The Canadian Addison Society
La Société canadienne d'Addison

193 Elgin Avenue West, Goderich, Ontario N7A 2E7
Toll free: 1-888-550-5582 Email: liaisonsecretary@addisonsociety.ca
Website: www.addisonsociety.ca

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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. Please note that the Society does not endorse the information provided by guest speakers.

News and Announcements:

For the young Addisonian's out there, this is an article from Sandia **National Laboratories** that may be of interest to you for the future. Keep an eye on the possible advancement of this Electrolyte Sensor concept. Clearly it has years to go before it may ever become applicable to our needs, accepted and approved for use in Canada. You will note the article does not even mention Addison's disease or Adrenal Insufficiency yet the concept is interesting to us. We'll see what the future holds Thank you to a very observant member that spotted this and passed it on. We have been in touch with the Sandia Labs organization and reprint this with their permission.

Prototype electrolyte sensor provides immediate read-outs

Painless wearable microneedle device may reduce trips to doctors' offices

Sandia National Laboratories researcher Ronen Polsky holds a prototype of a microneedle fluidic chip device able to selectively detect and painlessly measure electrolytes in the interstitial fluids that bathe skin cells. It features nine sampling needles, each only 800 millionths of a meter (microns) in height, and beneath them, a fluidic channel that can draw interstitial fluid over nine gold disk electrodes. Each disk can be tailored to detect a different analyte. The visible rectangular gold pads are electrical contacts.

To read the full News Release follow this link.

https://share.sandia.gov/news/resources/news_releases/electrolyte_sensor/#.U8SFRZVOXIU

President's Comments

The Canadian Addison Society Annual General Meeting will be held Saturday, September 27, 2014 at the Brantford Police Services Building, Community Room, 344 Elgin Street, Brantford, Ontario.

As important and essential as the AGM business is, it occupies only a small percentage of the meeting day. If you are a member in the area and have stayed away from AGM's in the past to avoid what you thought was going to be a boring meeting, please do not stay away this time. You will miss what looks like an excellent day.

The meeting will be held in conjunction with the regularly scheduled South Central Ontario Support Group Meeting. The Guest Speakers for the day will be **Dr. Stan Van Uum and Dr. Christine Ibrahim** reporting on the recent ADEQUATE Study. There are few topics that hit so close to home for those of us with Adrenal Insufficiency. If you live in the area, don't miss this!

Submitted by Harold Smith, President

Newsletter Editor:

Please send your articles about your experience with Addison's either as the patient, caregiver, family, friend, nurse, doctor or anyone else with a connection to Adrenal Insufficiency. Each of you has a story that may support and help someone else understand what is happening to them. You may reach me at newsletter@addisonsociety.ca. Thanks, Carrie

A Personal Story

My daughter Lisa Marie at age 9 was a very healthy happy loving child. It all started with a dollar size white spot on her tummy. I grabbed both my children and rushed Lisa to the nearest Emergency Room. I was a young single parent and the doctor in emergency barked at me that I was wasting emergency room time with a child who simply had a skin thing! I rushed Lisa the very next day to our family doctor who we had been with for over 8 years so he knew my daughter well. He didn't seem too concerned and sent me to a dermatologist who ran blood tests. I figured she knew what she was doing!

Lisa started getting strange little flu's but the doctor just dismissed them. Lisa's white spots were increasing and I told the Dermatologist my daughter was constantly feeling unwell. Lisa was not a complainer so that didn't help. The Dermatologist decided to send me to the children's hospital for a second opinion. While waiting for an appointment I started wondering why Lisa looked so tanned. The Dermatologist did not question it at all.

I rushed Lisa to the family doctor many more times as she always looked tired and even with a good appetite had lost weight. I heard the same story, that she was catching it at the school or at the after school program. I complained to him that her hands were not dirty yet Lisa was being sent to the washroom to wash her hands! He took her hands and checked them over telling me it was just her pigment.

