Autumn 2012

Thyrobulletin

In this Issue

Thyroid Foundation of Canada
La fondation canadienne de la thyroïde

FOUNDER / FONDATRICE

Diana Meltzer Abramsky
C.M., B.A.

Thyroid Foundation of Canada / la Fondation canadienne de la Thyroïde presents / présente
National Board of Directors / au Conseil national d'administration
2012-2013

President/Présidente Mabel Miller, Gander NL		**Board Member/Directrice** Nancy Delabbio, Sudbury ON	
Vice President/Vice-Présidente Joan DeVille, Kitchener ON		**Board Member/ Directrice** Lynn Miller, St. John's NL	
Secretary/Secrétaire Donna Miniely, Regina SK		**Board Member/Directrice** Dagmar VanBeselaere, Ottawa ON	
Treasurer/Trésorier William Austin, New Hamburg ON		**Board Member/Directrice** Marge Thompson, Victoria BC	
Past President/Ancien Président Ashok Bhaseen, D-D-O QC		**Legal Advisor** **Conseiller Juridique** Phillip Morrissey London, ON	

Thyrobulletin Committee/comité de Thyrobulletin: Katherine Keen (Editor/Éditeur); Mabel Miller (President/Président); Joan DeVille (Vice President/ Vice-Présidente); Catherine Fey
Translation: Tina Belanger; Gabriela Albarracin-Bourlon
Printing: DigiGraphics

thyrobulletin is the official newsletter of Thyroid Foundation of Canada CRA registered charity BN# 1196 4422
thyrobulletin est le bulletin officiel de la Fondation canadienne de la thyroïde No d'enregistrement d'organisation de charité BN# 11926 4422 RR001

Important Notice:

The information contained within is for general information only and consequently cannot be considered as medical advice to any person. For individual treatment or diagnosis consult your health care professional.

Avis Important:

Les renseignements contenu à l'ntérieur sont à titre d`information générale et conséquemment personne ne doit les considerérer comme conseils médicaux. Pour traitement ou diagnostique individualle veuillez consulter votre médecin.

President's message

Un message de votre présidente

Autumn is here – but for TFC it's still Spring

Autumn is here!!
Autumn is sometimes seen as a sad time of the year, with daylight ending earlier each day. We're surrounded by dying leaves, plants and other vegetation that were so much alive just a few weeks ago. But for the Thyroid Foundation of Canada there is still "Spring" in our step as we find new plans and abundant work sprouting up around us continually, still growing, still reaching out to those who need us all across this nation, thyroid patients and their families.

While thyroid disease is not considered a life-threatening condition, it can cause quite an upheaval in the lives of some patients who continually don't feel well even though they've been treated, and for those who have all the symptoms yet have not been diagnosed. Those are the people who need us most. We need to ensure that the medical community is searching to find answers for them, to better understand the reasons for why those symptoms continue.

For the majority of patients, thyroid disease is a genetic condition. Those who have thyroid disease in the family and those who have a genetic connection to thyroid disease should be checked on a continual basis in case they too may have the condition.

This is just part of our challenge as an organization, to be "the Voice and Face of Thyroid Disease in Canada". To be able to keep our focus, we need the help and support of all those out there who may have a

L'automne est là – mais à la FCT le printemps continue

L'automne est là!!
L'automne est parfois considéré comme une période triste de l'année, les journées raccourcissent, nous sommes entourés de feuilles mortes, de plantes et de verdure qui était tellement en vie voici quelques semaines. À la Fondation Canadienne de la Thyroïde le renouveau printanier continue dans nos efforts pour trouver de nouveaux plans, une abondante quantité de travail et à tendre la main aux patients thyroïdiens et leurs familles à travers le pays.

Bien que la maladie thyroïdienne ne soit pas considérée comme une maladie mortelle, elle peut bouleverser la vie de certains patients qui ne se sentent jamais bien, même si elles ou ils ont été suivis, et pour ceux qui ont tous les symptômes mais qui n'ont pas été diagnostiqués. Ces personnes sont celles qui ont le plus besoin de nous. Nous devons nous assurer que la communauté médicale cherche à trouver des réponses, afin de mieux comprendre les raisons pour lesquelles leurs symptômes persistent.

Pour la majorité des patients, la maladie de la thyroïde est une maladie génétique. Il est nécessaire que ceux qui ont la maladie de la thyroïde dans la famille, ceux qui ont un lien génétique à la maladie de la thyroïde, soient suivis continuellement au cas où elles ou ils ont aussi la condition thyroïdienne.

Être «la voix et le visage de la maladie de la thyroïde au Canada» n'est qu'une partie de notre défi en tant qu'organisation. Pour être en mesure de poursuivre nos objectifs, nous avons besoin de l'aide et du soutien de

connection with thyroid disease. Our role as a health organization is challenging and yet very rewarding. Join us as we continue the journey in helping thyroid patients have the best life they can.

Let's keep a Spring feeling in the air all year round for the Thyroid Foundation of Canada as we grow and provide support for those who need us – thyroid patients. We need help and support to continue with our Education, Support and Research programs. Help us by telling your friends, your colleagues, your family, and your doctor about the Thyroid Foundation of Canada.

