have a low body temperature. An underactive thyroid can be associated with a low body temp. If you are feeling well, your temperature should be normal. I think you should only take your temperature if you are worried about a fever.

**Q:** I was diagnosed with Addisons in 1975 and take 7.5 mg prednisone and .01 mg florinef. I have hypothyroidism and bounce between 0.1 to 0.88 mg of levothyroxine. I had a bladder infection and increased my prednisone to 15 mg while on antibiotics, but I haven't been able to get back to my maintenance dose. Blood work through my endocrinologist showed cortisol levels at 80, which my family doctor said is low normal, but normal for anyone with Addisons.

My symptoms are vague - no weakness but just not totally right. I am fearful of dropping the prednisone and have been bouncing from 10 to 12 mg. I have had problems returning to normal dosages when I have stress dosed in the past. My doctor said I have to separate normal fatigue from Addison's fatigue, but I can't always tell and am so fearful of Addisonian symptoms.

> **A:** It sounds as if you have done well over the years so you will get through this as well. Your basal doses of prednisone and florinef and thyroxine are appropriate. I am not sure why your thyroid dose has been bouncing. I don't think you should change your dose if your TSH goes up or down a little. The change could be due to a missed dose of thyroxine or some other factor, so only change if your TSH is up or down over a couple of determinations.
>
> You are on prednisone, so measurements of serum cortisol are not very helpful in assessing how much you need. It is better to measure ACTH in the morning. It will probably be around 40 pmol/l. If it is much higher, e.g., over 100 pmol/l, you may need a little more prednisone; if it is low, you may be getting too much. It may take time to get back to basal levels but as long as you are taking more than your usual daily dose, it is unlikely that you will get into difficulty. It sounds as if your doctor is giving you good advice. Be sure you keep in touch with her/ him before making any changes so they will be aware of what you are taking.

**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). Questions and answers that may be of interest to everyone will be published in the newsletter and on the website.

# THE CANADIAN ADDISON SOCIETY
## STATEMENT OF INCOME & EXPENSES
### FOR THE PERIODS ENDING DECEMBER 31, 2010 AND DECEMBER 31, 2011

| | | | |
|---|---|---|---|
| Cash on hand and in banks | | **January 1, 2010** | **January 1, 2011** |
| | | $24,008.82 | $28,818.15 |
| **Income** | | | |
| Dues Received | - National | $2,516.18 | $3,329.20 |
| | - Support Groups | 405.00 | 570.00 |
| Donations | | 6,033.93 | 6,204.13 |
| Interest | | 130.38 | 267.17 |
| | | **9,085.49** | **10,370.50** |
| **Expenses** | | | |
| Advertising & Publicity | | 389.54 | - |
| Newsletter | | 698.08 | 901.95 |
| Web Site | | 201.14 | 201.14 |
| Secretarial | | 1,200.00 | 1,200.00 |
| Annual Meeting | | 100.00 | 70.57 |
| Postage, stationery and supplies | | 309.80 | 874.86 |
| Telephone | | 986.57 | 999.34 |
| Support Group Expenses | | 366.28 | 325.62 |
| Bank Charges | | 24.75 | 162.99 |
| | | **$4,276.16** | **$4,736.47** |
| Cash on hand and in banks | | **December 31, 2010** | **December 31, 2011** |
| | | **$28,818.15** | **$34,452.18** |

# THE CANADIAN ADDISON SOCIETY

## Analysis of cash on hand & in banks as at December 31, 2011

| | |
|---|---|
| **Equitable Trust** - | |
| The Canadian Addison Society - $7122.12 @1.3% due February 6, 2012<br>- $15,483.14 @1.4% due March 19, 2012 | $22,605.26 |
| **TD Canada Trust** - | |
| The Canadian Addison Society | 7,506.60 |
| Quebec Support Group | 145.00 |
| Eastern Ontario Support Group | 567.41 |
| South/Central Ontario Support Group | 1,833.97 |
| Saskatchewan Support Group | 140.00 |
| Edmonton Support Group - Alberta | 454.60 |
| Lower Mainland (Vancouver) Support Group - British Columbia | 544.44 |
| Vancouver Island Support Group - Victoria | 655.00 |
| **Total** | **$34,452.28** |

# 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

***Membership in The Canadian Addison Society is $25.00 due January 1st of each year.***

*New Membership* ☐ *Renewed Membership* ☐ **+** *Plus a Contribution* ☐

*Name:* ______________________________________________

*Address:* ____________________________________________

______________________________________________________

*Postal Code:* ____________________ *Telephone:* ____________________

*E-mail Address:* ______________________________________

*How do you wish to receive the Newsletter?*

☐ *I will read it on the website at* ***www.addisonsociety.ca***

☐ *by mail*

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

______________________________________

*You may also direct $5.00 of your annual fee to one of the local support groups below. Please check a box of your choice.*

☐ *$25.00 to go to The Canadian Addison Society*

***OR***

☐ *$5.00 to Québec Support Group – QC+ $20.00 to Society*
☐ *$5.00 to Eastern Ontario Support Group – ON + $20.00 to Society*
☐ *$5.00 to South/Central Ontario Support Group – ON + $20.00 to Society*
☐ *$5.00 to Saskatchewan Support Group – SK + $20.00 to Society*
☐ *$5.00 to Alberta Support Group – AB + $20.00 to Society*
☐ *$5.00 to BC Lower Mainland Support Group – BC + $20.00 to Society*
☐ *$5.00 to Vancouver Island Support Group – BC + $20.00 to Society*

**+** *Contributions are also gratefully accepted. A tax receipt will be issued for contributions over $10.00.*

*Please make cheque or money order payable to The Canadian Addison Society and send c/o Treasurer, 193 Elgin Avenue West, Goderich ON N7A 2E7*

Revised: October 2010