By this time Lisa was seeing the Dermatology Dept. at the children's hospital. Again blood was taken and the doctor declared that she was well and that she just had vitiligo, a skin disorder that would not affect her health. This was the 2nd Dermatologist to tell me this. I explained that Lisa was always catching something. They totally ignored that fact.

A Personal Story (continued)

On her next visit she had more blood taken and threw up in the blood lab for the second time. This was on a Wednesday.

Her skin was quite tanned and the white spots were now all over her body. They sent her to Paediatrics. Lisa was feeling very weak and sick. The Doctor read her chart, took her blood pressure and listened to her heart. He started telling me that kids her age make a big deal out of being sick.

Lisa complained about stomach pains and was checked over in emerg and sent back to Paediatrics where the doctor told me she had a virus and would be fine. My son was graduating from grade 8 the next day so not wanting to get Lisa overtired I took her to Mom's When I picked her up Friday I thought she looked grey in the face. Mom thought Lisa just had a virus and that I would be wasting my time in Emergency but Lisa cried Mommy I feel like I am dying! Worried sick I took her.

Once in Emerg she perked right up and was talking to everyone. As soon as the doctor saw Lisa he told me that they were putting her in for observation. Soon she was put in a private room and a doctor was putting an IV in Lisa's arm. He told me there is more to this and we will talk later. Suddenly she was squirming and saying she felt really hot. I looked at the doctor and I just told Lisa not to move around so much as she might pull out her IV. She flinched kind of funny so I put her head in my hands and asked if she was ok. She looked at me with a beautiful smile and said she was ok. Relieved I placed her head down.

Before I could say another word Lisa suddenly had a massive cardiac arrest. Terrified I stared at my daughter and saw death on her face! I ran out of the room for help! Unfortunately it was too late. I do remember crash carts flying past me and someone dragging me down the hall where I just prayed and prayed and prayed. When they told me she was gone I was so devastated I couldn’t put it into words. I asked that they call my parent's and not to tell them what happened, but just to get to the hospital as soon as they could get there, safely.

It took a few weeks for the Coroner to tell me Lisa died from Addison's disease and that a virus called Myocarditis had attacked her heart. He claimed even if they had diagnosed her, she was so weak she would probably have needed a heart transplant and have died anyway!

The anniversary of Lisa’s death just passed! It has been very hard living life without my daughter but I know she is with the Angels and her now deceased grandparents. On a happier note Lisa's story many years ago saved my co-worker's daughter. So where I did not get a miracle, someone else did. I hope you share Lisa's story as I have told countless others! This way Lisa did not die in vain!

Submitted by Gladys

Support Group Meetings:

Vancouver Island Support Group – Victoria

The Canadian Addison Society Vancouver Island support group met Saturday afternoon, May 31, at a member's home, with 9 people attending. We have not found a suitable meeting room in the Victoria area, so we will plan future meetings in willing members' homes, for the time being.

Costco pharmacy was asked by a member how long Florinef may be safely kept un-refrigerated. The pharmacy contacted the supplier who stated that 30 days was the limit in temperatures 15 to 30°C.

Vancouver Island Support Group – Victoria (continued)

Another member noted that calcium and synthroid (levothyroxine) should be taken 4 hours apart to avoid poor absorption of the levothyroxine, and at least a half an hour before eating. https://www.synthroid.com/prescription/tips.aspx and http://www.ncbi.nlm.nih.gov/pubmed/21595516

It was also mentioned that foods with oxalates can reduce the absorption of calcium contained in those foods. Spinach, rhubarb, Swiss chard and beet greens are examples of foods that are high in oxalate. See http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2621390/ under Food Interactions.

A question was asked of the group: How many people present have Schmidt syndrome? There were five out of the seven Addisonians present. http://www.merckmanuals.com/professional/endocrine_and_metabolic_disorders/polyglandular_deficiency_syndromes/polyglandular_deficiency_syndromes.html

A woman has low energy for the first hour each morning until after her thyroid and adrenal replacement take effect. She wondered if a change in when she takes her second dose of steroids may help. Others experience the same tiredness in the mornings. As our replacement cannot replicate how a healthy adrenal gland secretes hormones at the optimal time our body needs them, and our medications will clear from the body after a defined time period, it is likely we could experience times of low energy between doses.