Mabel Miller, National President Thyroid Foundation of Canada / Recipient of the Governor General's Caring Canadian Award & Queen's Golden Jubilee Medal.

tous ceux qui ont un lien avec la maladie de la thyroïde. Notre rôle en tant qu'organisation de la santé est à la fois difficile et très enrichissant. Joignez-vous à nous sur la route qui mène à une meilleure qualité de vie pour les patients thyroïdiens.

Gardons le renouveau printanier dans l'air pendant toute l'année pour la Fondation canadienne de la Thyroïde alors que nous croissons et soutenons ceux qui ont besoin de nous - les patients thyroïdiens. Nous avons besoin d'aide et d'appui pour poursuivre nos programmes d'éducation, de soutien et de recherche – aidez-nous en parlant de la Fondation canadienne de la Thyroïde à vos amis, vos collègues, votre famille, votre médecin.

Mabel Miller, Présidente Nationale, La Fondation canadienne de la thyroïde / La récipiendaire du conférer « Governor General's Caring Canadian Award » et « la conférer Queen's Jubilee Medal »

TFC Volunteer of the Year Award recipient this year is Joan De Ville, Kitchener, ON.

Joan has been active with the organization for over 20 years. She has been a member of the National Board in the past as well as a very active member of the Kitchener-Waterloo Chapter.

She works tirelessly in promoting education and awareness in the chapter area. Through Joan's efforts the chapter always has a great turnout at their meetings, often filling the meeting room to full capacity and on occasion more.

Congratulations Joan!!

Annual General Meeting 2012
Highlights

TFC President Mabel Miller launches "***June is Thyroid Month***"

Cathy Fey, National Treasurer, is presented an award for her diligent work over the past year

A Proclamation is signed by the President of Thyroid Federation International

One of many great items up for grabs in the Silent Auction

Entertainment provided by The Summit Jazz Band

Malayna Malleck, one of our young helpers

Sincere thanks to the Kitchener-Waterloo Chapter
for hosting the 2012 Annual General Meeting and making it a great success.

30th Anniversity
Kitchener-Waterloo Chapter

The Elusive Butterfly was the theme for the Thyroid Foundation of Canada's AGM 2012 held June 2-3 in Cambridge, ON. Hosted by the Kitchener-Waterloo Chapter we received a very warm welcome from the Chapter and the cities of Kitchener, Waterloo and Cambridge. We are very thankful for their hospitality. It was a privilege to be able to join with Kitchener-Waterloo in the celebration of the 30th Anniversary of the Chapter and meet with founding members who have supported us over the years. Congratulations Kitchener-Waterloo Chapter, we are very proud of the work you do and wish you all the best in continuing in the future.

Dr Margaret Evans, PhD, Founder of K-W Chapter, with Joe Boyce, former National President and and Rhoda Boyce, former member of the National Board.

K-W Chapter President, Cassandra Howarth, accepts a certificate of congratulations from Angela Veith representing the City of Waterloo, ON.

Helen Goldsworthy, one of the original founding members, is honoured with an engraved plaque.

Cassandra Howarth, K-W Chapter President with Margaret Evans. In speaking at the AGM banquet, Dr Evans relayed to all what prompted her to get involved.

12th Annual Fashion Show ~ London ON ~ May 2012

The TFC London Fashion Show has become a popular annual event and this year lived up to expectations. Proceeds went to TFC's ongoing programs. Organizer July Duncan is thanked by Mabel Miller, National President (above centre), for the efforts she and her team put into the show.

Avery's story

by Jesse McNeil

On a warm fall day in 2003 I found out my husband and I would be having our second baby. We were ecstatic; this pregnancy was planned, so in the months prior I lost weight, started pre-natal vitamins and met with my doctor. I did all the things moms-to-be are supposed to do.

In my thirty-second week I was diagnosed with hypertension (pregnancy-induced high blood pressure). I had lots of ultrasounds; the plan was to induce labour as soon as Avery's lungs were ready. There were many remarks about how big my baby was; they thought she would be 10 lbs. when she was born. I didn't care; I just wanted her to be here so I could be healthy again.

An induction was scheduled and on June 12, 2004, at 3:07 p.m., Avery Kaitlin entered the world. I anticipated a tough birth, but one push and she arrived; 6 lbs. 13oz. My ordeal was over but little did I know her ordeal was just beginning. In utero she used my hormones, but each minute outside of me was causing her body to shut down.

With an easy delivery, and the over-crowded health care system, I was essentially ignored. I was bottle-feeding (another story, for another day) so I wasn't a priority to the limited staff. My husband fed Avery and my friend helped me shower and get comfortable. My husband went home for the evening, at my urging, to be with our older daughter. Avery and I both slept 5 hours; a nurse woke me up and said, "She's such an easy baby, we haven't heard from her all night, but you should wake her up to feed her." No one, me included, could believe what a "good" baby she was. Eighteen hours after Avery was born the doctors asked if I wanted to go home. Yes please!

Alberta Health Services has a Newborn Metabolic Screening Program in place. The program screens for 17 disorders, including congenital hypothyroidism. I remember putting Avery in her car-seat to leave when a lab technician asked to do one more blood test. I thought it was strange, as they had done tests earlier that morning, but I didn't question it.

After arriving home Avery was quiet and slept quite a bit. I went to sleep at midnight, with her in a bassinet beside our bed. I prepared myself to wake up in an hour, instead I woke to my mom knocking on our bedroom door telling me it was 6 a.m. and I should wake Avery up to feed her. What a blessing this easy baby was.

