AADAI
Australian Addison's Disease Association Inc

Australian Addison's Disease News

Issue 152
March 2026

Forging connections and friendships

From Canberra to Melbourne, and Adelaide to Newcastle, members have been finding moments to pause, connect and catch-up with others who truly understand the adrenal insufficiency journey.

Whether its walking along the Yarra (*Melbourne group pictured above*) or sipping tea in a café, these small gatherings have grown into welcoming circles where lived experience matters as much as medical knowledge.

As Melbourne member Kerry Herbisson described, "We were a mixed group, as usual; with everyone having lived with Addison's for different lengths of time, some with other medical complications and different lifestyles so of course we all went home having gleaned some new information".

It's a sentiment shared by Sydney member Natasha Russell, "Members have enjoyed getting to know each other while sharing tips, tricks and frustrations as we navigate the ups and downs of life with adrenal insufficiency".

"It's great being with other Addisonians in a friendly and caring environment, and having new members come along each time," she added.

In the Southern Highlands, Jan Clark shared she welcomed the opportunity to discuss and share experiences — from medications and other autoimmune conditions, through to hospital experiences and medical support.

See inside for upcoming catch-ups.

In this edition…

- Making headlines: Addison's in the news
- Latest Association and member news
- Your invitation to injection training
- Meet Graham Blackman & Pulkit Karwal
- Emergency preparation put into practice
- Member catch-up roundup!

President's Message

Hello members! The year is off to an encouraging start.

Over recent months, our in-person catch-ups around the country have reminded me exactly why this community matters so much. Sitting together in cafes, conference rooms and meeting spaces, walking together and sharing our lived experience, practical tips, laughter and sometimes tears, reinforces that no-one should have to navigate living with Addison's disease and adrenal insufficiency alone.

For many, these catch-ups are the first time meeting another person who truly understands the daily realities of steroid dependence, sick day management, hospital presentations and the quiet determination this condition requires.

As well as being a social event, the groups offer peer support and knowledge-sharing hubs. They are a reminder that while Addison's and adrenal insufficiency may be considered rare, we are not isolated nor alone.

Education is a core business for our Association. Our next education session with adrenal crisis education and injection training is on the Gold Coast on Saturday 9 May (page four). Thanks to Di Carlen for organising this workshop and work with our own Seminar on 23 May.

Confidence with delivering the emergency hydrocortisone injection is lifesaving. Whether you are newly diagnosed, a long-time member wanting a refresher or a partner, parent, child, sibling or friend learning to support someone living with adrenal insufficiency these practical sessions are essential. Knowing how and when to give an emergency injection to prevent or during an adrenal crisis can mean the difference between rapid recovery and a life-threatening situation.

Our online forums allow us to connect directly with experienced endocrinologists who understand adrenal insufficiency. This year's seminar is on Saturday 23 May with two speakers (see page six). Dr Girgis will provide information and an opportunity to ask questions about our bone health. Dr Smith is a researcher and an exercise physiologist. We can clarify best practice and stay up to date with evidence-based management of our conditions. Do join us.

Education and connection are two of the strongest tools we have. When our members are informed and confident, our outcomes improve. When our clinicians understand the urgency and individual needs of living with adrenal insufficiency and adrenal crisis management, our lives are saved. When we share our stories with each other, we develop connections.

To every member who has attended a catch-up, completed an education/ injection training session or logged on to our annual seminar, thank you. Your engagement strengthens this association. To those newly joining us, I warmly welcome you and encourage you to come along. Whether in person or online there is always a place for you here.

Together we are building a very special community who are informed, connected and empowered.

Your Executive Committee has undertaken many tasks at workshops in February. We are updating the Fact Sheets, please find them in members area on our website and we are reviewing the new member kit contents. Thank you to those members who completed the survey to assist with this job, it was a big help. Caroline has updated the ambulance protocols, thank you Caroline, also find them in the members area.

