

Australian Addison's Disease News

Issue 121

January 2018



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- Adrenal insufficiency all in the family!
- Happy New Year to all!

Thank you for your contribution to the Association's 2017 Member Survey

The initial results of the 2017 AADAI Member Survey are in and members have eagerly embraced the opportunity to share their thoughts about living with Addison's disease and adrenal insufficiency.

The results of this anonymous survey will be used to help the AADAI's Advocacy program, which aims to provide information about the needs and journeys of those living with Addison's disease and adrenal insufficiency to those who are important to our wellbeing.

While the full survey report is still being finalised, this edition contains some of the top-level results.

Survey organisers Tammy McLandsborough and Grahame Collier thanked members for their overwhelming support and contribution.

"We would like to take this opportunity to say thank you to the 186 fabulous members who were able to complete

the recent member survey.

"As we originally sent out 325 surveys via mail and email, this gives us an overall response rate of 57%! What an amazing result!

"This, along with your comprehensive responses shows just how engaged you all really are.

"As the survey has only just closed, we are still yet to undertake a full analysis of the results.

"We will be sharing our findings with you over the coming months, but we are so excited by how you got involved that we've decided to share with you a snapshot of some of the highlights here in this newsletter.

"Enjoy the read and thank you again for your overwhelming participation."

(See a snapshot of the survey results on pages 7 to 9)

President's Report

2017 has been a transformative year for the Association and, thanks to the valuable data from our recent Member Survey, we start 2018 armed with the information we need to better serve our members.

Our Committee continues to crunch the numbers, with some early results included in this newsletter. While that is taking place, I would like to express my delight at the huge response to the survey.

Given our condition is not common and we are spread all across Australia, it can be difficult for us to come together and share our experiences with one another. Clearly our members each have individual stories to share and collectively we can make a difference to those with Addison's disease and adrenal insufficiency now and in the future.

It was also great to see so many of our members—both in person and via video conferencing—at the 2017 Association Annual General Meeting, held in November.



As you will have seen, we have a talented and enthusiastic Committee driving many new projects and initiatives to better serve our members. For example, work is already well underway on the **Association's Annual Seminar, to be held in Sydney on 26 May 2018**. Lock that date in your diaries now! The 2017 Seminar was a fantastic event that many members found incredibly valuable. The 2018 event promises to be all that and much more.

But before 2018 gets fully underway, I hope you and your loved ones have an opportunity for some well-deserved down time. On behalf of the Association, I wish everyone a wonderful festive season and a happy and healthy 2018!

Michelle Dalton

P.S. Belated happy birthday to one of our patrons Geoff Starling who celebrated his birthday on 14 December!

Our Valued Patrons

Helen Reddy

Australian singer, actress & activist

Geoff Starling

Australian former professional rugby league footballer

Editor's note

The end of one year and the start of another often ends up being a time of reflection.

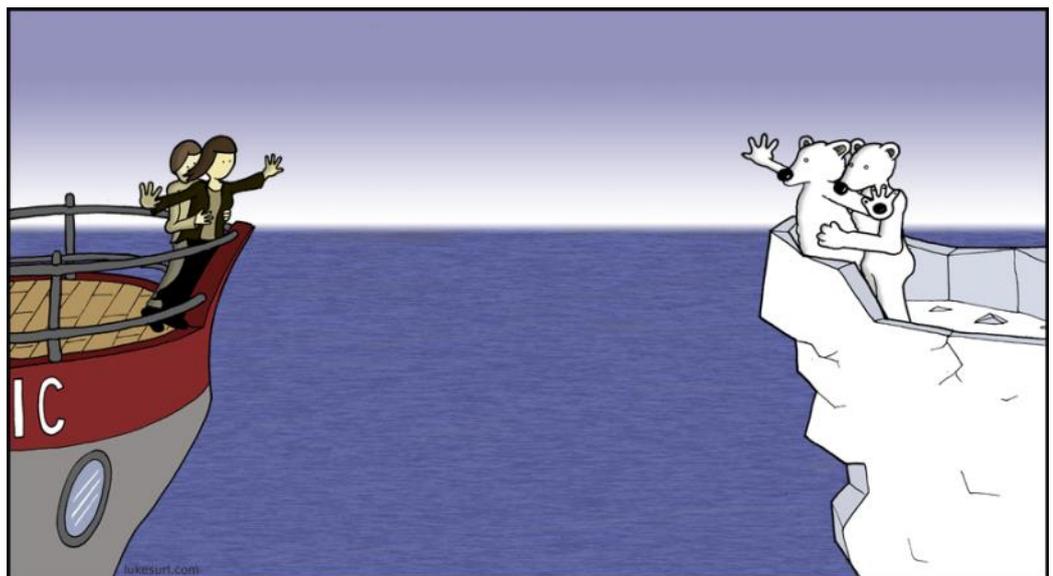
Many Association members have taken the opportunity to think about their lives and living with Addison's disease and adrenal insufficiency by taking part in the recent Member Survey.

I for one enjoyed taking a moment to think about my journey since diagnosis and look forward to hearing more about what others with the condition think and feel.

Matthew Hart

On the lighter side...

by www.lukesurl.com



Disclaimer: The material in this newsletter offers information as unbiased "information only" and is not intended to be complete. The authors of most information in this newsletter do not practice medicine; they are members of a support group. The intention is only to give information to patients and others about these disorders and the support that is available. We urge you to contact your medical practitioner(s) before making any changes to your treatment.

Making headlines: Addison's in the news

Brisbane Manchester United Supporters Club raises funds for Association

The Brisbane Manchester United Supporters Club has raised more than \$5,000 for the Australian Addison's Disease Association Inc as part of its annual Charity 5-a-Side Tournament.