Avery progressively got sleepier and ate less the next day. I didn't want to wake a sleeping baby, any second-time mom would tell you to take advantage of the time to recuperate, but I was starting to wonder why she was so sleepy. The public health nurse came and my blood pressure was down and Avery's vital signs looked fine. The nurse mentioned she looked a little jaundiced; he gave us a blood work form to get her tested. He told us some babies need time at the hospital under special lights to get rid of their jaundice.

The next day we got the blood work done and within hours Alberta Children's Hospital called; perhaps the caller said they were calling from the Endocrine Clinic, perhaps not. Even if they had, neither my husband nor I would have understood what that meant. They asked us to bring Avery to the hospital first thing in the morning, no further information was given.

We arrived at the hospital ready to watch our baby get her tan on! We were approached by a group who introduced themselves as endocrinologists, nurses, psychologists and technicians. Someone asked, “Are you ready for these tests?” I must have looked completely confused; one of the nurses said, “Has anyone talked to you about why you’re here?” I replied, “Yes, to put Avery under the lights for her jaundice.” At that point we were taken into a board-room where a doctor started explaining that there was something wrong with our daughter. Maybe she didn’t have a pituitary gland (A what gland?) or maybe she didn’t have a thyroid (isn’t that an adult problem?). Words like: failure to thrive, brain development delay, cognitive disability and death were thrown around. I went into shock, everything became cloudy and I couldn’t focus. I was taken to a nurse’s office where someone got me a blanket and made me tea.

Avery needed an MRI immediately; I couldn’t stand up so my husband went alone. I needed to make phone calls but I couldn’t remember phone numbers or what I’d been told. Avery slept through her MRI, and I decided to go to her next test with my husband. I recall sitting in a hallway waiting for her x-ray; she was down to almost 5 lbs. after 3 days of barely eating. My husband could hold her in one hand; we huddled together, both of us sobbing uncontrollably. How could this be happening?

A doctor told us the news was good: our baby had a pituitary gland, but did not have a functioning thyroid, it had not developed and was not in the proper place; however, this could be controlled with medication. It was the best case scenario as far as the medical team was concerned. He told us she would be on medication for the rest of her life; there would be more blood tests and follow up appointments. Both my husband and I wanted to know “why”, we had done everything right! No one could answer the why; it just happens sometimes. A nurse showed us how to give her medication and she mentioned that as the medication started to work her real personality would come through, it was likely our last night of having an “easy” baby. With that we were sent home to absorb everything that had happened that day. Within 12 hours my easy baby was wide awake, wanted to eat constantly and we couldn’t change her diapers fast enough! I wanted to curl up and hide in my bed, but this baby was having none of that.

During Avery’s first 18 months she had a blood test every six weeks and cognitive development testing. We sat in a playroom with two-way mirrors, a group of psychologists and doctors sat on the other side telling me what to make her do. Little did they know, no one makes Avery do anything! I remember they wanted her to walk a straight line, she had just started walking the week before and there was no way she was going to do it. That day I took control, I decided I would let them know if I thought there was something wrong. The stress of the constant testing was too much.

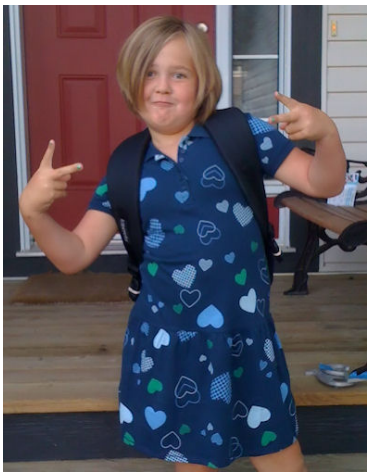
Avery is now a healthy, thriving, funny eight year old. She knows about her condition and we have recently been teaching her the importance of making sure she takes her medication each day. Most kids learn their phone number, address and parent’s names in case they have an emergency; Avery also knows what her condition is called, how much medication she takes daily, who her doctor is and that she shouldn’t eat soy or walnuts.

Although some of our experiences could have been better, we are truly lucky that the Alberta Children’s Hospital was here and they could run tests quickly.

continued...

Recently, I had an opportunity to perform on Global Television's Canada Sings. My team from WestJet, Cabin Pressure, worked incredibly hard to win a $25000.00 grand prize to donate, in Avery's name, to the Alberta Children's Hospital Foundation. The best part of performing on this television show is the awareness that has been brought to thyroid issues, affecting all ages, in Canada.

Jesse and Avery live in Calgary with Avery's Dad, Phil, and big sister, Emma.



Avery today – a healthy, thriving, funny eight year old

Dr. Jean Dussault and the heel prick test for newborns

Le Dr. Jean Dussault et le test de dépistage néonatal

Dr. Jean Dussault's contribution to humanity through his application of medical research is nothing short of monumental. He developed a neonatal diagnostic test for congenital hypothyroidism that has been used on over 300 million infants around the world. The test has saved an estimated 100,000 children from irreversible mental retardation. Dr. Dussault's legacy is truly remarkable.

Born and raised in Quebec City, Dr. Dussault received his medical degree at Université Laval before embarking on a research career as a fellow in endocrinology at the University of Toronto and the University of California. Returning to Université Laval in 1971, Dr. Dussault spent the next 32 years as an active professor and scientist, eventually serving as the Director of the Unit of Molecular Medicine and Genetics at the Centre Hospitalier de l'Université Laval (CHUL) Research Centre from 1986 to 1996.

continued...

