



Australian  
Addison's Disease  
Association Inc.

# Australian Addison's News

Issue 35

April 2002

Welcome to the April edition of the AADAI Newsletter for 2002.

Well the first one is over and I've completed the second edition. I would like to thank everyone for their kind words and congratulations on the January edition of the newsletter. It felt really good knowing that it was received well.

Well since we last spoke it has been a busy time all round the country. Both Victoria and New South Wales have had their respective State Get Togethers and you should read the reports – they are fantastic. The reports were so good they have gotten a page each! These two days are a real inspiration to other states that there are people out there that do want to know more about Addison's as well as meeting others and sharing in their experiences.

It has also been a hectic time around the Huntley house. There was a very special surprise party to organise and execute; one 8month old Chocolate Labrador (Charlie) to be castrated and one Mr Huntley to get organised for a new job as well as keep house and get to work on time! I am amazed regularly at how well an Addisonian copes with their disease as well as the normal day to day running around an average person like me does.

You should all be patting yourselves on the back regularly for not letting Addison's get you down and feeling sorry for your self.

I must apologise for not getting this out and about by the third week of the month. Many thanks to all that got their articles in on time. I had the opportunity to take some annual leave before and after Easter so took both.

Please continue to send through anything you think may be of interest to fellow Addisonians. I received a great suggestion from Bronwyn Munro recently, which will be implemented NEXT month – *Letters to the Editor*. This can be about anything from a fabulous day out to a park or information centre right down to a special anniversary or birthday you celebrated that you would like to share. Janine Rova (WA Representative) has also offered to share a few helpful hints she has come across during her current studies in Naturopathy.

I have also included in this edition a couple of articles from the USA Addison's and New Zealand Addison's Newsletters. Jeanette Crowley from New Zealand has also asked that I mention the following – Newsletters and recently added index of topics are downloadable as pdf files from

the New Zealand website  
[www.addisons.org.nz](http://www.addisons.org.nz)

There is one request that I do need to make – on behalf of my husband! – when sending e-mails to the home address please put in the subject field 'Addisons Newsletter - ..... ' followed by your topic. This will ensure it doesn't accidentally get deleted due to a few viruses we have encountered in recent months.

Remember contact details are:

Postal:

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Telephone:

03 5968 2949

E-mail:

[Bronwyn.Huntley@Sancell.com.au](mailto:Bronwyn.Huntley@Sancell.com.au)

(work) OR

[sandbhuntley@bigpond.com](mailto:sandbhuntley@bigpond.com) (home)

Also just one small and gentle reminder:

**2002 Memberships are OVERDUE.**

If you are one that hasn't yet renewed your membership please fill in the form at the back and send it through as soon as possible. We are a small organisation that relies on the finances of its membership.

Looking forward to receiving all the happenings for Addisons Awareness Week as well as any bloopers you may come across in your own house or down the local street!

Ciao for now

Bronwyn

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### Disclaimer:

*The Editor and most of the contributors to this Newsletter are not medically trained people. An individual's "story" is just that, reproduced for the interest of the readers. Any errors in medical information contained within such stories are apologised for, but no responsibility can be taken. All efforts are taken to check for accuracy of any information presented in this Newsletter. Individuals are urged to seek the original source(s) and direct medical advice, on specific issues*

# Kaye's Story

*This is one story I'm sure everyone will be able to relate to in one aspect or another. It's all about looking on the bright side of life and remembering what makes life worth living.*



A double bee sting, years of living with a body wracked by illness, wonderful and encouraging doctors, experimental medication, a nightmare psychiatric stay, supportive and loving family and friends, mis-diagnosis by emergency doctors and more! Just part of the journey to now – living, loving and laughing with Addison's Disease in paradise – Far North Queensland.

It all began 15 years ago when two bees left my system in a mess! You name it I had it; all sorts of organs broke down. After 11 years – came what seemed a miracle. I was 'accidentally' diagnosed with Addison's Disease. Things would be better! Or so I thought.

