AADAI
Australian Addison's Disease Association Inc

Australian Addison's Disease News

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Harnessing AI to manage AI

Artificial Intelligence (AI) is transforming healthcare, and for people living with adrenal insufficiency, it offers exciting possibilities.

Managing adrenal insufficiency often involves monitoring symptoms, medication schedules, and stress triggers. AI-powered tools can simplify these tasks, providing personalised support and peace of mind.

Smartphone apps using AI can track patterns in fatigue, blood pressure, and mood, alerting users to potential adrenal crises before they occur. (*see page two for a tip on using your phone in medical emergencies*)

Virtual assistants can remind patients to take medication on time and adjust schedules based on daily routines.

AI-driven wearables can monitor vital signs continuously, sending alerts to both patients and healthcare providers if abnormalities arise. (*see page nine for MedicAlert article*)

Beyond daily management, AI can analyse large datasets to improve treatment plans. By learning from thousands of cases, it can help doctors predict complications and tailor therapies to individual needs.

Of course, AI is NOT a substitute for expert medical care. However, it can a powerful ally in managing adrenal insufficiency by enabling you to ask for more detailed explanations about symptoms, potential medication contraindications and more, linked to sourced material, when outside your endocrinologist's office.

Perhaps start by asking one of the many generative AI chatbots (ChatGPT, Google Gemini, Microsoft Copilot) how it might help you better manage adrenal insufficiency.

And yes… this article was written by AI.

In this edition…

President's Message

2025 has been an exciting and busy year of growth for our Association.

Our catch-up events have flourished thanks to the wonderful organisers who make these gatherings possible. Members consistently tell us how valuable it is to meet and talk with others living with adrenal insufficiency. Your continued membership renewals have helped us grow to 450 members and we are exploring new ways to help support you better.

Our Perth education session on 18 October was an outstanding success with 74 people attending (*see page seven*). The five endocrine nurses who led the education and training were both gracious and highly professional. Sincere thanks to them and to Di Carlen from the Executive Committee for her invaluable support. Judy, Colin, Julie and Michael also provided exceptional local assistance, thank you!

We are encouraged by your strong response to our events and hope you continue to be part of our supportive community that exists for you, our members. It is heartening to see our doctors through the ESA, the endocrine professional body, stand so solidly behind our education and injection training program. Pfizer's grants for this program along with demonstration vials and materials such as our rainbow cases and leaflet have been a tremendous help over recent years.

Queensland and Northern New South Wales members will be our next to benefit from the injection education program. The ESA will hold a seminar on the Gold Coast in early May, and we will run a workshop in conjunction with it (*see page four*).

The stories in this edition come from our members real life journeys. Thank you for sharing your experiences so generously and we hope you find them helpful and encouraging.

We also urge you to consider wearing a medical bracelet. The article on page nine includes why MedicAlert are an effective option as a medical ID bracelet (please note there is an annual fee).

Stay hydrated throughout the summer, and our warmest wishes to you for Christmas and the New Year. Have a happy, healthy and safe 2026 and I look forward to seeing you at one of our events!

Bronwyn Monro

A smart (phone) idea

Accidents and other emergencies can happen at any time. Providing first responders with easy access to your medical information could save your life. Medical alert bracelets are excellent, and here is an additional idea shared by Klaus Sommer, Endocrine Clinical Nurse Consultant at Concord Hospital.

It's not a replacement for a bracelet or for using My Health Record, but it's a simple measure that could provide an extra layer of protection. For Klaus, the MedicAlert system remains the gold standard.

For iPhone users:

Apple's Medical ID feature, found in the Health app, stores vital medical details, such as conditions, allergies and emergency contacts. This information can be accessed from your iPhone or Apple Watch lock screen in an emergency. To set it up:

1. Open the *Health* app and tap your profile picture.
2. Select *Medical ID,* then *Edit* and enter your details.
3. Turn on *Show When Locked* so first responders can view it without needing your passcode.

For Android users:

You can set up a Medical ID through your phone's settings.

1. Go to *Settings,* then *Safety & emergency,* then *Medical info*.
2. Fill in your details, such as allergies, medications, and blood type.
3. Add emergency contacts if desired.
4. Enable *Show on Lock screen* so this information is visible via the Emergency call option.