We acknowledge International Adrenal Awareness Day on 7 April 2026. Celebrate by advocating for adrenal insufficiency awareness.

Bronwyn Monro

Heads up: Account update coming soon

We're making some behind-the-scenes improvements to our system for member records. There's nothing you need to do yet, but in the next couple of months you will receive an email from us asking you to update your password. Please wait for that official notification before making any changes.

Laura McMenamin, Membership Coordinator

Making Headlines: Addison's in the news

Ever use cortisone? A history of the life-saving drug

AUGUST 2025: Addison's disease is no walk in the park. The disorder occurs when a person's adrenal glands don't make enough cortisol.

This hormone plays a key role in multiple bodily functions, including metabolism and immune response. People with Addison's disease can feel fatigued or nauseous, suffer from chronic pain, and lose unhealthy amounts of weight. If untreated, the condition can be fatal.

However, since 1930, Addison's disease has been easily treatable. Moreover, the breakthrough behind that treatment led to the creation of two of the most commonly prescribed medicines we have today. And it all started at Cold Spring Harbor Laboratory (CSHL).

In 1929, Wilbur W. Swingle and Joseph J. Pfiffner were working between CSHL and Princeton University when they isolated adrenocorticotropic hormone (ACTH) from the adrenal glands of slaughtered cows.

At the time, ACTH was described as a "cortical hormone." As it would turn out, ACTH is actually another kind of hormone that stimulates the adrenal gland to produce cortical hormones.

Swingle and Pfiffner first tested their adrenal extract in animal models. "The interesting point is that all healthy double operated animals survive and remain in normal condition when treated with the extract," they wrote in a March 21, 1930, article for Science.

Following this success, they made enough of their extract for clinical trials at the Mayo Clinic. But at least one patient couldn't wait for a trial. In 1930, a farmer with Addison's disease was brought to the Mayo Clinic at the point of collapse. His outlook was dire until a telegram was dispatched to Swingle and Pfiffner asking for an emergency dosage of ACTH via airmail. It worked. Within a few days, the farmer recovered.

Picking up where Swingle and Pfiffner left off, Edward Kendall, another Princeton scientist, isolated the actual cortical hormones. You've probably already heard of cortisol and cortisone.

https://www.cshl.edu/ever-use-cortisone-thank-one-farmer-and-two-cshl-scientists/

Developing a model for adrenal gland transplantation

SEPTEMBER 2025: This study looks at a new way to transplant adrenal glands. The researchers wanted to see whether transplanting adrenal tissue with its blood supply intact could one day offer an alternative treatment.

To test this, the scientists used rats and divided them into two groups. One group had both adrenal glands completely removed, while the other group received a transplanted adrenal gland that was carefully connected to the rat's blood vessels so it could receive oxygen and nutrients. After two weeks, the rats in the transplant group also had their remaining adrenal tissue removed, meaning they relied entirely on the transplanted gland to survive.

All of the rats that did not receive a transplant died within 15 days after losing their adrenal glands. In contrast, every rat that received the transplanted adrenal gland survived for the full 100 day study period. When the researchers examined the transplanted glands at the end of the experiment, they found that the tissue was still alive, healthy, and structurally normal, showing that the transplant continued to function over time. The researchers conclude that they have successfully developed a reliable animal model for adrenal gland transplantation. While this work is still at an early, experimental stage and does not yet apply to humans, it provides an important foundation for future research.

https://www.frontiersin.org/journals/surgery/articles/10.3389/fsurg.2025.1749069/full

Adrenal Crisis Education & Injection Training Event for AADAI Members in Queensland
Family Members and Carers Welcome Too!

