Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

Volume 20, No. 2 **Summer 1999**

Diana Looks Back . . .

Diana Meltzer Abramsky, C.M., B.A,
Founder and Patron

Nineteen years ago, on June 24, 1980, a public meeting was held in Kingston, Ontario, to discuss the possibility of forming a thyroid organization.

Nineteen years ago, on July 15, 1980, the Thyroid Foundation of Canada was born in Kingston City Hall – a mere three weeks from conception to birth. It was the first and only thyroid lay organization ever established anywhere in the world.

As infants, as toddlers, and as teenagers, we have learned to crawl, to walk, to run. It hasn't been and still isn't easy; but when was bringing up a new creation easy?

In this, the final year of the 20th century, we are enjoying our status as a Thyroid Foundation on the world stage as charter members of Thyroid Federation International. We take pride in the fact that it all started here in Kingston and where both National and International Head Offices are located. We are justly proud of our support of thyroid disease research in Canada having distributed more than $500,000 in post-doctoral fellowships and summer scholarships for medical students.

What happy memories we have of our early beginnings, and of the continuing milestones in our progress. To cite "remembrance of things past":

1. Preparation and acceptance of our Constitution under the guidance of W.W. Viner, Q.C., who for eight years was our pro bono legal adviser and constant supporter.

2. Approval by Health and Welfare Canada of our request for funds for the preparation of Health Guides on thyroid disease, written by two Queen's medical students under the supervision of Dr. Jack Wall. Additional thyroid brochures were written later by thyroid specialists who served as medical advisers to the Foundation.

3. An international "summit" was held in Kingston City Hall, when Dr. Lawrence Wood headed a delegation from Boston, Massachusetts, to learn about our Foundation.

4. News of the establishment of prototype thyroid groups, first in the United States and later in other countries, where new thyroid organizations are continuing to be established.

5. Approval in 1985 of a sustaining grant from Health and Welfare, since reduced, thus necessitating our earnest appeal for financial support, especially as we approach the year 2000.

6. Receipt of our recognition as a registered charity and receipt of our Letters Patent

7. News that our logo, a stylized maple leaf and thyroid gland, was registered in 1981 in the format trade mark department of the government. How appropriate it was that the maple leaf let the world know that the Thyroid Foundation was started in Canada, and how appropriate it was that the thyroid gland let the world know about our focus and our mission. The logo was designed by Don McKenzie, Visual Art Centre, Queen's University.

There is so much to be thankful for:

- That helping others has become a way of life for members of the Foundation as they help to spread the knowledge gained, across Canada and around the world. Internet address: <http://home.ican.net/~thyroid/Canada.html>

- That the love, the caring and the respect for others has helped to conquer even the most difficult situations. The fear, the frustration, the anger felt by thyroid patients because of ignorance about their disease have been replaced by greater understanding of the symptoms and the secondary illnesses which often result from delayed diagnosis and treatment across Canada and abroad.

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We are looking for your story!!

That's right. Tell us how thyroid disease has changed your life, how you've adapted to live a normal life.

Tell us about the struggles you've had to face, the mountains you've climbed.

Send in your life story preferably on disk or by e-mail along with photos of you and your family and friends and we'll make every effort to run it in an upcoming issue of *thyrobulletin.*

Send your life story to:

Ed Antosz
973 Chilver Road
Windsor, ON N8Y 2K6
E-mail: thyroid@kos.net

Racontez nous votre histoire!!

Quelles changements avez vous subit dans votre vie à cause de votre maladie thyroïdienne et comment avez vous adapté une vie normale?

Racontez les difficultés que vous avez enduré durant ce temps.

Faites nous parvenir votre histoire ainsi que des photos de votre famille, vos amis et de vous même, préférablement sur disque ou par courrier électronique. Nous ferons de notre possible d'inclure votre histoire dans uns des prochains numéros.

Faites parvenir votre histoire à:

Ed Antosz
973 Chilver Road
Windsor, ON N8Y 2K6
E-mail: thyroid@kos.net

Diana Looks Back con't from page 1

- We are thankful that we have made and will continue to make a difference in our own lives and in the lives of others, by making people aware of the specific thyroid blood test that can lead to earlier diagnosis and treatment.

I, personally, am thankful that I have lived to see my dream of a world-wide Thyroid Foundation come to pass. I am thankful to the many people across Canada who have helped and continue to help focus a spotlight on the goals and the mission of the Thyroid Foundation of Canada. These include the members of the medical profession who have served as medical advisers to the Foundation, addressed thyroid education meetings, written *Health Guides,* and ensured that our thyroid literature is accurate; the lawyers who have advised and guided us; federal, provincial and municipal governments who have supported us; all the media from day one; the national office staff; and the thousands of volunteers from coast to coast whose dedication and unceasing efforts have made the Foundation the success it is today.

May God bless the Thyroid Foundation of Canada and all its caring and generous supporters.

Medical Research Awards

Thyroid Foundation of Canada Research Awards for the Year 2000

Diana Meltzer Abramsky Research Fellowship
$30,000 for one year

Summer Student Scholarship
$3,000

Applications and full details are available from the national office and will also be found on the Foundation's web site at http://home.ican.net/~thyroid/Canada.html.

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TFC/MRC Research Awards

The Thyroid Foundation of Canada (TFC) is continuing and extending the partnership it established with the Medical Research Council (MRC) in 1998 to expand research capacity and activity in the area of thyroid diseases.

TFC and MRC will jointly fund (1) a Doctoral Research Award and (2) a Postdoctoral Research Fellowship. These awards will be allocated on the basis of MRC peer review recommendations. They will be offered for a maximum of three years to candidates undertaking full-time thyroid related research. A yearly research and travel allowance will be provided.

Applications are to be submitted to the MRC on MRC forms. The deadline for receipt of applications for the Doctoral Research Award is October 15, 1999 and the deadline for applications for the Fellowship is November 1, 1999. Full details will be found on the MRC web site at www.mrc.gc.ca.

1999 Thyroid Foundation Medical Research Awards

Rita Wales, Liaison, Medical Research

The Diana Meltzer Abramsky Research Fellowship

A Post-Doctoral Research Fellowship of $30,000 for one year was awarded to Dr. Wei Liu. He will be working at the Samuel Lunenfeld Research Institute in Toronto under the supervision of Dr. Paul Walfish, Dr. Sylvia Asa and Dr. Shereen Ezzat. Dr. Liu received his M.D. in 1978, his M.Sc. in 1985 and his Ph.D in 1995. The research being done is in the area of thyroid cancer and Dr. Liu will be telling us about his work in *thyrobulletin* next year.

Summer Student Scholarships

Two scholarships of $3,000 each have been awarded to:

1. Mr. Michael Davidson, a second year medical student who will be participating in a thyroid orbitopathy project under the supervision of Dr. Jack Rootman, Professor of Ophthalmology and Pathology at the University of British Columbia.

2. Mr. Ramanjot Mangot, who has a B.Sc. in Biology and will be responsible for data analysis and developing a modified index based on the data collected from the Thyroid Assessment Questionnaire (TAQ). His supervisor will be Dr. David Kendler, an Endocrinologist at the University of British Columbia with an established interest in autoimmune thyroid disease, who helped to develop the TAQ.

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The Foundation is grateful to the Peer Review Committee, Dr. Jody Ginsberg, Dr. Jacques How, Dr. Paul Walfish and Dr. Robert Volpé Chairman, for their assistance in the selection of the successful candidates for 1999. We appreciate the time and effort that they put into reviewing and reporting on the applications.

It is also important to remember that it is the work of many volunteers and the generosity of those who contribute to the Research Fund which make it possible for the Foundation to support thyroid research. Letters have been received from award recipients and their sponsors expressing their appreciation to the Thyroid Foundation for supporting their research. In these days of reduced funding the moral, as well as financial support, is more important than ever. Thank you.

If you have not made your will yet, will you do it now? Will you remember the Thyroid Foundation of Canada?

If you plan to update your will, will you do it now? Will you help the Thyroid Foundation of Canada?

If we have helped you, will you help us help others? A bequest, an insurance policy, a tax exempt donation – will you think about it? Will you do it now?

Dear Editor

I just stumbled across your website, and wanted to compliment you on the excellent public service you provide. I had a complete thyroidectomy seven years ago, with no recurrence. I remember all the questions I had at the time, and am so pleased that current patients have a resource like your webpage – I'm sure it's well used by patients and families.

Special kudos to the doctors who prepared the informative and easy-to-understand papers on treatment, questions and answers, etc. Well done!