My Patient GP and my persistent, encouraging allergy specialist 'kept the wheels on' for those 11 years, trying every drug imaginable, including several experimental from overseas, to keep me going and get my health back on track. My body rejected much of it and the quality of my life... and that of my family... was pretty poor.

I could not eat many foods, so meals for the family became a juggling act. My family had to take over – cooking, shopping and housework was too tiring. My family's whole life revolved around my 'illness' – what I could or could not do.

Most days I did not rise until mid-morning, often only having the energy to make it to the dining room and sit. By 5:00pm my body would crash. I couldn't walk far, my eyesight crashed badly, a nebuliser was at my elbow, and most of the time housebound – social life was non-existent.

Three times I was told I would not make it through the night.

My teenage daughter could not have perfume of any sort, not even in her soap. My sheep farmer husband had to shower before he could come near me after work. Life was tough for them – but they thought I was tougher nicknaming me 'dinomum' because I lived life the hard way for so long and still had a positive attitude.

After one of the never-ending blood tests I was diagnosed with Addison's Disease. Being told by the Endocrinologist that while life wasn't going to be brilliant, I had a chance to live a far more normal one than I had been.

Prednisolone was prescribed and I gradually gave up much of my other medication. I was eating more kinds of food, I began to walk, drive, cook and do my own shopping.

We took a trip to Singapore (against Doctors orders) for my son's wedding. The humidity was so good for me the nebuliser was thrown away. Life was

good compared to before. It was marvellous. I was on a high! Until *CRASH* – big time!

I was taken to hospital, handcuffed in a police car, put into a psychiatric ward – wrongly diagnosed by hospital medical staff who did not take any notice of my SOS medical alert bracelet or my husband. My GP had little knowledge of Addison's Disease – so I had accidentally partially overdosed on Prednisolone. Being given over a period of time an extremely high dose and my condition mimicked being 'manic'. This traumatic debilitating experience was like watching myself as the star actor in a horror movie.

It took 10 days before they finally accepted and recognised my illness. Too late for me. I had lost faith in myself, God, my family, my doctors – everyone. My self-esteem had hit rock bottom.

A move to far north Queensland nearly three years ago, the love of my husband, family and caring GP helped me to regain my self-esteem. I am working part-time, doing volunteer work, exercising, mixing socially and am independent again.

Living in such a beautiful place with it's glorious rainforests, beached, climate - and people, it is impossible to be negative for long. Each day is like living on the edge of paradise.

'The wheels fell off late last year – extreme tiredness, legs that didn't want to work, lots of things went downhill. I had to rely on my GP and Endocrinologist for a 'grease and oil change'. However with an altered medication program

(now on Hyzone and Florinef) and a few limitations necessary for living in the tropics I am back on track and just loving life.

*Editor's note: Hi all – Just a quick note. Kaye is very keen to have a few pen pals. Kaye is 54*

*'going on 25' and her interests include reading, writing, gardening, learning about others from other countries, walking, swimming, art, history and positive thinking. If anyone would like to start up a pen pal friendship with Kaye please get in touch with me.*

# Medical Q & A



## Doctor's Questions

*Unfortunately I was a little slow in getting the Doctor's questions to Dr Torpy in time for them to make this edition. I have pulled out a few questions he has answered in previous Newsletters. Bronwyn*

**Q** Do you advise an Addison's patient to have a blood test on a regular basis – say every 6 months? What is the significance of these tests, which ones should be done regularly and how important is the monitoring of lipid levels?