Making Headlines: Addison's in the news

Prednisolone may simplify adrenal insufficiency care

OCTOBER 2025: A new crossover study concluded that prednisolone is a noninferior alternative to hydrocortisone for treating both primary and secondary adrenal insufficiency. The results suggest that patients with this condition may benefit from a once-daily option that could improve treatment adherence.

Conducted at the National Hospital Kandy in Sri Lanka, the HYPER-AID study included 116 patients with adrenal insufficiency who were switched from hydrocortisone to equivalent low-dose prednisolone regimens. Patients taking 15-20 mg of hydrocortisone daily were switched to 3.75 mg prednisolone, whereas those on higher hydrocortisone doses (22.5-35 mg) received 5 mg prednisolone. Most patients tolerated the 3.75 mg dose well and did not require adjustment.

The researchers found that prednisolone provided comparable efficacy and patient well-being to hydrocortisone while offering practical advantages. Hydrocortisone's short half-life typically requires multiple daily doses, whereas prednisolone's longer half-life allows for once-daily dosing.

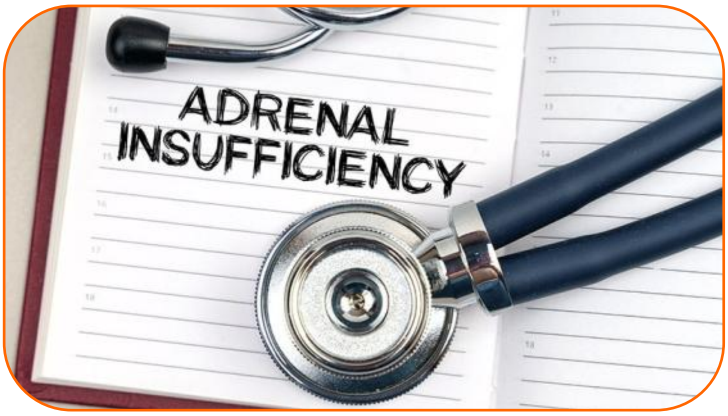
The authors noted that once-daily prednisolone may improve adherence, as it is easier to remember than hydrocortisone's multi-dose schedule. It is also a less expensive steroid option, given that prednisolone is seven times more potent than hydrocortisone. However, they cautioned that long-term steroid-induced adverse effects remain a concern.

Betul Hatipoglu, MD, professor of medicine at Case Western Reserve University School of Medicine, Cleveland, said the findings are clinically significant because they address a question commonly raised in clinical practice.

"We favour multiple doses to mimic physiologic fluctuation of circadian rhythm, which is not possible to do with long-acting formulation," said Hatipoglu, who was not involved in the study. "However, the HYPER-AID study provides encouraging early evidence that once-daily low-dose prednisolone may be as effective as multiple-dose hydrocortisone for adrenal insufficiency, with possible metabolic benefits and improved convenience."

https://www.medscape.com/viewarticle/prednisolone-may-simplify-adrenal-insufficiency-care-2025a1000to4?form=fpf

Primary adrenal insufficiency tied to 2.5x mortality risk



SEPTEMBER 2025: Patients with primary adrenal insufficiency had a higher risk for all-cause mortality than the general population or control individuals without the condition, with cardiovascular disease being a major cause of death. The risk for mortality was slightly higher among those with congenital adrenal hyperplasia.

Researchers conducted a systematic review and meta-analysis of observational studies to assess the risk for mortality in patients with primary adrenal insufficiency, including those with congenital adrenal hyperplasia.

Cardiovascular disease accounted for most deaths among patients with primary adrenal insufficiency who did not have congenital adrenal hyperplasia, whereas adrenal crisis accounted for most deaths among those with congenital adrenal hyperplasia.

