Thyroid Foundation of Canada

thyrobulletin

La Fondation canadienne de la Thyroïde

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The thyroid, the 'net', and our patients

by
Peter A. Singer, MD

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

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What's New?

Thyroid Foundation of Canada Home Page http://www.thyroid.ca

Many dedicated clinicians find that they don't have enough time to answer all of their patients' questions. I recently saw a patient with an asymptomatic thyroid nodule for whom I did my careful History and Physical (H & P), obtained a serum TSH, and performed a Fine Needle Aspiration Biopsy (FNAB) – just like it says to do in the ATA Guidelines (Arch Intern Med 1996; 156:2165-2172). The cytology was compatible with a colloid nodule. "Great", I thought, "everyone will be happy".

Not so fast! "Will it grow and will I choke? Can it turn into cancer? How can you be sure it's benign? Shouldn't I have another biopsy? Should I take thyroid medication? Why didn't you do an ultrasound? I saw online that you should do one", she said. SAW ONLINE??!! I panicked since my very recently acquired computer knowledge still has me at the novice-minus level.

Well, more and more patients are becoming net-savvy even in Southern California, where surfing doesn't just mean hanging ten, and we clinicians need to be able to guide them to patient-advocacy and information sites that are both helpful and accurate. After all, most lay people really can't differentiate between fact and fiction where medical issues are concerned. So, I thought I'd check out some thyroid websites on the Internet, and discovered the good, the bad, and in some cases, the ugly.

Checking out medically related sites was a real education for me – you can go anywhere from the Mayo Clinic (www.mayohealth.org) which has great articles covering the breadth of health-related issues, to the Male Clinic (www.insyght.com/male-clinic), whose focus is, well, you can probably guess. Now I'm such a computer novice that my judgements are partially guided by how easy it was to find and use the sites. But this might even be an advantage to those looking for information. Space limitations preclude me from covering all of the thyroid-related sites (there are dozens) in this issue of the *SIGNAL*, so I'll describe some familiar ones here, and some others in the future.

Web helps untangle thyroid secrets

The Thyroid Foundation of America (TFA) (www.tsh.org):

The TFA was established in 1986 by ATA member Larry Wood, and is the granddaddy of thyroid patient advocacy organizations in the United States. Larry continues to chair the TFA and it is difficult to think of anyone who is more interested in patient advocacy and education. The TFA website is user-friendly and contains clinically accurate and easily readable information for patients. The articles are especially helpful, but some of the topics listed either haven't been written or posted yet. There are numerous links to other

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organizations, and most are relevant to our patients. Thyroid 'news' is fairly up-to-date – the 1999 New England Journal of Medicine articles on T4/T3, and hypothyroidism in pregnancy are discussed, but I didn't see Tipper Gore's nodule mentioned. Overall, an excellent site, and I refer my patients to it frequently. **Editor's rating ****½**

The Thyroid Society for Education and Research (www.the-thyroid-society.org):

The Thyroid Society was established by ATA member, Sheldon Rubenfeld, who is still Managing Director. This website is easy to use, and information for patients is first-rate. It seems that the principal focus of The Thyroid Society is education, and in this regard it certainly succeeds. The Featured Articles section contains excellent articles, written by authors who span the specialties related to thyroid disease. Readers may also download information on various thyroid topics. The Hot Topics section did not cover the T4/T3 controversy, but it was discussed in an excellent article by Steve Sherman in the Featured Articles section. There are many links to other organizations dealing with thyroid disease. This is a top-notch site for patient information. **Editor's rating ****½**

Thyroid Foundation of Canada (TFC) (www.thyroid.ca):

The TFC was founded in 1980 making it the first lay organization in North America devoted to thyroid patients. Like the TFA (actually, vice-versa), the TFC is a combination patient-education, patient-advocacy organization. The TFC has an excellent website (here again, experience pays off), with accurate, up-to-date information and articles written by experts. Nothing fancy about this website, just gets the job done in an efficient friendly-to-use manner. And for patients in Québec, there's a French version. **Editor's rating ******

National Graves' Disease Foundation (NGDF) (www.ngdf.org)

The NGDF was founded in 1990 by Nancy Patterson, PhD, who continues to serve as Executive Director. I'm sure most of you have met Nancy, who usually has a display booth at our ATA meetings. In contrast to the organizations mentioned above, the NGDF is strictly a support organization, devoted exclusively to patients with Graves'. The website is a fine resource for your patients, who not only wish to obtain up-to-date factual information, but who would like to communicate with other patients with Graves'. This site is not as comprehensive as some others in terms of clinical information, although it provides excellent links to other sites that do, including remarkably, Les DeGroot's and George Henneman's online *Thyroid Disease Manager*. **Editor's rating *****