**A** Patients with Addison's Disease should have medical follow-up 6 – 12 monthly. There are a number of issues that need to be assessed at each visit. These issues can be discussed generally but often need to be individualised. There is no blood test that can tell us whether a Glucocortoid dose is a little too high or a little too low for a particular patient. Glucocortoid dose is based on clinical assessment, for example, low blood pressure or blood pressure that drops excessively with standing or the presence of excessive fatigue suggests inadequate glucocortoid dose. Excessive glucocortoid dose on the other hand may be manifest by weight gain and/or a redistribution of fat away from the arms and legs towards the abdomen as well as facial rounding. In addition, there may be evidence of muscle weakness

or osteoporosis on bone density scanning or fracture, if glucocortoid dose is excessive. The adequacy of a mineralocorticoid dose can be assessed quite readily with a blood test, namely the plasma renin activity. A high plasma renin activity suggests inadequate fludrocortisone dose whereas a low plasma renin activity would suggest excessive fludrocortisone dose. More severe excursions of fludrocortisone dosage could result in a change in plasma potassium levels or blood pressure. Once the plasma renin activity is stable, it should be perhaps checked every 12 months, although there is not definite consensus on this matter. An additional important issue in Addison's Disease is to review the patient's general health looking for evidence of associated immune-endocrine disease in the larger group of patients who have Addison's Disease on an autoimmune basis. The monitoring of plasma lipid levels should be performed on the same basis as that in the non-Addison's population.

**Q** My doctor takes my blood pressure while I am sitting upright. I was under the impression my blood pressure should be taken first while lying down and again while sitting or standing upright. Would you please clarify the issues and explain why?

**A** If a sitting blood pressure is normal and there are no symptoms to suggest the possibility of an inadequate glucocortoid dose, then lying and standing blood pressures are probably not necessary. However, lying and standing blood pressures are quite useful when there is any suspicion that the glucocortoid dose may be insufficient. As a screen for high blood pressure, sitting blood pressure is generally sufficient.

**Q** When contemplating surgery, what regime should be followed concerning our medication dosage pre and post surgery, especially if tablets cannot be taken during periods of pre-surgical fasting? How should the steroid dosage be tapered after surgery?

**A** Doctors are generally very aware that glucocortoid doses need to be increased during the stress of surgery and that patients with Addison's Disease will need glucocortoid given intravenously or intramuscularly if they are unable to take glucocortoids by mouth. However, occasionally problems arise, mostly because of a lack of awareness that a patient has Addison's Disease, or is taking long-term glucocortoid. A number of different strategies are used to avoid Addisonian crisis in the preoperative period. A common strategy is to administer a dose of

intramuscular hydrocortisone at around the time that the 'premed' sedation is given and then to administer intravenous hydrocortisone once access to a vein is established (usually immediately before surgery). Typically high doses of hydrocortisone are used, such as 100mg every 8 hours until 24 – 48 hours postoperatively. The glucocorticoid dose can then be weaned down to usual doses over 1 – 2 days. When doses of hydrocortisone are greater than 100mg daily it is not necessary to replace mineralocorticoid (fludrocortisone) by mouth since the intravenous hydrocortisone has sufficient mineralocorticoid activity. Hence a period of around 48 – 72 hours of increased steroid dose is sufficient post-operatively to avoid Addisonian crisis, as the stress of surgery abates quickly. However, if there are intervening complications such as those associated with fever or hemorrhage, it may be necessary to maintain a high dose of glucocorticoid to account for this additional stress.

*Doctor's answers are kindly supplied by  
Dr. David Torpy  
from the University of Queensland*

### **Chemist's Questions**

**Q** I was told to change from Caltrate to Caltrate with Vitamin D after having a bone density study done. Within a couple of days of taking the tablets I developed an unusual fluttering sensation in my chest, head aches and nausea. After stopping the tablets for a few days, I took it again and the same thing happened. Could this be a reaction to Vitamin D?

**A** Vitamin D is essential for the regulation of calcium and phosphate in the body, and for bone mineralisation. Vitamin D is produced in the skin in the

presence of UV radiation, in sunlight. Vitamin D deficiency develops when there is inadequate exposure to sunlight, or a lack of the vitamin in the diet. It has been stated that Vitamin D dietary supplementation may be detrimental in persons already receiving adequate intake through their diet and exposure to sunlight, since the difference between therapeutic and toxic concentrations is relatively small. The symptoms you mention could be a reaction to Vitamin D and should be mentioned to your doctor.