La contribution du Dr Jean Dussault à l'humanité par son application de la recherche médicale est pour le moins monumentale. Il a mis au point un test de dépistage de l'hypothyroïdie congénitale qui a été utilisé chez plus de 300 millions d'enfants dans le monde et qui a permis de sauver plus de 100 000 enfants d'une arriération mentale irréversible. L'héritage du Dr Dussault est vraiment remarquable.

Né à Québec, le Dr Dussault a obtenu son diplôme en médecine de l'Université Laval avant de s'engager dans une carrière en recherche comme fellow en endocrinologie à l'Université de Toronto et à UCLA. À son retour à l'Université Laval en 1971, le Dr Dussault a passé 32 années actives comme professeur et scientifique, où il est finalement devenu directeur de l'Unité de médecine moléculaire et génétique au Centre de recherche du Centre hospitalier de l'Université Laval (CHUL) de 1986 à 1996.

continué...

The incidence of congenital hypothyroidism is one in 4,000 births. Using Dr. Dussault's simple test on a heel prick blood sample within two weeks of birth, thyroid deficient states can be detected in newborns to avoid varying degrees of mental retardation and to increase the chance of leading a normal life. This application of scientific discovery to eliminate a serious global health problem is an outstanding example of the finest tradition of public health.

Despite Dr. Dussault's extraordinary achievement, he remained a compassionate, gentle and modest man. An outstanding teacher and dedicated clinician, numerous researchers trained by Dr. Dussault can now be found in leading endocrine laboratories around the world. He was a prolific investigator, having over 200 papers published, and gave numerous lectures at national and international conferences.

Dr. Dussault's accomplishments brought him recognition by his peers. At the age of 42, in 1982, he was nominated for the Nobel Prize. Among his numerous awards, he was elected a Member of the Order of Canada in 1988 and the National Order of Quebec in 2000.

Reproduced by permission of The Canadian Medical Hall of Fame, photo courtesy of International Society for Neonatal Screening

L'incidence de l'hypothyroïdie congénitale est de un cas sur 4 000 naissances. Grâce à ce test simple du Dr Dussault, un prélèvement sanguin au talon effectué dans les deux semaines de la naissance permet de détecter chez les nouveau-nés certaines affections liées à une insuffisance thyroïdienne afin d'éviter divers degrés de retard mental et d'accroître leur chance de mener une vie normale. Cette application de la découverte scientifique visant à éliminer un grave problème de santé dans le monde est un exemple remarquable dans la plus pure tradition de la santé publique.

Malgré cette réalisation extraordinaire, le Dr Dussault est néanmoins demeuré un homme compatissant, aimable et modeste. Un professeur exceptionnel et un clinicien dévoué, de nombreux chercheurs formés par le Dr Dussault se retrouvent maintenant dans les principaux laboratoires d'endocrinologie à travers le monde. Chercheur prolifique, il a publié plus de 200 articles et donné de nombreuses conférences à des congrès nationaux et internationaux.

Les réalisations du Dr Dussault lui ont valu la reconnaissance de ses pairs. En 1982, à l'âge de 42 ans, il fut mis en nomination pour le prix Nobel. Entre autres honneurs, il a été fait membre de l'Ordre du Canada en 1988 et de l'Ordre national du Québec en 2000.

Texte recopié avec permission du Temple de la renommée médicale canadienne. La photo est l'amabilité de la "International Society for Neonatal Screening" (la société internationale pour le dépistage néonatal).

Brian Price

How a small boy made it big at the Olympics - *from Cancer and Thyroid dysfunction to Olympic Champion*

Canadians watching the Olympics taking place in London this summer will have been proud of our athletes' achievements, including the Silver medal won in the Men's Eight rowing event. The inspiration behind the team was their coxswain, Brian Price, small in build but a powerhouse in spirit.

At the age of seven Brian was diagnosed with Leukemia ALL, and was given a new outlook on life at a very young age. It took five years to beat cancer, but the chemotherapy and other drugs that he took left his thyroid only half functioning during a critical growth period and he therefore did not reach his full growth potential. Standing at a mere 5'4" tall and 120lbs, he is the perfect size to be a coxswain. Although the battle to beat cancer was extremely difficult it allowed him to become one of the best coxswains in the world and Brian is adamant that "Without having had cancer I would never have become a 3-time World Champion and Olympic Champion."

Brian has gone from a small town kid to an internationally recognized coxswain. Growing up Brian always had an interest in sports, and started rowing on the Bay of Quinte with the Quinte Rowing Club in 1995. Almost instantly falling in love with the sport, he thrived on the fact that he had so much influence on how fast the boat would go and how hard he could push his athletes. He continued to row from 1997 until 1998 at the Argonaut Rowing Club in Toronto while completing an Honors diploma in Civil Engineering Technology.

Brian & the Team winning Silver in London

Upon graduation, Brian decided to follow his passion for rowing instead of pursuing a career in Civil Engineering. He first made the National Team in 1998, and has been the #1 coxswain in Canada since 2001. Brian and his crew began making waves on the international scene in 2002, winning Canada's first World Rowing Championship title in the Men's Eight. They repeated their winning performance in 2003 and were heavy favorites for gold at the 2004 Athens Olympics.