Kelly G. Ripkin Program (www.thyroid-ripkin.med.jhu.edu):

Like Nancy Patterson, Kelly Ripkin's impetus for involvement with thyroid disease was her own Graves' disease. And like Nancy's organization, Kelly Ripkin's program is very support-oriented. In fact, if you are in the Baltimore area, you can have free TSH testing, attend patient-education events, and even arrange to see a thyroid specialist. This friendly website offers accurate, up-to-date information with excellent links. From the looks of it, there may be input from our Johns Hopkins colleagues, which certainly enhances its overall look and content. About five years ago I paid a lot of money for a baseball autographed by Cal Ripkin, Jr. Unfortunately, I can't find it. Kelly, if you read this, can you get me another one – cheaper this time?! **Editor's rating ******

Dr. Peter Singer is Professor of Clinical Medicine and Chief of Clinical Endocrinology at the University of Southern California School of Medicine. Reprinted with permission from ATA SIGNAL, the newsletter of The American Thyroid Association.

Thank You

The ad hoc committee of Margaret Burdsall, Evelyn Freeman, Nathalie Gifford and Mary Salsbury who produced the **commemorative edition of *thyrobulletin*** in memory of the Founder, Diana Hains Meltzer Abramsky, CM, BA, were gratified to receive the many complimentary comments on the special edition, which made all the hard, time-consuming work worthwhile. For us this has been a work of love.

We thank ***thyrobulletin*** editor, Ed Antosz for his supervisory expertise; president Irene Britton, for her support and suggestions; Wordmaster Publishing, Performance Printing and MailRite for their cooperation in undertaking so capably and promptly this unexpected work; Ralph Abramsky, Phyllis Mackey, photographer Ernie Sparks, for photographs, in addition to those from the Foundation's Archives; and the editor and columnists of The Kingston Whig-Standard and Saint John, NB, Times Globe for graciously permitting us to reprint articles from their newspapers.

The Foundation warmly thanks Arriscraft International Inc., Theramed Corporation, Wordmaster Publishing, Performance Printing, the Saint John and Kingston Area Chapters for their financial assistance in producing the **commemorative edition**.

The Foundation also gratefully acknowledges the many donations made to the **Diana Abramsky Memorial Research Fund** in memory of the Founder.

Those wishing to make donations to the fund please forward them to:

Thyroid Foundation of Canada
Diana Abramsky
Memorial Research Fund
PO Box 1919 Stn Main
Kingston ON K7L 5J7

Charitable receipts are issued for all donations.

President's message

April is volunteer month and the year 2001 is the year of the volunteer.

The United Nations has declared the year 2001 as International Year of the Volunteer. Did you know there are over 7.5 million volunteers in Canada and as many reasons for volunteering?

I volunteer because I want to change the world!!! . . . because it's what I believe in!!! . . . because I care!!! . . . because I can make a difference!!!

The Thyroid Foundation of Canada salutes its hundreds of volunteers who make it possible for us to operate. TFC was founded in 1980 by Diana Meltzer Abramsky, CM, BA, a volunteer, and those volunteers who follow continue to try to make a difference in the lives of those suffering from thyroid disease.

Our thanks and gratitude to all who give their time and efforts to make the world a better place and especially to those who volunteer for the Thyroid Foundation of Canada.

Message de la présidente

Le mois d'avril est le mois des bénévoles et l'an 2001 est l'année des bénévoles.

Les Nations Unies ont déclaré que 2001 serait L'Année internationale des volontaires.

Saviez-vous qu'il y a plus de 7,5 millions de bénévoles au Canada et autant de raisons pour ce service?

Je suis là parce que j'ai beaucoup à partager!!! . . . parce que je crois dans l'entraide!!! . . . parce que j'aime mon pays!!! . . . parce que je peux!!!

La Fondation canadienne de la Thyroïde salue ses centaines de bénévoles, sans qui nous ne pourrions pas fonctionner. La FCT fut fondée en 1980 par Diana Meltzer Abramsky, CM, BA, elle-même une bénévole. Ceux et celles qui suivent continuent d'essayer de changer la vie des souffrants de maladies thyroïdiennes.

Nous offrons notre gratitude et nos remerciements à tous et toutes qui donnent de leurs temps et de leurs efforts pour faire un monde meilleur et surtout aux bénévoles de la Fondation canadienne de la Thyroïde.