**Q** My Doctor gave me a script for a cortisone injection, which I took to my chemist to have filled. I was told that this particular one had been taken off the list. How many different Cortisone injections are there? Which one would be the most popular one to carry?

**A** Hydrocortisone in the form of the sodium succinate (Trade name = SOLU-CORTEF) is the cortico-steroid of choice for adrenocortical insufficiency when oral therapy is not feasible. Hydrocortisone is rapidly absorbed after injection and also has mineralocorticoid activity. Other injectable forms are Dexamethasone and SOLU-MEDROL (methylprednisolone). These are longer acting forms of cortisone. Other types of cortisone injections; DEPO-MEDROL, CELESTONE and KENACORT are used for their anti-inflammatory activity and are not the drug of choice for ADDISON'S.

**Q** As a new Addisonian and with winter approaching I have been advised to have the flu vaccination. As I am under the forty-year age bracket, do you think that this is necessary?

**A** The Australian National Health and Medical Research Council recommends vaccination against influenza for adults with chronic debilitating disease, especially those with chronic cardiac, pulmonary, renal and metabolic disorders. If your doctor agrees it would be a wise precaution for a person with Addison's Disease. Vaccination should be given annually and provides protection against the more virulent forms of the influenza virus.

*Chemist's answers are kindly supplied by  
Mr. Mark Gilsenan  
from High Street Pharmacy  
Coffs Harbour*





# From the President

Hi everyone.

We are already up to April 2002 and our second newsletter for the year.

The membership renewals are still coming in and we also have several new members that have joined this year. I would like to welcome them to the Association and hope you will all enjoy the newsletter and take part in them by sending in your case history and Doctor and Chemist questions.

This year is going to be quite an exciting one for us as it will be our first Addison's Disease Awareness Week, which will be held from May 6<sup>th</sup> – 10<sup>th</sup>. To enable it to go into all states of Australia, there will be phone number of one of our members

from each state – they will then go on to the Medicare statements.

I am making enquiries into how we can have our own Addison symbol, whether it be an Australian flower or animal. Unfortunately this will not be up and running until next year. More about that in future newsletters.

Some of you will remember back in 1995 when our Association was first formed, a young lady from Brisbane died before being diagnosed with Addison's disease. She left behind a husband and three very young children.

Bradley kindly donated \$300 to us, to be used in Lynne's memory. Last year on his 40<sup>th</sup>

birthday he asked family and friends that instead of giving presents they donate money to three different charities. Our Association was one and Bradley sent us a cheque for \$415, making it a total of \$715 he has donated.

Two lady authors from the UK, both having Addison's disease, have written a manual in collaboration with an Endocrinologist on the disease. The Committee have decided that with their permission and Bradley's we will donate one manual to each member in memory of Lynne.

Thanks again Bradley.

Noreen

# From the Secretary



Two items that may be of interest have come to my notice recently. The first is concerned with the protection of human genetic information.

At the request of the Federal Government, the Australian Law Reform Committee and the Australian Health Ethics Committee are conducting an inquiry into this matter.

Because genetic information is an area of broad community interest, the inquiry is particularly keen to consult widely and provide all Australians with an opportunity to have their say. A brochure with details is available. If you

would like to receive one of the brochures please contact me.

Secondly I have received a copy of the first issue of Medicines Talk – a newsletter written by and for consumers on the wise use of medicines. This contains interesting information on the wise use of medicines; consumer medicines; and home medicine reviews.