For a member about to leave on vacation to Mexico, her endocrinologist suggested doubling her dose of Cortef and Florinef before the trip. She has difficulty in hot climates, as many of us do. Others increase their Florinef dose in the heat. Another woman had to adjust her Florinef dose to avoid vertigo and high blood pressure, finding that alternating, taking one tablet one day and two the second, keeps her stable. A man experienced unusual symptoms including headaches, a tender scalp, stabbing pains in his throat, ear and upper side of his head, facial swelling, and the occurrence of large red welts on his face and scalp, with all symptoms located on the upper right side of his head. He visited a walk-in clinic three times during this month long illness, where an appointment was arranged to see a neurologist and various blood tests prescribed including one for vitamin B12. Knowing that his B12 results were at the low end of normal and finding that B12 can be used to treat neuralgia, he took off-the-shelf sublingual vitamin B12 tablets which prompted a dramatic improvement. Interestingly, symptoms ceased in the reverse order as they first occurred. Other members take B12 for an auto-immune deficiency that can be present with auto-immune adrenal insufficiency. Another member alleviated tenderness on the left side of her scalp by taking B complex. For another, her blood test results for B12 are at the high end of normal. http://www.nlm.nih.gov/medlineplus/ency/article/000574.htm

Heartburn, a sign to her of impending crisis, prompted a woman to call an ambulance. She gave the ambulance attendants an emergency letter written by her endocrinologist describing how she should be treated in emergency for an adrenal crisis. At the hospital, after being hooked up to an IV, she felt like she was about to pass out and her blood pressure was dropping. She attracted a nurse and asked if the doctor had read her emergency letter. The nurse followed up and found that, although a new doctor had been handed the letter, he had not read it until the nurse brought it to his attention. Quickly, the gravol IV was disconnected and Solu Cortef was ordered to avoid crisis. Each person with Addison's should have an emergency letter to show emergency medical staff. Please see the Canadian Addison Society page for emergency letters: http://www.addisonsociety.ca/emergencylett.html and a form from the Ottawa hospital that can be signed by your doctor: http://www.addisonsociety.ca/related/OttHospletter.pdf

Vancouver Island Support Group – Victoria (continued)

When should a Solu-Cortef injection be used if someone with adrenal insufficiency is close to crisis? Doctors usually advise to immediately take the individual to hospital emergency. If you are a long way from a hospital, using an emergency injection makes sense as a precaution, before proceeding to the hospital. Group members who frequently stay in Mexico rely on a nearby hospital

Emergency where a saline drip was enough to revive a near unconscious Addisonian after episodes of both vomiting and diarrhea.

Sleep problems are common in people taking adrenal replacement. Several members have used gravol as a sleep aid. One member stopped, as she was worried that gravol may be detrimental to her kidneys. 'Tranquil Sleep' by Natural Factors has worked for one woman.

The next meeting in the greater Victoria area will be held September 27th. Location and directions will be on our website: http://vancouverislandaddisonsgroup.weebly.com/meetings.html For further information on the Vancouver Island Support Group, please contact Jim Sadlish at vanisleaddisons@gmail.com or (250) 656-6270. For information on Central Island activities, please contact Sharon Erickson at ericksons@shaw.ca.

Submitted by Jim Sadlish

BC Lower Mainland Support Group

Meeting: June 21, 2014 - Notes by Judy Stanley including input from those attending.

Self-Injection Practice

Needles and Solu-Cortef (non medical) vials were used. This was a wonderful learning experience for us in case of emergency. A couple took needles and vials home for family members. We will be continuing Self Injection Practise at each meeting. The importance of knowing how to inject in a crisis, going to hospital for further tests and follow up were stressed by members who had sudden medical emergencies on holiday, on an airline or just at home. More vials are available for future meetings, 'practise makes perfect'.

