Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

Volume 20, No. 4 Winter 2000

Hypothyroidism in pregnancy and the potential effects on the baby's intellectual development

by
David S. Cooper, MD, FACP

Whenever a woman finds out that she is pregnant, she and her partner naturally desire the pregnancy to be a successful one and for the child to be as healthy as possible. In most cases, everything that can be done to assure a good outcome will be done, including regular doctor visits, good nutrition, avoidance of alcohol, tobacco and unnecessary medications, and screening for diabetes and other diseases that could affect the baby's health. Until recently, checking routinely (screening) for possible thyroid problems was not considered important in pregnant women, unless they had the typical symptoms of hypothyroidism or hyperthyroidism.

The reason that doctors haven't been screening for thyroid problems in pregnant women stems from old research studies that concluded that thyroid hormone from the mother did not cross the placenta in amounts that were large enough to have any effect on the baby. Consequently, it was also thought that whether a woman's thyroid was functioning normally or not would have little impact on the baby's development.

Studies done in the 1960s did suggest the possibility that women who were hypothyroid might have a higher chance of giving birth to children whose IQ was lower than children of women with normal thyroid function. However, these observations were dismissed by many skeptics, because thyroid function in pregnant women was difficult to measure back in those days, and because of the prevailing thought that thyroid hormones didn't cross the placenta to any significant degree.

It is now known that some thyroid hormone does cross the placenta. Furthermore, even the small amount of maternal hormone that gets through to the developing fetus is probably important, especially during the first trimester, before the fetus has developed its own thyroid gland. In fact, it is during this crucial 12-week period that the baby's brain starts to develop.

New study, new results

A recent article in the *New England Journal of Medicine* has provided much-needed information on the relationship between the mother's thyroid function and the baby's long-term intellectual development. The study was done by Dr. James Haddow and conducted by a group of investigators in Maine, New Hampshire, and Massachusetts.

Women's blood, which had been drawn and then frozen during a prior pregnancy between 1987 and 1990, was thawed out and analyzed for hypothyroidism by measuring the TSH level in the stored blood sample. The investigators then tracked down 62 women whose thyroid tests showed that they had been hypothyroid during their pregnancy 9-11 years earlier. In most cases the women had not been aware of any thyroid disease at the time.

Using a battery of sophisticated tests, the intellectual development of their children (now an average of 8 years old) was compared to that of 124 children born to mothers whose thyroid function had been normal during the same period.

The investigators found that, on average, the children born to the hypothyroid mothers performed less well on a variety of tests of intellectual function, and had an average IQ that was 7 points lower than that of the control children. The authors concluded that 'systematic screening for hypothyroidism early in pregnancy may be worthwhile...'

Response by medical organizations

Following the publication of this study, many professional organizations provided their own views on how the results should be interpreted. One thing on which all

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President's message

Arliss Beardmore, National President

It was the best of times, it was the worst of times. Living through the transition from 1999 to 2000 has been an interesting experience. Most of the predictions of chaos and catastrophe have not materialized. This is to the credit of those who have worked long and hard to pave a smooth path through all the potential computer glitches that might have caused us problems.

The Thyroid Foundation had to make some significant changes to ensure Y2K readiness for its members in twenty-two chapters spanning 5,000 kilometres from coast to coast.

Volunteers working for the Foundation, just like individuals working in the private sector, had to consider the impact of Y2K not just on the computers, but on all the business aspects of the Foundation's operation. Preparing for the future, by taking measures to ensure the Foundation was protected, was more expensive than originally estimated.

Our computer system, both hardware and software, required updating. Although many potential Y2K issues facing non-profit organizations are similar to those experienced by businesses, the voluntary sector also faces some unique situations. Software to meet our membership and database requirements is highly specialized. The computer software the Foundation uses for our membership system required a costly update. The added expense, however, was unavoidable.

I know that the financial health of the Foundation is of serious concern to us all, and any situation or circumstance that diverts the resources of the Foundation from the primary goal of working on behalf of thyroid patients must be dealt with as quickly as possible.

I'd like to take this opportunity to ask you for your personal financial support. We need to raise funds to cover the necessary expenses that have allowed the Foundation to move into the year 2000 and beyond.

Help us to meet this once-in-a-millennium challenge by adding a donation when renewing your membership. If you have already renewed, you can still use the Membership/Donation Form on page 15 of this issue of *thyrobulletin* to make a special donation for Y2K.

Please be generous!! Thank you.

Arliss Beardmore
National President

ESTATE PLANNING
Will You Do It Now?

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?

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 October 1999 winner was:
Hildegarde Lupke
London, Ontario
who chose
"Your Thyroid: A Home Reference"
Wood, Cooper and Ridgway

Our November 1999 winner was:
John Koroluk
Saskatoon, Saskatchewan
who chose
"Your Thyroid: A Home Reference"
Wood, Cooper and Ridgway

Our December 1999 winner was:
Mary Vandoodeward
St. Thomas, Ontario
who chose
"The Thyroid Sourcebook"
M. Sara Rosenthal

A Smile

Smiling is infectious, you catch it like the flu

When someone smiled at me today, I started smiling too.

I passed around the corner and someone saw my grin

When he smiled I realized I passed it on to him.

I thought about that smile and realized its worth

A single smile just like mine could travel round the earth.

So if you feel a smile begin, don't leave it undetected

Let's start an epidemic quick and get the world infected!

'Friendship' Quilt Raffle

As a project to raise money for the National Education & Services Fund, Kingston Area Chapter has volunteered to conduct the raffle for the 'Friendship' quilt made from material donated by chapters across Canada.

1st prize:
Friendship Quilt, double sided

Quilt made by Mabel Miller and friends, Gander, Newfoundland

2nd prize:
$300.00

3rd prize:
$200.00

Tickets: $2.00 each or 3 for $5.00

The draw will take place

Saturday, 3 June 2000

during the AGM weekend in Kingston. Let us make this project a resounding success!

For information and tickets contact your local chapter

or

Kingston Chapter
Thyroid Foundation
Pharma Plus P.O. Box 35014
1092 Princess Street
Kingston ON K7L 1H2

Tel/Fax: (613) 389-3691

Hypothyroidism in pregnancy and the potential effects on the baby's intellectual development . . . con't from page 1

groups agreed is the need for any pregnant woman found to be hypothyroid to be treated as soon as possible with thyroid hormone.

The American Thyroid Association and The Endocrine Society both called for more research to confirm the observations of Dr. Haddow and his colleagues. Taking issue with the authors of the study, neither group recommended screening of all women for hypothyroidism during pregnancy, but suggested women of childbearing age who are planning a pregnancy and who have a personal or family history of thyroid disease should be screened, since they are at higher risk of having a thyroid problem. Both professional societies felt that mass screening for thyroid disease was unwise: first, the study, while provocative, has not been confirmed, and second, although the costs of screening the entire female population are unknown, they are likely to be considerable.