If you would like a copy, please write to:  
The Editor  
Medicines Talk  
GPO Box 1995  
HOBART TAS 7001  
Alternatively you can e-mail:

[medicinstalk@health.gov.au](mailto:medicinstalk@health.gov.au)

Finally, in the last issue I mentioned the Italian lady's request for ideas on starting up an Addison's Support Group in Italy. Well, to date, we have found no pre-existing group in Italy. Noreen has sent a bundle of information to her to her started. We wish well and look forward to hearing from her soon.

Best wishes to all  
Jim



# State News

## Victoria

I hope this newsletter finds everyone in good health. See following page for report on meeting held on Sunday 17<sup>th</sup> March.

**Contact:**

**Georgina Halls**

**Telephone (03) 9726 0183**

## New South Wales

The Sydney chapter of the Association has already got their calendar planned for the year.

Saturday 25/05/02 – Meeting at Royal North Shore Hospital. Start 11am and bring a plate to share.

Saturday 28/09/02 – Garden Tour Bowral. Lunch in Maureen Williams' Garden.

Saturday 23/11/02 – Christmas Luncheon at Westmead ICPMR. Start 11am and please bring a plate of festive food to share.

See following page for report on Sydney Family Day held on Sunday 17<sup>th</sup> March .

**Contact:**

**Janne McDonald**

**Telephone (02) 9452 2318**

**Bronwyn Monro**

**Telephone (02) 9810 5328**

## Australian Capital Territory

No news from ACT this time.

**Contact:**

**Margaret Myers**

**Telephone (02) 6292 1740**

## South Australia

No news from South Australia this time.

**Contact:**

**Marg Heher**

**Telephone (08) 8322 3506**

**E-mail pmheher@micronet.net.au**

## Western Australia

Only three people rang to RSVP to the meeting, which was to start at 11am on Sunday 7<sup>th</sup> April.

Sunday Dawned with rain, which to any one with Addisons would view as a good sign. I (Janine) arrived at 10:40am and waited, and waited and waited until 11:25am – drinking the last of my coffee and preparing to leave – when Kelly a fellow Addisonian rolled up, closely followed by Emma and her folks. YIPPEE the meeting wasn't a complete disaster.!!!

We were only three but accomplished lots – tons of coffee, milkshakes, wine and food was consumed. We all took a copy of an article about Addisons and the awareness week, which we are all going to place in our local newspapers. Kelly has a friend working in the editing department at the West Australian Newspaper, so hopefully the whole state will get a chance to understand Addisons Disease.

Attendance has been disappointing. If anyone has a problem with transport, location or time some feedback would be greatly appreciated. After all it is our support group and we are all responsible for making it happen.

**Contact:**

**Janine Rova**

**Telephone (08) 9335 5661**

## Tasmania

There was a picnic organised for Sunday 14<sup>th</sup> April. Unfortunately it was necessary to reschedule to due some unforeseen circumstances including the Lions Club holding their Australia's Biggest Barbeque at the same location! Allison has reported that she had an amazing response though – 7 phone calls.

**Contact**

**Allison Crerar**

**Telephone (03) 6343 2926**

**E-mail allisoncrerar@hotmail.com.au**

## Northern Territory

Three cheers for our new representative in the Northern Territory. Our new representative is: Steve Gosbee. Steve can be contacted either by telephone or e-mail. Please make him feel welcome and drop him a line!

**Contact**

**Steve Gosbee**

**Telephone (08) 8932 7408**

**E-mail: emangos@ozemail.com.au**

## Queensland

No news from Queensland this time

**Contact:**

**Diane and Michael Joblin**

**Telephone: (07) 5492 6110**

**E-mail: joblin@cust.caloundra.net**



## **VICTORIAN MEETING 17<sup>TH</sup> MARCH, 2002**

We held our last meeting on the 17<sup>th</sup> March 2002, which was very well attended.

I would like to give our guest speakers, Dr Richard Arnott, Dr Gisela Wilcox, Justin Noon (Senior Clinical Support Officer Metropolitan Ambulance Service), Tony Walker (Clinical Standards Manager Rural Ambulance Service) a very heartfelt thank you for a very informative and constructive day.

