



Australian Addison's Disease Association Inc.

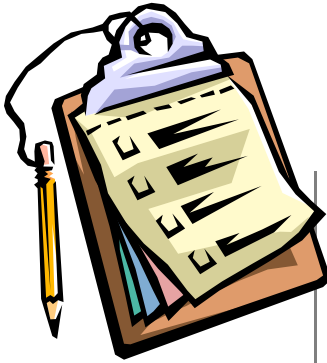
# Australian Addison's News

Issue 24

February 2000

## HIS & Hers

### Case History



One of our few male Addisonions, Mike Joblin, has put pen to paper to tell us his story. For an unusual twist, Mike's wife, Diane, has written her side of the story, and they promised that neither has peeked at the other's until this newsletter arrives!

#### HIS

Hi, my name is Michael Joblin, husband to one (Diane), and father to two (Jaimie 3 & Charley 5 mths - both girls!). It (Addison's), all started for me back in about 1985, although I didn't realize it at the time. I had some pains that ran from my kidneys down to my, well - you know, 'treasures'. The GP at the time fobbed them off (the pains) as growing pains or something - I wasn't listening too well, he had just mentioned RECTAL EXAMINATION! It was soon after that I developed what was described as 'Sinusitis', my nose dripped all the time causing me to sneeze CONSTANTLY! I also developed a rash that looked like a heat/fungal rash. Naturally I saw an ENT who couldn't say conclusively what caused the Sinusitis (possibly a deviated Septum?). The skin specialist said, "You've got some sort of rash!" I take half an Actifed daily, for the nose thing and cover myself in Selsun every 6 months for the skin thing! My general health slowly

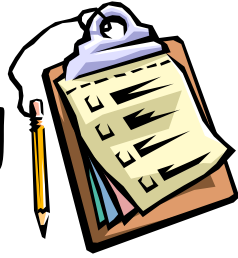
deteriorated for the next 4 years, but being a strong, young, immortal "Aussie Bloke", I soldiered on. I had a "nose job" in 1988 to fix the Sinusitis (which it didn't), and had a melanoma removed from my left forearm just in time for Christmas. The surgeon chastised me saying, "people with melanomas should stay out of the sun!" Such was the colour of my skin (ring any bells?). At that time I was working for my parents-in-law in their Newsagency and my health was deteriorating fast. I couldn't sit still for a minute, couldn't eat enough salt or drink enough water, had trouble sleeping, always felt tired, ran out of breath quickly, my speech was slurred, I couldn't think straight, I took quite a long time to do the simplest of things and thought I was going CRAZY! My father-in law was surprised when a simple job like collecting the "Returns" took me over an hour and I'd proudly netted only 7 magazines - he knew at that point there was something wrong! But the crunch (literally), was when I didn't come home

from the Sunday morning run. I was found sitting in the car, motor running, wondering why the hell I had backed it into a brick wall. I can't tell you how long I'd been there but apparently it had been a while! Fortunately there was little damage and I didn't get fired - in fact I still work for my parents-in-law, (though not in a newsagency, I hated "THE RUN"). Diane took me to our GP on the Monday and did what wives are pretty good at! I was referred to a Diagnostic Physician who booked me into hospital. I had some X-rays which showed some thickening around the Lung\Heart\Aorta. Naturally the Radiographer assumed the melanoma had "meta-whatevered", and told Diane to spoil me while there was still some time left - there was little hope for me. The Radiographer had obviously not met the Physician, Dr Hope! It turned out to be Sarcoidosis (sounds like a bad drink doesn't it!) And no, Di has never forgiven the Radiographer!

continued on page 2

Inside this issue: . . . . .  
Case Histories ..... 2  
On the lighter side ..... 4  
Secretary's Report ..... 5  
Bulletin Board ..... 5  
State Roundup ..... 6  
Medical Q & A ..... 7  
Contact Information ..... 8

# Case History



I had some (read: LOTS) of blood tests and when the tingling and paralysis started in my hands and feet I was moved to Nambour General and Intensive Care.

Interestingly, a nurse on duty had a shot at me for not taking my medication. She had nursed someone with Addison's before and recognized the symptoms! Naturally she apologized when I explained that I had no idea of what was wrong with me.

A shot (or several) of Hydrocortisone, and I was well on the road to recovery, and back to the private Hospital and my television, in time for Sunday afternoon Motor Racing!