Irene Britton/Irène Britton
National President/Présidente nationale

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** on page 15.

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.

Volunteers

Many will be shocked to find
When the day of judgement nears
That there's a special place in heaven
Set aside for volunteers
Furnished with big recliners,
Satin couches and footstools
Where there's no committee chairman,
No group leaders or car pools
No eager team that needs a coach,
No bazaar or no bake sale,
There will be nothing to staple,
Not one thing to fold or mail.
Telephone lists will be outlawed,
But a finger snap will bring
Cool drinks and gourmet dinners
And rare treats fit for a king.
You ask, who'll serve these privileged few
And work for all they're worth?
Why, all those who reaped the benefits,
And NOT ONCE volunteered on earth.

Submitted by Lois Lawrence,
Sudbury Area Chapter

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 September 2000 winner was:
Doris Hiddleston
Belleville, Ontario
who chose
"Your Thyroid: A Home Reference"
Wood, Cooper and Ridgway

Our October 2000 winner was:
Margaret Pocket
Arnprior, Ontario
who chose
"Your Thyroid: A Home Reference"
Wood, Cooper and Ridgway

Our November 2000 winner was:
Margaret Stoughton
Petawawa, Ontario
who chose
"Your Thyroid: A Home Reference"
Wood, Cooper and Ridgway

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

Founded in/Fondée à Kingston, Ontario, in 1980

Founder

Diana Meltzer Abramsky, CM, BA

Board of Directors

President of each Chapter (currently 23)
President – *Irene Britton (NB)*
Secretary – *Shirley Penny (NF)*
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Annual Appointments

International Liaison –
Legal Adviser –
Medical Adviser – *Robert Volpé, MD, FRCPC, MACP*

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La date limite pour les articles pour le prochain numéro: le 15 mars, 2001

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Please note:

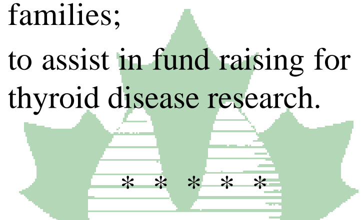
The information in *thyrobulletin* is for educational purposes only. It should not be relied upon for personal diagnosis, treatment, or any other medical purpose. For questions about individual treatment consult your personal physician.

Notez bien:

Les renseignements contenus dans le ***thyrobulletin*** sont pour fins éducationelles seulement. On ne doit pas s'y fier pour des diagnostics personnels, traitements ou tout autre raison médicale. Pour questions touchant les traitements individuels, veuillez consulter votre médecin.

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.

Letters to the doctor

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

I am a 55 year old male who has spent 35 years working in the construction industry in the Chemical Valley area of Sarnia, Ontario. I am a welder who has worked in every plant in Sarnia, but has spent the majority of my time welding in fabricating shops on production welding and fabricating of pipe.

My question is: Has the environment of chemicals had an affect on the onset and severity of the disease (Graves disease with severe eye and leg involvement)? I have been exposed to chemicals ranging from benzenes, toluenes and perchlorethylenes to phenols and formaldehydes and other various compounds; to welding in shops that are poorly lit, poorly ventilated, with a variety of welding alloys and gases and where a great deal of toxic smoke and fumes are generated. Would this contribute and be a cause of the original onset of Graves disease 5 years ago and the current flare-up of the disease.

There is no evidence that those particular chemicals contribute to the development of Graves' disease. Of course, it is still possible that they could do so, but there is no such evidence so far. Stress is a more likely factor.

* * * * *

I have to have a hot nodule removed. I have heard that they are using alcohol ablation. Where is it being done and where can I take advantage of it.

One can indeed destroy a thyroid nodule with an alcohol injection. This is not performed widely, but would undoubtedly be well-known to the endocrinologists in Arizona.

* * * * *

I have three nodules on my thyroid gland which were diagnosed in 1996. Once a year I have an ultrasound at Mount Sinai Hospital in Toronto, plus blood tests for TSH. I have also had a radioactive scan in 1997, which told me they were hot nodules. No one has ever done a needle biopsy or any kind of biopsy. In 1999 one nodules grew a small amount. I am not receiving any medication for thyroid.

My questions are: What is the normal range of TSH for a woman 67 years of age? Sometimes mine is 0.5 and other times it has risen as high as 6.0. I have gained about 25 lbs since 1996 and cannot tolerate heat and often am perspiring or wake up perspiring in the morning. I often feel fatigued.