The meeting opened with a scenario of an Addisonian being left on a trolley for 11/2 hours with no help in an emergency dept of a large hospital. The question was asked how do we change this problem and also how do we tell the ambulance service that we need help urgently.

Justin Noon said he would go first as his department would be first cab of the rank. I will list some points of the discussion.

- Items to tell the ambulance operator,
  1. We have an endocrine problem
  2. Unconscious
  3. Low blood pressure

Dr Richard Arnott suggested that if your blood pressure drops below 100 it is time to get help. Of course this is only if your blood pressure is normally higher.

When an ambulance turns you should help them to understand that there will be a difference in your standing and lying pressure levels.

The discussion then moved on to how to change the attitude of emergency departments. It was pointed out by Justin that us telling the professionals what is wrong and how to fix it will not work as emergency departments get crack pots in all the time. It was at this time when the suggestion of a professional letter for us to carry came up. Your endocrinologist would sign this letter.

I was most impressed when by the finish of the meeting our 4 professionals had this letter drafted. Because this letter needs to be formulated properly and have it recognised by other health professionals it will follow the following steps

1. At present with Dr Richard Arnott who is getting input from other endocrinologist Professionals.
2. Draft copy to the following people.
  - Australian Addisons committee
  - Victorian Metropolitan Service
  - Rural Ambulance Service

When these people are happy with the results of the draft it will be pre-printed and sent to each Addisonian

to be signed by their endocrinologist. Please be patient as this could take a little time.

Dr Gisela Wilcox also suggested that we invite emergency Physician heads to our next meeting, which I will certainly, be acting upon.

Dr Jonathan Taft endocrinologist joined our group for lunch where there was a time for health questions.

Once again I cannot thank our professionals enough, also a big thank you has to go to Dr Ken Sikaris who could not attend due to a seminar but allowed us to use the rooms and asked Dr Wilcox to attend on his behalf.

I celebrate 21 years of diagnosis on the 28<sup>th</sup> April this year. Nineteen of those years were very lonely, not meeting one other Addisonian. In the last 2 years I have been privileged to meet some wonderful people. Not only those who suffer from the disease but health professionals as well and after our last meeting I hope that this is the start of the rest of the community being aware of our disease. I feel that EDUCATION will bring us to this end.

Keep well everyone  
Georgina



## **FAMILY PICNIC DAY NSW SUNDAY, 17<sup>TH</sup> MARCH, 2002**

Approximately 50 people (17 Addisonian's and 32 family/friends) attended the Picnic Day at Fairfield Showground on Sunday 17<sup>th</sup> March. Who would have thought that we would have temperatures over 35c at this time of the year. Eating outside was abandoned preferring the shelter of the hall and the industrial fans to keep us cool.

Dr Clifton-Blight, Endocrinologist at Royal North Shore Hospital, treated us (excuse the pun) to a clear and concise presentation on Addison's Disease – causes, symptoms and treatment including varied medications. He went on to demonstrate to us the preparation of an injection of solu-cortef. He explained why it is so important to carry the injection with us, especially if travelling overseas in case of gastric attack. Dr Clifton-Blight was particularly patient answering as many people's questions as possible. An audio tape was made of Dr Clifton-Blight's speech and will be available to purchase through Bronwyn Monro on (02) 9810 5328 or by

email at [munsters@bigpond.net.au](mailto:munsters@bigpond.net.au). A fee of \$5 will be charged to cover costs including postage.

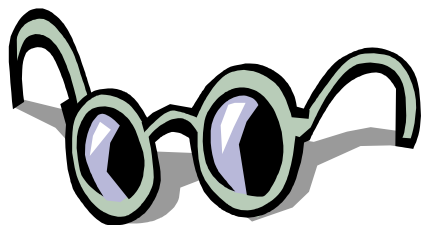
The delicious barbeque lunch was appreciated by all present and many thanks to all whom brought salads, slices, fruit and thanks to the BBQ cooks!