Patti Towler, Vancouver

I have recently been diagnosed with Hypothyroidism/Hashimoto Disease. It is believed that I have been in steady decline since the birth of my two children (1984 and 1986) and that a hysterectomy in 1995 tipped the scales so to speak. Even though I have spent the last 15 years trying to convince various MDs that there was something wrong, no one ever made a conclusive diagnosis until recently when the physician I am currently seeing tweaked when I explained to her that I have been suffering from these symptoms to a greater or lesser degree every since the birth of my first child.

I was sent for a "complete" and comprehensive set of bloods tests and am scheduled for an ultrasound to determine the presence of nodules. If all turns out as I suspect it will, I will have spent 15 years of being ferried around from one doctor to another who have never ***listened*** to what I had to say.

To say that I am frustrated and angry is indeed an understatement. With that also comes a sense of relief and resolution at finding the cause for all my symptoms. However, there is a ***very large*** part of me that feels it is extremely important to educate both the public and the medical profession about misdiagnosing thyroid conditions in women. Once I am on track with my medication and I start to regain energy, I will most certainly champion this cause.

Pamela Blizzard, Strathmore, AB

Thyroid Foundation of Canada thanks Health Canada for its financial support. Thyroid Foundation of Canada is a registered charity – number 11926 4422 RR0001. La Fondation canadienne de la Thyroïde remercie Santé Canada pour son support financier. La Fondation canadienne de la Thyroïde est un organisme de bienfaisance enregistré numéro 11926 4422 RR0001.

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La date limite pour les articles pour le prochain numéro: le 1 octobre, 1999

Contributions to/à – Editor/Rédacteur: Ed Antosz
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NOTICE TO ALL MEMBERS

Your membership in the Foundation expires on the date that is printed on the address label on your *thyrobulletin*.

Please use the **Foundation's Membership/Donation Form** in *thyrobulletin*.

You may renew early – and for one or two years! You will be credited with renewal on the date that you are due to renew.

. . . Donations are always welcome.

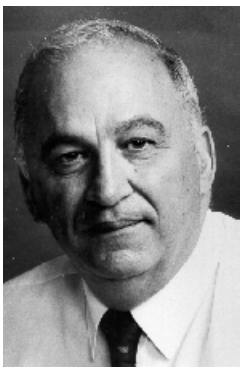
The objectives of the Foundation are:

- to awaken public interest in, and awareness of, thyroid disease;
- to lend moral support to thyroid patients and their families;
- to assist in fund raising for thyroid disease research.

* * * * *

Les buts de la Fondation sont:

- éveiller l'intérêt du public et l'éclairer au sujet des maladies thyroïdiennes;
- fournir un soutien moral aux malades et à leur proches;
- aider à remasser les fonds pour la recherche sur les maladies thyroïdiennes.



Letters to the Doctor

Dr. Robert Volpé M.D., F.R.C.P. (C), M.A.C.P., Medical Adviser to the Foundation

Thank you very much for being there, and for the publication of t*hyrobulletin*! Please find enclosed my membership renewal form for 1999, cheques, an article order form, and the following question for Dr. Volpé.

I am a 45 year old male, taking 50 mcg of Eltroxin for hypothyroidism. Unlike many hypothyroid patients, I am underweight (5'8", 108 lbs.) and wondering if thyroxin can inhibit weight gain? I also have trouble digesting raw vegetables and would like to know if this may be related to hypothyroidism?

Thank you.

B.A. Collins, Willowdale, ON

Dr. Volpé's response:

Thyroxine in very large doses can inhibit weight gain. In the usual doses of thyroxine such as those that this patient is taking (50 micrograms per day), it would not inhibit weight gain. The problem of digesting raw vegetables would not be related to the hypothyroidism and some other reason for this should be sought.

Would you please send me any literature you may have on the effects on the thyroid gland that babies with enlarged thymus glands may be having now after radiation treatments to shrink the thymus gland was given.

Knowing I had this treatment as a baby in 1932, my aunt in Quebec has written me, after seeing a program on 60 Minutes concerning the health of these babies now as adults.

After reading an article in Canadian Living on the symptoms of thyroid malfunction, I approached my new family doctor and asked to have my thyroid tested and he has refused. My doctor of 20 years has passed away.

The article said to contact you for more information on thyroid problems. After reading the article on hyperthyroidism, my symptoms are consistent with a lot of the symptoms listed and have been bothering me for about 10 years.

Any information you can supply me would be greatly appreciated. We moved from Toronto about 20 years ago after being raised there all my life.

Thanking you in advance.

Mrs. Phyllis Scott, Winnipeg, MB

Dr. Volpé's response:

Radiation to the head and neck region was indeed delivered for enlarged thymus glands, and for other benign conditions. However, this type of radiation can cause cancer of the thyroid. There is extensive literature on this point. The reader might wish to consult a book entitled Werner and Ingbar's "The Thyroid" edited by L.E. Braverman, published by Lippincott Press in Philadelphia for further information.

I am somewhat surprised that her family physician refused to do at least screening test procedures such as the TSH. If the TSH is normal, then there is no need to do any further testing.

Please find enclosed $15.00 for my senior membership and $25.00 donation. Perhaps you can advise me on a question I have regarding the thyroid gland. In Feb. of 1998 I was prescribed .05 mg of levothyroxine. Most of my life I have experienced ectopic heart beats that come and go. At the time of starting the levothyroxine my heart was very regular. Shortly after starting the drug my heart developed irregularity so severe that on occasion every second beat was premature.

Despite the doctor's advice I quit taking the drug after six weeks. All indications from drug manuals indicate that at my age of 68 a lower dosage should have been prescribed. Incidentally on later blood checks it was decided I did not suffer from hypothyroidism. Unfortunately the ectopic beats did not improve.

My question is "could taking levothyroxine that was not needed at my age cause ***permanent*** damage to the electrical system of the heart. Although it is too late to rectify anything perhaps there would be some treatment.

Thank you for any help you can offer.

Bob Morris, Winnipeg MB

Dr. Volpé's response:

This patient at age 68, was initiated on thyroxine 0.05 mgs daily and began to have cardiac arrhythmia. As a result he discontinued the medication after six weeks.

The dosage that he was prescribed, namely 0.05 mgs daily is a very small dosage. It could not have caused any permanent damage to the heart within six weeks. If his cardiac arrhythmia persisted, this would suggest that he already had some cardiac damage and it could well be that the taking of thyroxine was coincidental. It is possible that the thyroxine even at that very small dosage might have preciptated the disturbance in rhythm only if there was already damage and the thyroxine constituted "the last straw". However, it could not itself have caused permanent damage.

Usually the dosage is the starting dosage for even older people who require thyroxine. It is usually considered too small a dosage to cause any detrimental side effects.

I recently read an article about drug interactions and various foods. It stated that if you were on thyroid medication, you should limit your intake of the crucifer vegetables (cabbage, cauliflower, brussels sprouts etc.) because these vegetables, as well as soy and seaweed products, decrease the efficacy of thyroid medication.

I also have some concerns about milk, even though I use very little of it. I have discovered a product, rice milk, which seems to be the answer to all my problems. The only thing is, one of the ingredients is carrageen. I know that carrageen comes from the sea, and I'm concerned that it might contain iodine. I know carrageen is used as an emulsifier in many things, e.g. toothpaste. Can you tell me if it's all right to use rice milk, in a limited way,

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say for cereal in the morning without the carrageen interacting with levothyroxine?

Thank you very much for any help you can give me.

Name withheld on request

Dr. Volpé's response:
Once a person is taking thyroxine s/he can eat whatever they like. This includes the rice milk which s/he mentioned even if it is high in iodine. Once s/he is on thyroxine, it does not matter if s/he takes excess iodine. Indeed, s/he can take any food that s/he wishes

I've read the article titled *Radioiodine treatment of hyperthyroidism* which states that the only significant complication of this treatment is hypothyroidism, which is easily treated.

This is reassuring for patients who have had this treatment or who are considering it to treat their hyperthyroidism. However, I am concerned they are not getting the whole story.

Last year, a recently published study indicated that the mortality rate of patients taking this treatment is higher than the general population. In the March 12 issue of The New England Journal of Medicine, Dr. J.A. Franklyn, of the University of Birmingham, UK, and others report that, among hyperthyroid patients they studied who had been treated with radioactive iodine, "mortality from all causes was 13% higher than in the general population".

Certainly, more studies will be needed to reach a consensus on this issue. It may be the case that hyperthyroid patients have a higher mortality rate than the general population, even if they do not receive radioiodine. But this casts the use of radioiodine in a completely different light and I think you are doing a disservice to your members by not informing them of these findings.