For Brian, placing a disappointing 5th at his first Olympics would be one of the biggest learning experiences and challenges since facing cancer as a child. Discouraged and distraught, his plans to move on with life had to be put on hold in order to continue pursuing his dream of Olympic Gold. After two seasons with mixed results, Brian and his crew regained their World Championship title in 2007, and once again had the hopes of their country weighing heavily on them.

The Canadian Men's Eight rose to the occasion in Beijing, and were ecstatic to bring home Olympic Gold. Brian and his crewmates had come full circle, rising from defeat four years earlier. The dreams of a young boy and childhood cancer survivor from a small town had come true.

continued...

Following his Olympic victory, Brian spent two years travelling the country and sharing his story with fellow Canadians as a motivational speaker. He returned to the National Team in 2010 with the goal of leading a largely new and inexperienced crew to the Olympic podium in London. For two years, Brian had to continually balance the demands of raising a family and training with his young team. This required a great deal of focus and personal growth, and culminated when his family watched him and his teammates win an Olympic silver medal in London.

Brian resides in Victoria, BC with his wife Robbi and daughters Brianna and Peyton. He has now resumed his career as a motivational speaker on a full time basis.

Reproduced with permission from Brian Price (www.brianpriceonline.com)

Congratulations to Brian and his team on winning the silver medal - 2012 Oympics

from The Thyroid Foundation of Canada

Photo courtesy of Kevin Light, Sept. 2012

Let's Light a Tree

Our *Light a Tree* campaign starts soon!
Your contributions last year were much appreciated - we look forward to your support again this year.

Important news

from

genzyme
A SANOFI COMPANY

Thyrogen will be back in full supply as of January 2, 2013

Thank you Genzyme for your support of TFC programs

Thyroid disease and drug interactions

Dr. Daniel J. Drucker

A number of medications available either over the counter, or through a doctor's prescription, may affect thyroid function and cause hyper or hypothyroidism. Medications or foods containing excess iodine may cause either hypothyroidism or hyperthyroidism in susceptible individuals, and patients with thyroid disease who have not had their thyroid removed should generally avoid such medicines. Over the counter cough and cold remedies will often contain small amounts of iodine or stimulants (norepinephrine, neosynephrine, adrenaline etc.) that may affect blood pressure and heart rate. Health food supplements containing kelp or seaweed extracts may contain substantial amounts of iodine which may also precipitate or exacerbate thyroid disease in susceptible persons.

In many parts of the world including most of North America, iodine deficiency is no longer a problem, and individuals taking moderate or large amounts of iodine in the form of supplements may actually aggravate a pre-existing, or a latent predisposition to develop a thyroid condition. There continues to be enormous interest in the effects of supplements, nutrients and vitamins on human health and thyroid function.

■*Medications that may cause Hypothyroidism*

Lithium, Amiodarone, sulfonamides, Bexarotene, ethionamide, anticonvulsants, Iodine, Interferon, high dose Glucocorticoids ('steroids'), Oral cholecystographic agents for visualization of the gall bladder, Sunitinib and other tyrosine kinase inhibitors, Proton pump inhibitors, and angiogenesis inhibitors such as lenalidomide.

■*Medications that may cause Hyperthyroidism*

Amiodarone, Interferon, Iodine. Medications used to treat seizure disorders (epilepsy) may also affect thyroid function. Dilantin may displace thyroid hormone binding and produce abnormal thyroid blood tests, but thyroid function in Dilantin-treated patients is usually normal. Children taking medications for seizure control, such as valproic acid or carbamazepine may also be at increased risk for the development of hypothyroidism.

■*Drug interactions and absorption*

Iron, often found in multivitamins, may interfere with absorption of thyroxine and should not be taken at the same time of day as the thyroid tablet. Nevertheless, patients with iron deficiency anemia who have mild hypothyroidism may gain important benefits after treatment of the hypothyroidism with thyroxine, with a significant rise in levels of iron and hemoglobin after correction of hypothyroidism.

Calcium may also interfere with absorption of thyroid hormone. Although the magnitude of changes detected is small, patients who vary their intake of calcium may want to take their thyroid hormone tablet at a different time of day than their calcium supplement, to minimize any potential interaction between the two. Patients with gastrointestinal disorders may be particularly prone to reduced thyroxine absorption in the setting of calcium administration.

Grapefruit juice is known to change the absorption or metabolism of many different drugs. Although ingestion

of grapefruit juice produces small changes in the absorption of thyroid hormone, it does not seem likely that regular ingestion of grapefruit juice will significantly affect the absorption or metabolism of thyroid hormone in patients taking L-thyroxine.

Coffee ingestion has also been shown to reduce the absorption of thyroxine in short term studies done in healthy study subjects.

Anticoagulants. Thyroid status is an important determinant of how our bodies handle and metabolize anticoagulants such as coumadin (warfarin). The hyperthyroid state may be associated with a reduced need for coumadin (dose may need to be decreased) whereas the hypothyroid state conversely may be associated with a need for an increased dose of coumadin. Patients on these types of anticoagulants who have changing thyroid function should ensure that their anticoagulant status is appropriately monitored.