The Club raised a total of \$4,078, plus there was a \$1,000 donation from their major sponsor Veto Sports.

Club Vice Chairman Keith White explained what motivated him and his Club to throw their support behind the Association.

"For me personally this was that extra bit special as we were raising funds for Addison's disease, a rare condition that my niece was diagnosed with last year," he said.

"The Australian Addison's Disease Association have told us what this tournament means to them and it's warming to know that the money we've raised might make a real difference.

"Thank you to Michelle Dalton, the President of the Association, who came out to speak to us before we kicked off and educate us more about the condition."

AADAI President Michelle Dalton expressed her thanks to everyone who played a part in making the day a huge success.

"We were honoured to be chosen as the recipient of this year's fundraising. It was also a privilege to attend the day and meet so many people from the Club. Many thanks once again!"



LtoR: BMUSC Vice Chairman Keith White, AADAI President Michelle Dalton and BMUSC Treasurer Kelly Ross



UK comedian Kathy Burke reveals Addison's disease diagnosis

November 2017: English actress, comedian, playwright and theatre director Kathy Burke has revealed that she has Addison's disease.

Burke is well known from her regular appearances in comedy shows, such as *French and Saunders* and *Absolutely Fabulous*, as well roles in acclaimed movies, such as *Elizabeth*.

In a recent interview, Burke explained how she nearly died after contracting a superbug in hospital more than ten years ago.

"So that really changed my life in the way I am, my health. I've got Addison's disease now," she said.

"The bug killed my adrenal glands so I nearly died about four times.

"I'm overweight because of the steroids and that can sort of get me down a bit, but there's only so much I can do.

"I'm vegetarian, I walk everywhere and it just doesn't shift. I've just had to accept it. I could stop eating bread, but life's too short."

In recent years, Burke, 53, has focused on directing a range of theatre productions in the UK.

Sponsor a member

Occasionally we encounter someone who wants to join the Association but can't afford to do so. Would you consider donating a membership to another? Let us know if you'd like to help. Donations can be made anonymously.

Member news

New *My Emergency Dr* service aims to support rural and regional patients

The new *My Emergency Dr* app is offering a 24-hours-a-day medical service that connects patients anywhere in Australia to Specialist Emergency Doctors via a video link on your smartphone.

The service offers doctors who provide an online emergency consultation, including prescriptions, x-ray and pathology referrals, and even provide advice on whether the patient needs to attend the Emergency Department or whether their condition can be managed initially via the app and then followed up by the patient's usual GP.

The service may be of interest to our members, particularly in country and remote areas. Of course, be sure to mention that you have Addison's disease or adrenal insufficiency, and if the situation is an emergency, such as a crisis, still call 000.

Fees range from \$110 for the first 15 minutes weekdays and \$130 for the first 15 minutes at night and on weekends. A Medicare rebate is only given in approved tele-health (remote) areas. More information is at www.myemergencydr.com or by calling 1800 123 633.

Website Committee momentum

Since the last report, the Website Committee has met on a regular basis to progress plans on several fronts for improvements to the Association's website.

Our focus is always "two-pronged". First, we update existing information and provide new content. Second, we remove redundant material.

In terms of content updates, a major rewrite of one of the key documents "What is Adrenal Insufficiency" is approaching completion.

This document will replace the current, "What is Addison's" that is under the Information tab from the Home screen.

The Pharmacy FAQs have also been reviewed and updated by my local Pharmacist for accuracy and current medical practice.

They have also been reviewed by Committee member, Dr Gisela Spallek and will be launched in their revised format early in 2018.

The Ambulance Protocols are also up-to-date following responses from all States. The Forums page is currently disabled and is likely to be replaced with our Facebook page

The removal of redundant material will give the current web site a much cleaner look. Under Members— Documents, a noticeable reduction in out-of-date material can be seen.

The same has occurred in the Information – Member Articles. Other areas will also have their content reviewed for relevance.

Feedback and suggestions are always welcome.

Geoff Mullins
Website Committee Coordinator

DATE CLAIMER:

Association Annual Seminar Sydney, 26 May 2018

Following the success of the Association's Annual Seminar in 2017, work has already begun on the 2018 Seminar.

The Seminar will be once again held at the Kerry Packer Auditorium, Royal Prince Alfred Hospital, Camperdown, Sydney on 26 May 2018. Registration opens at 8.30am for a 9am start.

Organisers are delighted to confirm that the Association's medical advisor **Professor David Torpy** will be the key speaker at the Seminar.

Bookings open from 1 February 2018 by emailing Sydney@addisons.org.au

Keep an eye on the website and the next newsletter for more information on this event and other Addison's Awareness Month functions.

AADAI's Pharmaceutical Advisor

The AADIA Executive Committee is pleased to confirm the appointment of Dr Michael Lew as the Association's pharmaceutical advisor. Dr Lew, 57, is a senior lecturer in the Department of Pharmacology and Therapeutics at Melbourne University.

As Dr Lew explained: "I developed primary Addison's disease a couple of months after starting treatment for Hashimoto's hypothyroid 12 years ago. I have auto-antibodies against both thyroid and adrenal cells and so I have a polyglandular autoimmune syndrome.

"My Addison's is currently well controlled with 5mg of prednisolone daily, having found that I needed frequent dosing with cortate to deal with afternoon and evening tiredness."

Member news

Treasurer's Report: Snapshot of Association's FY17 financial results

Throughout my commentary, I will be primarily referring to the Financial Statements Report for the year ended 30 June 2017 (refer to *Income Statement and Balance Sheet on Page 13*).

To set the challenge, this was a year of two Committees and the current one effectively started in early December 2016 with an overall Deficit of \$4.9k - total Expenses of \$8.3k, total Revenue of \$3.4k.