Daniel None

Dr. Volpé's response:
The article by Jane Frankland in the New England Journal of Medicine in March 1998, has been a source of considerable discussion amongst thyroidologists. Firstly, it has been the impression of many thyroidologists that there is no difference in the mortality rate between patient taking radioactive iodine and persons with hyperthyroidism in general. In any event, the Frankland article remains to be confirmed. If one looks at the actual causes of death in the patients described in that article, they do not seem to relate in any way to the actual radioactive iodine. Certainly, the final word on this topic has yet to be heard, but it is still the consensus of endocrinologists that radioactive iodine is at least as safe or safer than other forms of ablative therapy, e.g. surgery.

I am trying to follow up on the New England Journal of Medicine's recent article about combining T3 & T4 therapy for my hypothyroidism. My doctor recently prescribed natural thyroid to be combined with the Synthroid I am taking. However, it seems the pharmacy cannot locate it. Are products like Armour, Thyrolar, or equivalent treatments available in Canada? If so, how do I direct my doctor and the pharmacy in locating it? They both presently do not know.

Reader in Mississauga

Dr. Volpé's response:
The addition of T3 for the further treatment of hypothyroidism does NOT represent the consensus of opinion of thyroidologists despite the recent article in the New England Journal Medicine. When patients take only T4, their levels of T3 in the blood are perfectly normal. It thus does not seem to make much sense adding further T3 when the levels of T3 are already normal.

However, more studies are in the works to determine whether this really adds any value. Armour desiccated thyroid has been available in Canada. Thyrolar is not. T3 as Cytomel has been unavailable in recent months but will soon be available once again in the drug stores. I hope this information is helpful.

Please can you tell me what moderate use of marijuana can do to Graves' disease? Are there increased risks of thyroid CA with this also?

Name withheld on request

Dr. Volpé's response:
As far as I know, moderate amounts of marijuana do nothing whatever to Graves' disease either pro or con. There are no increased risks of thyroid carcinoma with the use of marijuana.

Monthly Draw

Renew your Membership now and become eligible for our Monthly Draw

Every month one lucky Renewing Member will receive a book on thyroid disease.

Our May 1999 winner was:
Betty Almon
Petawawa, Ontario
who chose
The Thyroid Sourcebook
Sara Rosenthal

Our June 1999 winner was:
Helen Hansen
Calgary, Alberta
who chose
Your Thyroid A Home Reference
Wood, Cooper and Ridgway

Graves' Disease

Graves' disease is the type of hyperthyroidism caused by a generalized overactivity of the entire thyroid gland. It is also called "diffuse toxic goitre": "diffuse" because the entire thyroid gland is involved in the disease process; "toxic" because the patient appears hot and flushed, as if feverish due to an infection; and "goitre" because the thyroid gland enlarges in this condition. It is often referred to as Graves' disease in honour of the Irish physician Robert Graves who was the first to describe this form of hyperthyroidism.

An Autoimmune Disorder

Current research shows that the process which triggers Graves' disease involves the immune system of the body, which normally protects us from foreign invaders such as bacteria and viruses, as well as from abnormal body cells such as cancer cells. The immune system recognizes foreign invaders or abnormal cells and destroys them by means of antibodies produced by blood cells known as lymphocytes.

It is likely that 10 to 15% of people inherit an immune system with a problem. Their lymphocytes have the capacity to make antibodies against their own tissues which stimulate or damage those cells. In Graves' disease, antibodies are produced against certain proteins on the surface of thyroid cells, stimulating those cells to overproduce thyroid hormones. This results in an overactive thyroid.

Although up to 10% of the population has the type of immune system that can lead to Graves' disease, only about one in ten of these individuals ever actually develop hyperthyroidism. This may be due to the fact that they are never exposed to the environmental factors that can trigger the problem.

What Are the Environmental Triggers?

Physicians have long suspected that a severe emotional stress, such as the death of a loved one, can trigger Graves' disease in some patients. Dr. Graves himself commented on stressful events in his patients' lives which preceded other evidence of hyperthyroidism by several months. Indeed, recent evidence suggests that increased blood levels of cortisone and adrenaline, which may be caused by stress, can, in turn, affect antibody production by the immune system. However, many patients who develop Graves' disease have no identifiable stress in their lives.

What Are the Symptoms of Graves' Disease?

If you develop Graves' disease, several weeks or months may pass before you realize that you are sick. The onset is gradual, and the symptoms may be mistaken for simple nervousness due to a stressful life situation. If you have been trying to lose weight by dieting, success with your diet may be pleasing, until the hyperthyroidism which has accelerated the weight loss leads to other problems such as trembling, muscle weakness of the upper arms and thighs, and insomnia.

As your thyroid becomes increasingly overactive, you may notice an increase in pulse rate, often with sudden episodes of palpitations, increased sweating and heat intolerance. Your skin may become fine and hair loss may be noticed as your hair becomes more delicate. Bowel movements may happen more frequently, though diarrhea is uncommon. If you are a woman (and Graves' disease is four to eight times more common in women than in men), your menstrual periods may lengthen.

What About the Eyes and Skin?

Graves' disease is the only kind of hyperthyroidism that is associated with inflammation of the eyes, swelling of the tissue around the eyes, and protrusion of the eyes. We do not know the cause of these problems.

Confirmation that you have hyperthyroidism is usually obtained in a simple blood test which reveals high levels of thyroid hormones

Although many patients with Graves' disease experience redness and irritation of the eyes in the course of their disease, less than 1% ever develop enough inflammation of the eye tissues to cause serious or permanent trouble. The severity is not related to the degree of thyroid hormone abnormality. Early signs of trouble might include bulging of the eyes due to inflammation of the tissues behind the eyeball, double vision, red or inflamed eyes, or diminished vision. Eye symptoms generally begin within a six-month period before or after the diagnosis of Graves' disease has been made.

Very occasionally, patients with Graves' disease develop a lumpy reddish thickening of the skin in front of the shins known as pretibial myxedema. This skin condition is usually painless and not serious and, like the eye trouble of Graves' disease, does not necessarily begin precisely when the hyperthyroidism starts. Its severity is not related to the level of thyroid hormone. We do not know why the problem is usually limited to the lower leg, nor why so few people have it.

How is the Diagnosis of Graves' Disease Made?

If your physician suspects that you have hyperthyroidism, confirmation of the diagnosis is usually a simple matter. Physical examination usually reveals an enlarged thyroid gland and a rapid pulse, in addition to delicate skin and the tremor of your fingertips. Your reflexes are likely to be rapid and you may have some of the eye or skin abnormalities described above.

Additional clues that you may have hyperthyroidism often come from a review of the medical history of your family. Some relatives may have had hyperthyroidism or an underactive thyroid; others may have acquired gray hair

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prematurely (beginning in their 20s). Similarly, there may be a history of related immune problems in the family, including juvenile diabetes, pernicious anemia (due to lack of vitamin B-12) or painless white spots on the skin known as vitiligo.

Confirmation of your physician's suspicion that you have hyperthyroidism is usually obtained in a simple blood test which reveals high levels of thyroid hormones. Also, the level of TSH (thyroid-stimulating hormone) made by your pituitary gland is low. Occasionally, the doctor may wish to measure the thyroid-stimulating antibodies (TSAb) in your blood. Sometimes a radioactive image, or scan, of the thyroid is obtained which demonstrates overactivity of the entire thyroid gland. This is characteristic of Graves' disease and eliminates the possibility that your hyperthyroidism is due to overactive nodules or lumps within the gland. In those rare instances in which a patient is hyperthyroid due to thyroiditis (inflammation of the gland), there is usually very low uptake of radioiodine by the thyroid.

How is Graves' Disease Treated?

Reports from the 1800s describe mortality rates as high as 50% in patients with Graves' disease when rest and sedation were the only treatments available for the condition. Today there are three good ways to treat the problem.

Drugs – Antithyroid drugs, such as propylthiouracil (PTU) and methimazole (Tapazole), act by making it more difficult for your thyroid to use iodine. Since your thyroid uses iodine to make thyroid hormone, the net effect is a decrease in thyroid hormone production. These drugs are used when prompt control of hyperthyroidism is desired, when the hyperthyroidism is mild, or when it occurs in children or young adults. They are especially helpful as temporary treatment in elderly patients with heart disease, including angina or rhythm disorders, who risk heart damage when severely hyperthyroid.

Treatment with antithyroid drugs for a period of 12 to 18 months will result in prolonged remission of the disease in about 20% to 30% of patients, and is most likely in patients with milder disease at the beginning of treatment.