A special vote of thanks to the Buxton family, Lyn, Peter and Blake, and their extended family members for finding and preparing the comfortable venue. The fans on such a hot day were a blessing!

And lastly, thank you all. An event such as this is only successful because of your participation, we hope you all found it worthwhile.

## *Addison's Awareness Week*

*6<sup>th</sup> - 10<sup>th</sup> May 2002*



For the June Edition I'd like to do a special on what different things we achieved personally or as a group during this very special inaugural week.

Lets all set ourselves a personal goal to be achieved by the end of this week. It doesn't need to be anything big and you don't need to share it with anyone. But its always nice if someone can share in your achievement!

If there is anything in particular that you would like featured in this edition, just drop me a line and I will see what I can source if you don't have all the information.

Bronwyn

# BMMS

## *Consumers and the Better Medication Management System - Helen Hopkins*

Electronic health (e-health) has arrived, with many promises to improve the quality of health care for consumers.

One major e-health proposal in Australia is the Better Medication management System (BMMS). In the current system, each doctor, pharmacist and hospital keeps separate records of the medications they prescribe. The BMMS is a voluntary system to make it easier to obtain a complete record of all a person's medications.

The BMMS record would include details such as the name of each medicine, the dates it was prescribed and dispensed, the correct dose and how often the medicine should be taken. There would also be the option for a short note about what each medicine was for and any other comments.

Through its consultations with consumers about the BMS over the past two years, the Consumer's Health Forum of Australia (CHF) found that consumers can see the potential in the BMMS to improve health care by making it easier to keep a record of all a person's medicine information. However, CHF's consultations also elicited some concerns, such as the privacy of the information on the electronic record.

It now seems likely that field tests will proceed to better define the way that the system will operate before the legislation is finalised. CHF's most recent discussions with some of its members have been about important questions consumers want to have considered in the field tests such as:

- Ensuring that the medication record is easily available to consumers as well as their doctors and pharmacists, and that consumers have effective control over any access to their information;
- Testing that the medication record consumers receive contains the information they need, such as both the brand name and the generic name of the medicine, what each medicine is for, what dose to take and when, and sets it out in a way that is easy to understand
- Testing how well the medication record acts as a prompt to doctors and pharmacists to ask about any problems a person is having with their medicines and whether it makes it easier for consumers to bring these up with their doctor;

Field tests at the community level provide opportunities for developing effective ways of

informing people about the BMMS and ensuring that the system is designed to meet the needs of consumers, but this will also require appropriate frameworks for ongoing consumer participation.

*The CHF consumer representative on the BMMS Development Group is Helen Hopkins on (02) 6281 0811)*

*CHF's Consumer and BMMS consultations were funded by the Commonwealth Department of Health and Aged Care.*



## Funny Bits and Brain Teasers

### *Not so stupid*

And then there was the train passenger at the station exit who was looking everywhere for his ticket. He looked in his trouser pockets, his jacket, his wallet. He was searching with great frenzy, much to the amusement of other passengers, who could see that he had the ticket in his mouth.

The collector snatched the ticket, and the passenger moved on. His companion said to him, "I bet you felt pretty stupid after looking everywhere for your ticket when it was in your mouth all the time." "Stupid?" replied the passenger, "I was chewing the date off the ticket".

### *Church Collection*

A little tot in church for the first time watched the ushers pass the collection plates. When they neared the pew, she piped up so everyone could hear, "Don't pay for me Daddy, I'm under five."

### *Brain Teasers*

There are two brain teasers. See if you can work them out. There is a small prize for the first correct answers per state/territory. You need to figure out what the words/numbers mean.

e.g. HELP = helpline

1. 13579  
overwhelming
2. GOGOGOGOGO  
GO  
GO  
GO  
GO



## Bits'n'Bobs from near and far!

**From: NZAN Update Newsletter March  
2002 (Number 15)**

### ***Addison's disease and bone density:***

What about the risk of osteoporosis for Addisonians?