We then set about the task of re-growing the membership and invited past members to renew – holding the annual fee at \$25 per annum but foreshadowing uplifts to \$30 and \$35 on 1 July 2017 and 1 January 2018 respectively. (Note: we binned a proposed upsurge in the membership fee to \$45pa, as we all felt that members first needed to receive genuine 'value-for-money' before any fee increase!)

If you now refer to the 'Income Statement', I will comment on key aspects of the FY'17 full year results.

The deficit of \$0.9k is a great outcome – primarily driven by re-growth of the membership to 277 (v's 215), 22% of whom are 'new' members. Expenses (for the 7mths – 1 Dec'16 to 30 Jun'17) were held to \$2.8k - due especially to 'clever' recycling of prior materials (eg; post-paid envelopes, printing & stationery).

No further expenses (in the same 7mths) were incurred for – Accounting Fees, and Meeting Costs – the latter switching online via no-cost Zoom. Research Funding of \$2,000 was an FY'16 donation specifically earmarked by the donor for payment to Professor Torpy, our long-standing Medical Advisor.

Seminar (Sydney) Costs – the costs of this marquee event were more than offset by the no-charge/'unrecognised' cost of the venue of \$1,000+ plus donations of \$395. If you now refer to the 'Balance Sheet', you will note that the mix of our Current Assets has markedly changed for the better. Instead of mediocre interest from the Westpac Savings and Cash Management (via BT) Trust accounts we will quadruple our earned interest via a 12mth Term Deposit which matures in March 2018.

I am very pleased to say that the membership remains strong at 277+; as such we are very grateful for your ongoing support and confidence in what we are doing on your behalf.

Peter McDonald



SA members enjoy a Spring Picnic

To celebrate the arrival of Spring, members and friends in South Australia enjoyed a casual picnic on Saturday 7 October 2017 at Mitcham Reserve.

Association representative Kaye Toshach reported that seven people attended, including three Addisonians.

"We had a good talk, which included having an Advocate with you, in the time of a crisis," she said.



Our condolences are extended to our long term and hardworking member, Kerry Wheeler, on the recent death of her much treasured father.

Our thoughts are with you and your sons, Kerry.

What a year! 2017 in Review

We hope you had a healthy and rewarding 2017. Here at the AA-DAI, it's been a productive 12 months that has set the scene for a bigger and better 2018 supporting our members.

To recap, the big effort during 2017 has been in the following:

Website

- There is a special Website Committee that has updated the website to make it more useful to both members and the general public. A Facebook page linking back to the website was set up. Old documents have been archived.

Newsletters

- The colourful newsletter (email version) have been a highlight at quarterly intervals throughout the year. Some members still prefer the black and white printed version so they are posted. Let us know if you'd like to see particular articles in the newsletter or would like to make a contribution yourself.

Advocacy

- A major thrust has been the creation of an Advocacy Committee to push for members' interests to be heard. This Committee is currently working on five campaigns:
 1. **Member Survey – researching members' journeys**
 2. **Endocrinologists – improving our communications with the specialists**
 3. **A & E – achieving better outcomes with Ambulance transport and crisis treatment in hospitals**
 4. **Children and Young People – helping the parents of younger members in schools and colleges**
 5. **GPs – material helping GPs address and understand the various adrenal insufficiencies**

Seminar

- The Sydney Seminar in May attracted more than 100 members and family/friends. This was double the previous largest attendance. The seminar is an excellent gathering to learn about living successfully with Addison's disease/adrenal insufficiency. As always there was an endocrinologist and a team of endocrine nurse consultants. This year the other expert was a nutritionist. For the first time the speakers were recorded on video.

Meeting face-to-face over the internet

- All the committee meetings and the AGM itself have been conducted using Zoom.com, which allows people from across the country to talk and see everyone in the meeting. We hope to be able to use the system to bring the seminar speakers to members at home, but also it might enable you to discuss issues with fellow members who are beyond driving distance.

Local support

- The earlier system of Association State Representatives meant that you had someone fairly close to you that you could contact over the phone to discuss issues. They also often organised opportunities to meet other members in a local area. Now a number of members have come forward as local Representatives and we expect to build a network to work with members more closely during the coming year in the regions. There is already a system where you can text or phone 0455 534 472 (message) for non-urgent contact. Finally, you can submit questions via a Contact Request Form on the website.

Constitutional change

- At the 2017 Annual General Meeting, members ratified a new Constitution, which is specific to the needs of members and the structures of the AADAI. Among a number of important changes, the Constitution makes it clear that the Association provides a voice, education and support for all people with Addison's disease and adrenal insufficiency.



2017 Association Member Survey

As we mentioned on the front page, we were overwhelmed with the amazing comments that you were able to give to us in the recent survey. There are way too many gems to list here so we have just picked a few here to highlight to give you an idea of what our members are saying.

What some members shared with us:

Most of the time I get on with life. Sometimes I am frustrated by the realities of living with an autoimmune condition.

I do not 'suffer' from Adrenal Insufficiency. I am a happy, strong, intelligent woman who has Adrenal Insufficiency and, as such, manage my condition and get on with living my life the best I can.

The day I was diagnosed I was so grateful to finally have some solutions.

Most days I am strong minded and manage well, grateful for medication to keep me alive and functional. I am able to go to work but find work more tiring than before symptoms started. It is a blessing, I think, not to look unwell but it makes it harder for others to understand or take this condition seriously.

I am active, healthy and happy. Still have blah days where I struggle for energy but it can usually be managed by lifestyle adjustments or about 10% HC bump dose. I'm not as active as I once was, but by knowing my body's limits I exercise daily and still work part time.

The doctors need to realise that we are not all the same, that we are affected differently and that we don't ever get back to normal. My life is very different to what it was before I had AI. It is important to let people know that there will be a new normal and that's ok.