Antithyroid drugs cause allergic reactions in about 5% of patients who take them. The common minor reactions include red skin rashes, hives, and occasionally fever and joint pains. Far more serious is a decrease in the number of neutrophils (white blood cells) which may lower your resistance to infection. Very rarely these white cells may disappear completely, producing a condition known as agranulocytosis, an extremely serious and potentially fatal problem if a serious infection occurs. Fortunately, this side effect is very rare.

If you take one of these drugs and experience an infection such as a sore throat, you should stop the drug immediately and have a white blood cell count that day. Even if your white blood cell count has been lowered by the drug, it will return to normal if the drug is stopped immediately. But if you continue to take one of these drugs in spite of a low white blood cell count, there is a risk of a more serious, even life-threatening infection.

Radioiodine – Because of the failure of antithyroid drugs to cure most patients, the majority of patients today are treated with radioactive iodine. The radioactive iodine used in this treatment is administered by mouth, usually in a small capsule or a drink of water. Over the ensuing hours the radioactive iodine goes from the stomach into the blood stream and ultimately passes into the thyroid gland where it remains for a long enough time to damage some of the thyroid cells. Then, within days, it disappears from the body, either eliminated in the urine or transformed by radioactive decay into a nonradioactive state. Most patients get well in three to six months, although some may remain hyperthyroid if the dose was too small. Patients who remain hyperthyroid can be given a second or even a third dose of radioactive iodine. A large majority of patients develop an underactive thyroid (hypothyroidism) after radio-iodine. This can easily be treated with a thyroid hormone supplement once a day. Radioactive iodine has been used to treat patients for hyperthyroidism since about 1940. Because of concern that the radioactive iodine might somehow damage other cells in the body, produce cancer, or have other long-term unwanted effects, the physicians who first used radioiodine treatments were careful to treat only adults and to follow them carefully for the rest of their lives. Fortunately, no serious complications from radioiodine treatment have become apparent over nearly 50 years of careful patient follow-up. As a result, in America, more than 70% of adults who develop hyperthyroidism are treated in this manner. Children are now being treated increasingly with radioiodine and even in these patients there have been almost no complications.

Graves' disease is four to eight times more common in women then men

Surgery – Your hyperthyroidism can be permanently cured by means of an operation in which most of your thyroid gland is removed. An operation could be risky unless your hyperthyroidism is first controlled by an antithyroid or a beta blocking drug described below. Treatment with either propylthiouracil or Tapazole(r) should lower your thyroid hormone levels to normal in about six weeks, and restore your body to almost normal before surgery. Usually for some days prior to surgery, your physician will want you to take some drops of nonradioactive iodine (either Lugol's iodine or supersaturated potassium iodide, SSKI). This extra iodine helps the surgeon by reducing the blood supply to the thyroid gland, thereby making surgery easier and safer. Once the thyroid gland is removed, the source of the hyperthyroidism is gone and you will either remain well or become hypothyroid, depending upon the amount of thyroid tissue removed in the operation. As with hypothyroidism after radioiodine treatment, if you are hypothyroid after surgery, your health can be restored to normal by treatment once a day with a thyroid hormone supplement.

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Mr. Ed Antosz
Editor, *thyrobulletin*

May 28, 1999

Re: Historical corrections relating to an article on "Congenital Hypothyroidism", by Dr. Bob Lim of Melbourne, Australia, which appeared in the Spring 1999 issue, Volume 20, No. 1 of thyrobulletin.

Dear Mr. Antosz,

In the fifth paragraph of the above article Dr. Lim states "in the mid-1970s these screening programs were instituted in the U.S. and Western Europe and Australia quickly followed suit".

It is unfortunate that this article which was reprinted by the Thyroid Foundation of Canada did not acknowledge the important pioneer contributions of both Dr. Jean Dussault of Quebec and Dr. Paul Walfish of Ontario, who instituted the first regionalised screening programs in the world within their respective provinces in the early 1970s. The United States, Western Europe and Australia did not commence their programs until the late 1970s or early 1980s.

Perhaps the Editorial Committee could have any articles contributed from outside Canada, even though previously published, reviewed by our Medical Consultants for accuracy prior to publication in thyrobulletin and thus avoid any future embarrassment.

I would appreciate it if a copy of my letter could be forwarded to Dr. Lim in Melbourne, Australia to bring this error to his attention.

Yours sincerely,

Rita E. Wales
Liaison Medical Research
National Board, T.F.C.

Editor's Note: The article was originally published by the Australian Thyroid Foundation.

Use St. John's Wort with Caution

Editor's note:

The following was posted by Nancy Patterson to the NGDF Internet Bulletin Board in response to a major discussion concerning St. John's Wort

St. John's Wort is being promoted as a "natural" antidepressant. What you need to know is that it is unregulated by the FDA and the amounts you need to take that would be therapeutic are not suggested. Even more important, it is a "MAO Inhibitor". You know when you go to get something for your cold and the warning on the box says "Do not take this drug if you are on medication for high blood pressure, thyroid medication . . . (other listed drugs) . . . or if you are taking a MAO inhibitor". These medications interact not only with our thyroid medication but also will severely react with other types of antidepressant medications such as Prozac, Zoloft, Elavil. The reaction can be fatal. There are many people who are taking an antidepressant who decide that to take a little something extra, especially when it is "natural", can't hurt. This is wrong. Please let your doctor know when you want to take SJW. It is a good drug, but you cannot take other antidepressants at the same time. You must have at least two weeks between the two types of medication.

This is an additional response from Norman Tomaka, our "resident pharmacist". He writes, ". . . This product is touted by many as a "natural" Prozac, but is much more and some less. I would include the fact that early research has shown concerns about reduced estrogen effects when patients take 300 mm or more each day. The same effect is thought to occur with thyroid supplements, testosterone in males and any other endocrine supplement therapy. What is beneficial about St. John's Wort is its antidepressant effect is both related to an increase in serotonin, similar to Prozac, Zoloft, Paxil, and a decrease in norepinephrine or adrenaline. This produces a subtle calmative effect that is coupled with an increased sense of well-being. However, the dual effects can cause all the drug interactions that Nancy mentions. Patients taking any sedative such as Xanax, Valium or the like, together with St. John's Wort, could experience excessive drowsiness and reduced cognition. These reactions are not desired for Graves' patients. If the patient is not on any other serotonin re-uptake inhibitor such as Prozac, Zoloft or Paxil or other antidepressants, SJW may be helpful.

The patient should be euthyroid. If they are taking thyroid or estrogen replacements, they should clear any use with their physician. In some cases, SJW may be used near bedtime if the thyroid or estrogen is taken in the morning. I hope this clears up some confusion.

This article appeared in the Spring 1999 edition of the National Graves' Disease Foundation's publication NEWS and is reprinted here with the permission of that Foundation.

Financial Statements

Thyroid Foundation of Canada/La Fondation canadienne de la Thyroïde

Year Ended March 31, 1999

Balance Sheet as of March 31, 1999

Assets	1999	1998
Current Assets - Education and Services Fund		
Cash and term deposits	$ 9,792	$ 57,173
Accounts receivable	6,657	3,655
Prepaid expenses	6,022	4,053
	22,471	64,881
Research Fund		
Cash and term deposits	495,160	500,431
Receivable from education and services fund	29,793	16,661
Accrued interest	12,490	9,664
	537,443	526,756
	$559,914	$ 591,637
Liabilities and Surplus		
Current Liabilities - Education and Services Fund		
Accounts payable	$ 11,930	$ 5,616
Payable to research fund	29,793	16,661
Deferred revenue (note 2)		41,305
	41,723	63,582
Research Fund Held for Specific Purposes	537,443	526,756
Education and Services Fund Surplus (Deficit)	(19,252)	1,299
	$ 559,914	$ 591,637

Research Fund Commitments (note 3)

Lease Commitments (note 4)