"[The study] findings underline the need for optimization of GC [glucocorticoid] replacement therapy and improvement of residual risk management, such as cardiovascular prevention and prevention of adrenal crisis," the authors wrote.

https://www.medscape.com/viewarticle/primary-adrenal-insufficiency-tied-2-5x-mortality-risk-2025a1000ozx?form=fpf

Member news

A GOLD COAST, QUEENSLAND EVENT
Note in your diary | Bring supporters

BONUS
Free
Event

SAVE *The* DATE

SOLU-CORTEF® INJECTION TRAINING WORKSHOP

Saturday, 9 May 2026

Join us for this free education and emergency injection workshop opportunity for AADAI members, especially those living near the Gold Coast, Brisbane or Northern NSW. It's a great chance to catch up with others living with adrenal insufficiency. Come along - family members and carers welcome too!

Watch for registration details on addisons.org.au/events

QT GOLD COAST
7 Staghorn Ave,
Surfers Paradise
QLD 4217

My new Members Kit came in handy!

I was recently reminded just how valuable the advice and information the President of our Addison's Association shared with me when I first joined has been. At 4am, I was hit suddenly with more than 24 hours of violent, continuous diarrhoea, leading to dehydration, extreme weakness, and mental confusion.

I ended up needing a trip to the hospital. The paramedics administered Solu-Cortef on arrival, and at the hospital I received IV fluids, blood tests, and monitoring. I was discharged late in the day, rehydrated, and kept to fluids only for the next four days. Thanks to the information Bronwyn had provided, not the hospital, I knew to increase my hydrocortisone for a couple of days.

It appears to have been a sudden onset gastro virus, but unfortunately it triggered a flare of my Crohn's. I'm only now beginning to feel "in recovery" moving around, eating more normally, though still dealing with weakness and brain fog, which is unusual for me. I'm seeing my GP again and will discuss these lingering symptoms with her. I wanted you to know how genuinely helpful the Addison Association's advice on "sick days" and emergency management has been. I'm very grateful for it.

J. Clark

Sydney

The Sydney group will be back at Gladesville Sporties (181A Ryde Road, Gladesville) from **10:30am Saturday 31 January 2026.**

Newcastle

The next Newcastle meeting is at **10.30am, Sunday 22 February 2026** at Wests Club, New Lambton. Contact Julie on 0410 168 612.

Need help?

AADAI has several "consultants" – experts in their field. If you have an unusual query for them, reach out to president@addisons.org.au.

Member news

2025 Annual General Meeting

Our AGM was held on Sunday 14 September 2025. The attendance was 37 members, with apologies from a further 13.

The work of the previous Executive Committee was acknowledged, and its achievements noted. At the election of the incoming Committee, it was pleasing to have Jane Kirsner (Vic) nominate as Vice President, and Di Carlen take on the Secretary role. Tanja Warre (Canberra) was elected to the Committee. Thanks to all three! The Committee looks forward to a busy year ahead of working on your behalf.

AADAI Executive Committee

President: **Bronwyn Monro**
Vice President: **Jane Kirsner**
Secretary: **Di Carlen**
Treasurer: **Philippa Rickards**

Committee Members

Emily Dorahy (NSW)
Linda Hobbs (Vic)
Saskia Holloway (Vic)
Sarah Lendon (ACT)
Terri McDonald (NSW)
Laura McMenamin (NSW)
Liz Warning (NSW)
Tanja Warre (ACT)

Living Well: Reflections from our national catch-up

Our recent Australian Addison's Disease Association Inc (AADAI) national catch-up brought together members from across the country for an afternoon of connection and sharing. The session was held on Zoom and facilitated by Linda Hobbs, Di Carlen, Shoshanna Ophel, Kerry Herbison, Lisa Muddyman, and Alison Talbot.

Bronwyn opened the event by reminding us of the diversity of pathways in managing Addison's disease and encouraging open, supportive conversation.

The purpose of the catch-up was simple: to listen, share, and learn from each other's experiences. While we are not medical experts and cannot provide advice, the value of peer support was clear throughout the session.

Facilitators introduced themselves by sharing their own journeys with Addison's disease and other conditions, how long they have lived with these challenges, and what they hoped to gain from the day.

Breakout rooms gave participants the chance to talk in smaller groups, making it easier to speak up and feel heard.

The structured questions helped guide discussion and covered topics such as managing multiple conditions, medication interactions, advice for those newly diagnosed, and experiences recovering from adrenal crises. For some, this was the first time they had connected with others living with adrenal insufficiency—a reminder of how important these opportunities are.