The topics below were discussed but more input from everyone would be appreciated. Please take a few moments to read the sample questions below and reply with any suggestions or ideas. Your input would be really appreciated.

Local Membership/Meeting Attendance - Addison's can be a life threatening condition: we discussed how can we increase meeting attendance, involve more people, and attract members.

At meetings, break into small discussion groups with three or so questions to discuss, then to report to plenary. Sample questions:

How can/does the Addison's Society help you?
What can we do to increase our value to you?
What would you like to have happen at our meetings?
What would bring you out to a meeting?
Do you have concerns we can help with?

Could we arrange a separate meeting for younger people with Addison's? If you have someone in the family under 30 or 20 what would they like to see happening. Would an on-line format be more appealing?

BC Lower Mainland Support Group (continued)

One member diagnosed at 14 had a friend diagnosed with diabetes at the same time and considered herself lucky as she only had to take a pill every day, could eat what she wanted but realized when she had children that there was more to Addison's than she had previously realized.

2014 AGM will be held in Ontario with possible plans to host 2015 AGM here – more discussion will be required after input from the Executive. Originally with half the Executive back east and the others in BC it was decided to hold the AGM one year in Ontario and the next in BC. As the Cost of attending the AGM meetings is prohibitive other methods of presentation are being looked into by the Executive.

The Annual General Meeting is scheduled to take place on Saturday, September 27th at the Brantford Police Community Room in Brantford Ontario, beginning with registration at 12:30. We had hoped that we would be in a position to offer a WiFi connection so that people who wanted to connect to the meeting would have the opportunity to do so, but unfortunately, WiFi is not available at the Police Station.

The next meeting here: Neil Russell Room, Saturday, October 4, 2014 from 1:00 to 3:00 p.m. If you know of a speaker who would be willing to talk to a small group please give me the contact and I will get in touch. We also need a volunteer to take notes at meetings, this could be a different person each meeting. Just to update those at the meeting I have 72 on my email list. A reminder will be sent before the meeting.

Please check the Canadian Addison's site http://www.addisonsociety.ca/ for updated information and the latest Newsletter: Editor Carrie Smith newsletter@addisonsociety.ca Members mentioned how much they enjoyed reading the Newsletter and what other groups are doing.

Submitted by Judy Stanley

For further information on this support group please 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

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

Meeting Saturday May 10, 2014, called to Order by Harold Smith…Welcome to all present.

The first part of the program of this Support Group is always the "Self Introductions by attending member Addisonian's" and comments by some of those accompanying the members. Many feel this part of the program is one of the most valuable sessions as members are able to hear what other Addisonian's have experienced and what they did, or are doing, about the situation. Many coffee and conversation break time discussions are the result of this part of the program.

Introduction and welcome of Guest Speaker *Brad Bowie PCP,* *Community Relations Officer, Peel Region Paramedic Services.*

South/Central Ontario Support Group (continued)

Brad gave a brief history of his Paramedic career including 15 years on the road and a total of 21 years of service. Brad is currently a Community Relations Officer. He advised that prior to speaking with Harold he was not aware of Addison's disease; in fact he went back to his training text and noted that it was included in the text but not covered in training. He even had a conversation with a colleague with 40 years experience who also was not aware of it. Current training in Canada is a 2 year Community College course.

Brad explained that across Canada that a protocol is not in place to administer Solu-Cortef and in fact even in the States coverage is limited. CARE in the States is advocating to get protocols changed but it varies by State and even Counties within the individual State as to the protocol. He explained that someone in this area is trying to advocate to change protocols through the College of Teachers regarding school protocols to administer the Emergency Injection.

Many obstacles are present. Of the approximately 97,000 calls in Peel Region last year less than 1% were Addison's related. Currently if an Ambulance was called they would treat the symptoms of the Crisis- an IV can be started if needed as in Peel there is usually an Advanced Care Paramedic as part of the team. This may not be the case in all Regions.