Estrogen. Women taking estrogen may need to have their levels of thyroid hormones tested and dose of thyroid hormone replacement adjusted within several months of initiation of the estrogen therapy. Those women specifically at risk for a potential change in thyroid hormone dose are patients who have thyroid gland failure and hypothyroidism, or patients who have hypothyroidism as a result of thyroid surgery or ablation with radioactive iodine for benign or malignant tumors of the thyroid. Such patients should simply have a repeat TSH test between 10-12 weeks after initiation of estrogen therapy. In contrast, patients with otherwise normal thyroid function taking thyroid hormone for "suppressive therapy" to prevent growth of nodules or goiters are not likely to need a change in thyroxine dose. Similarly, women taking transdermal estrogen are much less likely to require a change in their dose of thyroxine.

A number of hormones, steroids, anticonvulsants, or psychotropic medications may affect thyroxine binding to circulating proteins.

■*Interactions with co-existing conditions*

Gastro-intestinal. It is very uncommon for patients to exhibit problems with gastrointestinal absorption of thyroid hormone. Rarely, patients with intestinal disease may exhibit increasing requirements for thyroxine if the GI tract is not working optimally. Patients with a specific type of coexisting stomach inflammation (atrophic gastritis) who have reduced gastric acid secretion may exhibit modest impairment in the absorption of thyroid hormone, resulting in increased requirements for thyroxine. Conversely, treatment of *H. Pylori* in some patients may improve thyroxine absorption, leading to increased levels of circulating T4 and potentially a need for reduction in the dose of thyroxine. These findings imply that a certain level of gastric acid production is required for optimal absorption of thyroid hormone. Furthermore, institution of therapy for gastritis with proton pump inhibitors is frequently associated with a rise in levels of TSH.

Pregnancy/lactation. Thyroxine does not cross the placenta nor into breast milk in significant amounts, hence the effect of excess thyroxine treatment in the pregnant or lactating mother on the baby is not clinically significant. Nevertheless, it is important to maintain normal levels of thyroid hormone during pregnancy in the mother.

Heart disease. Patients with known or suspected heart disease, particularly angina or cardiac arrhythmias, should only start L-thyroxine under the supervision of an experienced physician, and at low initial doses.

Dr. Drucker *is currently Professor of Medicine, a member of the Endocrinology Division at the University of Toronto and a senior scientist in the Samuel Lunenfeld Research Institute.*

This article may be seen in its entirety at: www.MyThyroid.com/drugs.html

Frances' Story

For the better part of 20 years, I was treated for chronic major depression. Unbeknownst to me and my treating physicians, however, the growing constellation of symptoms that I began to manifest and which increasingly proved difficult to manage, were all ultimately attributable to untreated subclinical hypothyroidism. As a long-time mental health patient, I was typically prescribed a cocktail of antidepressants and additional medications to counteract the debilitating side effects of the antidepressants that inevitably became a common occurrence. With each change in antidepressant and dosage increase, I was promised an alleviation of my symptoms, but time and again, I was deeply disappointed.

Fortunately, this cyclical and unproductive pursuit of finding the 'right' antidepressant came to a halt by an unexpected development in my health status. Approximately 6 years ago, a sudden gain in weight prompted my treating psychiatrist to question my thyroid function. Blood tests were ordered and I was subsequently prescribed a minimal untherapeutic dose of T4. Unfamiliar with thyroid dysfunction, I began to inform myself and sought the care of an endocrinologist. Much to my dismay, I quickly learned that I would have great difficulty in obtaining a proper diagnosis and effective treatment. An initial referral to an endocrinologist at a teaching hospital was very disappointing. Although I presented obvious signs & symptoms of hypothyroidism, with a 'normal' TSH blood test the label of 'chronic major depression' was conveniently used to explain my troubles.

With each change in antidepressant and dosage increase, I was promised an alleviation of my symptoms, but time and again, I was deeply disappointed.

Desperate to get the help I needed, I embarked on a relentless search for an endocrinologist who would recognize and treat my condition, and came across Mary J. Shomon's website (www.thyroid-info.com) and book ('Living Well With Hypothyroidism'). She is an American thyroid patient advocate who turned her personal thyroid diagnosis into a mission to inform and empower the public about thyroid disease. I am particularly grateful to the United States & International 'Thyroid Top Doctors Directory' that she maintains on her website. It proved to be useful on two separate occasions. On first review of the list approximately 4 years ago, I was able to locate a Toronto endocrinologist where I live, who was willing to treat me for hypothyroidism despite normal TSH blood tests. I referred to the list a second time, 2 years later, when I began to realize that I was not receiving much benefit from conventional thyroid treatment (i.e., synthetic T4) nor from the use of desiccated thyroid (i.e., T4, T3, T2, T1) that was prescribed by a second doctor I subsequently sought help from.

At this point in time, I was in a desperate state having been unsuccessful in weaning off a high dose of antidepressant and experiencing extreme and debilitating symptoms of anxiety, depression, fatigue, brain fog, PMS, gastrointestinal issues, not to mention thinning, dry hair and nails, dry skin and excessive acne. By chance, I came across a book at my local pharmacy entitled 'What Your Doctor May Not Tell You About Hypothyroidism', authored by Dr. Kenneth Blanchard, an MIT, Princeton & Cornell educated endocrinologist with a Ph.D. in chemistry, who practices in Boston, Massachusetts. His book strongly resonated with me because it discusses the connection between hypothyroidism and depression, and his clinical experience with treating hypothyroid patients who have been heavily medicated with psychiatric drugs. A cross-reference to Mary Shomon's 'Thyroid Top

Doctors Directory' revealed that Dr. Blanchard is included in the list along with numerous positive feedback posted by his patients. This provided me with the impetus to contact his office and visit him on January 13, 2011. Since then, I have been regularly followed by Dr. Blanchard via teleconference calls and yearly visits to his Boston office.