FREE EVENT

AADAI
Australian Addison's Disease Association Inc

REGISTERED CHARITY
acnc.gov.au/charityregister

JOIN US FOR

ADRENAL CRISIS EDUCATION AND SOLU-CORTEF® INJECTION PRACTICE

SATURDAY
9 MAY 2026

FROM
2:00PM - 4:30PM

QT HOTEL
7 Staghorn Avenue
Surfers Paradise
QLD 4217

NURSES WILL DEMONSTRATE THE INJECTION AND GIVE YOU TIME FOR PRACTICE

REGISTER AT TRYBOOKING.COM/DJMFV

Sponsored by

Pfizer
esa
endocrine society of australia

Manufacturers of Solu-Cortef®

Contact Us
events@addisons.org.au
0455 534 472
www.addisons.org.au

Member news

Check out your state's ambulance protocols

Recently each state and territory's ambulance service was contacted to ensure we have the most current information on our website in relation to their ambulance protocols.

These ambulance protocols are standardised clinical guidelines and procedures that paramedics follow for assessing, treating, and transporting patients with adrenal insufficiency. They ensure consistent, high-quality care from the scene to the hospital.

At present, Tasmania does not have a specific Clinical Practice Guideline, but does carry intravenous fluids, glucose and dexamethasone which can be used in an adrenal crisis. Each state/territory's individual ambulance protocol can be viewed here: https://addisons.org.au/ambulance-protocols/

2026 Parliamentary Friends of RVA Event in Canberra

Before my diagnosis, I wasn't aware of Rare Diseases Day. But now, two years in, it holds real importance. Rare Diseases Day is a day where we can feel seen and acknowledged. I joined other rare disease patients, health department officials and politicians at Parliament House to represent our Addison's voice.

Over 2 million Australians live with a rare disease, and over 7,000 diseases are represented. Whilst any one disease may only have one or two patients, or like us, several thousand in Australia, collectively rare diseases are medically significant.

Nicole Mills is the head of Rare Voices Australia and is held in high regard. Described as a terrier, a formidable advocate, under her guiding hand real progress has been made - in raising the profile of rare diseases, gaining funding, more investment and support for medical research and having an increasing number of treatments covered by the PBS.

What stuck with me was the description that having a rare disease means: we have less options, less reliable data, and less well informed medical professionals.

BUT - we are making progress. Having the Addison's Association is a powerful ally - we can share learnings, support each other and through our community, live our best lives. So reach out if you are struggling, share your tips and know you are not alone. Together, this journey is immeasurably better, both as an Addison's community and with the broader rare diseases group. Let's continue to tell our story, advocate for the support we need and educate those around us!

Tanja Warre

Rare Disease Day 2026

Thanks to every who organised events around this day or participated in them.

In Western Australia, the State Parliament was the first after our Federal Parliament to have a Friends of Rare Disease Parliamentarians Group. Judy Mackintosh represented AADAI at its first event on 10 March. That follows the launch of the new Beacon webpage by Alike WA – the state's peak peer support group. It was attended by members Mary Bright and Judy Mackintosh.

> This week Mary and I attended their launch of Beacon. Alike WA support about 800 groups in Western Australia, including rare disease, genetic and undiagnosed. The message from the night was find your people and make connections and communication between health professionals and support groups. We had a panel of five guest speakers, including, people living with rare disease, parents with children with rare disease, professors and doctors, Guest speakers included WA Labor MP Matt Swinburne, whose son has a rare disease.
>
> *Judy Mackintosh*

Richard Beresford in Perth ran a fundraising event at his workplace with proceeds to go to AADAI. A special thanks to Richard both for his advocacy and his fundraising effort among his workmates.

AADAI

Australian Addison's Disease Association Inc

REGISTERED CHARITY
acnc.gov.au/charityregister

AADAI ANNUAL SEMINAR

Don't miss our annual online seminar! Enjoy engaging presentations and bring your questions for this year's experts to answer. It's a great opportunity to be inspired as well as connect with our supportive community.