> *Several practical insights emerged. One group included participants from the immunotherapy-induced adrenal insufficiency community, raising questions about steroid absorption, nausea, and how complex medications interact. This prompted the suggestion to seek expert input from Michael Lew, possibly through a future session or newsletter article.*
>
> *Another excellent recommendation came from Vivienne: ask your pharmacist to create a Shared Pharmacy List for inclusion in your MyGov health record, ensuring your medications are listed on an official, accessible platform. We'll explore how to provide guidance on this.*
>
> *Finally, discussion around Solu-Cortef injection training highlighted the need for thicker drawing-up needles, such as pink (1mm) or grey, which are hospital-only. This will be considered in future training.*

Many participants expressed gratitude for the chance to connect, especially those newly diagnosed.

As one facilitator reflected, "Input from others with Addison's is so supportive and informative—it has made my own journey immensely more manageable". These sessions remind us that sharing experiences and practical tips can make a real difference.

Thank you to everyone who joined and contributed. If you have feedback or ideas for future topics, please get in touch. Together, we can continue to build a strong, supportive community.

Linda Hobbs

Member News

Immunotherapy-induced AI group Catch-up

The immunotherapy induced adrenal insufficiency group met on 30 November. Their next meeting on Zoom is on **Sunday 1 February 2026**. Contact Bronwyn Monro if you think you should belong to this group.

Southern Highlands Catch-up

We enjoyed a lovely meetup in Bowral for our Southern Highlands Addison's group.

It was a glorious spring day too! I am new to AADAI but I got to learn more about Addison's/adrenal insufficiency and we chatted about our travels (among other topics).

We met again in November and we look forward to our December meeting—10am, Wednesday 10 December at the Runout café, Don Bradman Museum, Bowral.

Lachy Beckett

Canberra Catch-up

The 20th September's windy Saturday morning was cool out on the café veranda, but warm in its atmosphere with excited conversations among the 18 people along the table. Kevin and Erin came and were presented with a copy of the September newsletter hot off the press. They were on the front cover! Thanks to Sarah and Tanja for finding a really good venue.

Victoria Catch-up

Posted on our Victorian WhatsApp group, I was really interested to see that a number of people made very nice comments but had no idea of the difficulties of this illness.

One person said they hadn't known about the consistent daily pressure on me and said he was inspired by my strength. I'm passing that onto all of you because I'm inspired by your strength too; to go on and to keep going.

Alison Talbot

What it feels like to live with adrenal insufficiency

It's not just fatigue – it's fighting your body every single morning.

It's taking medication on time, every time, because missing one dose can mean a crisis.

It's explaining again and again that this isn't burnout or stress.

It's living with something invisible – but very real.

You learn to live differently – but you still live with purpose.

Adelaide Catch-up

Eight of us met up for a picnic at Ridge Park in Adelaide on 1 November. It was a lovely, warm, sunny day with a cool breeze, and we enjoyed sitting in the shade and chatting over lunch.

We discussed the timing of our steroid doses and found that some of us use alarms to take our tablets at the same time each day, while others take them when they remember, and are a little more flexible with the exact timing (but still ensuring that they all get taken by the end of the day). It all comes down to lifestyle, personality, and our own individual differences. We also discussed some possible locations for our next meetup, with the consensus being that we should have lunch at a pub, probably in April or May. Stay tuned for more details! And if you have any location requests or suggestions, feel free to get in touch (sierralaidman@gmail.com).

Sierra Laidman

Member News

Attendance at Perth ESA, SRB, ANZOS Conference

In October, Bronwyn Monro and I represented our Association at the Perth ESA-SRB-ANZOS 2025 Conference, with valuable support from Jim Monro. We hosted an exhibitor booth and attended various events and seminars.

The mix of medical associations attending, including the Endocrine Society of Australia (ESA), the Society for Reproductive Biology (SRB), the Australian and New Zealand Obesity Society (ANZOS) with the Endocrine Nurses Society of Australia (ENSA), meant that there was a wide range of technical presentations and interests, with unfortunately little focus on adrenal matters. Diabetes and reproductive conditions featured prominently, which was still of interest but not directly relevant to many Addisonians.