One of my questions to Doctor Hope was "Will I still be able to drink alcohol?" He replied "As long as you don't make yourself vomit!"

## Hers

I am not an Addisonian, but the partner of a sufferer. Those of you in the same boat would have to agree, (at least I hope I'm not on my own), that that puts us in a unique situation. I find myself these days in the role of benevolent watchdog.

This role takes a million forms. Mike was diagnosed in March 1989. He was actually in Intensive Care when diagnosed, which is a story in itself. Up until this stage, I could not remember Mike having even one day off work. He was an extremely fit, very strong young man of 27. We had been together for eight years by then, so when things began to seriously fall apart, it was pretty obvious.

Looking back, we realise that things had been going wrong for about three years before Mike actually got sick. Great timing! - we had been married in October 1984. Maybe God wanted to make sure Mike 'legally' had to listen to me a few years later. We had arrived home from six months travelling in North America in May 1988 which was great timing yet again!

Mike had been doing some very strange things over the months leading up to his 'collapse'. We were both working for my parents in their Newsagency at the time. This was probably a good thing as Mike did not have the added worry of losing his job, which was nice. Mike had lost a lot of weight, mostly muscle bulk, as he did not have much fat to lose. He couldn't sit still and we'd send him to the bank to do the shop banking - anything to get him out of the shop. He got to the stage where he couldn't stand still in line to do it; he couldn't sit still to eat dinner, etc, etc. He sneezed constantly, had very low blood pressure, often didn't make a lot of sense, was generally pretty 'agro' (not at ALL like him), and so on.

Eventually I got him to the GP, who has been marvellous. He agreed that there was something wrong! In the meantime

while waiting for blood results, he decided to get a mole checked (turned out to be a tiny melanoma - Merry Christmas 1988 Mike).

Even Mike could no longer convince himself that there was nothing wrong. He backed the Newsagency "run" car into the brick pillar at the front doors of the shopping centre and just sat there waiting for who knows what! That happened early one Sunday morning. Monday morning guess who was dragged to the GP! Thankfully he realised that the situation had gone beyond his expertise.

We were referred to a Physician by the name of Dr. Hope! I kid you not! Long story there too. By all accounts a clinically brilliant man, but very difficult person to talk to. Obviously very uncomfortable talking to patients. This made it really interesting trying to understand what was going on with Mike. After we saw him the first time, when we walked out, I turned to Mike and said: "what the heck did he just say? What was all that about?" Mike, of course couldn't remember a single thing! His recollection of the sequence of events around that time is very different to mine.

He was almost totally 'out to it' in intensive care, but is convinced he can remember what went on! I have to admit I have found things like that terribly frustrating at times. Mike is SO sure of what he remembers - but my recollection is different. If I push it he tends to get pretty defensive, so I decided long ago that it really doesn't matter, and he can go on thinking he has it straight.

I must admit, I spent a while being quite angry at the whole situation. I was no longer married to the same fit, strong, patient, delightful man. Mike had a fair bit of denial to deal with, which of course had its tough times.

As many of you know, long hot days working on the car, or in the garden, etc had their sequence in a 'bad' day



### Do you have a vision problem?

that makes it hard to read this newsletter?

We can supply large print copies if it would be of assistance to you.

Please contact the editor if you have a vision requirement so we can help you enjoy your newsletter more

### Deadline for next issue

The deadline for material for the next Newsletter is

March 30th

following. The worse part was that Mike's usual response at that stage was "there is nothing wrong with me! Stop fussing, you're driving me crazy". Grump! Grump!

Not at all like the 'old' Mike.

Our very useful GP pointed out to me that there would at some stage, follow a period of grieving on my behalf. Sooner or later, I would have to mourn the 'lost' Mike. Initially, I thought "What a load of garbage". Well, the GP was right, and it happened about ten months later.

Anyway, as with most things, it passed. There was only one occasion in the early days, when Mike thought that maybe he could do without his medication. That experiment thankfully didn't last long. I know it really grieved Mike to know how much he needed it.

We found after a few months, that Mike was firing on about five cylinders, rather than eight. Whenever we spoke to any of the doctors about it, the response we got was: 'that Mike was taking the recommended doses of medication, so therefore he was probably just expecting too much!' - Rubbish!