Thankfully for those in the Peel Region and those travelling through Peel or using Toronto's Pearson Airport which is actually located in Peel Region, Brad has initiated an awareness/training initiative for their Paramedic team. All Paramedics have been sent an information sheet- copies distributed to the meeting members. We were encouraged to contact our own Paramedic Services Education Department and try and promote a similar training/awareness initiative. Brad has graciously offered to speak to other Regions and help in any way possible to facilitate this. Brad has ensured that Peel Base Hospital Physicians will be aware of Addison's disease. Peel, York, GTA, and Simcoe are all under Sunnybrook Home Base Hospital but there are 3 governing bodies for Paramedics: Ontario Association of Paramedic Chiefs (OAPC), Ministry of Health and Long Term Care, and the Base Hospital.

Although protocol for Solu-Cortef Injection is not in place there are things each person can do to help their own situation. Train others such as coworkers, family, and friends about your health situation and how to administer the injection, carry identifying information such as the cards distributed or "Vial for Life" and contact your own Paramedic Services. *(Peel Region Paramedic Service Information Sheet on Addison's (primary adrenal insufficiency is attached).*

Member Roger Steinman presented a small token of appreciation on behalf of members of the Society, for the time and advocacy Brad has given to Addison's.

Since this meeting, member ***Roger Steinmann*** *has accepted the volunteer position of* ***Assistant Regional Representative*** *for the* ***South Central Ontario Support Group****. Good Luck Roger and thank you for stepping forward to take on this most important volunteer role.*

Emergency Injection Training Clinic

Member Denise Burpee led a refresher course on how to use the Solu-Cortef Injection. Each person present had the opportunity to practice preparing the Pfizer Act-O-Vial, loading the Syringe and injecting using an orange as the target. This support group attempts to run this refresher at every meeting. One cannot practice what may be a life-saving action too often. Our thanks as usual to Pfizer for providing the practice Act-O-Vials.

Administrative Matters

Highlights of previous Meeting Minutes presented by Heather Raczynski

South/Central Ontario Support Group (continued)

Board of Director's matters: VP Don Archi has resigned and Gerry Ott has agreed to fill the position until the fall AGM when the VP position will come up for Election. Harold reminded us that he is currently filling in for Judy Stanley Past President who was unable to complete the third year of her 3 year term. The President's position will also be up for election at the AGM September 27, 2014.

John Gordon Treasurer was unable to attend our meeting but prepared a Financial Report as of May 7th 2014. It was noted that : revenue from member dues was up a bit as more members are paying more than 1 year at a time, and interest income is up slightly as the result of another investment.

One of the upcoming expenditures will include modernizing the appearance of the Society's website. Some have suggested that our website, while extremely informative and helpful appears somewhat dated now. At the same time an initiative to simplify the administrative side of managing the site is part of the plan. This will allow us to be more timely with some important postings. This initiative will take some time and effort to complete and we are hoping to secure some donations to cover part of this cost.

Current and New Initiatives

The *Brochure Holder Program*- a reminder that some people have not yet reported placing holders they have taken. If you are unable to place them please return at the next meeting and we will find a home for them.

Dr. Van Uum Survey- over 100 people participated. Dr. Stan Van Uum and/or Dr. Christine Ibrahim are scheduled to present the results at the Society's AGM slated for Sept 27th 2014 in Brantford, Ontario. Harold noted that this would be a very good meeting to attend to learn of the survey results and in particular how the results may be utilized going forward, to promote better care for Addisonian's. Of course member attendance for the Annual Meeting business portion is equally important and will not consume more than a small portion of the afternoon.

A reminder to all members to please keep your dues up to date. Also please note that the new membership form now asks for your Endocrinologist's name and address and Director of Emergency for your hospital and hospital address. This is voluntary information of course but if supplied, a copy of the Newsletter will be distributed to those Medical Personnel. Another way the Society is able to continue its Awareness Campaign, specifically on behalf of members.

Rare Disease Day- This year we joined CORD and it was noted that Feb 29 2015 is marked as Rare Diseases Day and hopefully we will find a way to mark the occasion.