Attending the conference was still a fantastic opportunity to meet researchers and endocrinologists and discuss their work, and our experiences, and find potential future speakers for our Seminars. Two topics that did catch our attention were:

- *Research on Immune Checkpoint Inhibitors (for cancer treatment) and unwanted autoimmune side effects (further research being undertaken to try and mitigate this risk)*
- *Engagement of researchers of the "relevant community", including patient advocacy groups and advisory panels, when grants are obtained for research. We will consider the possibility of how we might be involved as an Executive Committee.*

The networking events and "coffee cart chats" continue to be an incredibly valuable part of these conferences, as we work to raise awareness of management of adrenal insufficiency, and it was good to get tips and perspectives from other patient-led groups such as the Australian Thyroid Foundation.

I appreciated the chance to meet the medical professionals we rely on and the conference experience. The three full days are intense but very stimulating.

Di Carlen

Addison's Adrenal Crisis Education & Injection Training

On the 18 October, Addisonians, people with adrenal insufficiency, and their families and carers gathered at the Westin Hotel in Perth. With eagerness to learn and meet new friends, my 8-year-old daughter Paige and I made our way in. I had never met Bronwyn or her husband Jim before, but it didn't take long to recognise them. It was clear how much empathy and care this couple has for everyone they meet.

The introductions set a lovely tone. I really appreciated hearing the questions asked of the nurse, they reflected how diverse our group is. Some of us are mums, some full-time workers, some marathon runners, some builders. We're women and men of all ages, all striving to be as prepared as possible to live safely with Addison's or any form of adrenal insufficiency.

We then broke into small groups, each with a nurse and our own injection kit, complete with an orange to practise on. Despite having injected myself many times due to the distance from hospital, I found the refresher incredibly valuable. In a real crisis, when your heart is racing, energy fading and your brain not firing properly, having the steps embedded in your mind makes all the difference in recovery and getting back to "normal" life.

What I miss most is the connection with other people who live with Addison's. Meeting even a handful of fellow members was wonderful. Whether older or younger, we shared so much, travel tips, weather challenges, alcohol and hydration tricks. It felt like a secret club where everyone just gets it. Those conversations were meaningful, affirming, and a powerful reminder that we are not alone.

Overall rating of the event? A big 10/10. Thank you to the team at Pfizer for hosting and to everyone who helped organise.

Lainey Hobley

Member News

Meet Kim Pollock

After a long and challenging health journey, we recently returned from an unforgettable overseas adventure through Croatia, Greece, and Doha. This was our first international trip since my adrenal crisis and subsequent diagnosis in May 2025 with Addison's disease, caused by immunotherapy treatment for stage 4 metastatic melanoma.

Naturally I felt nervous about managing my condition while travelling, especially with the time zone changes and strict medication schedule.

Fortunately my endocrinologist was incredibly supportive and created a detailed dosing plan specifically for the flights. I followed a six-hour schedule with a contingency plan for extra doses if needed and it worked beautifully.

Our adventure began in Croatia, where we joined a two-week tour showcasing the country's incredible diversity. From the vibrant cities of Belgrade and Zagreb to the coastal charm of Split and the breathtaking beauty of Lake Plitvice, each destination offered something unique. Dubrovnik with its ancient stone walls and shimmering Adriatic views was the perfect finale.

Next, we flew to Athens and set off on a five day exploration of the Greek countryside. Rich in history, culture, and warmth, Greece was a true eye opener. From ancient ruins to welcoming villages, it offered a deep connection to the past and a vibrant sense of the present.

For our final stop, we enjoyed a short layover in Doha, Qatar. While we had some initial hesitation given recent world events, Doha proved to be a wonderful surprise, safe, clean, modern and incredibly welcoming. It was the perfect place to unwind and reflect before heading home.

I'm deeply grateful I took this leap of faith, trusted my medical team and embraced the adventure. As the saying goes, 'You'll never know if you don't go'. This trip restored my confidence and reignited our love of travel.

With renewed courage and excitement, we're already planning our next journey - to Turkey in 2026!