Dr. Lawrence C. Wood of The Thyroid Foundation of America agreed and also suggested that women at high risk be tested before they become pregnant, but did not recommend universal screening.

Iodine deficiency?

Similar views were expressed by Dr. Robert Utiger in an editorial to the *New England Journal of Medicine* that accompanied the paper by Dr. Haddow and his associates. He also raised the idea that some of the hypothyroidism that occurs in pregnancy may be due to iodine deficiency. Although the United States is not considered to be an iodine deficient area of the world, a recent nutritional survey of the population showed that 15% of women of childbearing age were iodine deficient. Dr. Utiger recommended that measures be implemented to guarantee that all people, and especially young women, have an adequate iodine intake. One way to do this would be to ensure that vitamins, especially prenatal vitamins, contain iodine.

What you can do

If you are pregnant or thinking about becoming pregnant, you should discuss the possibility of thyroid testing with your doctor. A family history of thyroid disease, or a personal or family history of other conditions known to be associated with thyroid disease such as prematurely gray hair, vitiligo (white patches on the skin), and the 'juvenile' type of diabetes, should prompt testing. Similarly, if you have symptoms of fatigue, heat or cold intolerance, weight loss or gain, menstrual irregularity, problems with energy or sleep, or other thyroid-related symptoms, testing for thyroid disease would be appropriate.

You should also be sure that if you are taking multivitamins or prenatal vitamins, they contain 150 micrograms (mcg) of iodine in each capsule; this is the recommended daily iodine requirement. Do not overdo it, since too much can be as bad as too little.

It is our hope that your child and all future children will grow up to achieve their full intellectual potential. A better understanding of how thyroid problems affect pregnancy will help to achieve this goal.

Dr. David S. Cooper is Professor of Medicine at Johns Hopkins University School of Medicine, and Director, Division of Endocrinology and Metabolism at Sinai Hospital of Baltimore, Maryland. Reprinted with permission from The Bridge, publication of The Thyroid Foundation of America. This is a follow-up to the cover story The Endocrine Society, thyrobulletin, Volume 20, No. 3, Autumn 1999

Please note: Health Guide # 8, *Thyroid Disease, Pregnancy & Fertility*, has been revised to reflect recent research findings as outlined in the letter from The Endocrine Society. Copies are available from your area chapter or the Thyroid Foundation of Canada's national office.

Best wishes to our members for the new millennium!! Thank you for your continued support.

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

Founded in/Fondée à Kingston, Ontario, in 1980

Patron

Diana Meltzer Abramsky, CM, BA

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Legal Adviser – *LouAnn Chiasson, BA, LLB*
Medical Adviser – *Robert Volpé, MD, FRCPC, MACP*

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Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

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

La date limite pour les articles pour le prochain numéro: le 15 mars, 2000

Contributions to/à – Editor/Rédacteur: Ed Antosz
973 Chilver Road, Windsor ON N8Y 2K6
Fax: (519) 971-3694
E-mail: eantosz@uwindsor.ca

NOTICE TO ALL MEMBERS

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

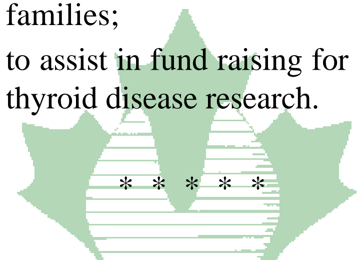
Please use the **Membership/Donation Form** in *thyrobulletin*.

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.



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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.

Chapter news

Burlington-Hamilton

A very successful public education meeting was held, Tuesday 30 November at the Joseph Brant Memorial Hospital, Burlington with 107 in attendance. The meeting was chaired by Arlene Simpson, Dr. Hertzel Gerstein was the speaker. Joan DeVille, VP Chapter Development brought greetings from the Foundation. Cassandra Howarth, President Kitchener-Waterloo (K/W) chapter and Derek DeVille a member of the K/W board brought greetings from their chapter. Educational displays from the Thyroid Foundation, Knoll Pharma Inc. and St. Joseph's Health Centre in Hamilton were available before and after the meeting. Many thanks to Knoll Pharma Inc. for providing the refreshments and to Judith Purdell-Lewis (St. Joseph's Health Centre) for her support.

Calgary Area Chapter

Tuesday 19 October 1999 we had our first display of thyroid materials at the Co-op Pharmacy in Shawnessy Centre. Saturday 13 November 1999 our chapter enjoyed Dr. Norman Wong's talk entitled *Hypothyroidism and pregnancy.* Several members donated prizes for our raffle.

Calgary chapter pharmacy display l-r: Robert Riegel, phamacist, Marlene Depledge, chapter president, Irene Peltier, chapter education

Fredericton/Oromocto

An education meeting was held on Monday 17 January 2000 in Room 329, D'Avray Hall, University of New Brunswick, Fredericton Campus. Guest speaker was Dr. Dornan, Endocrinologist/Internist of Saint John NB. For information regarding activities call Colleen Smith: 506-455-6896.

Kingston Area Chapter

Kingston Chapter held three education meetings in the fall of 1999, staffed two mall displays, and participated in a Health Fair at St. Lawrence College. Phyllis Mackey coordinated a fund-raising event, selling Christmas tree decorations, that raised over $500 for the chapter.

London Area Chapter

Important: London chapter members!! Watch for upcoming fund-raising events in year 2000**.**

Montreal Area Chapter

A public education meeting was held at the Montreal General Hospital, 17 November 1999. The evening included a video on thyroid disease, followed by an informal discussion and sharing of experiences over coffee. It was a learning experience for all who participated.

Ottawa Area Chapter

A public education meeting was held in Hull Quebec, 25 November 1999 with some 200 people in attendance. For more details see the article "French language TAQ" on page 11.

Toronto Area Chapter

The chapter continues to respond to requests for material and information. Laura Mandryk, Education Chairperson attends to the many requests on our busy help-line. The chapter requires more volunteers to attend to many of the necessary tasks.

Community Education Liaison, Lottie Garfield is presently arranging with several organizations to participate in a number of community outreach programs in the Greater Toronto Area.

For information about activities and our education meetings call: 416-398-6184.

Thunder Bay Area Chapter

Thunder Bay Chapter is seeking new members and volunteers. Please call our information line if you or anybody you know is interested in helping. The number is 807-625-1419.

Letter to the editor

Many thanks for the wonderful write-up the Thyroid Foundation of Canada has given *Thyroid Australia* in the latest *thyrobulletin,* (Volume 20, No. 3, Autumn 1999). We are touched and humbled.

Once again, what a great newsletter.

Best wishes,
Megan Stevens, Thyroid Australia

Can you help?

Thyroid Australia has been asked by Professor Jim Stockigt to seek out and provide thyroid patient information in languages other than English – particularly in Chinese, Greek, Italian, Russian, and Vietnamese.

Do you know of such material, or do you know any medical professionals who speak these languages who might be interested in writing or translating the relevant material for us?