Approved by the Board

Arliss Beadmore, President

Keith Attoe, CA, Treasurer

Statement of Financial Activities - Education and Services Fund

Revenue	1999	1998
Associate member organizations	$ 450	$ 500
Interest	449	187
Books and educational material	4,237	6,242
Miscellaneous	716	1,716
Health Canada grant		
Sustaining	25,000	20,000
Projects		36,090
Population health	16,025	3,795
Membership fees	56,766	59,272
Donations	46,978	51,962
Fundraising		11,568
Summer student allowance grant	3,551	2,394
Administration fee - research	1,200	3,600
	155,372	197,326
Expenditure		
Education		
Chapter rebates - membership fees	22,555	25,157
Fundraising		10,245
Publicity		1,342
Educational material	8,488	5,503
Purchases for resale	3,450	2,411
Thyrobulletin (incls. mailing costs)	15,386	15,924
Meetings - annual	17,905	19,254
Meetings - other	11,896	5,346
Chapter development	262	1,095
Clinics	13,979	6,017
Total Education	93,921	92,294
Services		
Office supplies and expenses	8,778	7,473
Postage and mailing	7,512	9,037
Professional fees - audit	1,500	1,500
Professional fees - contract accounting	3,000	3,250
Professional development - staff		137
Professional development - volunteers	621	303
Bank charges	407	1,319
Computer		462
G.S.T. expense	3,168	3,433
Insurance	1,188	1,280
Relocation expense	2,165	
Rent (includes services)	9,825	10,800
Salaries and benefits - office staff	35,673	38,748
Salaries and benefits - student	2,466	2,398
Telephone and fax	5,699	9,056
Total Services	82,002	89,196
Total Expenditure	175,923	181,490
Excess of Revenue over Expenditure (Expenditure over Revenue) for the Year	$(20,551)	$ 15,836

Statement of Research Fund Held for Specific Purposes

Year Ended March 31, 1999

	1999	1998
Balance at beginning of year	$ 526,756	$ 309,338
Add		
Donations received	10,671	12,410
Interest earned	26,829	21,864
	564,256	343,612
Deduct		
Student awards	6,000	6,000
Fellowship award	30,000	30,000
Administration expense	1,200	3,600
	37,200	39,600
	527,056	304,012
Mary Dushinsky bequest	10,387	222,744
Balance at End of Year (note 3)	$ 537,443	$ 526,756

Notes to Financial Statements

Year Ended March 31, 1999

1. Accounting Policy

Capital Assets

No value is accorded to capital assets for reporting purposes. Purchases of capital assets are charged as expenditure in the year of acquisition.

2. Deferred Revenue

Deferred revenue is made up as follows:

	1999	1998
Health Canada grant		$ 41,205
1998 Annual general meeting		100
	$ Nil	$ 41,305

3. Research Fund Commitments

An amount of $37,500 has been committed to Research Fellowships, of which a $7,500 balance on the 1998-1999 award is to be paid June 15, 1999. The remaining $30,000 for the 1999-2000 award is to be paid quarterly commencing September 15, 1999. In addition, an amount of up to $9,000 has been committed for summer student thyroid research depending on the availability of funds.

4. Lease Commitments

The Foundation has entered into a lease agreement for a photocopier which calls for future minimum payments of $7,288 expiring March 2001.

The Foundation leases its office premises under a three year lease expiring July 2001 which call for future minimum payments of $20,895. There is an option to renew for a further two years at a rent to be negotiated.

Statement of Education Fund Surplus (Deficit)

Year Ended March 31, 1999

	1999	1998
Surplus (Deficit) at beginning of year	$ 1,299	$ (14,537)
Excess of revenue over expenditure (expenditure over revenue) for the year	(20,551)	15,836
Surplus (Deficit) at End of Year	$ (19,252)	$ 1,299

Auditors' Report

To the Members of Thyroid Foundation of Canada – La Fondation canadienne de la Thyroïde

We have audited the balance sheet of Thyroid Foundation of Canada, La Fondation canadienne de la Thyroïde as at March 31, 1999 and the statements of financial activities - education and services fund, research fund held for specific purposes and education and services fund surplus (deficit) for the year then ended. These financial statements are the responsibility of the foundation's management. Our responsibility is to express an opinion on these financial statements based on our audit.

Except as explained in the following paragraph, we conducted our audit in accordance with generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In common with many charitable organizations, the foundation derives revenue from donations and memberships, the completeness of which is not susceptible to satisfactory audit verification. Accordingly, our verification of these revenues was limited to the amounts recorded in the records of the foundation and we were not able to determine whether any adjustments might be necessary to donation and membership revenue and surplus.

In our opinion, except for the effect of adjustments, if any, which we might have determined to be necessary had we been able to completely verify donation and membership revenue as explained in the preceding paragraph, these financial statements present fairly, in all material respects, the financial position of the foundation as at March 31, 1999 and the results of its operations for the year then ended in accordance with generally accepted accounting principles.

Secker, Ross & Perry
Chartered Accountants

Kingston, Ontario, May 26, 1999

BURLINGTON-HAMILTON AREA

See Coming Events for November public meeting.

KITCHENER WATERLOO CHAPTER

Kitchener Waterloo Chapter
(L-R) Sandra Hebert, Membership Chair; Derek DeVille, Assistant Education Chair; Cassandra Howarth, Chapter President; Joan DeVille, Program Chair and also newly elected National Vice-President Chapter Development

MONTREAL CHAPTER

The members of the Montreal Chapter have been very busy the last few months. We held an Art Exhibition and sale on April 10th to 13th 1999. Six artists participated in the show with 25% of the sales going to Thyroid Foundation. Three paintings were donated by Sharon Goodman, Rita Szerszen and Phyllis Pedicelli. The three winners of the paintings were: **1st prize:** *Gwen Quigg,* **2nd prize:** *Lucy Deciccio and* **3rd prize:** *Mary LeBlanc.* We raised money and everyone had a good time

On 4 July 1999, we sponsored a 50th birthday party for Sandra Phillips. Sandra is a local celebrity, author, who wrote the book *Smart Shopping.* We received donations of food, entertainment and door prizes. We received money donations from Sandra's friends and family. Many of our members came to help out for this special occasion. Sandra's party turned out to be a very successful fundraiser. We are now looking forward to the coming season.

Montreal Chapter Art Show
Prizes donated by artists: 1st Prize – Sharon Goodman; 2nd Prize – Rita Szerszen; 3rd Prize – Phyllis Pedicelli

Art Show, Montreal Chapter, April 1999
Front Row (L-R):
Netta Calitri, Donna Cruikshank, Rita Szerszen, Sharon Goodman
Back Row (L-R):
Joyce Pratt, Vivian Case-Fox, Phyllis Pedicelli, Selma Miller

OTTAWA CHAPTER

Dr. David Lau, Ottawa Chapter Co-Medical Adviser, is leaving Ottawa to take up the post as director, Julia McFarlane Diabetes Research Centre, University of Calgary. Dr. Lau is also president of the newly formed group 'Obesity Canada'. This group wants obesity treated and funded as a disease. The Ottawa chapter congratulates Dr. Lau on his new position.

TORONTO CHAPTER

Dr. William Singer, Endocrinologist at St. Michael's Hospital, addressed our public education meeting at Sunnybrook Health Science Centre on June 26th. His topic: *Diagnosis of Thyroid Disorders in Mid-life – The Importance of Periodic Screening* attracted a capacity attendance. Many specialists feel this is important for people to be aware of and discuss with their doctors. This was also the chapter's annual meeting and the slate of nominees presented to be elected were accepted.

The National AGM took place in Toronto, June 4-6, at the Ramada Inn. Margaret Hunter, President, co-ordinated Toronto volunteers who assisted in many areas to keep things running smoothly. Special thanks to our Saint John assistants, Irene Britton, National Secretary, for her valuable input and assistance and Past President Don McKelvie for a successful and entertaining auction.

Lottie Garfield, Liaison Community Education, did a presentation at the Jewish Family and Child Service for a self-help group of clients and staff to explain thyroid disease and the role of the Foundation. In the letter of appreciation from the social worker who organized the event a point was made that such information sessions can be very helpful to clients who too often passively accept physical illness without question. Organizations like the Thyroid Foundation can help such patients increase their awareness and motivation.

VANCOUVER CHAPTER

We have moved. Our new mailing address is:

Thyroid Foundation of Canada
Vancouver Area Chapter
Suite 187, 5525 West Boulevard
Vancouver, BC V6M 3W6

Telephone number unchanged:
(604) 266-0700

We are currently looking for more volunteers. If you would be interested please contact us at our new address so that we can contact you. Be sure to include your telephone number.

SUDBURY CHAPTER

The Sudbury Chapter has been given four paintings by Thomas Clydesdale to be used for fund raising.

Thomas Clydesdale Painting
L-R: Lois Lawrence, President of Sudbury Chapter and Venette Godbout , President of Saint John Chapter, display one of the four paintings donated by Thomas Clydesdale

Thomas Clydesdale

Thomas Clydesdale was born and educated in Toronto. In 1977-78 he taught night classes in basic art at Dubreuville for the Sault Ste. Marie College and in 1978 took two semesters in technique at the Ontario College of Art, Toronto. Following this, in 1981 Thomas took a course in animation at Sheridan College, Oakville. He worked for twenty years as a construction worker in the steel industry. Thomas is now semi-retired and is continuing to create wonderful works of art.