Healthy Body Healthy Bones

OUR GUEST SPEAKERS

A/PROF CHRISTIAN GIRGIS

MBBS (HONS) BSC(MED) PHD FRACP, ENDOCRINOLOGIST

A/Prof Christian Girgis is an endocrinologist specialising in osteoporosis, metabolic bone disorders, and bone loss in cancer patients. He leads the Osteoporosis and Metabolic Bone Disorders service at Westmead Hospital and is an honorary consultant at Royal North Shore Hospital, with extensive research and clinical experience both in Australia and the USA.

DR CASSANDRA SMITH

PhD MSc BSc ESSAM AEP/AES - ACCREDITED EXERCISEPHYSIOLOGIST

Dr Cassandra Smith is an Accredited Exercise Physiologist and Scientist with over 15 years' clinical experience. She is the Heart Foundation and Vice Chancellors Postdoctoral Research Fellow at the Nutrition Health &Innovation Research Institute at Edith Cowan University, specialising in understanding why ageing and menopause cause calcium to leave bones (causing osteoporosis) and build up in blood vessels, increasing heart disease risk, and how prevention strategies (exercise) can help.

FREE ONLINE EVENT

SATURDAY
23rd MAY 2026

FROM - TO
3:30PM - 5:00PM

BOOKINGS

Register at
http://www.TryBooking.com/events/landing/1557330

or scan the QR Code.
A Zoom link will be sent before the session.

Member News

Immunotherapy-induced AI group

The immunotherapy-induced adrenal insufficiency group is increasing in numbers and we welcome them! The last meeting was on Zoom on Sunday 1 February. The next meeting is on **Sunday 17 May over Zoom. 3:30pm – 5pm Canberra time**.

Newcastle & Hunter Region Catch-Up

There were nine people who met recently at West's Club New Lambton. We started with morning tea at 10.30am and didn't finish talking until about 1pm, an enthusiastic group! The group included two new members who joined us on the day.

The next catch-up is at **10.30am on Sunday 17 May** at West's Club, New Lambton.

Julie Berthold

Victoria Catch-up

A group of six (Linda, Di, Jane, Irene, Shelley and Kerry—*see picture on page one*) met up on 17 January to kick the year off with an in-person Melbourne catch up—a walk along the Yarra. Thanks to Linda and Di for organising. Look out for the next event on **Saturday 13 June**.

Southern Highlands Catch-up

Our Southern Highlands catch-ups resumed on the 17 February after the Christmas holiday break. As usual we met at The Run-Out Café at Bradman Museum in Bowral. What made this meeting special for our small group (Lynda, Lachy and myself) was the presence of Bronwyn Monro and husband Jim who came from Sydney to join us. We hope that others from the Southern Highlands and surrounding areas may be able to join us in the future.

Please contact Jan on janetmc2145@gmail or 0456 711082 for further information.

Jan Clark

Blue Mountains Catch-up

You are invited to our relaxed Addison's morning tea meetup in Blackheath. It will run from 10.30am to 12.30pm (with an option to stay for lunch afterwards at the club bistro) on **Saturday 18 April at the Blackheath Golf and Community Club**. RSVP and more details please contact Margaret Bouttell at margaret.mb@icloud.com or 0409 228 165.

Sydney Catch-up

AADAI Sydney members have been meeting on a Saturday morning every few months for an informal morning tea catch-up. For those who like to keep in contact we also have a WhatsApp group for Q&A and moral support in between catchups.

Keep an eye out for the next email invite for **10:30AM on 28 March at Gladesville Sporties**.

Natasha Russell

Canberra Catch-up

The Stepping Stone Café was the venue for another successful gathering on 14 March.

Tanja Warre

Member News

Adelaide Catch-up

Whether you are a frequent attendee or this would be your first time, you're more than welcome to join us! Our next catch-up is at midday on Saturday 2 May at the Robin Hood Hotel, 315 Portrush Road, Norwood. This pub has a variety of gluten-free, vegetarian, and vegan options to accommodate various diets and their menu is available on their website if you'd like to check it out.