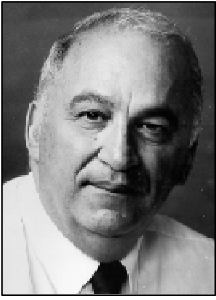
This will not only help Australians who speak these languages, but also thyroid patients in these countries and elsewhere. Please contact Megan Stevens at:

Thyroid Australia
P.O. Box 2575
Fitzroy Delivery Centre
Melbourne VIC 3065 Australia

Tel: (03) 9561 2482

Fax: (03) 9561 4798

E-mail: aalunste@bigpond.net.au



Letters to the doctor

Robert Volpé, MD, FRCPC, MACP, Medical Adviser to the Foundation

I recently had a miscarriage, after becoming pregnant with my first child. I am 32 and have been taking Synthroid for seven years after being diagnosed with Hashimoto's thyroiditis in 1992.

Is there any link between thyroid disease and miscarriage? I had my levels checked just prior to getting pregnant and they were fine. Should my dosage be increased in the first few months of pregnancy?

How often in pregnancy should thyroid levels be checked?

Susan Koch, Braeside, ON

The question here is whether Synthroid could be responsible for a miscarriage or can thyroid disease cause miscarriages.

The answer is that ***untreated*** *thyroid disease can be responsible for miscarriages. The most common would be Graves' disease with hyperthyroidism, but severe hypothyroidism might also do the same thing. However, if a patient was being treated with thyroxine, and the levels of thyroid hormone were normal, then there would be no relationship whatever between her thyroid status, her thyroxine dosage, and the miscarriage.*

During pregnancy, the needs for thyroxine often do rise and it is often necessary to increase the dosage of thyroxine. Thus it is important to monitor tests of thyroid function on a monthly basis during pregnancy and adjust the dosage of thyroxine accordingly.

I am hypothyroid. I have been on pills for ten years now. My levels are in the normal range at the moment. I find I get chilled very easily. If I have been swimming in cool water, if the day is cold with a brisk wind or if I get my feet wet on a slushy winter's day I get chilled. I am not able to warm up unless I have several layers of clothes or get into bed with an electric blanket.

Is not being able to warm up related to my thyroid condition?

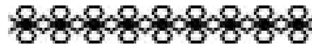
Margaret Isaac

This person is requesting information regarding her response to cold water or cold weather at which times she becomes chilled and finds it difficult to warm up.

Since her thyroid function levels are normal, this is ***not*** *responsible for her symptoms. That is, her thyroid condition is being well treated, and once it is well treated and thyroid functions are normal, then no symptoms can ensue from this.*

However, many people, particularly women, do have similar complaints. These complaints are due to contraction of the small blood vessels in the skin in response to cold, such that not enough blood is getting to the skin.

It is important for such people to be warm at all times, and not allow themselves to become chilled.



My doctor has recently diagnosed me as being hypothyroid. I have a question that I'm sure many other people have. I haven't seen it addressed anywhere though so I am hoping you can discuss it on your site.

If a person is diagnosed as borderline hypothyroid, is there anything he/she can do to alter the hormone level without taking medication? For example, with a healthy diet and exercise etc., can the thyroid levels naturally be corrected?

Myrna Colwill, Vancouver, BC

She is asking whether there is anything a patient can do to alter the thyroid hormone levels without taking medication after being diagnosed as borderline hypothyroid.

The answer is that there is not much that one can do. This has no relationship to diet or exercise nor any other similar activity. The damage to the thyroid is from an auto-immune process in almost all cases, whereby the immune system produces antibodies and thyroid tissue damage over time.

However, the immune system in turn is impacted by many environmental factors including stress, infection, trauma, smoking, drugs, etc. Aging is particularly important as well. Thus it is possible that if a person were able to avoid stress, not smoke and avoid all of the other environmental factors, it may be possible to prevent or delay the onset of the auto-immune process.

On the other hand it is far easier merely to take thyroid hormone as a replacement for what the thyroid is unable to produce and this makes up completely for its lack.

In an article on 'a sluggish thyroid' in a publication put out by Julian Whitaker, MD *Health and Healing*, October 1999, Vol.9 # 10, it is recommended that people 'choose natural thyroid, not synthetic'. What are the Thyroid Foundation's thoughts on this information?

Sylvia Barmettler

Most conventional endocrinologists, including myself, prescribe synthetic l-Thyroxine, since it has a longer shelf life and is more readily measurable in the blood as thyroxine. Desiccated thyroid is also effective, but is assayed on the amount of iodine in the tablet and not on the actual amount of thyroid hormone within the tablet. Thus we cannot depend on the assays so precisely. It is for this reason that we prefer the synthetic hormone.

Synthetic hormone (or any thyroxine) breaks down to triiodothyronine (T3). Thus we can readily set a dosage of synthetic thyroxine which will deliver a ***normal*** *amount of T3 to the body. When we give physiological replacement doses of thyroxine, we aim for normalized values for TSH, free thyroxine and free triiodothyronine. That is, all tests must be normal. When this is the case the body tissues are obviously receiving the right amount of thyroid hormone.*

In a sense there is no advantage to using natural thyroid versus synthetic thyroxine.

Clinical studies have not shown that treatment with the gamut of thyroid hormones results in more dramatic improvement than treatment with isolated thyroxine. The author referred to one study which has many defects, published in the February issue of the New England Journal of Medicine. Many people have criticized this in terms of the duration of the study and other factors and this study awaits verification and may not be true.

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Letters to the doctor . . . con't from page 6

Another matter raised by this author is suspect. That is, if you have normal thyroid function tests, including a normal TSH, then your thyroid function is truly normal. In that instance, a basal body temperature cannot be helpful. In these two regards, this article by Dr. Julian Whitaker is misleading. (Incidentally, Dr. Whitaker is not a member of the American Thyroid Association.) In summary, there is no advantage to using natural thyroid versus synthetic thyroxine, and for the reasons cited above, I prefer synthetic thyroxine.

I have been trying to gather more information on Hashitoxicosis. I have had an average problem with hypothyroidism since 1991, but it has been well controlled with Synthroid.

In 1996 the situation took a odd turn. My TSH tests came back slightly higher (7.0-10.0) than the normal high range of 5.0. When Synthroid was added to lower the TSH I became hyperthyroid and couldn't continue the higher dose of Synthroid.

Armour thyroid (natural thyroid) was then tried over four months, but again I couldn't take the extra stress of hyperthyroid symptoms. Also going back to Synthroid (.125 mg per day) after the Armour thyroid, my TSH tests ran very high (30.0-100.0). This continues.

Over the past years I have been in the odd situation of being told to increase my Synthroid to lower the TSH, but not being able to handle the extreme side effects of hyperthyroidism. A 'catch 22' that no one has explained or solved.

When I read Sara Rosenthal's, *The Thyroid Source Book*, the short paragraph on Hashitoxicosis practically hit the nail on the head. But, I have been unable to find any more information on it. I have also tried to contact Sara Rosenthal to find out her sources of information. I was hoping that you might be able to help me with people who are doing research on Hashitoxicosis, or of any article or books that have been published.