The Sudbury Chapter is most appreciative of this generous gift from the artist, which will be used to raise money for the chapter and the foundation.

The Sudbury Chapter would like to thank the following businesses for their generous donations to the 1999 Thyroid Foundation of Canada's AGM.

Darrel Cryderman, **Northern Consolidated Equipment Sales & Services Inc.**, Sudbury, ON

Rob Millar, **MAX Equipment Sales & Service Inc**., Sudbury, ON

Pat Cooney, **Bobb's T-Shirts**, Sudbury, ON

Bill Eastick, **Talbot Marketing**, Sudbury, ON

Mike Smith, **The Sudbury Star**, Sudbury, ON

Stephanie Orsino, **Northern Ontario Business Paper** Sudbury, ON

Your continued support of the Sudbury Chapter is greatly appreciated. Thank you once again for all your help.

1999-2000 Chapter Presidents – every one a volunteer

thyrobulletin is published four times a year: the first week of May (Spring), August (Summer), November (Autumn) and February (Winter).

Deadline for contributions for next issue (Autumn):

October 1, 1999

Contributions to / à:
Ed Antosz, Editor
973 Chilver Road
Windsor, ON N8Y 2K6

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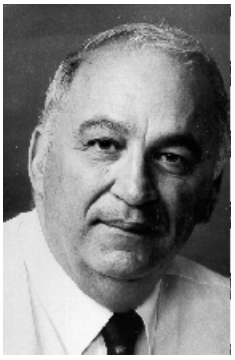
Le *thyrobulletin* est publié quatre fois par année, la premiere semaine de mai (printemps), août (été), novembre (automne) et février (hiver).

La date limite pour les articles pour le prochain numéro (automne):

le 1 octobre, 1999

Questions From Hamilton



Dr. Robert Volpé M.D., F.R.C.P. (C), M.A.C.P., Medical Adviser to the Foundation

At an education meeting held in Hamilton on 19 November 1998, time did not permit Dr. Hertzel Gerstein, the speaker, to answer all the questions posed by the audience. In our last issue (Volume 20, No.1) Dr. Robert Volpé answered many of these questions. Additional questions and answers are included below. The remaining questions will be answered in the next issue of thyrobulletin.

Hypothyroidism

Q1. Does the onset of menopause and the accompanying symptoms associated with menopause impact on hypothyroidism? To what extent?

A*. The menopause does not impact on hypothyroidism. However, as patients age there is an increasing incidence of hypothyroidism which is age related.*

Q2. I have no other medical condition other than hypothyroidism and cannot lose weight, although I have tried exercising (running and aerobics) and weight lifting to no avail. I was told that my TSH level must be between 1 and 2 in order to lose weight. Is this true? My level is 0.55.

A. *As long as TSH is anywhere within the normal range, it will have no impact on weight gain or loss. Once a person has gained weight, it is extremely difficult to lose it, whether hypothyroid or normal. Often this relates to body build.*

Q3. Can transient thyroiditis turn into permanent thyroid disease?

A. *Some kinds of thyroiditis will end up as permanent thyroid disease.*

Q4. Will high altitude hypoxia affect the thyroid function of a hypothyroid person?

A. High altitude hypoxia will not affect thyroid function of a hypothyroid person.

Q5. Why are palpitations out of sight with hypothyroidism?

A. *Palpitations are not the rule in hypothyroidism. If hypothyroidism is severe, the heart rate is usually slow.*

Q6. Can hypothyroidism cause sleeping at the wheel, hives and numbness of the limbs and 'charlie horse'? These symptoms stopped once I was on medication.

A. *Hypothyroidism can certainly cause somnolence, numbness of limbs, and severe musculoskeletal pains. These symptoms will disappear when patients are on thyroxine.*

Q7. With hypothyroidism, what creates daily windedness even after simple tasks such as moderate walking or ascending 3-4 steps? This shortness of breath limits activity. (Taking Eltroxin 100 mg)

A. *If a patient has been on an appropriate dosage of thyroxine for months or longer, then there is no effect of the initial hypothyroidism on shortness of breath. There must be other reasons for the shortness of breath in this individual.*

Q8. Hypothyroidism – does it make it painful to speak?

A. *Hypothyroidism does not cause pain when speaking.*

Q9. Is there a connection between hypothyroidism and iron deficiency?

A. *Very severe hypothyroidism can cause anaemia but not specifically iron deficiency. There is no connection between hypothyroidism and iron deficiency.*

Q10. Is there a connection between hypothyroidism and lymphoma of the thyroid?

A. *Lymphoma of the thyroid is a rare condition that usually emanates from Hashimoto's thyroiditis (with or without hypothyroidism). However, it should be emphasized that Hashimoto's thyroiditis is very common and lymphoma of the thyroid is very rare.*

Q11. Are you aware of a connection between underactive thyroid and the onset of tinnitus?

A. *Severe hypothyroidism can be associated with tinnitus.*

Q12. Is there any relationship between hypothyroidism and mitral valve prolapse?

A. *There is no relationship between hypothyroidism and mitral valve prolapse.*

Hyperthyroidism

Q1. Should all patients with hyperthyroidism be given pills before considering other options?

A. *It is certainly my own practice to administer antithyroid drugs as the first line of treatment for hyperthyroidism.*

Q2. What are the negative effects of radioactive iodine? Which is better radioactive iodine or surgery? When can you start exercising (with Graves' disease)?

A. *The most common negative effect of radioactive iodine is the high incidence of hypothyroidism that occurs. Also there may be a slight increased incidence of thyroid eye disease after radioactive iodine. Radioactive iodine is generally preferred over surgery, since there are few side effects, usually no pain, no reason for admission to hospital, and no post-surgical ill effects.*

When one has been treated for Graves' disease, one can start to exercise when thyroid function has returned to normal although the increase in exercise should be gradual.

Q3. Can radioactive iodine therapy for Graves' disease cause a worsening of the eyes?

A. *In a small percentage of patients, radioactive iodine does seem to aggravate the eye disease.*

con't page 16

Graves Disease con't from page 8

Beta-Blockers – No matter which of these three methods of treatment you have for your hyperthyroidism, your physician may, in addition, prescribe a beta-adrenergic blocking drug such as atenolol (Tenormin), nadolol (Corgard*)*, metoprolol (Lopresor*)* or propranlol (Inderal*)* to block the action of circulating thyroid hormone on your body tissues, slowing your heart rate and lessening your nervousness. These drugs may be extremely helpful in reducing symptoms until one of the other forms of treatment has had a chance to take effect. They are not used, however, in patients who have asthma or heart failure which may be worsened with these drugs. Also, diabetic patients taking insulin need to be careful, since the warning symptoms of low blood sugar may be lost while taking one of these beta-blocking drugs.

What Will be the Outcome of Treatment?

No matter how your hyperthyroidism is controlled, it is probable that you will experience hypothyroidism someday. This is because the natural history of the condition tends to lead towards hypothyroidism, probably due to low-grade inflammation (chronic thyroiditis) of your thyroid gland. Hypothyroidism will occur sooner if your thyroid has been disabled by radioactive iodine or partly removed in an operation. But, even if you are treated with antithyroid drugs alone, hypothyroidism can still occur.

Since the natural tendency is to progress toward hypothyroidism sometime after you have been hyperthyroid, every patient who has ever had hyperthyroidism due to Graves' disease should have blood tests once a year to measure thyroid function. Low thyroid hormone levels cause your pituitary gland to produce increased amounts of thyroid-stimulating hormone (TSH). Since a high TSH blood level is the most sensitive indicator of hypothyroidism, your annual thyroid evaluation should always include a TSH test. When hypothyroidism occurs, it can be simply and safely controlled by a thyroid hormone tablet taken once a day. Since the potency of generic thyroid tablets has in the past varied considerably, your physician will likely specify a brand name of thyroxine (T4) to treat your hypothyroidism.

Other Considerations

Hyperthyroidism due to Graves' disease is, in general, easily controlled and safely treated. Where complications occur, such as the associated eye disorders, an eye doctor's opinion may be extremely helpful. For the most part, however, the condition is neither difficult to diagnose or treat and the results of therapy are gratifying.

This article appeared in the Spring 1999 edition of the National Graves' Disease Foundation's publication NEWS and is reprinted here with the permission of that Foundation.