How can I be sure the nodules are not malignant?

The normal range of TSH for any age is 0.35 - 5.0 mu/l. Although you had one level as high as 6.0 mu/l, which is slightly above the normal range, your other results have been normal.

Hot nodules are very rarely malignant, and almost always benign. Considering the values for TSH that you provided, the sweating, fatigue, and weight gain do not appear to be related to the thyroid status.

* * * * *

I would not be writing this letter if I weren't getting desperate for some help. Thank goodness for *thyrobulletin* from which I have gained important knowledge, especially from the contributions of Dr. Volpé and other doctors.

I am 68 years old and have had a thyroid problem for 15 years. In the beginning, I was hyperthyroid and was given radioactive iodine and eventually became hypothyroid. The endocrine specialist prescribed Synthroid and then Eltroxiin. Since I had the usual allergic symptoms of nausea, gas, muscle aches and anxiety, I stopped taking the medication and became very fatigued, of course.

After subscribing to *thyrobulletin* I was able to suggest to my doctor that I try desiccated thyroid medication. I take 1½ pills of 30mg. It certainly has helped but I've never felt entirely well as when I try to increase my dosage now, I have all kinds of negative symptoms. It seems my T3 level is elevated, which I realize is one of the risks of taking the desiccated medication.

About three years ago I was sent to a specialist in Edmonton and I finally convinced her to send for the dye-free medication which she could only obtain in the United States. When she received the powdered package, there was no one in Canada, she said, who would assemble it in pill form. Since then, I have carried on taking the desiccated type and have lost contact with this doctor. However, I now have a T3 problem. My present doctor asked me recently to try and take Synthroid once again, but with the same negative results.

My questions are:

1. How do I convince my doctor that I really am allergic to synthetic medication?
2. Where might I obtain dye-free thyroid medication in pill form? Surely I am not the only person in Canada who requires them?
3. What am I to do about the elevated T3 level? I don't appear to have a heart problem as yet. (My TSH level is also elevated but as I mentioned I have such difficulty increasing the dosage at the moment). Is there any other alternative to heart medication should the problem arise?

The only other medication I take is .625 of Premarin. I do take Milk of Magnesia and vitamins such as cod liver oil, vitamin E, lecithin and calcium (dolomite).

Lack of sleep, due mostly to bowel problems, mostly add to the fatigue. I seem unable to take any sleeping medication or tranquillizers for longer than two days as I have a reaction. I can take Tylenol 2 as well as the regular type occasionally for pain.

It is very rare to be allergic to the present dyes used in the formulation of Eltroxin and Synthroid but it is certainly possible. It is not possible to obtain dye-free thyroid medication in pill form, although it is possible to obtain the powder.

As for the elevated T3 level, do not worry about it. It is only transient, and depends upon the time of day when the blood was taken. When your TSH was elevated, this indicates that your tissues are not receiving a complete optimal amount of thyroid hormone.

Mastering your metabolism

**by
Jayne MacAulay**

What a nuisance it would be if our bodies came equipped with a knob for controlling metabolism – that complex arrangement of chemical pathways that operates the human body. Too much of our time would be spent trying to make sure the dial was set just right. We surely couldn't do as effective a job as the system with which we're currently equipped.

The rate at which every cell in the body functions is controlled by chemicals – hormones produced by the thyroid, a butterfly-shaped gland located in front of the neck. It's anchored below the Adam's apple, between the bottom of the larynx (voice box) and the top of the trachea (windpipe).

Thyroid disorders are not uncommon, especially as people age. Symptoms can be very subtle in the early stages, but in the elderly they may be confused with signs usually associated with aging or even with other diseases that commonly occur in older people. Thyroid disorders that exhibit distinct characteristics in younger people can display a puzzling overlapping of symptoms in older folk.

According to the Thyroid Foundation of Canada, one in twenty Canadians has some degree of thyroid abnormalities – and women are five to seven times more likely to be affected than are men. Thyroid problems plague 200 million people throughout the world. Too many go undiagnosed.

Thyroid disease, however, is treatable and can readily be diagnosed by blood testing. "Thyroid disease can be dangerous", warns Dr. Robert Volpé, professor emeritus of the department of medicine, University of Toronto, "so it should be treated. Since it's so subtle at first, screening of women over 50 is recommended." He suggests testing every five years, while some practitioners prefer every two years, with yearly testing for 'senior' seniors.