For years now, I have had doctors say that they "can't find me in the books", or I am "one of a kind". When I saw Sara Rosenthal's single paragraph, it gave me hope that there could be an answer to my situation.

If there is anything you can do to help me with information, I would greatly appreciate it.

Michael J. Williams,
Charlestown, Rhode Island, U.S.A.

It should not be very difficult to change your dosage of Synthroid to normalize your thyroid function. I do not quite understand why your TSH went so very high, to 30-100 mu/l, when you went back to Synthroid 0.125 mg daily. If you took the Synthroid for several weeks and your levels of TSH were as high as those you mentioned, then you actually need a slightly increased dosage.

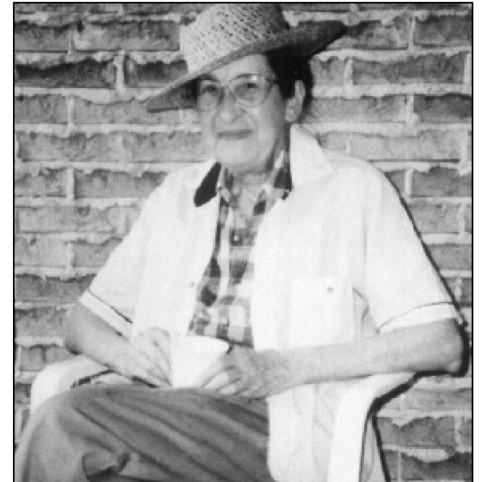
This will not make you hyperthyroid. If your levels of TSH are normal, your levels of thyroid hormone will likewise be normal. This may take time to adjust, but I have never had a patient in whom there was that much difficulty in making the adjustments.

The term 'Hashitoxicosis' is meant to refer to patients who have both Graves' disease and Hashimoto's thyroiditis. However, the thyroid ***status*** *will depend on how much thyroid tissue there actually is, and how much has been destroyed by the Hashimoto's component. Most patients with this condition can either be hyperthyroid, euthyroid or hypothyroid. The treatment of this condition depends on the thyroid status, not on the original diagnosis. Thus, if the patient is hyperthyroid, we treat them with something designed to suppress the overactive thyroid. On the other hand, if thyroid function is low, we treat that patient with thyroxine, just as you are taking yourself. Since your TSH has been very high, it is clear you are truly hypothyroid, and do require life long thyroxine therapy. Once again, the idea is to normalize TSH as well as the free thyroxine and triiodothyronine values, such that your tissues are receiving exactly the right amount of thyroid hormone. If that is the case, you cannot be hyperthyroid from the medication.*

It might be suggested you see an endocrinologist, preferably an academic endocrinologist at the nearest medical school. I hope that this problem will be resolved for you.

My thyroid story

by
Lucille Kershaw



Lucille Kershaw

Most of my life has been spent in Toronto. I was always tired with no "pep", however I made myself do things. For instance, I won the W. W. Hiltz cup for the highest matriculation standing and always managed to work. I spent many years trying all sorts of medications as the doctors and I learned more and more. At one time I took calcium Sandoz - like an alka-seltzer tablet. Within several months the doctor noticed that my blood pressure was very high. Through my own detective work I discovered that my daily dose of calcium Sandoz contained 950 mg of salt, whereas Caltrate 600 contained only 3 mg of salt. After a few weeks on Caltrate my high blood pressure disappeared.

I met and married Joe, my husband of 50 years at the time of his death. Following my marriage a fainting spell on the street sent me to a doctor who tried to discover the cause. After a few weeks he was about to give up when, during a visit to his office as I turned my head, the doctor noticed something. Following some tests and x-rays a malignancy of the thyroid was discovered, resulting in immediate surgery for its removal. The doctor tried several medications following surgery and finally settled on what I have taken for 55 years; Levothyroxine 0.1 mg/day, Vitamin D 50,000 IU/day, Paramette +50 1/day, Caltrate 600 3 or 4/day.

Five years after my surgery I decided

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The Right Honourable Roméo LeBlanc   Le très honorable Roméo LeBlanc

October 26, 1999

Dear Ms. Abramsky.

It was very thoughtful of you to write to convey your good wishes further to the announcement of my retirement as Governor General of Canada. I sincerely appreciate your kind comments.

This position has offered a wonderful opportunity to serve Canada and Canadians, and to get to know our great country and its generous citizens better. Diana and I have appreciated the support that we received over the years.

I offer you and the members of the Thyroid Foundation of Canada my sincere wishes for happiness and continued success.

Sincerely,

Roméo LeBlanc

Roméo LeBlanc

Ms. Diana Hains Meltzer Abramsky, C.M., B.A.
Thyroid Foundation of Canada
96 Mack Street
Kingston, Ontario
K7L 1N9

P.O. Box/c.p. 1993, Shediac, N.-B., E0A 3G0

My thyroid story . . . con't from page 7

to become a chartered accountant. I worked as a bookkeeper, studied at night and on weekends for eight years and attained my CA in September 1965. I was hired by the Department of Revenue (Ontario) as a Tax Auditor, then raised to Appeals Officer, Supervisor of Tax Auditors and Treasurer of United Way (Ontario employees). I retired in 1983 and, since then, have lived in Lindsay.

When my husband died I was mad at God and decided to get even by not taking ANY of my medicines. Three-and-a-half months later with no warning, while visiting a friend in hospital, I fell flat on my face. Being in a hospital I was given immediate attention and a doctor who specialized in thyroid disease, noticing the absence of my thyroid gland, knew what to do. Four-and-a-half days later I woke up and a few weeks later was able to leave hospital. Ever since I have made sure I did everything I should. Although I always feel sleepy and slow, my "pep" and lively way are due to my determination.

I made a decision recently to live in a seniors' residence, a beautiful place where I can go and come as I please but with nurses and doctors immediately available.

A couple of years ago I wrote to the Thyroid Foundation requesting letters from anyone who had both the thyroid and parathyroids removed, as happened with my own surgery. Only one person from Sudbury replied and we are still writing to each other.

I will definitely answer any and all letters to me.

Lucille E. Kershaw, CA (née Bubar)
140 William Street North, Rm 206
Lindsay, Ontario K9V 5R4

Comments from our members

I am very impressed with the new brochure "Concerned about your thyroid?" I hope it will find its way into pharmacies. It should be very helpful.

London, Ontario

I heard of you through a small pamphlet in a drug store. Hyperthyroidism found this past summer after massive weight loss and every symptom noted on the chart. Blood tests weekly, gradually improving. Thank you again for existing. I feel I have an ally now. Keep me informed.

Hamilton, Ontario

Thank you very much for the information pamphlets about THYROID. It truly is good reading. "Just the Facts" has told me more than the specialist and family doctor combined. Please find enclosed a cheque for a senior membership and a five dollar donation. I bought a book – paperback –called *Your Thyroid – a Home Reference* by Lawrence C. Wood MD. I read a couple of books from our library but I think this one is where I found your address. It is a good book and I would highly recommend it for patients.