Currently, I am no longer on antidepressants and am successfully managing my condition with the use of physiologic proportions of T3 and T4 - a hormone combination therapy developed by Dr. Blanchard that, while not considered a standard treatment protocol by a majority of endocrinologists, has proven to be very successful in his practice. In just under a year, with Dr. Blanchard's help, the constellation of symptoms that plagued me for far too long and presented a constant challenge for my various physicians to manage, have resolved themselves. Today, with my health restored, my focus is to put the pieces of my personal life and my professional legal career back in order. My struggle has been long and arduous, pervading ALL aspects of my life. For this reason, I have a passionate desire to share my story in hopes that others will identify with it and benefit from the hard lessons that I learned along the way.

There is certainly a need to create awareness about subclinical hypothyroidism as it continues to be widely misunderstood and disregarded as a legitimate condition. I have no doubt that there are many like myself, who have been misdiagnosed with depression or other mental health condition, and are being unsuccessfully treated with psychiatric drugs, when the underlying cause of their medical issues is subclinical hypothyroidism. I also believe that, as I experienced, there are many who, diagnosed with hypothyroidism, are unable to achieve optimal health on conventional thyroid treatment and are led to believe that their unresolved symptoms are unrelated to their thyroid condition and/or are personal shortcomings that cannot be medically addressed. Unfortunately, achieving thyroid health presents two challenges – obtaining a proper diagnosis and receiving effective treatment – and my story is a testament to that reality.

Frances G. Salvaggio, B.A., LL.B.

TFC wishes to thank FR @ SNM for their continued website support.

La FCT tient à remercier FR @ SNM pour leur soutien continu de notre site Web.

Do you have a thyroid story?

We would love to hear from you! Share your story of thyroid disease, help others who are going through a similar experience.

Send your story to: ***thyrobulletin@gmail.com***
Or mail it to:
7950 Loyalist Parkway, RR1 Bath ON K0H 1G0

Leaving a bequest to a Canadian charity

Mark Blumberg
July 26, 2010

Leaving a bequest/legacy to a charity in your will can be an excellent way of supporting a cause that you care for or leaving a lasting legacy. Unfortunately, many bequests are not handled correctly or professionally and this may create problems and expenses for the charity and your estate, and in some cases, it can result in the gift being declined. Although it is generally important when dealing with an estate to use a lawyer, when one wants to make a bequest to charity it is even more important to obtain legal advice. What does a lawyer add to the equation?

1. Clarity. The lawyer ensures that the will is clearly drafted to avoid subsequent confusion or conflict including using proper bequest clauses that will be of benefit to the executors of the estate and the charity.

2. Validity. The lawyer ensures that the will is properly executed in accordance with the provincial requirements which are quite complicated. If these provincial requirements are not strictly followed the will could be held to be invalid along with the bequest.

3. Capacity. The lawyer can be a witness as to the testamentary capacity of the deceased at the time of making the will. If the will is set aside either because it was not executed properly (see point two above), or the testator did not have the mental capacity to make a will, then either a previous will would be effective, or if there is no previous valid will, then there would be an intestate succession i.e. no will. The previous will may not provide any bequest. In the case of an intestacy (no valid will) the charity would not receive any of the bequests as none of the provinces intestate succession legislation, such the Ontario Succession Law Reform Act, provide for charities to receive funds on intestate succession.

Have you thought about leaving a legacy?

Leaving a bequest/legacy to a charity in your will can be an excellent way of supporting a cause that you care for or leaving a lasting legacy. Unfortunately, many bequests are not handled correctly or professionally and this may create problems and expenses for the charity and your estate

4. Correct name of charity. A lawyer would conduct corporate searches on the proper legal name of the charity to ensure the correct name is used and that it is clear which charity is receiving the amount. This can avoid a conflict later between similarly named charities. For example, there are hundreds of registered charities that have the term cancer in their name. Furthermore, the lawyer would ensure that the charity is currently an active corporation and has not been dissolved. It is unfortunate but many charities do not have their correct legal name on their website or in their promotional material!

5. Charitable status. A lawyer can ensure that the charity is currently a registered charity with the Canada Revenue Agency. There are many worthy nonprofit organizations that are not registered charities and a gift to them by an individual will not result in an official donation receipt for income tax purposes.

6. Acceptability of bequest or restrictions. Many conditions or restrictions are placed in bequests by well meaning donors without fully understanding the effect of such conditions or

restrictions. A lawyer can make inquiries to a charity with respect to whether the proposed bequest is within the objects of the charity to ensure that the legacy is not ultra vires (outside) the objects of the charity. A lawyer can discuss with the charity whether any restrictions contemplated in the legacy are appropriate and whether the gift would be accepted by the charity. Many charities have gift acceptance policies – some of which limit who can give to the charity and the types of gifts the charity is prepared to accept.