The key finding from the data is that everyone's journey is different

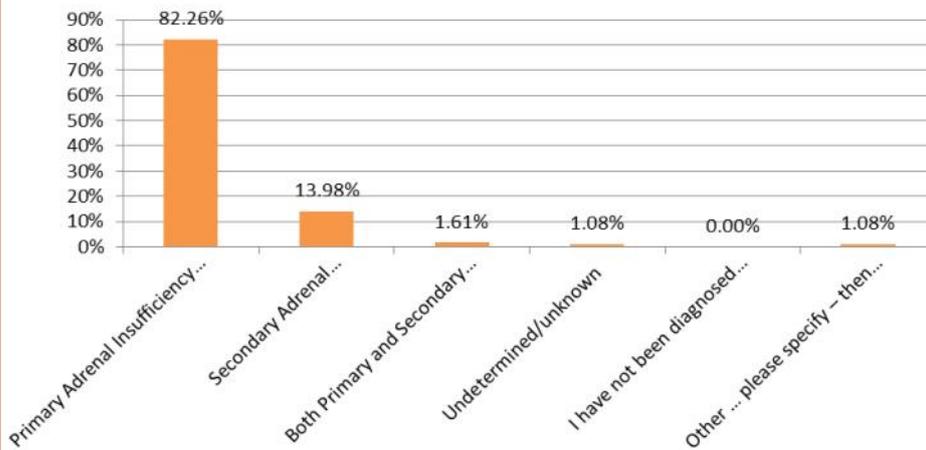
I think sharing experiences helps us see other perspectives and learn more ways of dealing with what life deals us.

I am always worried that I may get really sick and have a crisis and that the hospital and GP won't be able to treat me as they don't understand.

It depends on a lot of things, heat, stress, sickness, cold etc. Just depends how I feel when I wake up and what I do or what happens on the day. Stress dosing is a very individual thing, there is no one size fits all. But try telling the doctors that ... they just go by numbers, not by feelings.

Highlights of the initial survey results

The type of Adrenal Insufficiency AADAI members have been diagnosed with.



What type of Adrenal Insufficiency - Primary or Secondary?

Over 80% of members who responded to the survey have been diagnosed with Primary Adrenal Insufficiency - Addison's Disease.

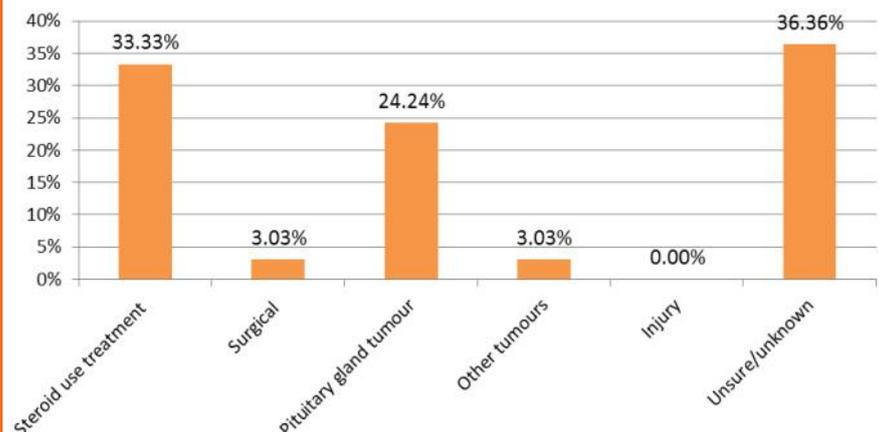
Because AADAI has existed for a long time and has been involved in supporting those of us with Addison's for over 20 years, it attracts members with Primary Adrenal Insufficiency.

Causes of Adrenal Insufficiency

Eighty-three percent of people with Addison's noted that it was caused by an autoimmune response. Almost 10% did not know the cause. For the almost 14% of members (26 people) who indicated that they had Secondary Adrenal Insufficiency, steroid use and tumour of the pituitary gland were listed as the major causes. It is noted however, that 35% of these people did not know the cause.

'They are not sure if it's primary, secondary from pituitary or from steroids. But I don't care as treatment is all the same. Adrenals are shrunk and not coming back.'

Members with Secondary Adrenal Insufficiency identified the following causes

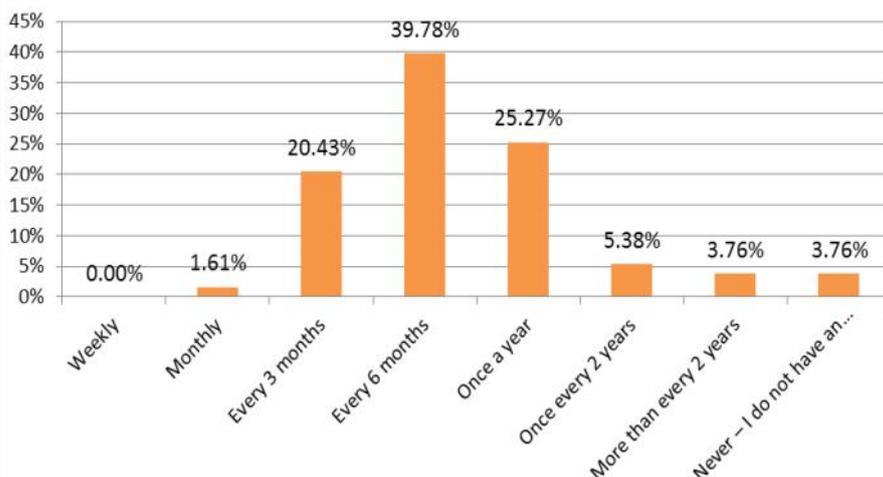


Who do we see for treatment?