Chilliwack, British Columbia

Coming events

Free admission – everyone welcome

Avalon Area Chapter

Location: Theatre "B", Health Science Centre, St. John's, Newfoundland.
Free parking on Lot 9.

- Wednesday 15 March 2000: 8:00 pm **Dr. J. Curtis**, Pediatrics. Topic *Thyroid Disease In Children*

For information call (709) 726-9181

Burlington-Hamilton

Location: Joseph Brant Memorial Hospital, Bodkin Auditorium, 1230 North shore Blvd., Burlington

- March 2000: Date and speaker TBA
- Monday 15 May 2000: 7:00 pm displays, 7:30 pm **Dr. R. Singer**, Ophthalmologist. Topic TBA
- June 2000: Mall Display - location TBA

For information call (905) 637-8387

Calgary Area Chapter

Location: University of Calgary, Atrium of Health Sciences Bldg, Room G-618, 3330 Hospital Drive NW, Calgary (beside the Foothills Hospital)

- March 2000: Date, speaker and topic TBA
- May 2000: Date, speaker and topic TBA

For information call (403) 271-7811

Kingston Area Chapter

Location: Ongwanada Resource Centre, 191 Portsmouth Avenue, Kingston

- Tuesday 15 February 2000: 7:30 pm **Dr. Katherine Kovacs**, Endocrinologist. Topic: *Psychiatry and the thyroid*
- Tuesday 14 March 2000: 7:30 pm Speaker and topic TBA
- Tuesday 18 April 2000: 7:30 pm **Dr. Robert W Hudson**, Endocrinologist. Topic: *Nodules: benign & malignant - the manner of presentation, the management and what one can expect after treatment of these diseases*

For information call (613) 389-3691

Kitchener-Waterloo Area Chapter

Location: The Community Room, Albert McCormick Arena, 500 Parkside Drive, Waterloo

- Tuesday 28 March 2000: 7:30 pm **Dr. Niloufer Saeed**, Family Physician & Haematologist, Kitchener. Topic: *Investigation & treatment of common thyroid disorders as seen by a family practitioner*
- Tuesday 2 May 2000: 7:30 pm Annual meeting. **Dr. Tom McDonald,** Chief of Endocrinology & Metabolism, London Health Sciences Centre, University Hospital. Topic: *Thyrotoxicosis*

For information call (519) 884-6423

London Area Chapter

Location: London Public Library Auditorium, 305 Queens Avenue, London

- Tuesday 21 March 2000: 7:30 pm **Dr. Terri Paul**, Endocrinologist, London Health Sciences Centre, University Hospital. Topic: *Thyroid disease and diabetes: what's the connection*
- Tuesday 16 May 2000: 7:30 pm **Dr. Robert Volpé,** Endocrinologist. Topic: *Autoimmune thyroid disease.*

For information call (519) 649-5478

Toronto Area Chapter

Location: Sunnybrook Health Sciences Centre, 2075 Bayview Avenue, Toronto

- Mid March: Public Education Meeting.
- May 2000: Date, speaker and topic TBA

Location: York Woods Public Library

- Saturday 23 September 2000: 2:00 pm to 4:00 pm **Dr. Robert Volpé**, Endocrinologist. Topic: *The spectrum of thyroid disease*

Wellness Fair

Tuesday 18 April 2000, 4900 Yonge Street, Toronto. Sponsored by the Government of Canada for approximately 2000 employees, family and public. Over 100 health related organizations will also participate. Demonstrations and speakers on various topics.

For information call 416-398-6184.

Marystown Area Chapter:

- March 2000

For information call (709) 279-2499

Montreal Area Chapter

Location: Montreal General Hospital, Livingston Hall, 6th floor

- Wednesday 15 February 2000: 7:30 pm **Peter Tsonis,** Pharmacist
- Wednesday 18 March 2000: 7:30 pm **Dr. J. Enrique Silva,** Professor of Medicine & Physiology, McGill University. *Topic: Recent progress in thyroid disease research*
- Saturday 8 April - Tuesday 11 April 2000: **Art exhibition and sale**
- Wednesday 17 May 2000: 7:30 pm Annual meeting and election

Looking forward to seeing everyone soon.

For information call (514) 482-5266.

Ottawa Area Chapter

Location: Auditorium, Ottawa Hospital, Civic Campus.

- Tuesday 15 February 2000: 7:15 for 7:30 pm **Dr. John Gay**, Associate Professor Endocrinology, University of Ottawa. Topic: *Thyroid disease and osteoporosis*
- Tuesday 18 April 2000: 7:15 for 7:30 pm Annual General Meeting and Patients Panel, **Moderated by Dr. Timothy O'Leary**, Associate Professor of Endocrinology, University of Ottawa.

For information call (613) 729-9089

Vancouver Area Chapter

For information call (604) 266-0700

June is Thyroid Month

Support the Foundation
We need your help!

Low iodine recipes and suggestions

by
Margaret Wallace

After having undergone a total thyroidectomy in June 1998, and then through the follow-up process of no thyroid medication for six weeks and a non-iodine diet for two weeks before radioactive iodine testing for two consecutive years, I thought about other patients experiencing the same difficulty as me trying to prepare meals.

Having to be on this diet and not having to have anything with iodized salt, sea salt, milk or other dairy products, eggs, seafood, molasses, chocolate, soy products, certain additives (carrageenan, agar-agar), cured or corned foods, e.g. ham etc. makes a meal most difficult to prepare. Most of all canned foods, packaged foods, frozen foods and recipes contain some sort of salt, milk or eggs. Mostly what a person has to eat is fresh fruit, fresh vegetables and meals that have to be made from scratch. Preparing meals when our system is deprived of the thyroid medication, takes a lot more extra time, energy and brainstorming. Recipes are just not found in recipe books for such a diet.

I have prepared some recipes and meal planning ideas and thought why not share them with thyroid patients who have undergone or will undergo what I have gone through. Would the Foundation publish in *thyrobulletin*, or any other source, some of my recipes and ideas if I send them, and would other members share their ideas and recipes.

If sharing of recipes could help other patients while they are on a low-iodine diet, then I feel this to be worthwhile. As cancer patients we need to support one another as we undergo, year after year, our form of follow-up treatment.

Suggestions for a low-iodine diet

Meats
- hamburger patties: make up patties adding onion, chives, celery, rolled oats. Store patties in freezer until needed. I make 6 patties at one time.
- meatballs: make up meatballs adding onion, chives, celery. Freeze. They are good with plain white rice and vegetables.

Desserts
- applesauce - homemade; strawberries fresh or frozen, only sugar added; fresh fruit: bananas, melon, grapes, cherries, apples, oranges

Vegetables
- any fresh vegetable: peas, potatoes, carrots, tomatoes
- garden salad served with home made dressings

Main course
- rice with meatballs and vegetables
- macaroni or spaghetti with sauce made of tomatoes, onions, celery, chives, basil (all fresh)

Bread
- I used two recipes from the breadmaker book, plain white and raisin recipes, eliminating the salt. The loaves do not rise as nicely but certainly taste better than bought non-salted bread.