April is Adrenal Awareness month in US as promoted by NADF www.nadf.us and Adrenal Insufficiency United www.aiunited.org yet not officially in Canada. The smaller number of patients spread over larger geographical area in Canada has made it difficult to make a splash for the awareness opportunity.

A concern was brought forth by member Andrea regarding this meeting taking place Mother's Day Weekend. It was noted that we might attract more to the meeting if we moved it to the first Saturday in May. Harold will look at this issue and location. Most were in favour of the change. Also, Harold will plot where members are located and see if meetings are taking place in the ideal locations. This communication will take place via email.

It was noted that NADF is a good source of information. www.nadf.us

South/Central Ontario Support Group (continued)

The idea of having a President's Youth Council was mentioned again by Harold. This is an attempt to involve the next generation of Addisonian's. He is looking for small group of youth to give some advice on how the Society might evolve to be meaningful to young Addisonian's who will eventually be the Society. They could meet via Skype or Google Video Meetings. Where appropriate parents are asked to present this idea to their young Addisonians and email Harold directly from the Home page of the Society website. Older youth are asked to contact Harold directly.

The next meeting of the South/Central Ontario Group will be **Saturday September 27, 2014** at the Brantford, Ontario, Police Station Community Meeting Room, 344 Elgin Street, Brantford, ON from 1:00 to 4:30 pm (registration at 12:30 pm). This location is accessible by Public Transit. Please check on Saturday transit schedules.
As noted elsewhere in this Newsletter, this meeting will also double as the Annual General Meeting.

Our Guest Speakers will be

Dr. Stan Van Uum and Dr. Christine Ibrahim

They will present the findings of the recent Survey (The ADEQUATE Study) in which many members participated. The results and how they may be used to improve the diagnosis, treatment and care of Addison's will be the focus. Don't miss this one.

In addition to our speakers, the Annual General Meeting business and local business matters, we will again have an **Emergency Injection Training Clinic**. If you have attended one of these before please do not assume you are now an expert. Join us if possible and repeat the experience as often as possible.

For further information on South/Central Ontario Support Group activities or meetings, contact Roger Steinmann in West Montrose at rdsteinmann@ehtel.ca or (519) 575-6590 or Harold Smith in Kitchener at hsmith81@hotmail.ca or (519) 742-8170. Submitted by Harold Smith

Eastern Ontario Support Group

The Eastern Ontario Support Group of the Canadian Addison Society met at Robbie's Restaurant in Ottawa, May 10, 2014. There were 13 people who attended the meeting.

We began with everyone introducing themselves and stating how long they have had Addison's. From there, a few reminders were mentioned such as: membership dues and that our Newsletter Editor, Carrie Smith, was asking for articles on individual experiences. From there, numerous personal stories and subjects were discussed.

We mentioned that the Australian Addison Association puts out newsletters that are really worth a look. You can get to them through our site and following the "links" section. The most recent edition mentioned dealing with travel insurance and that some companies (in Australia) will provide coverage as a pre-existing condition, whereas others will not. Their newsletter also notes their Association was asked to fund research into adrenal crises and long term health risks. The anticipated outcome of the research is to provide a new impetus for strategies to prevent adrenal crises in Australia and to have a better understanding of the long term health status in Addison's disease.

In referring to an older CAS Newsletter, the topic of a study in Sweden indicated that increased salt intake can significantly increase the risk of acid reflux. Those who eat a high-fiber diet and who exercise strenuously at least 30 minutes a week halved their risk of developing the condition. What's a salt-craving Addisonian to do? Mostly, just be aware of how much salt you're eating. If you're

Eastern Ontario Support Group (continued)

consuming a lot of salt and suffering heartburn, discuss this with your endocrinologist during your next appointment. *With permission from COAST News, Summer 2005.*

We all know that summer is coming and, with it comes the heat. To beat the heat, reminded members of the Cool Vest. Wearing this vest can allow those of us who suffer from warmer temperatures to cut the lawn or attend outdoor functions, just like everyone else!