Seventy-seven percent of people living with adrenal insufficiency identify an endocrinologist as their primary care physician; and 17% said that a GP provides primary care.

Given that a fairly high percentage (43%) of members who responded live in rural and regional locations, it is pleasing to see that the majority are under the care of a specialist. Most people (40%) see their endocrinologist every six months; a further 25% are monitored once a year. Where GPs were selected as the primary-care physician, most respondents indicated that they saw their GP 'as often as they needed to'. Twenty-three percent said 'bi-monthly' and 20% said monthly.

How often do people visit their Endocrinologist?



Highlights of the initial survey results

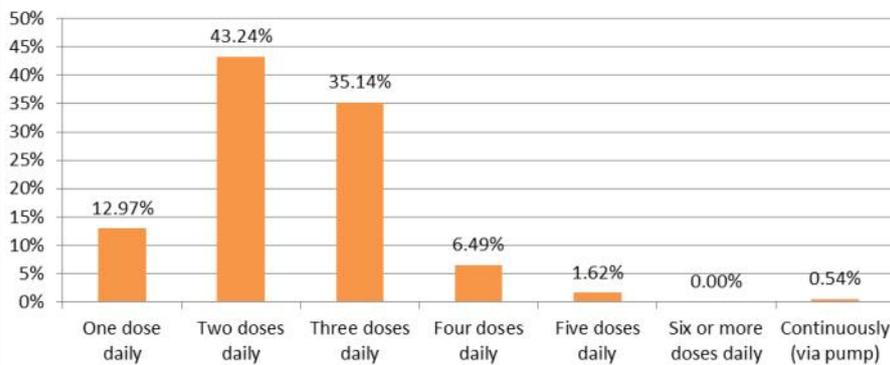
Medications

Medications	Responses	
Hydrocortisone (Hysone , Solu-Cortef)	67.74%	126
Cortisone Acetate (Cortate)	24.19%	45
Prednisone/Prednisolone (Predsone, Panafcort, Sone, Redipred, Predmix, Predsol, Panafcortelone, Predsolone, Solone)	17.74%	33
Dexamethasone (Ozurdex, Maxidex)	5.91%	11
Fludrocortisone (Florinef)	80.11%	149

The medications we take

- Fludrocortisone is used by 4 out of every 5 respondents.
- This is consistent with percentage of respondents who identified as having Addison's disease.
- Hydrocortisone is a popular treatment option and is used by almost 68% of our respondents.
- Other treatment options such as cortisone acetate, the prednisone group and dexamethasone are used by fewer people.
- Very few (13%) people take only one dose a day.
- Most people, take two (43%) or three (35%) doses a day.
- The vast majority of drug treatments (99%) are taken orally.

How is the normal daily steroid replacement dose split over the day?

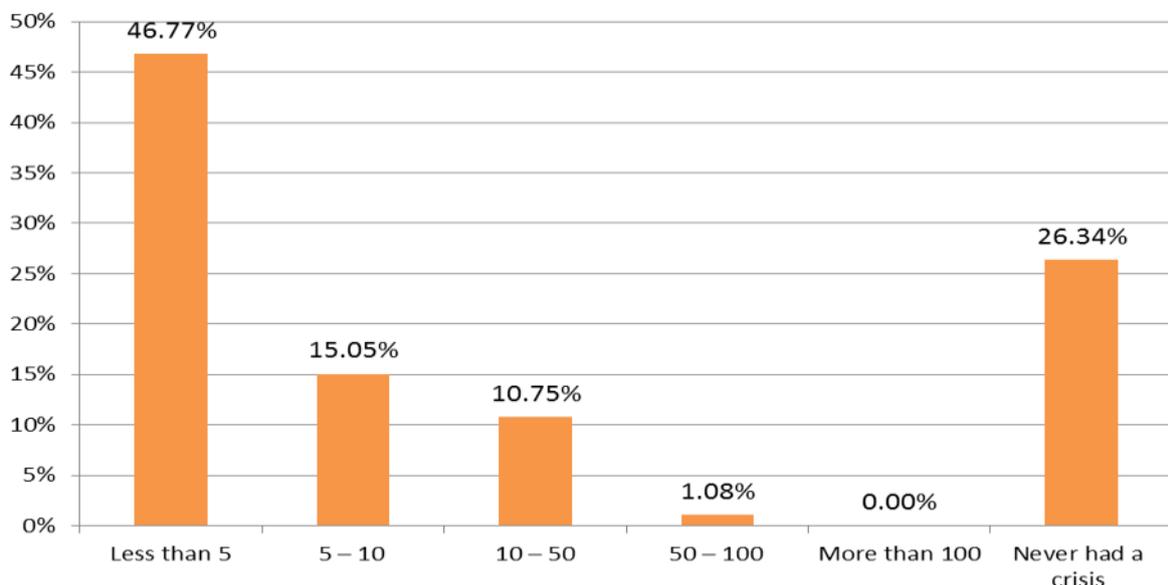


Prevalence of adrenal crisis since diagnosis

While we are all concerned about experiencing an adrenal crisis, for many of us who are living with adrenal insufficiency, they don't appear to happen often. About 26% of us have never had an adrenal crisis and a further 47% have experienced only five crises or less since diagnosis. This perhaps indicates that crises might not be as prevalent as we presume. More detailed analysis of the survey data will provide us with more information

Thankfully, even if they are not happening as often or regularly for many of us, they are debilitating and very concerning when they do occur. So please ensure that you always take precautions and seek immediate medical help.