Miscellaneous
- pure honey, maple syrup, home-made jams and jellies

Cereal
- shredded wheat, cream of wheat, oatmeal, all natural puffed rice

Note: *Most endocrinologists do not bother with a low iodine intake before radioactive iodine treatment, as it is not universally held that low iodine intakes are absolutely necessary prior to radioactive iodine treatment, although it does maximize the uptake of radioactive iodine if one does this. Robert Volpé, MD, FRCPC, MACP*

Carrot soup

Really good, easy and no salt in recipe.

2 teaspoons vegetable oil
1 lb carrots, thinly sliced
1 large onion, chopped
2/3 cups chopped celery
1 ½ cups diced potatoes
1 clove garlic, minced
4 whole cloves (optional)
4 cups home made chicken broth

In a large saucepan heat oil. Add carrots, onion, celery, potatoes, and garlic. Cover pan and cook vegetables about 10 minutes over low heat, stirring occasionally. Add cloves, pepper and broth. Bring soup to boil, turn down heat to simmer and cook for 20 minutes or until vegetables are soft. Remove cloves. Puree in batches in blender when cool. Heat and serve when needed.
Makes 6 servings

Salad dressing

½ teaspoon pepper
1/4 teaspoon dried mustard
1 tablespoon lemon juice
2 tablespoons vinegar
1/3 cup vegetable oil
1 teaspoon granulated sugar
dash of garlic

Put all ingredients in a container and shake well. Good for all salads and keeps well

Additional recipes may be obtained from the national office of the Thyroid Foundation.

E-mail from France

E-mail from France received by Ellen Garfield, TFC Website Coordinator

Félicitation

Merci pour votre site, très concerné par la thyroïdite d'hashimoto depuis quelques jours, je suis obligé de traverser l'atlantique pour rechercher des informations, je n'ai pas trouvé de site équivalent en France.

Dominique Grosset

Congratulations

Thank you for your Internet Site, quite concerned about Hahimoto's thyroiditis during the past few days. I had to cross the Atlantic in order to research information since I could not find a comparable site in France.

Dominique Grosset

French language TAQ

The French language version of the Foundation's new Thyroid Assessment Questionnaire (TAQ) was launched on November 25 at the Ottawa Area Chapter's first meeting in Hull. Some 200 people squeezed into the auditorium of the Centre hospitalier régional des Vallées de l'Outaouais to hear Dr. Sandra Babin, endocrinologist and internist, speak about thyroid diseases, their symptoms and treatment.

Dr. Babin gave a superb presentation and answered dozens of questions on a wide range of subjects from an appreciative audience. Meeting evaluation forms and a show of hands revealed that few of the audience had been aware the Thyroid Foundation existed. Participants were enthusiastic about the new TAQ and the meeting, and recommended holding more information sessions in French in Hull. A grant from Knoll Pharma Inc. made it possible to advertise the meeting in the local press and ensured that the turnout would be impressive.

The Board of the Ottawa Area Chapter hopes that this terrific meeting and the awareness raised by the newspaper ads will yield many new members for the TFC as well as volunteers to help organize public meetings on the Quebec side of the Ottawa River.

Nora Hockin
Ottawa Area Chapter President
VP Education and Research

Standing room only – Ottawa Area Chapter's first meeting in Hull, Québec

La version française du nouveau questionnaire d'évaluation sur la thyroïde (TAQ) de la Fondation fut rendue publique le 25 novembre lors de la première rencontre à Hull de la division de la région d'Ottawa. Environ 200 personnes se sont rassemblées à l'auditorium du Centre hospitalier régional des Vallées de l'Outaouais pour assister à la conférence du docteur Sandra Babin, endocrinologue et interniste, sur les maladies thyroïdiennes, leurs symptômes et leur traitement.

L'excellente conférence du docteur Babin fut très appréciée de l'auditoire qui lui posa de nombreuses questions sur toute une gamme de sujets. Des formulaires d'évaluation de la rencontre ainsi qu'un vote à mains levées révélèrent que peu de personnes étaient au courant de l'existence de La Fondation canadienne de la Thyroïde. Les participant(e)s étaient très satisfait(e)s du nouveau questionnaire d'évaluation sur la thyroïde (TAQ) et de la réunion; ils/elles ont suggéré de tenir d'autres sessions d'information en français à Hull. Une subvention de Knoll Pharma Inc. nous a permis d'annoncer la réunion dans la presse locale, ce qui a sans aucun doute permis d'accroître le nombre de participant(e)s.

Le Conseil de la division de la région d'Ottawa espère que cette excellente réunion ainsi que les annonces dans les journaux nous permettront de recruter plusieurs nouveaux membres pour la Fondation ainsi que des bénévoles afin de nous aider à organiser des réunions publiques sur les bords québécois de la rivière Ottawa.

Nora Hockin
Présidente de la division de la région d'Ottawa
Vice-présidente à l'éducation et à la recherche

20th Annual General Meeting

Come, Learn and Share – Workshops on Fundraising, Communications and Chapter Development

20th AGM Weekend

Friday 2 June 2000 – Sunday 4 June 2000

Donald Gordon Centre, Queen's University,
421 Union Street, Kingston, Ontario, K7L 3N6

Members of the Foundation and the general public are welcome to attend the above.
Stephen Clow, National Secretary

Sophie's story: a case history

This case history was sent to The British Thyroid Foundation (BTF) by a concerned parent, Jacqueline Chipchase, and tells of her daughter's diagnosis with hyperthyroidism at the age of five years.

I write to you because I feel we need a little support from people who have probably been through what we have been through, or at least know of somebody who has.

About three years ago my daughter, then aged five, went into hospital for a simple tonsil operation. She was very thin, very jittery, she couldn't concentrate on anything, she was eating enough food for an army, but the GP put it all down to the fact that her tonsils were making her very ill and all these things were just her body coping with 'poisons'.

Anyway, after about a year, she finally went to have her tonsils out. It was a week late because a couple of days before she was due to go in she came down with terrible diarrhoea. It went on for a few days and I even took her to the hospital. Whilst we were there her pulse was taken and the nurse said that for such a little girl she had a very fast heart rate. No more was said on that and after they'd checked her over, sent her home. The day arrived for Sophie to have the tonsils out and like all the other mums I walked down to the operating theatre with her and the favourite toy. An hour or so later I saw the other mums going down with the nurse to get their child. Nobody said anything to me, I thought they'd just forgotten to tell me, but still no Sophie. Finally she came back to the ward, and I didn't think any more of it until the next day when the anaesthetist came round to see me. He said he'd been very concerned because Sophie's blood pressure had gone so high it had made him 'sweat a bit'. He was rather worried and had asked a friend of his to have a look at Sophie. The long and the short of it was, her heart was leaking. The doctors thought she had Marfans Syndrome and because of her heart she was being sent to Great Ormond Street Children's Hospital (London, England) the next day.