Book Spotlight: *Be Patient* by Tilly Rose

Tilly Rose's UK memoir *Be Patient: Life, Loss and Laughter from Behind the Hospital Curtain* is an incredible insight into living with adrenal insufficiency among other conditions. After 20 years of unexplained symptoms and countless NHS hospital visits, Tilly eventually uncovers the causes of her illnesses through her mother's own research, their own persistence, advocacy, and support from her family, friends and online community.

Her description of experiencing an adrenal crisis after having all her medication removed while in hospital was so vivid I had to updose after reading it!

Tilly writes with humour, honesty and resilience, highlighting the flaws in emergency medical care, the dangers of being medically gaslit with her life threatening conditions being dismissed, to moments of compassion and insight that can make all the difference. Tilly's story highlights the importance of self advocacy, when doctors actually stop and listen to their patients and in finding hope even in the most difficult of circumstances. Tilly's book is incredible. A pertinent reminder we are not alone in this and our voices matter.

Liz Warning

Understanding the Sunflower Lanyard

Do you know about the Sunflower Lanyard initiative? The simple sunflower-patterned lanyard is part of a globally-recognised program designed to support people with both visible and invisible disabilities. By wearing one, individuals can discreetly signal that they may need additional time, understanding or assistance in public settings. Find out more here: here: https://hdsunflower.com/au/ For those in New South Wales, you can request one for free from Transport for NSW by emailing sunflower@transport.nsw.gov.au

Member News

The MedicAlert Story: More than just an ID

As people living with Addison's disease or adrenal insufficiency, being prepared for an emergency is essential. A MedicAlert ID is more than jewellery it is a trusted medical safeguard that speaks for us when we cannot speak for ourselves.

There are many medical ID options available. MedicAlert's online medical profile and 24/7 Emergency Hotline set it apart. These features can make a real difference, sometimes to help convince hospital staff that your medication truly is time critical. Key Benefits of a MedicAlert ID:

- **Recognised Worldwide**: MedicAlert IDs are trusted by paramedics and healthcare professionals across the globe. First responders are trained to look for them.
- **Critical Information Engraved**: Simple but vital phrases such as 'Adrenal Crisis Risk' or 'Steroid Dependent' can immediately alert emergency workers to your condition.
- **Secure Online Medical Profile**: The ID links to a detailed online profile. List your emergency hydrocortisone kit in your MedicAlert profile so paramedics know you carry one. Add your endocrinologist and/or GP to your emergency contact list.
- **24/7 Emergency Hotline**: MedicAlert's round the clock hotline provides paramedics with additional information to ensure nothing important is missed.
- **QR Code Option**: Developed with the Queensland Ambulance Service, this feature allows paramedics and emergency departments instant access to your profile without waiting for the hotline.

For more information, contact MedicAlert Australia on 1800 88 22 22 or visit **medicalert.org.au**

Upcoming vacancy in the Webgroup

The AADAI website is a major communication tool to members and the public – especially newly diagnosed people searching for information. It is managed by a team including Geoff Mullins as its leader and Matthew Dyball as Webmaster. They are assisted by volunteers from the membership of the Association.

Like the rest of the Association's management, Geoff and Matthew are volunteers. Matthew's workload in his day job has grown to the point where he will have to give up being Webmaster. The Committee would like to have a member take over the role if possible and is offering a chance to settle into the role over several months next to Matthew and Geoff. Email secretary@addisons.org.au for more information. Matthew has given this description of the role:

> *Within the AADAI Web Group, the webmaster maintains our website addisons.org.au and adds new content and features. The site is based in WordPress with a few plugins providing additional functionality. s2Member, the most important of which, is soon to be replaced by a CRM called MembershipWorks, which will streamline workflow for the association. Our website host provides support for our WordPress theme, and runs the website back end (with some limited features available to us such as a file manager).*
>
> *Regular to periodic Zoom meetings are held with the Web Group convenor Geoff Mullins to discuss upcoming website changes. At times, the webmaster will create new pages for the site or rework existing ones as decided by the committee. Some regular updates include uploading our quarterly newsletters, advertising upcoming events and updating medical information on various pages. Updates are applied to a test site replica of the live site, to be approved before going live.*
>
> *Administration of email accounts is also involved, currently through Google Admin Console, though this role will change as we are transitioning to a different mail provider. The webmaster also occasionally assists association members with account and website access issues.*

Member news

Travelling with adrenal insufficiency... at altitude

In early 2024, I was newly diagnosed with Addison's disease. After years of uncertainty, pain, nausea, vomiting, hyperpigmentation, weight loss, dizziness, and countless hospitalisations, I finally had a name for what was happening to me.