We brought to everyone's attention the letter from Dr. Killinger in regard to 'Emergency Care Requirements' that is available on the CAS web site. We also mentioned that we should all have a copy of this letter on our persons at all times. In discussing this, found that Endocrinologists in the same practice have differing opinions on whether Addisonians should have an emergency kit at all. This is a subject the CAS should be looking into.

The always popular practice injections were done again. Brought along some oranges for folks to practice on and the activity was very well received.

Lastly, our group is considering another meeting in Kingston this summer, most likely in mid-August. Our very generous member from there, Kelly C., has agreed to again host any meeting of this type in Kingston. Details will be forthcoming.

Good health and safe summer to one and all.

CAS Members located in Quebec would be most welcome at our Ottawa meetings.

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

Québec Support Group

For information on the Quebec Support Group please contact Fiona Vickers. Fiona may be reached at fiona.f.vickers@gmail.com or 514-882-2613.

Atlantic Support Group

Holly Mclean is the Regional Representative for Atlantic Canada. She lives in northern New Brunswick. You may reach Holly at hquilter@nb.sympatico.ca or 506-546-1687

Medical Q & A:

There is a very large and wide-ranging set of questions on both daily living and situation-specific issues that have been answered by our medical advisor over the years. To review these questions and answers, please go to the Canadian Addison Society website under Education (http://www.addisonsociety.ca/related/FAQNovemberb2011.pdf), or see previous issues of the newsletter.

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

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#, or 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.

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Membership in The Canadian Addison Society is $25.00 per year, due January 1st.

*New Membership☐   Renewed☐   1yr☐   2yrs☐   5yrs☐   ** Plus a Contribution ☐*

Name: ____

*Address*____

Postal Code: ____________________ *Telephone:* ________________________

E-mail Address: ____

How do you wish to receive the Newsletter? (Please tick one box)
☐ I will read it on the website at www.addisonsociety.ca   or ☐ by mail

*If you <u>DO NOT</u> 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. <u>Please check a box of your choice.</u>

☐ $25.00 to go to The Canadian Addison Society   <u>OR</u>
☐ $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
☐ $5.00 to Quebec Support Group + $20.00 to Society
***Tax receipts are issued for donations over $15.00.*

Please mail your payment to The Canadian Addison Society c/o Treasurer, 193 Elgin Avenue West, Goderich ON N7A 2E7

<u>Optional</u> (for newsletter mailing purposes if you wish to provide this information)

Endocrinologist Name____

Endo's Full Address/Postal Code____

ER Director of Hospital and Hospital Address____

____

Revised: April 2014

Peel Regional Paramedic Services

Please give this patient (name) ______________________
immediate medical attention.

S/he has **Addison's disease** (primary adrenal insufficiency).

Without urgent medical treatment, any serious injury or illness may precipitate an adrenal crisis. This can lead rapidly to severe hypotension or life-threatening hypovolemic shock. If in doubt, or if the patient becomes hypotensive, drowsy or peripherally shut down, please transport immediately.

Complications of Addison's disease

An **Addisonian crisis (or adrenal crisis)** is one of the most serious potential complications of Addison's disease. This happens when the patient's supply of hormones becomes dangerously low.

This can happen when the patient is under intense stress, for example, pre/post-surgery, has a major illness / injury, developed vomiting or diarrhoea or are fighting off a serious infection.

Warning signs of an Addisonian crisis are similar to untreated Addison's disease and include:

- feeling or being sick
- severe abdominal pain
- dizziness
- fever
- Symptoms which mimic a severe hypoglycemic crisis (Resistant / unresponsive to standard tx)
- High risk of rapid deterioration

Paramedics

The key in an Addisonian Crisis is recognition,

IV fluids if hypotensive- (**As per ALS Standards and or Patch to BHP for consultation**)

Early transport with good communication to ER of sick patient in potentially Addisonian crisis

Region of Peel
Working for you