To cut a long story short, after many tests, it was found that Sophie had an overactive thyroid. Sophie is still only eight and a half and has been on carbimazole most of that time. Yesterday we went to the hospital and saw the specialist. He was very kind, but I must say I was rather concerned when he started saying that being on carbimazole, long term, wasn't really too good, then spoke about the good results they've had with 12 and 13 year olds with radioactive iodine but that they had never used it on anyone as young as Sophie. He then spoke about surgery, but that was only as good as the surgeon that does it. Sophie had a number of tests done yesterday and an x-ray of her hand and we will know the results of all these when we go back in a month. When we returned to the hospital the specialist said that Sophie must now start taking 50 mcg of thyroxine as well as her 20 mg of carbimazole. He called it block and replace.

Do you know if there are many children with the same condition as Sophie and especially are there any of the same age? Since Sophie was diagnosed with this problem, I've met many people with an underactive or overactive thyroid, but I've not met anyone with children with this.

In some respects we've felt rather alone and we would love to get in touch with anybody in the same boat as us. It can be a bit worrying and most people just do not understand. Sophie is now much better and looks fit and well, even if she is rather tall for her age. She has put some weight back on and is doing well at school. Obviously we would like to become members of the BTF. Thank you for taking the time to read such a long letter. From my point of view, it's good to know there's someone out there.

The British Thyroid Foundation's Medical Adviser comments:

With regard to Mrs Chipchase's daughter, it illustrates rather well the difficulties one can get into anaesthetizing someone who has an overactive thyroid. Fortunately she survived her tonsil and adenoid operation without too many problems.

The situation with carbimazole therapy is that in a sense it is rather a stopgap measure. It will certainly well control the thyroid symptomatology and indeed the overactivity with the thyroid stimulating antibodies but it is simply not possible to use it long term. I suspect that was what was meant by Sophie's specialist when he said that being on carbimazole long term was not really too good. There is simply not enough good data on long term medication with this agent and all our experience points to the use of it in the short term, and by short term we mean something between three and five years.

With respect to carbimazole therapy in children, when it is stopped about 20% of individuals, at most, do not relapse but in the vast majority, 80% or so, there is a need for a more definitive procedure. This can take one of two forms:

1. Surgery

2 Radioactive iodine treatment

It is true as Sophie's specialist says that surgery is only as good as the surgeon who does it, but using an experienced surgeon there should be no need for further surgery to be undertaken after the initial procedure. I personally would go for surgery first in such a young individual.

The problem with radioactive iodine in this age group is that we simply do not know what the long term effects are going to be in terms of thyroid malignancy from exposure to radioactive iodine. We know all too well the outcomes from the Chernobyl experience in terms of thyroid cancer and it has to be remembered that the dose those individuals were exposed to was far less than the dose that is in the radioactive iodine approach. It is true that there are good data on the long term follow up of ***adults*** *using radioactive iodine but even in countries where radioactive iodine is the first line of intervention, namely North America, there is a great reluctance to use it in prepubertal children.*

Mrs. Chipchase makes the point about not knowing many other individuals with this particular problem but I have to say that in my paediatric endocrinology clinic we have a considerable number of individuals under the age of 11 years with hyperthyroidism (8) so she is not alone! This is where The British Thyroid Foundation can play an important network role.

Reprinted with permission from BTF News , the publication of The British Thyroid Foundation

Call for nominations 2000-2001

Nominations are invited for election of executive committee officers and members-at-large on the Foundation's 2000-2001 national board of directors.

Your nominations will be used by the nominating committee to determine its slate. The committee's final slate will propose **one nominee for each executive committee officer and one nominee for each member-at-large**. It will be circulated to all the voting members of the Foundation in the next issue of thyrobulletin.

On Saturday 3 June 2000, at the time of the election at the Annual General Meeting of the members, additional nominations may be made from the floor.

Directors (members-at-large and chapter presidents) are elected for a term of **one year** and shall hold office until their successors are elected or appointed (By-Law No.1, clauses 18 & 20). Executive committee officers are elected **annually** and shall hold the same office for no more than **three** consecutive years (By-Law No.1, clause 38). President Arliss Beardmore will have completed her three year term in office this June.

Contact me at the address below if you are interested in:

- serving as an executive committee officer
- serving as a member-at-large
- nominating a qualified person to one of these positions
- assisting on a national committee.

Please give this some serious thought as this is one of the most important facets of the Foundation's life. We need to know the interests of our members for building committees.

In accordance with By-Law No.1, clause 53, "immediately following the annual meeting the executive committee shall appoint a nominating committee which shall include, unless he is unwilling to act, the past president. The nominating committee shall be comprised of a chairman and at least an additional four members. The nominating committee shall propose a nominee for the position of each officer and member-at-large to be elected".

Your 1999-2000 committee is:

Donald McKelvie, Chair, Saint John NB

Margaret Hunter, Toronto ON

Jacquie Huntington, Vancouver BC

Liz Moss, Pembroke ON

Mary LeBlanc, Montreal QC

Shirley Penny, Creston South NF

Nomination forms are available from your chapter, nominating committee members or the national office. Completed forms are to be forwarded to:

Donald McKelvie
Nominating Committee Chair
114 Dresden Avenue
Saint John NB E2J 4B2

Tel. (506) 696-6618

Fax (506) 696-4472

E-mail atsl@nbnet.nb.ca

Deadline: Wednesday 15 March 2000

National executive committee positions & duties

( ) Number of years incumbent in office.

President (3)

Chief executive officer; presides at all meetings of the board and the executive committee; ensures that all orders and resolutions of the board are carried into effect; member of all committees (non-voting) except nominating committee.

Vice-President, Publicity & Fundraising (1)

Heads committees to publicize, promote, advertise and market the Foundation and the chapters.

Vice-President, Chapter Organization & Development (1)

Heads a committee that aids in formation of new chapters, reviews and updates Chapter Development Handbook & Guide as necessary, offers moral and real support to existing chapters, liaises with chapter council chair & presents council concerns to the executive.

Vice-President, Education & Research (2)

Heads a committee that prepares, updates our educational material in collaboration with the medical adviser; facilitates bringing our educational material to the attention of the community, thyroid patients, physicians & health care professionals; ensures grant applications for research fellowships and student scholarships are processed.

Vice-President, Operations (1)

Heads a committee that co-ordinates the administration and finances of the Foundation including management and development of human and fiscal resources, administrative systems, structures, plans, policies and procedures.

Treasurer (1)

Responsible for custody of the funds and securities of the Foundation and keeps full & accurate accounts of all transactions; distributes the funds as directed by proper authority; provides accounting of all transactions and statements as required.

Secretary (1)

Attends all national executive and board meetings and records all votes and minutes of all proceedings; gives notice of all meetings of the members of the board of the Foundation; such other duties as may be prescribed by the board or the president.