7. Avoiding the Disappearing Will. Having a lawyer retain a will in a will's safe, or at least a copy in the lawyer's file, will reduce the likelihood that the will just disappears when other beneficiaries would receive a greater benefit if there were no will and one dies intestate. Another way to ensure that your wishes are respected is to inform the charity of the gift and perhaps even provide the charity with a copy of your will. However, some people for reasons of modesty or flexibility or otherwise, do not wish to advise the charity of the bequest or provide a copy of the will to the charity.

8. Other planned giving ideas. There are times when a legacy may not be appropriate and a major gift during the lifetime of the testator or another type of planned gift (such as gift of life insurance or marketable securities, or a designation of an RRSP) is more suited to the donor's individual situation.

9. Estate Planning. A lawyer can assist with many aspects of estate planning including wills, powers of attorney for property, powers of attorney for personal care, trusts and other matters. Lawyers typically work with other professionals such as accountants, insurance agents, and financial planners to ensure a coherent estate plan. A legacy left in a will should be properly integrated with a donor's estate plan.

Mark Blumberg is a lawyer at Blumberg Segal LLP in Toronto, Ontario. He works in the area of nonprofit and charity law.

Gander NL Workshop

A Thyroid workshop was held in Gander NL on October 23rd. Over 60 people attended this successful event. Similar workshops are planned for future locations.

Anyone interested in being part of a workshop, either helping or attending, please get in touch with us at:
1-800-267-8822
or by email at: info.tfc1800@gmail.com

Our Goals

Awareness — To promote awareness and education about thyroid disease.

Support — To lend moral support to thyroid patients and their families.

Research — To raise funds for thyroid disease research.

We are the Voice and Face of Thyroid Disease in Canada

Thank you for adding **your** voice!

Events

Kitchener-Waterloo ON

TUESDAY, JANUARY 15, 2013
6:30 - 9:00 P.M.
Eating Your Way to a Healthier Thyroid: Food and Thyroid Medications
Johanne Fortier, Pharmacist & Certified Diabetic Educator, Riepart Pharmacy, Kitchener
Kitchener Public Library - Forest Heights Branch,
251 Fischer-Hallman Rd., Kitchener
To Register : (519) 743-0664

MONDAY, APRIL 22, 2013
6:30 - 9:00 P.M.
Eye Muscle Disorders and Their Link to Thyroid Disease
Dr. Patrick Quaid, BSc (Hons) Optom, MCOptom, PhD
Kitchener Public Library - Country Hills Branch,
1500 Blockline Road, Kitchener
To Register : (519) 743-3558

Hello Toronto – TFC is back!

Yes, Toronto, TFC is planning Education/Awareness sessions on Thyroid Disease again in the coming year. Early in September we held 2 sessions which were attended by some enthusiastic people interested in being involved. We look forward to others assisting with the work leading up to preparing for our events. Keep in touch for further details – if you're willing to help or you have ideas we welcome your input. Check our website www.thyroid.ca in early 2013 for more details or call 1-800-267-8822 and leave a message. We'll be glad to get back to you and let you know what's happening. If you have skills that could be of some use to us – please get involved.

Toronto Information Sessions

Dr. Wendy Rosenthal answers questions from the public

President Mabel Miller at the information table

Check www.thyroid.ca for updates

Thyroid Foundation of Canada
Membership and Donation Form

La Fondation canadienne de la thyroïde
Formulaire d'adhésion et dons

Member Information/Information de Membre:		☐ New /Nouvelle	☐ Renew /Renouvellement
Name/Nom:		☐ Gift /Don	☐ Address Change/Changement d'adresse:
Address/Adresse:			
City/Ville:			
Prov:	Postal Code:		
Tel.:	Code postale:		
Email/Courriel :			

Membership Level/Catégorie:

One Year/Un An				Two Year/Deux Ans			
Regular/Régulier	Senior/Agéé	Student/Étudiant	Family/Famille	Regular/Régulier	Senior/Agéé	Student/Étudiant	Family/Famille
☐ $25	☐ $20	☐ $20	☐ $30	☐ 40$	☐ 30$	☐ 30$	☐ 50$

Membership/D'adhésion:	**$**
Donation/Don:	**$**
Total payment/Total don et d'adhésion:	**$**

Donation/Don: *All donations support the work of TFC / Toutes les dons supportent le travail do la FCT*

Method of Payment / Méthode de paiment:

☐ Cheque enclosed/Chèque ci-joint *(payable to/à l'ordre de*: ***Thyroid Foundation of Canada****)*

☐ Visa	Visa #:	Expiry Date/Date d'expiration:
☐ MasterCard	MCard #:	Expiry Date/Date d'expiration:

Name on credit card/Nom sur la carte de crédit:

Please send completed form to / s'il vous plaît envoyer le formulaire rempli à:

Thyroid Foundation of Canada, PO Box 9, Manotick, ON K4M 1A2

An official receipt for income tax purposes will be issued for both membership fees and donations./Un reçu officiel pour fins d'impôt vous sera remis pour dons et adhésion.

(BN: 11926 4422 RR0001)

Thank you for your support! Nous vous remercions de votre soutien!

The National Board is always looking for persons who might have some time to spare

- **someone with administrative experience**
- **someone with computer skills working with websites and graphic designs**
- **someone with communication skills**
- **someone with financial skills**

No matter what skill you might have, we could use your help!!
You could be helping someone you know, a family member, a friend or a co-worker!!
They matter and so do you!! Contact us – 1-800-267-8822