For years I had thought I was dying and wondered how much more one body could endure. When an incredible nephrologist told me it had to be Addison's after I flatlined on the Synacthen test, I cried and laughed simultaneously.

When the hospital endocrinologist cleared me to travel to Mexico just three months after my diagnosis, I was excited and nervous.

My eccentric mother and I are eclipse chasers, we have travelled to Faroe Islands, Micronesia, Easter Island, remote Australia, chasing solar eclipses and we had booked this trip many years earlier.

Looking back I was naïve, still recovering from a life-threatening crisis that had left me with brain swelling from sodium levels not compatible with life. I had already survived so much... being discharged while vomiting blood, being told it was all in my mind, being told it was lupus and needed low dose chemo every day, being medically gaslit over and over. I thought after surviving all that, the biggest danger in Mexico would be the Cartel, how wrong I was!

I prepared packing all my tablets, enough to triple dose every day, double fludro for the heat, eight emergency injections (thank goodness), extra supplies, 8mg Zofran wafers and medical-grade electrolytes. I researched travelling with adrenal insufficiency in hot climates, but nothing I read and no one I spoke to mentioned any risks of adrenal insufficiency at altitude.

> *Mexico City sits around 2200 metres, and the Copper Canyon is around 2400 metres. The recommendation is to increase hydrocortisone at altitudes above 1500 metres, and again with every 400 metre rise. I became sick pretty quickly after landing in Mexico City and assumed it was food poisoning or contaminated water. I really had no idea. When I doubled my dose after severe stomach symptoms, they quickly resolved, a fair sign looking back it was not an infection.*

If only my endocrinologist at the time had known there was an altitude protocol suggested for adrenal insufficiency. If only I had known how much easier it was to feel better.

We then caught the train up to the edge of Copper Canyon and my body quickly unravelled. Fatigue gave way to nausea, vomiting, dizziness, and confusion. I kept pushing through not realising I was sliding into adrenal crisis due to the altitude. I was now six hours away by train from the nearest hospital, perched on the edge of one of the most remote canyons in the world, descending into a full blown adrenal crisis.

I couldn't stand. I couldn't keep anything down. I was terrified I wouldn't make it out alive. This went on for days. With incredible luck, a tiny female emergency doctor from New York was also travelling for the eclipse in the same hotel. She recognised the symptoms, helped stabilise me, saving my life.

Altitude Protocol

- On the day of travel to altitude above 1500m, switch to a double dose of hydrocortisone.
- Remain on the higher dose for 48 hours to acclimatise, then go back to your normal dose.
- If, during your travels, there is further significant (>400 m) increase in altitude then we recommend you go back to the double dose of hydrocortisone for another 48 hours.
- The requirements for fludrocortisone do not increase with altitude.

https://www.endocrine-abstracts.org/ea/0059/ea0059p020

That eclipse, many days later and with many more miles of travelling, was incredible. My mum loved it, though for me it will always be mixed with the memory of being weak, dizzy and frightened in a beautiful, remote corner of Mexico days before, lying on the floor of the hotel, with a balcony with the most incredible view, unable to lift my head.

It taught me the extraordinary importance of knowledge, preparation and in doing my own research. Also the incredible chance of serendipity and kindness of a doctor who understood what so many others had missed in my life and who saved me.

I've travelled again at altitude since then in the Japanese Alps, I followed the altitude protocol and had no real problems.