Other national board positions

Six Members-at-large three of whom shall be:

- **Editor, *thyrobulletin***
- **Liaison, Medical Research**
- **Archivist**

World wide web

For thyroid information check the world wide web.

Thyroid Foundation of Canada:- http://home.ican.net/~thyroid/Canada.html

Thyroid Foundation of America:- http://www.tsh.org

Thyroid Federation International:- http://www.thyroid-fed.org

National Graves' Disease Foundation:- http://www.ngdf.org

American Assoc. Clinical Endocrinologists:- http://www.aace.com

American Thyroid Association:- http://www.thyroid.org

The Endocrine Society:- http://www.endo-society.org

The Thyroid Society:- http://www.the-thyroid-society.org/thyroid.html

American Foundation of Thyroid Patients:- http://www.thyroidfoundation.org

U.K. Thyroid Eye Disease Assoc:- http://home.ican.net/~thyroid/International/TED.html

The Paget Foundation for Disease of Bone & Related Disorders:- http://www.paget.org

Knoll Pharma Inc.:- http://glandcentral.com/

Jones Pharma Incorporated:- www.jmedpharma.com

Genzyme Corporation: http:- www.genzyme.com/bin/gensrch.pl

Denmark:- http://www.netdoktor.dk/patientforeninger/fakta/thyreoidea/thyreoidea.html

Japan:- http://www.hata.ne.jp/tfj/

Sweden:- http://hem.passagen.se/amse/SSSF/SSSF.html

New news about thyroid genes

by
Lawrence C. Wood, MD

Physicians know that not everyone can develop Graves' disease or Hashimoto's thyroiditis. Instead only about 25% of the population has the capacity to develop these autoimmune disorders.

In recent years Dr. Terry F. Davies, a member of The Thyroid Foundation of America's (TFA) Medical Advisory Council, has helped to establish the Human Biological DATA Interchange (HBDI), a genetics bank where blood and other tissues from patients with thyroid problems can be sent. Specifically they are interested in families in which more than one individual has had thyroid dysfunction.

By analyzing the genes of these samples, Dr. Davies and his colleagues are beginning to localize areas of particular chromosomes that seem to be connected with either Graves' or Hashimoto's disease. They found one locus on chromosome 6 linked to both Graves' disease and Hashimoto's thyroiditis. Three loci on chromosomes 14, 20, and the X6 chromosome were found to be linked with Graves' disease but not Hashimoto's thyroiditis. Another locus on chromosome 13 was linked with Hashimoto's thyroiditis but not with Graves' disease.

What does this mean?

Someday, Dr. Davies and his colleagues hope that these studies will identify with pinpoint accuracy the specific genes that render an individual susceptible to either Graves' disease of Hashimoto's thyroiditis. With that information they may be able to move ahead to altering the genes to reduce or eliminate the risk of developing these disorders.

We salute Dr. Davies and his colleagues for marvellous work and wish them well as they try to localize the exact genes responsible for Graves' disease and Hashimoto's thyroiditis.

Part of TFA's mission from the beginning of our organization states that TFA has the goal of supporting thyroid research to find the cause and cure, and ultimately the means of preventing thyroid disorders. We can congratulate Dr. Davies and his colleagues for these efforts which are already going so far to do just that.

If more than one member of your family has a history of autoimmune thyroid disease or thyroid cancer you might consider contacting HBDI at 800-835-6751 or access via Internet at www.hbdi.org.

Reported at the 26th annual meeting of the European Thyroid Association, Milan, Italy, 28 August - 1 September 1999.

Dr. Lawrence C. Wood is President of The Thyroid Foundation of America. Reprinted with permission from The Bridge, newsletter of The Thyroid Foundation of America.

Exercise chart for burning up calories

Beating around the bush	75
Jogging your memory	125
Jumping to conclusions	100
Climbing the walls	150
Swallowing your pride	50
Passing the buck	25
Grasping at straws	75
Beating your own drum	100
Throwing your weight around	50-300
(Depending on your weight)	
Dragging your heels	100
Pushing your luck	200
Making mountains from molehills	500
Spinning your wheels	175
Flying off the handle	225
Hitting the nail on the head	50
Turning the other cheek	75
Wading through paperwork	300
Bending over backwards	75
Jumping on the bandwagon	200
Balancing the books	23
Beating your head against a wall	150
Running around in circles	350
Chewing nails	200
Eating crow	225
Fishing for compliments	50
Tooting your own horn	25
Climbing the ladder of success	750
Pulling out the stoppers	75
Adding fuel to the fire	150
Pouring salt on the wound	50
Wrapping it up at day's end	12

The following books are available from the Thyroid Foundation of Canada.
All prices include taxes, shipping and handling.

	Price	Quantity	Total
❑ **How Your Thyroid Works** - Baskin, H. Jack, MD	$12.00	________	$ ________
❑ **The Thyroid Gland, A Book for Patients** - Hamburger, Joel I., MD	$12.00	________	$ ________
❑ **Your Thyroid: A Home Reference** - Wood, Lawrence C., MD, Cooper, David S., MD, Ridgeway, E. Chester, MD	$21.00	________	$ ________
❑ **Thyroid Disease, The Facts** - Bayliss, R.I.S., MD, Tunbridge, W.M.G., MD	$27.00	________	$ ________
❑ **The Thyroid Sourcebook** - Rosenthal, M. Sara	$27.00	________	$ ________
❑ **Video: The Woman Behind the Foundation**	$16.00	________	$ ________

To order a book, complete this form and mail with your name, address and payment to **Thyroid Foundation of Canada**, 96 Mack Street, Kingston ON K7L 1N9, or fax with credit card details to (613) 544-9731.

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: ________

Signature: ____________________

Name: ____________________

Address: ____________________

City: ____________ Province: ________ Postal Code: ________

Tel: ____________ Fax: ____________ E-mail: ____________

Type of Membership: ❑ New ❑ Renewal • Language Preferred: ❑ English ❑ French

We accept your membership fees and/or donations by mail, fax, phone or through our website.
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 • Website: http://home.ican.net/~thyroid/Canada.html

Please Continue Your Support—We Need You!

National Office/Bureau national

Staff/équipe	**Katherine Keen,** National Office Coordinator/Coordinatrice du bureau national **Yves Mayrand,** Membership Services Coordinator/Coordinateur des services aux membres
Office Hours/ Heures du bureau	Tues.- Fri., 8:30 am - 12:00 pm/1:00 pm - 4:30 pm • Mardi à vendredi, 8h30 à 12h00/13h00 à 16h30 **Tel:** (613) 544-8364 / (800) 267-8822 • **Fax:** (613) 544-9731 • **Email:** thyroid@kos.net **Website:** 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

Calgary	Marlene Depledge	(403) 271-7811
Edmonton	Muriel Winter	(780) 476-3787

SASKATCHEWAN

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MANITOBA

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