We decided to do some research on our own, and discovered a lot about diet, exercise and so on. Mike is now a vegetarian (we all are), and has been for about five years with no ill effects at all. As long as Mike: eats regularly; has good protein and carbo intake; makes sure he drinks HEAPS of a variety of drinks when it's hot; eats an awful lot of salt; does regular, fairly high level exercise; gets preferably eight hours sleep; and tries to keep mental stress to a pretty low level, things go along pretty well. The stress factor is a huge one for Mike, particularly mental stress. With a VERY demanding three year old and six month old, simple family life can be a real drain on him.

At times I find it a real challenge 'running interference'. It can be pretty difficult at times if Mike has had a stressful day at work, or is tired from a couple of late nights. I understand that it is a result of the changes in brain chemistry that does

all this, but as all of you in this situation will know, when your loved one cannot see what's happening, much as you love him/her, it can be SO frustrating! For all this, I wouldn't trade Mike for anything. In some ways, it has made us far more aware of health and lifestyle issues. It certainly teaches you to appreciate and work towards the best health you can maintain. And that goes along with a great deal of respect for the human body. One thing that has helped me, though it may sound trite, is to remember that there are a lot of people FAR worse off than we are.

All in all, Mike has been very lucky. He has only had one crisis since diagnosis, and that was last Christmas when we had an early morning trip to the local hospital. We now have Solu-Cortef injections in the fridge - another reason to encourage Mike to be nice to me!

All in all, I think Mike manages his condition very, very well. He is extremely tough on himself, and doesn't admit to having a bad day very often. He really tries not to make any allowances for himself at all. Although that can be hard at times, I do believe that it is a big part of his ability to get on with life.

## Did you know?

✚ The US Food and Drug Administration is emphasizing the original warning issued with cisapride (Propulsid)--that it is not be given to patients with cardiac arrhythmias or other cardiovascular irregularities. Details and a number of the contraindicated drugs are listed on the following web site:

<http://www.medicinenet.com/Script/Main/art.asp?li=MNI&d=12&articlekey=12433>  
(type the URL so it's in one complete line with no spaces)

✚ Another informative article about Hydrocortisone and its use and side effects can be found at:  
<http://www.medicinenet.com/Script/Main/art.asp?li=MNI&d=12&ArticleKey=760>

**Special note to nursing mums:**  
The latter article strongly suggests mothers taking Hydrocortisone should NOT breast feed. See the above link for more details and speak to your doctor about this.

## Remember...

A summary of the different types of cortisone medications: Dexamethasone is the slowest to act, but lasts longest. Prednisone is the next longest lasting, while Cortisone Acetate and Hydrocortisone work swiftly but are short-lived. The comparative doses of glucocorticoids are:

30mg Hydrocortisone  
= 37.5mg Cortisone Acetate  
= 7.5mg Prednisone  
= 1mg Dexamethasone



# On the lighter side...

## A MEDICAL GLOSSARY

(it helps to say these with a southern American accent!)

- Benign** ..... What you be, after you be eight.
- Artery** ..... The study of paintings.
- Bacteria** .... Back door to cafeteria.
- Barium** ..... What doctors do when patients die.
- Catscan** .... Searching for Kitty.
- Cauterize** .. Made eye contact with her.
- Colic** ..... A sheep dog.
- Coma** ..... A punctuation mark.
- Dilate** ..... To live long.
- Enema** ..... Not a friend.
- Fester** ..... Quicker than someone else.
- Fibula** ..... A small lie.
- Hangnail**..... What you hang your coat on
- Impotent** ... Distinguished, well known
- Labor Pain** . Getting hurt at work.
- Morbid** ..... A higher offer.
- Nitrates** .... Cheaper than day rates.
- Node** ..... I knew it.
- Outpatient** A person who has fainted.
- Pap Smear** A fatherhood test.
- Pelvis** ..... Second cousin to Elvis.
- Rectum**..... Damn near killed 'em
- Secretion** .. Hiding something.
- Seizure** ..... Roman emperor.
- Tablet** ..... A small table.
- Terminal**
- Illness** . ..... Getting sick at the airport.
- Tumor** ..... One plus one more.
- Urine** ..... Opposite of you're out.
- Varicose** .... Near by/close by

### What are the six phases of a government project?

1. **Enthusiasm** - everyone is happy for something to happen.
2. **Panic** - no one knows what they are doing and things go off the rails.
3. **Search for the guilty** - get a committee to find someone to blame.
4. **Punish the innocent** - find some small sucker to blame.
5. **Prepare a report** - absolving the government of any blame.
6. **Hire a private contractor** - to fix the problem.