Liz Warning

Get in touch

Phone: 0455 534 472

Please call between 8am and 8pm (Sydney time)

If your call is unanswered, email info@addisons.org.au *or try again in a few hours.*

Post: Australian Addison's Disease
Association Inc.
48 Glassop Street
Balmain NSW 2041

Website: addisons.org.au *includes contact request form*

Association Committee

President
Bronwyn Monro
president@addisons.org.au

Vice President
Jane Kirsner
vicepresident@addisons.org.au

Secretary
Di Carlen
secretary@addisons.org.au

Treasurer
Philippa Rickards
treasurer@addisons.org.au

Committee members
Emily Dorahy
Saskia Holloway
Linda Hobbs
Sarah Lendon
Terri McDonald
Laura McMenamin
Liz Warning
Tanja Warre

We're always on the look out for people to assist the Association, including those keen to be support representatives in most parts of Australia. Let Bronwyn know if you are keen to assist. You don't need to join the committee to lend an invaluable helping hand.

With assistance from:
Newsletter Editor
Matthew Hart
editor@addisons.org.au

Webmaster
Matthew Dyball
webmaster@addisons.org.au

Medical Advisor
Professor David Torpy
Adelaide, South Australia

Pharmaceutical Advisor
Dr Michael Lew
Melbourne, Victoria

Regional Representatives

NSW (Acting)
Bronwyn Monro
0427 601 795 / president@addisons.org.au
Victoria
Linda Hobbs
0407 881 765 / l.hobbs@deakin.edu.au
South Australia
Sierra Laidman
0468 434 154/ sierralaidman@gmail.com
Tasmania
Lisa Terry (Hobart)
0428 218 268 / lterry@jmg.net.au
Sherry Edwards (Hobart)
0439 618 301 /
sherry.edwards5144@gmail.com
Iain Graham (Launceston)
03 6331 2244 / Weewilly@eftel.com.au
Queensland
Nichole McCord
Queensland@addisons.org.au
Western Australia
Phillipa Morris (Wheatbelt)
0438 198 958 / phillipa1@bigpond.com
Felicity Tadj (Albany)
0417 181 004 / felicity@dftadj.com
Julie Hardman (Perth)
mj.hardman@hotmail.com
Judy Mackintosh (Perth)
judymack65@gmail.com

Raising awareness of Addison's Disease
and supplying a caring network for
members and their families

AADAI
Australian Addison's
Disease Association Inc

48 Glassop Street, Balmain NSW 2041
0455 534 472 info@addisons.org.au
www.addisons.org.au ABN 60 466 289 835

Complete this form in full if you live with primary or secondary adrenal insufficiency
Alternatively, consider using the online version at
addisons.org.au/payments/membership-au-12months

MEMBERSHIP APPLICATION FORM

I have paid $35 (Australia and NZ) via: Cheque/Money Order ☐ **EFT*** ☐ **PayPal** ☐

OFFICE USE ONLY
Date Rec:
Rec No:
Mem $ Donation $

Use Paypal Guest for credit card payments

I have added an optional donation of
$____________________
(including $ _____ for _____________)

**EFT - please make sure you put your name and postcode in the reference*
Bendigo Bank BSB: 633000
Account: 218784932
Name: Australian Addison's Disease Association Inc.

Title:	**USE BLOCK LETTERS IN THESE BOXES**	
Surname:		
Given name(s):		
Date of birth:		
Postal address:		
Town/City:		
Postcode:	State:	Country:
Phone:	( )	
Mobile:		
Email:		
Endocrinologist:		Ph No.
Endo's email:		
GP name/practice:		Ph No.
GP email:		

Only to be completed for new members or members whose details have changed	
I have (tick one): Primary adrenal insufficiency (Addison's disease) ☐ Secondary adrenal insufficiency ☐ Other ☐	
Details of Other	
When were you diagnosed?	Year:
Your best contact is:	by phone ☐ by mobile ☐ by email ☐
How would you like to receive your newsletter?	Email ☐ Post ☐
Next of Kin contact details	Name: Ph:

Return to: **Australian Addison's Disease Association Inc., 48 Glassop Street, Balmain, NSW 2041 Australia**
or complete the online form at: **https://addisons.org.au/payments/membership-au-12months/**
for new members
If renewing or re-joining, log in as a member and go to https://addisons.org.au/membership-renewal

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

REGISTERED CHARITY
acnc.gov.au/charityregister