Frequency of adrenal crisis since diagnosis



Highlights of the initial survey results

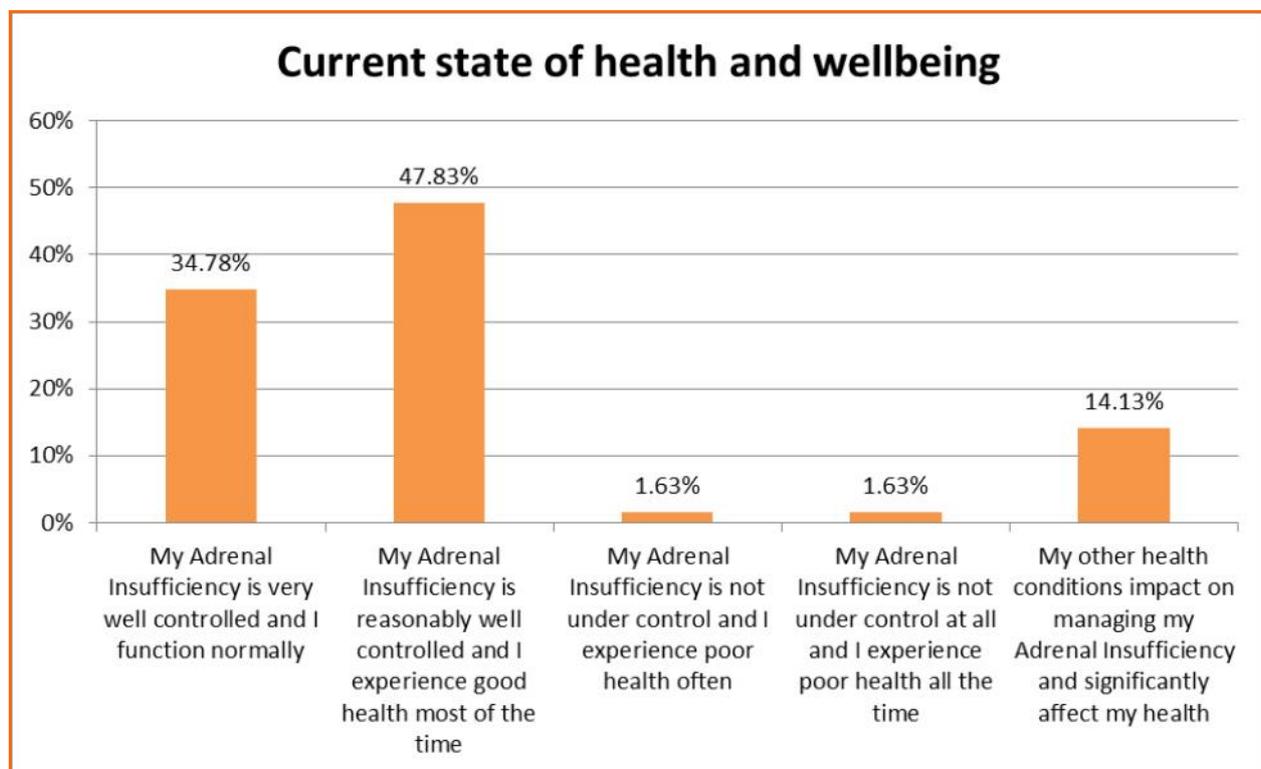
How do we feel overall?

The graph below indicates that adrenal insufficiency is generally under control, and that people with it function 'very well' (35%) or 'reasonably well' (48%). Where people have difficulty is when they have other health conditions (14%). The quotes below represent the spectrum of views expressed by those who responded in detail to this question.

Because I have been living with Addisons for so long I am aware of any issues and deal with them promptly. My husband will also make me aware if he feels there is an issue.

I get very tired sometimes, usually a delayed response to a stress situation or illness. I also have Type 1 diabetes so I think that impacts on my health.

Without doubt I struggle with fitness, energy slumps, and headaches.



AADAI sessions with medical students

Sydney University's Medical Teaching Unit at Concord Hospital invited Committee member Bronwyn Monro to be a patient case study for the medical students again in 2017.

As part of their endocrine studies, the would-be doctors asked Bronwyn questions to figure out what condition she might live with.

In August, Bronwyn also took part in two "long case" studies with students from Sydney University. Each student was given a list of Bronwyn's medications and had to ask her questions and investigate her condition.

Participation in both these teaching programs is a great chance to contribute to Addison's awareness with budding medicos.



Member profile: Meet Tammy

My name is Tammy McLandsborough and I'm 42 years old and live in Castlecrag, Sydney with my husband Anthony and daughters Lily (10) and Coco (8). My background is in marketing although I am not currently working. I have a keen interest in food and nutrition and have undertaken studies this year in this area and plan to continue with further study in 2018.

I was diagnosed with Addison's in July of last year. In the months leading up to my diagnosis I was under a lot of pressure as I was managing the interior fit out of the new house that we were building and I was also diagnosed with two separate occurrences of melanoma.

I thought that a lot of the tension, anxiety and weight loss that I was experiencing was related to stress. My dermatologist had also noticed that my skin was gradually becoming darker and we couldn't really understand why.

About two weeks before I was diagnosed, I started to feel really unwell. I had nausea, fatigue and vomited one night. I managed to avoid being admitted to hospital a few days later for dehydration (after a visit to the GP) by drinking a lot of electrolytes but I don't think I ever really recovered from that vomiting spell.

The few days before I was diagnosed I felt completely exhausted, all the muscles in my body were aching, I was dizzy, I could barely stand up to make my girls lunches. I finally decided to go and have a blood test done with a referral that my GP had given me the week earlier (she had told me to wait until I was feeling better) as I knew something was really wrong.

I got a phone call from my GP at 11pm that night as my blood test showed that my salt levels were very low and my potassium high. I saw the GP the following morning and they sent me to emergency. Ironically on the way out they mentioned they thought I might have Addison's disease.

At the hospital they had no idea what was wrong with me and kept asking if I had drunk too much water or taken laxatives. I had done neither!