Please RSVP to sierralaidman@gmail.com (or 0468 434 154) by 25 April so I can inform the venue how many will be attending.

Perth Catch-up

Thanks to Judy Macintosh and Julie Hardman for organising the 11 March coffee morning in Kings Park. Look out for the next event, Western Australians!

The right place for the right members

AADAI's 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, along with volunteer members.

We announced in December that there is an opportunity for an IT-oriented member to learn from Matthew and take over his role eventually. Working with Matthew and Geoff, with support from a contractor, will be a great contribution – if you have an interest in websites. Email secretary@addisons.org.au for more information.

Zoom meetings with Geoff Mullins plan website developments as decided by the Executive Committee. Some regular updates include uploading our quarterly newsletters, advertising upcoming events and updating medical information.

Finding my voice with Addison's disease

When I was finally diagnosed with Addison's disease, it felt like both the end of a long, confusing journey and the beginning of something else, a mission. My path to diagnosis took decades. It was filled with uncertainty, missteps, dismissal and questions that were never properly answered. I came dangerously close to dying more than once.

My focus is helping people with Addison's access the very best care possible, so we can live full, stable lives with appropriate hormone replacement. In Australia, standard treatment replaces cortisol and aldosterone. But there is another adrenal hormone that is often over-looked, DHEA.

DHEA (dehydroepiandrosterone) is produced by the adrenal glands and plays an important role as a precursor to other hormones, including oestrogen and testosterone. In my case, I was also experiencing ovarian failure, my hormones had simply packed up and left.

For me, replacing DHEA was life-changing. Taking 25mg daily restored a level of energy, clarity and emotional stability I hadn't experienced in years. It gave me back a sense of wellbeing that standard replacement alone had not achieved.

DHEA will not be appropriate or effective for everyone. But for those with low levels, especially women with adrenal insufficiency, evidence suggests it can improve mood, energy and quality of life. Some studies indicate that doses below 25mg may have limited effect. Professor Wass, medical adviser to Addison's UK, has suggested 25mg daily for post-menopausal women and 50mg a day for younger women, under medical supervision.

I have mine compounded through a pharmacy, at a cost of roughly $1 per day, 2 months made at a time. My hope in sharing this is not to promote a one-size-fits-all solution, but to encourage informed conversations. If your DHEA levels are low and you are still struggling despite standard replacement, it may be worth speaking with your endocrinologist about whether DHEA is appropriate for you.

Liz Warning

Member News

Meet Graham Blackman

Addison's disease is a personal journey, yours, ours and mine. Whether you are newly diagnosed or like me have lived with it for decades, I hope something in this story offers encouragement, perspective or a renewed sense of possibility in managing your own health and wellbeing.

A Monday that changed everything

Mondays can be the best or the worst day of the week. It all depends on how you choose to see them.

One Monday morning in mid 1982, I woke in the middle of what I now know was a crisis. At the time I didn't understand what was happening to me.

The previous Friday evening, I had seen an endocrinologist in Brisbane after months of deteriorating health. Since February, I had been progressively unwell, dehydrated, volume depleted, experiencing blackouts and profound fatigue.

After reviewing my test results, the specialist told me, 'We don't really know what is wrong with you. You might like to go home and get your affairs in order. I don't think there's much we can do, nor that you may have much time left'.

It was a devastating weekend though somewhere in the fog of fear and confusion, a quiet resolve began to grow 'No, I am not going out like this.'

Collapse and clarity

My health continued to deteriorate. By November 1982, I collapsed at work and was taken to hospital, one of several hospital admissions that year. Suddenly the future I had planned, hopes, goals, dreams felt uncertain.

Then came a turning point. During one hospital admission, a visiting doctor accompanied by medical students reviewed my case. After further tests and a careful examination, he returned the next day with unexpected enthusiasm. 'You have Addison's disease'. His enthusiasm stemmed from the rarity, he had not diagnosed a case for 16 years. The unusual blood results and pigmentation changes in my mouth had alerted him.