"The National Graves' Disease Foundation does not endorse any of the medications, treatments or products reported in this newsletter. This information is intended only to keep you informed. We strongly advise that you check any drugs or treatments mentioned with your physician."

Burlington-Hamilton

Tuesday 16 November 1999
7:30 pm – Literature display 7:00 pm.

Dr. Hertzel Gerstein, *Director Division of Endocrinology and Metabolism* McMaster University, Hamilton, ON

Topic:
When The Thyroid Is Not Doing Its Job – Problems and Solutions

Location:
Joseph Brant Memorial Hospital, Bodkin Auditorium, 1230 N. Shore Blvd., Burlington, ON. Free parking.
For more information call (905) 637-8387

Kingston Chapter

Tuesday 21 September 1999
7:30 pm
Speaker and Topic: *TBA*

Tuesday 19 October 1999
7:30 pm
Dr. Isaac Dwosh, Rheumatologist
Topic:
Arthritis in Patients with Thyroid Problems

Tuesday 16 November 1999
7:30 pm
Dr. Robyn Houlden, Endocrinologist
Topic:
Radioactive Iodine Treatment of Thyroid Disease

Tuesday 15 February 2000
7:30 pm
Dr. Katherine Kovacs, Endocrinologist
Topic:
Psychiatry and the Thyroid

Location:
Ongwanada Resource Centre
191 Portsmouth Ave., Kingston, ON
For information call: 613) 389-3691

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London Chapter

Tuesday 21 September 1999
7:30 pm.

Dr. M.W. Edmunds, MD, FRCPC, FACP, Endocrinologist, London Health Sciences, London Chapter, Medical Adviser

Topic: *Hypothyroidism*

Tuesday 16 November 1999
7:30 pm.

Dr. Thomas J. McDonald, Endocrinologist, University Hospital, Professor of Medicine

Topic: *Hyperthyroidism*

Location:
London Public Library, 305 Queens Avenue, London ON. Free admission, everyone welcome. For information call: (519) 642-7498

Montreal Chapter

We are now in the process of planning the fall-winter 1999-2000 schedule which is not available at the moment. For updated information please call our information line at (514) 482-5266

Ottawa Chapter

Tuesday 21 September 1999
7:30 pm

Dr. Phyllis Hierlihy, Endocrinologist,Ottawa Hospital

Topic:
Overview of Thyroid Diseases and Treatment

Location:
Auditorium, Ottawa Hospital, Civic Campus. All are welcome

Toronto Chapter

Public education meetings begin in October. The speakers and topics are to be announced. For more information call 1-416-398-6184

Vancouver Chapter

Tuesday 19 October 1999
7:00 pm.

Dr. David Kendler, Endocrinologist

Topic: *TBA*

Location:
TB Seal Auditorium, 806 West 10th Avenue, Vancouver BC. For information call: (604) 266-0700.

Questions From Hamilton con't from page 14

Q4. How common is it for adolescents to have hyperthyroidism and what causes it? Could it have been an undiagnosed condition that was thought to have been originally attention deficit and then bipolar disorder? Once a child is treated with radioactive iodine, is it likely their eyes will change?

A. *Hyperthyroidism due to Graves' disease is an autoimmune disease, and is due to an inherited disorder of the immune system. Adolescents certainly can develop Graves' disease and indeed Graves' disease can occur at any age. It is, of course, possible to make mistakes in diagnosis, and children and adolescents who are extemely nervous and high strung should have this condition considered. If a child is treated with radioactive iodine, it is possible that their eyes might change, although in most instances this does not occur.*

Q5. When the thyroid is completely destroyed by radioactive iodine does it have any effect on the parathyroid glands?

A. *It is remarkable that the parathyroid glands are almost never affected by radioactive iodine treatment for Graves' disease. There have been only a handful of cases reported throughout the world where the parathyroid glands seemed to have been affected.*

Thyroid Nodules & Cancer

Q1. Can fluctuations occur between under and over if you have nodules on the thyroid and are on medication?

A. *If you are on medication for a thyroid nodule, some fluctuations can occur although it is very unlikely that they would vary from under to over. Medication might tend to cause the thyroid function tests to be elevated.*

Q2. I have a large nodule and many small nodules on my thyroid (ultra sound). All thyroid tests are normal. If these continue to grow, I will be treated to suppress the nodules. Would my blood tests normally have shown something?

A. *While you may have many nodules in your thyroid, the main thyroid tissue may be able to function quite well and keep the blood tests within the normal limits. Thus there is no correlation between the size of the nodules and the function of the thyroid as reflected in these blood tests.*

Q3. After thyroid surgery, due to an enlarged thyroid gland – only one side removed – could the other side of the thyroid become overactive or have other problems?

A. *When one removes one lobe of the thyroid, the other lobe will generally enlarge to some degree to compensate. The thyroid does not become overactive and the function remains normal. However, the enlargement of the other lobe which remains occurs to compensate for the loss of the surgically removed side. This could form a nodule.*

Q4. Is there any relation between having chest x-rays as a child and cancer of the thyroid or hyperthyroidism?

A. *There is no correlation between having chest x-rays as a child and subsequent thyroid cancer.*

Q5. If a person (female) has had her entire thyroid removed (cancer) can she still experience hyperthyroid symptoms, i.e. nervousness, irritability, or even a

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Angela Peterson-Hatch & Sandy Hatch

Congratulations!

The Thyroid Foundation of Canada congratulates Angela Peterson-Hatch on her marriage to Sandy Hatch on May 22, 1999, at Grace United Church, Napanee. Angela is the Foundation's national office assistant whose sunny voice is your introduction when contacting the national office. Angela's duties include the processing of all memberships and donations. We wish her much happiness.

Questions From Hamilton
con't from page 16

complete personality change? Is it related to the level of thyroid hormone replacement a person is on.

A. *Even if the entire thyroid is removed, a person can experience symptoms suggestive of hyper-thyroidism with wide mood swings. This is not related to the thyroid actually or to the level of thyroid hormone or to the level of thyroxine replacement. It has to do with going through worrisome life events which throw off a person's equilibrium.*

Membership/Donation Form

Awareness ♥ Support ♥ Research

Membership runs for one or two years from the receipt of this membership application.
All members receive *thyrobulletin*, the Foundation's quarterly publication.

Yes!
I will support the Thyroid Foundation of Canada!

Membership Level	One Year	Two Year	
❑ Regular	$20.00	$35.00	$ _____
❑ Senior 65+	$15.00	$25.00	$ _____
❑ Student	$15.00	$25.00	$ _____
❑ Family	$25.00	$45.00	$ _____

Donations **(Circle Your Choice)**

Education & Services, Chapter Programs, National Research, Where Need is Greatest $ _____

Total: $ _____

I will be paying my membership/donation by:

❑ Personal Cheque (enclosed and payable to Thyroid Foundation of Canada) or,

❑ Visa or ❑ MC #: _____ Expiry Date: _____

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Tel: _____ Fax: _____ E-mail: _____

Language Preferred: ❑ English ❑ French

We accept your membership fees and/or donations by phone, fax or e-mail. All donations and membership fees qualify for a tax receipt. Please send your application and payment to:

THYROID FOUNDATION OF CANADA, 96 Mack Street, Kingston, Ontario K7L 1N9
Tel: 1 (800) 267-8822 or (613) 544-8364 • Fax: (613) 544-9731 • E-mail: thyroid@kos.net

Please Continue Your Support—We Need You!

International Symposium on Differentiated Thyroid Carcinoma

A Multidisciplinary Approach to Management

Wednesday, October 13, 1999

Hotel Holiday Inn,

420 Sherbrooke W, Montreal, QC, Canada

This event is offered to all professionals involved in the management and follow up of patients with differentiated thyroid carcinoma (endocrinologists, surgeons, pathologists, radiologists, and Nuclear Medicine specialists), with the following objectives: (1) to update the knowledge in pathogenesis, pathology, prognostic factors and diagnostic as well as therapeutic developments; (2) to emphasize and promote a multidisciplinary approach; (3) to try to reach consensus in controversial aspects of treatment and follow-up.