Thankfully the head endocrinologist saw through what looked like a normal cortisol result. They started me on

hydrocortisone that night. I was told I had suffered adrenal failure and that I had autoimmune Addison's disease.

I had a range of conflicting emotions when I was diagnosed. How would it impact my day to day? Could I still do everything I used to? How would it impact my ability to look after and interact with my daughters and family?



I was shocked and scared by the diagnosis. To learn that this was not something that could be healed, that I would have this for life was confronting.

One of the hardest things for me to accept was that I would need to take medication every day for the rest of my life. I also felt incredibly grateful though. As soon as they started me on the hydrocortisone I felt better almost immediately. I had been feeling so progressively unwell for such a long time that I was relieved that the doctors had finally worked out what was wrong with me.

Now I take hydrocortisone twice daily – 20mg in the morning and 4mg mid-afternoon. I have tried taking three doses over the day but I feel that two doses work better for me. I also take one dose of Florinef in the morning.

I lead pretty much the same life that I did prior to diagnosis. I certainly can feel tired if I take on too much but I have learnt to manage this by checking in with myself and reacting to how I feel. I feel very fortunate as my dosing was worked out quickly, I have returned to a fairly normal lifestyle and I have a very supportive team in my GP and Endocrinologist.

Fairly soon after being diagnosed with Addison's disease I decided that whilst I couldn't change the fact that I have this condition and nor could I change the fact that I would need medication on a daily basis, what I could do was to try and be as healthy as possible, to support myself on this journey. To do this I go to weight training a couple of times a week, I walk my dogs most days,

I regularly see a naturopath and I eat healthily. I have also started studying food and nutrition which is an area that I not only feel passionate about but feel that knowledge can only further help support my overall health and my families.

(Continued on page 11)

Disclaimer:

These stories reflect the author's personal experience, and as individuals we experience our disease uniquely. Always discuss any thoughts you may feel useful as a result of these articles with your physician.

Education and awareness

Adrenal insufficiency in the family!

What are the odds of someone who has Secondary Adrenal Insufficiency, ending up having a dog with Primary Adrenal Insufficiency?

Well it's happened in my household.

When Bella (*right and below with owner Des Rolph*) became extra furry 12 months ago conversations with my Vet at the time were that she was possibly hormonal, something strange going on during her menopausal years perhaps?

Long gone was her sleek close glowing white coat, and what was in its place was a thick, longer, wavy dry coat.

Tufts of hair floated around the house causing me to run around with a fluffy broom scooping it up daily. My clothes were covered in hair and I would find hair in my cupboards!

Her little 'piggy' tummy that hadn't a hair on it, was now covered in hair.



A Google search revealed one article that mentioned excessive hair growth as a rare occurrence in Addison's disease in dogs?

Hmmm. What did the Vet have to say about this, (I showed him the article, highlighted in fluro yellow even?)

"well the hair is usually longer and stringy looking, not like this."

So I go home feeling a bit silly as usual, but the weeks



went on and she was off and on unwell, off and on her food, off and on diarrhoea and now vomiting. Then the shaking started. I took her to the animal hospital twice on the same day, second time in adrenal crisis. Her electrolytes were really quite bad, dangerous levels.

It seemed pretty obvious. She had every hypo and hyper "...aemia" that was going. IV fluids started and Dexamethasone administered. She recovered. STIM test unresponsive, only rising to 1 at 60 mins (No cortisol!).

I think my husband looks at the two of us wondering how this has all happened!! Now it's not just one of the family who finds the stairs difficult, now the dog wants to be carried up the stairs. I am sure my little one will soon be running around the backyard again soon now she's on her treatment. Talk about going out in sympathy with me!

Des Rolph

Member Profile: Meet Tammy

(Continued from page 10)

From my own perspective, the more I have learnt and continue to learn about the disease has been invaluable to me and how I live with this condition. I also believe that as this is such a rare condition, you really do need to be your own advocate and take a proactive part in the management of your own health and well-being.

My motto is: Happy, healthy, positive, strong. I think I am a stronger, more resilient person as a result of Addison's. It has allowed me to put things into perspective, to realise and appreciate what's really important to me.

For a long time I really didn't do any reading or looking into what Addison's disease really is. I was happy to just follow the specialists advice in the first instance. I had a change of heart about that earlier this year when I felt like I would personally benefit from better understanding the condition and that's when I came across the AADAI.

I think the Association's Member Seminar in Sydney last year was amazing. I learnt a lot from the presentations and it was fantastic to finally meet others who have the same condition. That in itself provided a level of support and comfort to me.

AADAI Financial Statements FY17

Australian Addisons Disease Association Incorporated

ABN: 60 466 289 835

Income Statement

For the year ended 30 June 2017

	2017 \$	2016 \$
Income		
Donations	3,003.37	4,699.80
Membership income	6,786.29	5,270.00
Interest received	163.19	363.39
Other Income	170.00	-
	<u>10,122.85</u>	<u>10,333.19</u>
Expenses		
Accounting fees	2,090.00	1,737.00
Awareness expenses	-	829.78
Bank charges	117.56	-
Computer expenses	147.60	601.37
Dues and subscriptions	538.43	340.77
Insurance	318.94	318.94
Meeting costs	2,920.51	1,800.64
Postage	1,078.80	2,283.07
Printing and stationery	566.89	3,345.26
Research Funding	2,000.00	-
Seminar Costs	1,211.60	-
Telephone	60.00	120.00
	<u>11,050.33</u>	<u>11,376.83</u>
Net loss	(927.48)	(1,043.64)
Retained earnings at the beginning of the financial year	40,373.65	41,327.29
Retained earnings at the end of the financial year	<u>39,446.17</u>	<u>40,283.65</u>
Number of Paid up Members (Est.)	<u>277</u>	<u>215</u>