**"Patience is the ability to let your light shine after your fuse has blown"**

**Ability...**  
*is what you're capable of doing.*  
**Motive...**  
*determines what you do.*  
**Attitude...**  
*determines how well you do it*  
 Lou Holtz





# Secretary's Report

## Summary of Minutes of Committee Meeting for The Australian Addison's Disease Association Inc.

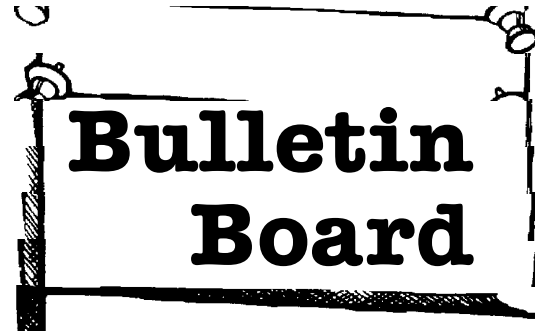
**Held:** Coffs Harbour, 10th January, 2000.

**Present:** Noreen. Secomb, Marie. Moffitt, Maureen Williams, Jim Sims. Apologies: N. and R. Atwood.

### Discussion held:

- Treasurer's Report, presented by M.Moffitt. Financial advice being sought for possible investment of some funds.
- GST and Business Registration Number, under investigation for requirements and liability.
- Membership Fees - to remain at current rate for the year 2000.
- Subscriptions to other Support Groups under review.
- Aim to reduce postage costs, incurred by Association.
- Circulation of members' email addresses, as requested, with the permission of individual members.
- Emergency I.D. Card, being developed by Neil Atwood will be available soon in laminated wallet-size, for a small charge. Dr Ladhani has been consulted re: data to be provided on cards.
- Purchase of a Fax Machine for President's use approved, and supplied.

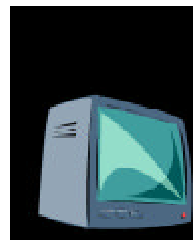
**The next Committee Meeting will be held on Saturday March 4th after the NSW regional meeting (see Regional Roundup for details).**



## Questions for Dr. Ladhani in recent Questionnaire:

Thankyou to all those who completed and returned their questionnaires to Dr. Ladhani. He is compiling our questions for publication.

If you would like to seek answers to your questions, we can put them to our team of doctors. Please send these questions, along with articles and case histories direct to Robyn Atwood, our Newsletter editor at:  
 Postal: PO Box 120 Emerton NSW 2770  
 Email: editor@addisons.org.au  
 Fax: (02) 9835-4259  
 Tel: (02) 9628-6028



## Addison's On 'All Saints'?

In November last year, our editor wrote to the producers of "All Saints" medical drama, drawing their attention to the existence of Addison's Disease. This was prompted by discussion with some of our members (thanks Dianne) and the timeliness of one of the characters in the show being diagnosed with the autoimmune disease, Lupus. We suggested that Addison's could provide more than enough mystery and intrigue in the field of difficult-to-diagnose conditions, and could possibly result from the steroid treatment of the Lupus (ie secondary Addison's). While the reply we received gave no undertaking to use our suggestion, we do know that someone from Channel Seven has visited our web site on a number of occasions since! Stay tuned...

## 2000 Membership Renewals Due

Yes!

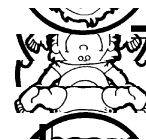
**It's that time of the year again!** Membership fees for 2000 are now due (unless you are one of the few members to have paid in advance). **Could all other members please read the letter enclosed with this newsletter, and complete the renewal form on the back and return.**

We are a non-profit organisation, the committee and our team of helpers all offer their services voluntarily and look forward to your support for 2000.