A week after medication adjustments and stabilisation I was discharged weighing just 51 kilograms and finally with answers. And once again, it was a Monday.

Choosing wellbeing

Before discharge I was invited to participate in ongoing clinical follow-up with university specialists. Over the next 12 months I returned weekly, then monthly.

I was told clearly this condition is incurable, but it is not terminal provided it is managed properly.

That message mattered. I stood at a crossroads. I could allow the diagnosis to define me or I could define how I would live with it. I chose wellbeing.

I committed to physical fitness, disciplined self-management, good nutrition and meaningful engagement with others. I joined community organisations. I refused to let Addison's define my capacity.

Building a full life

In the 1990s, I rebuilt my business and embraced high-pressure work environments. I adopted the motto 'I love Mondays.' Challenge became a privilege.

As a keynote speaker at conferences, I began using Addison's as part of my introduction when discussing risk management. When asked if I was the one living with it I would reply 'I am fortunate enough to be the repository of this rare condition.'

In the early 2000s, I pursued postgraduate study and after much determination, and initial resistance from aviation authorities I earned my Private Pilot's Licence in 2003. From 2007 to 2020 I served as a volunteer pilot transporting patients in need of medical care.

Addison's was never an excuse. It was a responsibility and in many ways a motivator.

The choice we all have

Life does not always unfold according to our plans. Barriers arise. Some are formidable. Each of us retain the power to choose how we respond.

Managing Addison's requires vigilance, education, preparation, and resilience. Yet it does not preclude a rich and purposeful life. It is now 44 years from when I first became ill and I STILL haven't put my affairs in order; life's just too short with Addison's disease!

If anything it sharpens our awareness of how precious that life is.

And as for Mondays? They are still the best day of the week, the day to face what lies ahead.

Addison's is not the inhibitor.

It may well be the reason we succeed, in spite of it.

Member news

Emergency preparation put into practice

Our July meet-up on preparing for an emergency turned out to be more timely than I ever imagined. Shortly afterward, during a trip to South Africa, I had a fall that gashed my head and triggered an Addison's crisis.

It was around 3am when I got out of bed to get some water. The next thing I knew I was on the floor. When I reached the bathroom, I saw a gash on my head with blood running down my neck. I started feeling increasingly unwell, so I woke my sister. Soon I was nauseated, light-headed, and struggling to concentrate, my body slumping. I realised I was heading into an Addison's crisis and needed my emergency Solu-Cortef immediately.

One of my sisters, who works in the medical field, offered to give the injection, but she struggled with the vial at first, and that is when I realised the instruction sheet was back with my main medical paperwork, not in the emergency kit. She was amazed that something so essential is still so complicated "Why isn't it an EpiPen?" she asked.

> *The injection into my left thigh was quick and clean, not even a drop of blood. Within 10 minutes I felt almost normal again. Both sisters were astonished at how rapidly I recovered. Then it was off to the emergency department at 4am, using a sanitary pad on my head to stem the bleeding. I handed my pack of medical documents to my sister, who filled in all the forms for me.*

Thanks to AADAI for the incredibly useful A5 plastic sleeve I had organised everything into before leaving Australia. The wait at emergency was short and soon I was back home resting with seven stitches and a bandage.

Later, looking at the corner of the bookcase where I had hit my head, I reflected on what happened. My conclusion, I fainted due to dehydration and low blood pressure. A few hours earlier I had run a timed 8km trial and hadn't looked after myself properly. I'd taken an extra 2 mg of hydrocortisone but no additional fludrocortisone and I hadn't had my usual post-run recovery drink.

Lessons I learned:

1. Hydrate properly after a run, especially with a post-exercise sports drink.
2. Increase fludrocortisone when temperatures are warmer than I'm used to.
3. Keep injection instructions inside the injection pack.
4. Always know exactly where the injection kit is and make sure it's easy to find.
5. The A5 medical info pack is essential for travel.
6. Be prepared to insist on the injection, even with well-meaning family.