Australian Addisons Disease Association Incorporated

ABN: 60 466 289 835

Balance sheet

For the year ended 30 June 2017

	2017 \$	2016 \$
Current assets		
Cheque account	10,946.72	12,744.97
Savings account	3,338.42	20,543.02
Paypal account	427.02	349.00
Westpac cash management trust	-	6,623.97
Westpac term deposit	24,000.00	-
Stock on hand	500.00	-
Prepaid expenses	234.01	-
Accrued income	-	22.69
Total current assets	<u>39,446.17</u>	<u>40,283.65</u>
Total assets	<u>39,446.17</u>	<u>40,283.65</u>
Net assets	<u>39,446.17</u>	<u>40,283.65</u>
Members' funds		
Retained earnings	39,446.17	40,283.65
Total members' funds	<u>39,446.17</u>	<u>40,283.65</u>

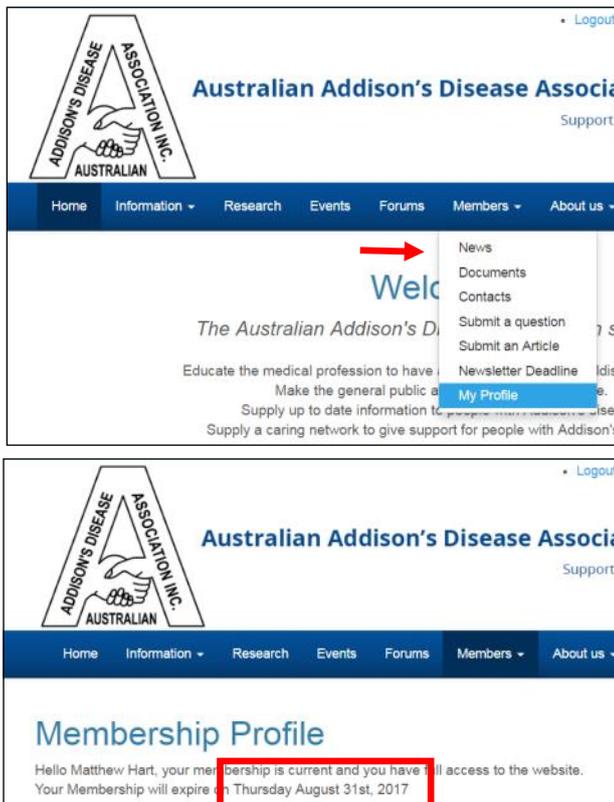
Housekeeping

How to check your membership expiry

We're calling on members to keep an eye on their membership and remember to renew it before it expires. Your membership expiry date is shown under "My Profile" once you've logged onto the Association website (*see below*).

Your membership runs for 12 months from the date that you joined the Association.

Individual reminders are also sent out via email or post. Contact the Treasurer for any assistance (*see next page*).



Do you have a burning question?

Did you know that you can email or text us a general Addison's disease-related question to be answered by our medical advisor, Professor Torpy?

Of course, questions of a personal, case-specific nature are best directed to your personal health care providers.

Send your questions via email or text message:

- editor@addisons.org.au
- 0455 534 472

Keep in touch: we don't want to lose you!

Please let us know if you change your address, phone number or email. There are a few ways you can do this:

- Email: secretary@addisons.org.au
- Text or call: 0455 534 472
- Website: Find 'update member details' under the 'Members' menu on the home page.

Tip for making EFT payments

If you are paying for your membership via electronic funds transfer (EFT), please be aware that you must include your FULL NAME in the description. Otherwise we may have no idea who the payment came from.

Bank: Westpac
BSB: 032 576
Account: 269471
Account name:
Australian Addison's Disease Association Inc.

If you are not renewing online, we ask that members complete the renewal form found on the website.

Would you like to help us?

Perhaps you have a good idea for fundraising?

Can you spare the time to be a State or Regional Representative?

Would you like to share your Addison's story?

Have you discovered a product that could benefit all Addisonians?

How ever you might be able to help, please contact the committee to discuss your idea.

We'd love to hear from you!

Join our Association

MEMBERSHIP FORM 2018

Please FULLY complete the following in **BLOCK LETTERS** and forward to:

The Treasurer, Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia

I have paid via: Cheque/Money Order EFT* PayPal

\$35 for membership within Australia
\$40 for membership outside Australia

and an optional donation of \$_____

**EFT - please make sure you put your name / member's name in the reference*

Bank: Westpac
BSB: 032 576
Account: 269471
Acc. Name: Australian Addison's Disease Association Inc.

OFFICE USE ONLY

Date Rec:

Rec No:

Mem \$ Donation \$

Title:		
Surname:		
Given name(s):		
Date of birth:		
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	()	
Mobile:		
Email:		
GP:		Ph No.
Endocrinologist:		Ph No.
Only to be completed by new members or members whose details have changed		
Next of Kin contact details	Name:	Ph:
When were you diagnosed with Addison's disease?	Year:	
I have (tick one)	Primary Addison's <input type="checkbox"/> Secondary Addison's <input type="checkbox"/> Other <input type="checkbox"/>	
Details of Other		
I wish/don't wish to make contact with other members in my area:	By phone <input type="checkbox"/> by email <input type="checkbox"/>	
How would you like to receive your newsletter?	Email <input type="checkbox"/> Post <input type="checkbox"/>	

Australian Addison's Disease Association Inc. 48 Glassop Street, Balmain NSW 2041 , ABN: 60 466 289 835
P: 0455 534 472 E: info@addisons.org.au W: www.addisons.org.au

The Australian Addison's Disease Association Inc. conforms to the requirements of the Privacy Act in the way it collects, stores & uses the information provided by its members and applicants.