Our present membership consists of 167 members:

<b>Primary Addison's:</b>	140
<b>Secondary Addison's:</b>	10
<b>Support members:</b>	17

**Additional family members** with Addison's Disease: 15  
**Unfinancial** members for 1999: 12



## Baby News

*We're thrilled to announce our first baby, born to Addisonian member, Fiona Payne. Nathanael Alexander was born on the 12.12.1999, just a few weeks earlier than expected. All are reported as healthy, and managing well. Congratulations from all of us!!*



## Victoria

Our thanks to Dorothy Boland (Victoria's Rep.), who has done a great job. Due to family and health difficulties, she is passing the "baton" to **Bruce Hamilton**. We hope things improve soon for you Dorothy. More news from down south in April.

Contact Bruce on: (03) 9363 0669



## NSW

Summary of Minutes for N.S.W. Region Meeting, 20th November, 1999.

19 (Members and family) were present.

**New Members:** We welcomed Fiona Perry, (diagnosed with Addison's at 5 years), and Jocelyn Westbrook, who recently arrived in Australia from New Zealand.

**Items Discussed:** Elizabeth Moering is moving to Canberra to be closer to family. We shall miss her, but wish her well.

Fay and Don Hession have recently been travelling, and caught up with Joyce Berryman (a fellow Addisonian). Joyce has extended an "open invitation" to any member visiting in her part of Australia. Gae Mitchell, and her husband have both been very unwell, in recent months. We do thank Gae for her participation in organising meetings, and send our "Get Well" wishes to her husband and herself. Gae also brought to our attention, that on one of her trips into hospital, that her Medic Alert bracelet was not referred to by the ambulance paramedics. She has lodged a complaint with the Medic Alert Company. The Addison's Association, as a service to our members, has been in the process of developing our own laminated Medical I.D. Card. This will soon be available, for a very small charge. It will fit into your wallet/purse, and will carry a considerable amount of personal medical information, if requested.

Fund Raising Ideas were discussed at length. This is necessary, as photocopying and postage has been

contributed by Maureen Williams, to date. It was suggested that \$5.00 be contributed by each member present at each meeting. Alan Wonson and Marie Maskiell have offered to do photocopying and postage for our region, but will require reimbursement from contributed funds.

**Next Meeting:** We would like to extend a warm invitation to all our members, and interested people, from all over the N.S.W. State, to join us for our next meeting. Bring a plate to share for lunch, beverages supplied. Venue: ICPMR, Westmead Hospital, Hawkesbury Rd. Westmead. Date: Saturday, March 4th, at 11.00 a.m. Noreen and Jim are coming down for this, and our Addison's Committee Meeting (to follow after lunch). So feel free to stay and join in the discussion. If you require assistance with billet accommodation, let Maureen know, on: 02 48624324; or email: [maud@pnc.com.au](mailto:maud@pnc.com.au) RSVP: late February.



## Western Australia

No news this issue



## South Australia

Our S.A. rep, Tania Pfeiffer has recently moved interstate meaning that she is no longer our S.A. rep. Our thanks to Tania for her work and our best wishes for the future.

We are pleased to announce that we have a new S.A. rep: Marg Heher. Welcome Marg!

Any enquiries from folk in South Australia should be directed to: Marg at: (08) 8322-3506.



## Queensland

Thank you to those of you who RSVP'd for the December get together. We had a really nice day at Lake Wivenhoe. The weather was not the best, (but it didn't

actually rain), and the date was not the best, but we did get it in before Christmas.

It was great to meet Patricia and her family, and Russell, who had only that week stumbled on our website. Unfortunately, several other members who were to come, couldn't make it due to illness. We missed you!

We have been contacted by Dr. David Torpy, a longtime supporter of the association. He is now based at Greenslopes in Brisbane, and has very kindly offered to attend gatherings and to help in any way. We've set Sunday 12th March for our next get-together. Please RSVP as soon as possible. We will then try to find a venue to suit most people for ease of travel. We have confirmed that Dr Torpy will be able to attend. As suggested at our last meeting, please send us any questions you would like answered. We will forward them to Dr Torpy in advance. Looking forward to seeing you in March!

**Dianne & Michael Joblin**

Tel: (07) 5492-6110

Email: [cityoff@squirrel.com.au](mailto:cityoff@squirrel.com.au)

## Remember:

**we're all volunteering our time and expertise - we really appreciate everyone's efforts to help make the Association run!**



# MEDICAL Q&A

## CHEMIST QUESTIONS

**Q** I take a calcium supplement each day, (- Caltrate 600). Just when I thought I was following a good routine, I have now been told that taking a Ca supplement continuously, could cause kidney stones. Is this likely to be the case?