Osteoporosis is a condition in which there is a slow loss of bone mass. The reduction in bone strength increases the fracture risk. "It's painless until you break something."

"So are people with Addison's disease liable to get this problem? I think the good news is that overall, most people with Addison's disease have normal bones."

"There is, perhaps, a slight tendency to have lower bone density and sometimes osteoporosis, particularly if people have for one reason or another been on a reasonably high dose of corticosteroids, or if the disorder has gone on a long time, or in particular if they have other risk factors."

"For instance, a strong family history of fracture increases your risk of osteoporosis, and people who have already had broken bones or fractures might well have a higher risk of having osteoporosis, especially if they have a low calcium intake."

"There has been a study of bone density in Addison's which many of you would know about, done by Dr G Braatvedt from Auckland as principal author, with the help of many people with Addison's disease in New Zealand. In general, most individuals had bone density close to normal."

Prof Holdaway recommends having bone density checked, particularly women with Addison's disease. "Because of the bone protecting effects of estrogen, that's a consideration for using HRT after the menopause, although it's always an individual decision. The risk of reduced bone density in the Braatvedt study was related to the duration of the Addison's."

Professor Holdaway has written a concise article "Bone densitometry, a patient's guide", which outlines the measurement of bone density, and some treatments that are available. It can be accessed on the Karori Medical Centre website: [www.kmc.co.nz](http://www.kmc.co.nz). In 'health topics', select 'bones and joints', and then the bone densitometry article.

**From USA – Addison News March 2002  
(Number 35)**

### ***Florinef Colour***

Word is that the color of Florinef is changing from pale pink to white. You may not see this immediately but it is coming. This is unfortunate in one respect. For those who take several medications, some of which are also small white pills, this can be confusing.

## Our Web Site

Here's how to get to the members-only page on the web site.

Go to the site at: <http://addisons.org.au>

When the main page has loaded, choose

'Association' from the menu on the left, then choose 'Members Page'

On that page will be a password box. Enter the following:

For the **Username** enter '\_\_\_\_\_' (lowercase without the quotes)

For the **Password** enter '\_\_\_\_\_' (again, lowercase and without the quotes)

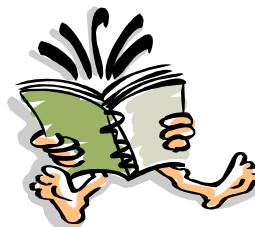
That should get you to the members' page. The collection of resources on this page will gradually grow, including a copy of the most recent Newsletter

## Helpful Hints

- ❖ Don't take calcium supplements with fibre meals (such as toast or cereal) because it limits the uptake of the calcium.



# Australian Addison's Disease Association Inc



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# ***Australian Addison's Disease Association Inc Membership Renewal 2002***

Title: Mrs Ms Miss Mr Other.....

First Name: .....

Surname: .....

Street: .....

Suburb: .....

State: ACT NSW QLD SA VIC WA TAS NT

Postcode: .....

Telephone: (.....) .....

E-mail (URL): .....

I agree that my contact details (phone number; e-mail address) may be given to other members  
(please tick one) Yes  No

**Details following need only be given if there has been a change since last renewal, or if details were not previously notified.**

My condition or category (please tick one):

1. Primary Addison's
2. Secondary Addison's
3. Other condition (please specify)  .....
4. Support Member
5. A category other than the above (please specify)  .....

Enclosed is cheque/ money order for \$..... being made up of:

Membership renewal \$20.00  
Donation (optional) \$.....  
Receipt required? Yes  No

**IMPORTANT**

Please send completed form with cheque or money order to:

**The Treasurer  
A.A.D.A.Inc  
P O Box 2436  
Coffs Harbour NSW 2450**