Organized by:

Endocrine Division, and the Ear Nose and Throat, Pathology and Radiology Departments of the Jewish General Hospital, McGill University, in cooperation with the McGill University Professional Development Office

Organizing Committee:

Leslie Alpert, M.D. (Pathology) Martin Black, M.D.(E.N.T.) Andrée Boucher, M.D. (Endocrinology, Univ. of Montreal) Merrille Pinsky, M.D. (Radiology) Bonnie Sidler, M.D. (Endocrinology) J. Enrique Silva, M.D. (Endocrinology, Chairman)

Guest Faculty:

Sylvia Asa, M.D., Ph.D., Professor, Department of Laboratory Medicine and Pathobiology University of Toronto; Department of Pathology and Laboratory Medicine, Mount Sinai Hospital, Toronto. Lewis E. Braverman, M.D., Visiting Professor, Harvard Medical School; Senior Physician, Brigham and Women's Hospital, Boston, MA. James A. Fagin, M.D. Heady Professor of Medicine and Cell Biology, Director Division of Endocrinology and Metabolism, University of Cincinnati College of Medicine, Cincinnati, OH Ernest L. Mazzaferri, M.D., Professor of Medicine, Ohio State University, Columbus, OH Michel Picard, M.D., Associate Professor of Radiology, University of Montreal; Department of Nuclear Medicine, St. Luc Hospital, Montreal, QC, Canada. Carole A. Spencer, Ph.D, M.T. Professor, Department of Medicine, University of Southern California, Los Angeles, CA. Franklin Tessler, M.D. Associate Professor of Radiology, Albany Medical College; Department of Radiology, Division of Abdominal Imaging and Ultrasound, Albany Medical Center, Albany, NY.

McGill Faculty:

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Martin Black, M.D., Associate Professor, Departments of Otolaryngology and Oncology, and Director of McGill Head and Neck Surgical Oncology, McGill University; Surgeon-in-Chief, Jewish General Hospital J. Enrique Silva, M.D., Professor Departments of Medicine and Physiology; Director Division of Endocrinology and Metabolism, Jewish General Hospital Michael Tamilia, M.D., Assistant Professor of Medicine, Division of Endocrinology and Metabolism, Jewish General Hospital

Please address all questions regarding the content and technical aspects of the meeting to:

Dr. J. Enrique Silva
email: mdsi@musica.mcgill.ca
fax: (514) 340-7529

Questions regarding the meeting venue, registration, accommodations, arrangements, etc. to:

Joanne Kaplo
email: jkaplo@med.mcgill.ca
fax: (514) 398-2231

Highlights of the 1999 AGM

At the AGM
Arliss Beardmore, *National President,*
presented a Certificate of Appreciation from the Foundation
to **Karl E. Benne**, *Senior Consultant,*
Support to the Voluntary Health Sector, Health Canada.

Health Canada funding launched the
Thyroid Assessment Questionnaire (TAQ).
The TAQ is now available in English and French
from the National Office and local chapters across Canada.

Margaret Hunter, President, and members of the Toronto Chapter welcomed delegates to Toronto, Ontario – site of the 1999 AGM weekend.

Board of Directors (June 4)
- Arliss Beardmore, National President, reported on the upcoming distribution of the Thyroid Assessment Questionnaire (TAQ) to pharmacies and physicians across Canada.
- Annual reports for the year ended March 31, 1999 and verbal highlights of reports were presented.

Workshop (June 4)
- Barry Ashpole, Communications Consultant, gave an interesting seminar on *Organizing & Promoting a Public Health Forum* and presented a manual to delegates for follow up. Barry then answered questions from the floor.
- Arliss Beardmore, National President, presented Certificates of Appreciation to Barry Ashpole and to Conn Letterio, accepting on behalf of Mahen Gundecha, of Knoll Pharma, for their assistance and support to the Thyroid Foundation of Canada.

Annual General Meeting (June 5)
- Arliss Beardmore welcomed everyone to the 1999 AGM.
- Greetings from Diana Abramsky, Founder of the Thyroid Foundation of Canada/La Fondation canadienne de la Thyroïde, were read by Margaret Burdsall, President of the Kingston Area Chapter. Diana recounted 19 years of milestones of the Foundation.
- The formalities having been observed (e.g. approval of agenda, minutes of last AGM, appointment of positions) the election of Officers, and Members-at-Large took place. The new slate of Officers, Members-at-Large, Chapter Presidents and Area Contacts for the ensuing year was presented.

Notable Motions
- The Guidelines and Procedures Manual was approved for use by National Office and Chapters.
- Funding for Research was approved.
- A two-year membership fee schedule was approved.

Working Lunch
- Chapter Presidents presented their annual reports and gave brief verbal highlights.
- The Millennium AGM will be held from June 9 to 11, 2000, at the Donald Gordon Centre in Kingston, Ontario, to commemorate the 20th Anniversary of the Thyroid Foundation of Canada.

New Board of Directors (June 5)
- Keith Attoe, in Treasurer Allan Cruikshank's absence, outlined the proposed budget for the year April 1, 1999 to March 31, 2000.
- Rita Wales, Liaison Medical Research presented her report including the particulars of the 1999 Research Fellowship and Summer Student Scholarship awards.
- The Board approved a number of motions presented by members of the Board of Directors.

Auction Night at TFC
- Following dinner, Dr. Robert Volpé, National Medical Adviser briefly addressed the delegates.
- Auctioneer Don McKelvie, National Past President assisted by Keith Attoe, newly elected Vice-President, Publicity & Fundraising, provided fun and entertainment for the gathering during the auction of articles donated by delegates from across the country. Over $900 was raised for the Toronto Chapter.

History in Photographs
Phyllis Mackey, Archivist and Charter Member of the Foundation, photographed the story of the 1999 AGM weekend in her usual efficient and professional manner.

Thanks to Margaret Hunter, Lottie and Ellen Garfield and the members of the Toronto Chapter for their hospitality!!!!! Well Done!

Thanks to Katherine Keen and Angela Peterson-Hatch, national office staff, for their assistance in putting it all together!!!

Irene Britton, National Secretary

National Office/Bureau national

Staff/équipé

Katherine Keen, National Office Co-ordinator/Co-ordinatrice du bureau national
Angela Peterson-Hatch, Office Assistant/Assistante du bureau

Office Hours/ Heures du bureau

Tues.- Fri., 9:00 am - 12:00 pm/1:00 pm - 4:30 pm • Mardi à vendredi, 9h00 à 12h00/13h00 à 16h30
Tel: (613) 544-8364 / (800) 267-8822 • **Fax:** (613) 544-9731 • **Email:** thyroid@kos.net
Internet: http://home.ican.net/~thyroid/Canada.html

Chapter & Area Contacts/Liaisons pour les divisions et districts

BRITISH COLUMBIA/COLOMBIE-BRITANNIQUE

Cowichan	Victoria Oldnall	(250) 246-4021
Vancouver	Jacquie Huntington	(604) 266-0700
Victoria *	Lilias Wilson	(250) 592-1848

ALBERTA

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Edmonton	Muriel Winter	(780) 476-3787

SASKATCHEWAN

Saskatoon	Olive Buck	(306) 382-1492

MANITOBA

Winnipeg	Enid Whalley	(204) 489-8749

ONTARIO

Belleville*	Hilda Thompson	(613) 966-7460
Burlington/ Hamilton*	Arlene Simpson	(905) 637-8387
Kingston	Margaret Burdsall	(613) 389-3691
Kitchener/ Waterloo	Cassandra Howarth	(519) 884-6423
London	Barbara Cobbe	(519) 649-5478
Ottawa	Nora Hockin	(613) 729-9089
Petawawa/ Pembroke	Liz Moss	(613) 732-1416
Sudbury	Lois Lawrence	(705) 671-1306
Thunder Bay	Susan Pagnotta	(807) 625-1419
Toronto	Margaret Hunter	(416) 398-6184

QUEBEC/QUÉBEC

Montréal	Sharon Goodman	(514) 482-5266

NEW BRUNSWICK/NOUVEAU BRUNSWICK

Fredericton/ Oromocto*	Colleen Smith	(506) 488-1081
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Moncton	Bob Comeau	(506) 855-7462
Saint John	Venette Godbout	(506) 633-5920

NOVA SCOTIA/NOUVELLE ÉCOSSE

Halifax	Phyllis Payzant	(902) 477-6606

PRINCE EDWARD ISLAND/ÎLE-DU-PRINCE ÉDOUARD

Charlottetown	Nancy Sellick	(902) 566-1259

NEWFOUNDLAND/TERRE NEUVE

Avalon/ St. John's	Dorothy Barrett	(709) 726-9181
Gander	Marilyn Anthony	(709) 256-7687
Marystown	Shirley Penny	(709) 279-2499

** Area Contacts/Contacts régionaux*

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde
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Kingston, ON K7L 1N9

Has your membership expired? See Page 17

Awareness • Support • Research ♥ *Éclaircissement • Soutien • Recherche*