Problems primarily arise when the thyroid gland produces too much thyroid hormone (hyperthyroidism) or too little (hypothyroidism), causing the metabolism to speed up or slow down respectively. Both conditions can cause the development of goitre – enlargement of the thyroid. Goitre can be unsightly, but it can also restrict the windpipe, causing breathing difficulties, or it can press on the esophagus, making it hard to swallow.

Goitre was once much more common is some parts of Canada. The thyroid needs iodine to manufacture hormones, principally T4 (thyroxine or tetraiodothyronine) and T3 (triiodothyronine). If the diet lacks simple iodine, the thyroid has to work harder to extract it from food and water, resulting in an enlarged thyroid. Goitre in geographic areas deficient in iodine, such as the Great Lakes region, has largely been eliminated, thanks to the introduction of iodized salt on grocery shelves. (Ironically, too much iodine can also cause goitre. Eating kelp is probably not a good idea in Canada, advices Dr. Volpé.)

"I was sort of overactive," Buck remembers, "and I was very thin. I ran circles around myself."

Over some 25 years, Olive Buck of Saskatoon, Sask., has had to deal with both hyper and hypothyroidism. Symptoms began with double vision that raised havoc with her secretarial job. Pressure behind her eyes was pushing them forward, forcing them to protrude (a condition known as exophthalmos), creating the visual dysfunction. Eventually Buck's eyesight problem was successfully corrected with surgery. She didn't realize until a few years later that her eye problems were a classic indication of Graves' disease (thyrotoxicosis).

An inherited, autoimmune disorder, Graves' disease is responsible for 90 percent of the hyperthyroid cases in Canada. It stimulates the thyroid gland to overproduce thyroid hormones and causes goitre. The result is an accelerated metabolism that, among other symptoms, causes people with Graves' to have a high pulse rate, feel hot and sweaty and feel very active, yet fatigued. "I was sort of overactive," Buck remembers, "and I was very thin. I ran circles around myself."

Treatment involves lowering thyroid hormone levels by getting rid of thyroid cells. Radioactive iodine, a simple treatment taken by mouth destroys thyroid cells while thyroidectomy (surgical removal of all or part of the thyroid) may be used when radioactive iodine cannot be used, usually in people under 20 or where goitre is causing physical restrictions on the structures of the throat. Eventually patients become hypothyroid and must take a life-long course of thyroxine, the thyroid hormone replacement therapy.

Antithyroid drugs (that restrict the use of iodine by the thyroid) limit the amount of T3 and T4 that can be manufactured by the gland. Although often used as the first option in treatment, many patients experience a recurrence of hyperthyroidism when they stop taking the drug. This drug has been known to lower the white blood cell counts suddenly, a situation that could be particularly dangerous in older people.

In later years, Olive Buck developed Hashimoto's disease, an inflammation of the thyroid that most commonly strikes middle-aged women. The body's own antibodies attack and destroy thyroid cells, a goitre forms and thyroid hormone levels wane. The end result is hypothyroidism.

"I was very tired," says Buck. "I was depressed, I just wanted to sleep."

Symptoms of hypothyroidism can include, difficulty staying warm, depression, weight gain, constipation, fatigue, dry hair and skin, muscle weakness and difficulty in concentrating. Older people may also experience carpel tunnel syndrome or problems with mobility. People often ascribe these changes to the fact they're getting older.

"Many patients who complain of symptoms like these turn out not to have thyroid disease," admits Dr. Robert Volpé. "However, the tests are excellent and can pick it up if it is there."

One important reason for diagnosing and treating hypothyroidism, even if there are no apparent symptoms of the disease, is its effect on blood cholesterol. "A truly low thyroid is one of the causes of high cholesterol," says Dr. Volpé, "Not the

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only cause – genetic causes are more common – but when the thyroid is truly low, the cholesterol will be elevated."

Treating the hypothyroidism will bring the cholesterol down, he notes. "Even subtle, minimal hypothyroidism is associated first with cholesterol changes and an increased risk of heart disease, so it should be treated."

Hypothyroidism requires treatment with synthetic thyroid hormone (thyroxine). The advantage of this synthetic drug lies in the fact it's purer and has a predictable level of potency, unlike hormone processed from animal sources.

"People love to have so-called natural treatments'" says Dr. Volpé, "but if your thyroid is low, you will need thyroid medication, thyroxine. If the thyroid is too high, you will need to suppress it. It's as simple as that and nothing else will do."

On thyroid hormone medication for many years now, Buck has developed a comfortable relationship with her doctor. "She monitors my thyroid levels two to three times a year," notes Buck. "Whenever I walk in there looking like I've been pulled from under a rock, she says, 'Well , let's do the thyroid test'. She's very understanding and also realizes that I can read my own body and to me, that is very important.