**A.** According to some new research, it appears that just the opposite is true. Taking Ca supplements enables that calcium to bind with most of the dietary oxalates, which acts to prevent them being processed further into the body. It is known that about 75% of kidney stones are formed from oxalates, that are found abundantly in some plant foods. Most of the oxalates to be excreted, are made within the body, and are not part of the food intake.

**Q** Florinef is prescribed in bottles of 200 tablets. I take 0.5 tablets daily, which means that I have 400 doses per prescription, this equals well over a year of

medication. The colour of the tablets fades over this time. Does this have any effect on the potency of Florinef? How should it be stored to minimize any effects from heat or light?

**A.** Florinef should be stored in a cool dry place, away from direct sunlight. If stored, as directed, (i.e. below 25degrees C), the stability of the product can be guaranteed for the labelled shelf-life.

The product is also packed in amber glass, to assist in protecting it from light. If a patient notices that the tablets are faded, then he/she should be encouraged to check the expiry date on the bottle, and discard those tablets, if they are older than the use-by date. (e.g. return to Pharmacy, to be disposed of safely).

If the product is still 'in date', but there are concerns over the quality of the product, it should be returned to the Pharmacy of origin.

**Q** Some members are using Carbimazole as part of the treatment for their thyroid disease. Could you please discuss its use and side effects?

**A** Carbimazole is used to treat disorders in which there is an increased secretion of thyroid hormones. These hormones produce a spectrum of symptoms, in a wide variety of physiological systems. Carbimazole acts by interfering with the last step in the hormone synthesis.

As with all drugs, adverse reactions can occur. Some possible reactions include: skin rashes, (- which will remit on continued treatment); joint pain, and gastro-intestinal disturbances. Any complaints of fever, sore throat, or gum inflammation should be reported to your G.P. or specialist immediately.

---

Chemist's Answers kindly supplied by:  
**Mark Gilsenan** B. Pharm.,  
 Medical Centre Pharmacy  
 42-44 Gordon St  
 Coffs Harbour

## DOCTORS QUESTIONS

**Q** Are Calcium, or other supplements necessary, for an Addison's patient's medicine regime, with a view to preventing future problems, (e.g. osteoporosis)?

**A** There are reports indicating lower bone mineral density in "treated" Addison's Disease patients, than would be expected, in the normal population. This may be due to subtle glucocorticoid overdosage in some patients. The loss of adrenal androgen production may also be a factor.

Some women with Addison's Disease experience earlier menopause, perhaps as an autoimmune phenomenon.

Recommendations regarding the prevention of osteoporosis in Addison's patients probably needs to be individualised, depending on a patient's exact situation. Ca supplements have a modest beneficial effect on bone mineral density, and may be particularly helpful for individuals with a low Ca intake, (e.g. less than 1200mg daily, in post-menopausal women). Other strategies for the prevention of

osteoporosis include careful adjustment of the Glucocorticoid replacement dose (i.e. Hydrocortisone, Prednisone, Cortisone Acetate, etc.); consideration of the use of an oestrogen hormone replacement in post-menopausal women; and some regular weight-bearing exercise.

**Q** Is there a link between Addison's Disease and Alopecia (hair loss)?

**A** Alopecia is seen in Autoimmune Polyglandular Syndrome Type I. This is a rare cause of Addison's disease, having an onset in childhood. It can be associated with Candida (thrush infections), of the skin and mucous membranes, and Hypoparathyroidism, (which leads to/results in low blood Calcium levels).

Alopecia may also occur, as an autoimmune disorder. Many Addison's cases have developed their adrenal failure as part of an autoimmune process. There is some evidence of a weak association between Alopecia and this process.

Overall, Alopecia can be considered as

associated with Addison's Disease, but the greater majority of Addison's patients do not develop Alopecia during their life time.

**Q** Does Florinef cause heat stress-like symptoms, as some people report feeling hot flushes an hour or so, after taking Florinef?