I am so grateful to everyone who attended our July meetup in the Blue Mountains. Because of that conversation, I was well prepared when it mattered most.

Margaret Bouttell

AADAI bank account details have changed

REMINDER when paying membership fees or donating that AADAI has changed to Bendigo Bank. Please ensure you update any saved accounts in your internet banking to reflect the new account when paying your membership or making a donation.

Account Name: Australian Addisons Disease Association Incorporated
Bank: Bendigo Bank
BSB: 633 000
Account Number: 218 784 932
Reference: *Your Name*

Member news

BE AWARE: *The following story contains information and the description of a life-threatening experience that may be upsetting to some people. We have included it as we believe it is vital that those living with adrenal insufficiency act promptly for illness, infection and injury and seek medical attention to avoid an adrenal crisis.*
Refer to our Fact Sheet addisons.org.au/wp-content/uploads/AADAI Adrenal Crisis 2024.pdf

My adrenal crisis: I looked fine but was dying inside

I didn't know I was having an adrenal crisis. Neither did the nurses or doctors at my major local hospital. And that's the part that still chills me — how something so life-threatening can hide behind a perfectly normal-looking appearance.

I have adrenal cancer. In March 2025, surgery took out my right kidney and adrenal gland. The cancer had already spread, so I started chemo. One of the standard treatments wipes out adrenal cells completely, which meant it destroyed my remaining adrenal gland too. I didn't mind! A daily hydrocortisone tablet felt like a small price for a chance at beating cancer.

But chemo didn't work, so I moved to immunotherapy. Then came a brutal full-body rash, like being sunburned everywhere. High dose prednisolone helped, but its side effects were awful for me. I begged to stop it quickly instead of tapering. That choice lit the fuse.

The crisis didn't hit all at once. Wednesday: dizziness. Thursday: vomiting after every meal. Friday: exhaustion so heavy I barely got out of bed.

I blamed the immunotherapy and refused to go to the hospital – a huge mistake. By evening I had a fever, and my wife forced me to emergency.

I'll never forget that night. In the waiting room, I felt myself slipping. I looked perfectly fine to everyone else, but inside I felt like I was dying. I told my family, "If God wants me to die, why is it being so drawn out?".

I begged the triage nurse for somewhere to lie down, but as I looked normal and could talk, I was put in the low priority queue.

By the time they found me a bed, I was crying uncontrollably. I whispered to the doctor, "I don't want to die". I even told my relatives my passwords and mortgage details so they could help my wife if I didn't make it. I was preparing to go.

> *No one, including me, knew it was an adrenal crisis.*
>
> *Thankfully, the team acted fast. High dose hydrocortisone in one arm, fluids in the other, blood drawn from my wrist. Two cannulas, two drips, and slowly my body fought its way back. Six hours later, I was stable.*

By morning, I was walking again.

Turns out, a mild cold had triggered an infection. Vomiting dehydrated me so badly my only kidney began to fail. And because I couldn't keep food down, I wasn't absorbing my hydrocortisone. When my body needed cortisol the most, it had none. I was in shock.

What scares me most is how invisible it all was. I was collapsing on the inside while looking completely fine on the outside.

Months later, when I finally learned about adrenal insufficiency, everything made sense. A medical bracelet would have helped. SoluCortef would have bought precious time.

But the biggest lesson I learned, the one I want to share with all of you, is this:

> *If your body tells you something is wrong, listen before it starts screaming. Don't wait. Don't be brave. Act!*
>
> *Take your stress dose. Use your emergency injection. Go to the hospital right away.*

Because when crisis hits, you may look fine — but inside, you might be fighting for your life and no one will know.

Pulkit Karwal (PK)

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.*

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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.

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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.