**A** Florinef is a long-acting Mineralcorticoid drug, which acts like Aldosterone, to maintain the salt/water balance in the body. It would tend to prevent dehydration, seen in heat stress. Hot flushes are not a side effect of Fludrocortisone. Other causes for this symptom should be sought, especially if bothersome. The product information, and the Australian Data Base, ADRAAC, do not report hot flushes as a side effect of Fludrocortisone. A number of other medications can commonly cause that side effect.

---

Doctor's answers are kindly supplied by  
**Assoc. Professor R.V. Jackson** and  
**Dr. David Torpy**  
 from the University of Queensland

## Australian Addison's Disease Association Inc.

### Contact Information:

#### President

**Noreen Secomb**  
PO Box 2436  
Coffs Harbour NSW 2450  
Tel: (02) 6652-4761  
Fax: (02) 6652-4861

#### Secretary

**(all membership and other enquiries):**  
**Jim Sims**  
PO Box 5133  
Port Macquarie NSW 2444  
Tel: (02) 6583-1539  
Fax: (02) 6584-5990  
Email: secretary@addisons.org.au  
addisons@midcoast.com.au

#### Treasurer

**Marie Moffitt**  
PO Box 2436  
Coffs Harbour NSW 2450  
Tel: (02) 6653-6640  
Fax: (02) 6656-4549

#### Promotions

**Maureen Williams**  
Tel: (02) 4862-4324  
Email: maud@pnc.com.au

#### Medical Advisor

**Dr. Fatehali Ladhani**

#### Newsletter Editor:

**Robyn Atwood**  
PO Box 120  
Emerton NSW 2770  
Tel: (02) 9628-6028  
Fax: (02) 9835-4259  
Email: editor@addisons.org.au

#### Webmaster:

**Neil Atwood**  
PO Box 120  
Emerton NSW 2770  
Tel: (02) 9628-6028  
Fax: (02) 9835-4259  
Email: webmaster@addisons.org.au

#### State & Regional Representatives:

##### Victoria:

Bruce Hamilton  
Tel: (03) 9363 0669  
Email: incomt.65@bigpond.com.au

##### Queensland:

Dianne & Michael Joblin  
Tel: (07) 5492-6110  
Email: cityoff@squirrel.com.au



# Web Site News

Well, despite the Christmas "break" (for some), there has been little significant change at the Association's web site - at least none that you can see...

In reality, quite a lot of work has been going on behind the scenes. During the slightly-less hectic post-Christmas period, I have been working hard on a whole new look and feel for the site.

Because our web site is very information-intensive (that is, it seeks to disseminate lots of written information), it is quite a challenge to create a site design that is simple to navigate for everybody. Ideally, you want to be able to know **where** you are in a site at any given time, and be able to **jump around** easily within a site, to follow pages of interest.

I think you will find our new site design will help you to do that. All being well, by the time our next Newsletter is published, the new site will be up and running. Meanwhile, the existing site is still available. Stay tuned...

#### The members-only page

As a reminder, here are the details of our special, members-only section on the web site:

As a value-added service to paid up Association members, we've added a members-only page to the site. Here's how to get there:

The page is located at: <http://addisons.org.au/password.htm>.

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

For the **Username**, enter 'member' (lowercase, without the quotes).

For the **Password**, enter: 'addisons' (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.

If you have any questions about the web site, or about getting connected to the Internet, contact our Webmaster, Neil Atwood. Details are elsewhere on this page.

## Other patient support groups

### Australian Thyroid Foundation

PO Box 186 Westmead NSW 2152  
Tel: 02 9890-6962 Fax: 02-9755-7073

### Australian Pituitary Foundation

PO Box 4792 North Rocks NSW 2151  
Tel: 02 9630-7423 Fax: 02 9630-7808  
Web site: [www.geocities.com/hotsprings/spa/7545](http://www.geocities.com/hotsprings/spa/7545)

### Osteoporosis Southern Sydney Support Group

32 Belgrave St. Kogarah NSW 2217  
Tel: 9350-2649 Fax: 02 9350-2690

#### South Australia:

Marg Heher  
Tel: (08) 8322-3506

#### Western Australia:

Anita Fratel  
Tel: (08) 9581-5258

#### A.C.T.:

Dorothy Knight  
Tel: (02) 6226-2585

#### NSW

##### Sydney:

Maureen Williams  
Tel: (02) 4862-4324  
Email: maud@pnc.com.au

##### Newcastle:

Gwen Harrigan  
(02) 4948-8246