Physicians initially prescribe lower doses of thyroxine for older people than they would for someone younger and they increase doses cautiously. Not only do older people generally have a slower metabolism, they may have an underlying health problem that could be compounded by too much thyroxine.

Side effects are uncommon with thyroxine. It's a small pill taken once a day and blood tests are needed occasionally to be sure the dose remains appropriate.

How does it all work?

The amount of hormone the thyroid releases is regulated by glands and the hormones they produce. This mechanism is known as the Hypothalamic-Pituitary-Thyroid axis.

The hypothalamus, a small gland located in the brain above the pituitary gland, senses the blood level of thyroid hormone (as T3 and T4) is low. It then secretes thyrotropin releasing hormone (TRH), telling the pituitary gland to release thyroid stimulating hormone (TSH) . In response to TSH, the thyroid pours hormone into the blood, where the level continues to be monitored by the hypothalamus.

TSH levels rise when an inflammation (as in Hashimoto's disease) destroys thyroid cells. It is the body's attempt to overcome the hypothyroidism that occurs when there simply aren't enough functional cells producing the hormone.

Conversely, TSH levels fall when the thyroid overproduces thyroid hormone, causing hyperthyroidism.

Since even slight changes in thyroid hormone can affect TSH levels, testing for TSH (which is both accurate and reliable) can indicate problems with thyroid hormone production.

High levels of free T4 (the active form of the hormone) accompanied by a low TSH indicate hyperthyroidism. Conversely, high levels of TSH with low free T4 levels generally mean hypothyroidism.

A lump in your throat

Uh, oh. The doctor says there is a nodule - a lump - in your thyroid. You're a bit surprised because you've been feeling okay and haven't noticed any tenderness. Just how serious a problem is this?

Thyroid nodules are quite common, especially among women – and thankfully, most are not cancerous. Approximately five per cent of Canadians have solitary thyroid nodules. Multinodular goitres, which can have many swellings within the gland, are most commonly found in older people and are even less likely to be cancerous.

Your doctor will want to investigate further to determine whether the lump is malignant and should therefore be removed. Thyroid cancer usually causes little discomfort and grows slowly. "Most of the thyroid cancers are curable with surgery and radioactive iodine,: says Dr. Robert Volpé, professor emeritus, department of medicine at the University of Toronto. "About 95 per cent which is fairly reassuring."

Nodules usually feel smooth, small and painless, although malignant nodules may feel hard and there may be evidence of lymph node involvement in the neck. The doctor will want a radioactive iodine scan of the thyroid to check its overall structure and highlight suspicious bumps.

In this test, the patient swallows a minute amount of radioactive iodine, which is taken up by functioning thyroid cells. A scanner records an image of the radioactive iodine absorbed by the thyroid tissue, revealing a picture of the functional areas of the gland. If a nodule absorbs this radioactive iodine, it appears at least as dark as the surrounding thyroid tissue. This indicates that the nodule consists of thyroid cells and it is described as 'warm'. Darker nodule images, or 'hot' nodules are lumps that can become too active, causing hyperthyroidism. If a nodule appears 'cold' (it has not adsorbed radioactive iodine), it doesn't have functional thyroid cells and could be cancerous.

Doctors employ fine needle aspiration (FNA), using a thin needle to withdraw material from a 'cold' lump so that it can be examined by a pathologist for signs of malignancy. The procedure is no more uncomfortable than when you have blood drawn for testing. (Drawing fluid from a benign, fluid-filled cyst treats the cyst by collapsing it.)

Ultimately, only about 10 per cent of 'cold' nodules prove malignant and must be surgically removed. The amount of glandular tissue removed depends on how aggressive a form of cancer the patient has and whether it has spread to the surrounding tissues. Following surgery, these patients usually must take thyroxine (thyroid hormone replacement) to discourage the recurrence of cancerous nodules.

From the 1930s to early in the 1950s, doctors ordered x-ray treatment for a variety of conditions affecting children, such as tonsillitis, inflamed adenoids, even teenage acne. It has since been discovered that this irradiation, as well as that used to treat Hodgkin's disease in young people, affected the thyroid gland. People who experienced this type of x-ray treatment (not the regular diagnostic form of x-ray) are more likely to have thyroid nodules and are at greater risk for developing thyroid cancer. If you think you had such treatment, be sure to inform your physician. You will need to have your thyroid checked annually.

If you have benign nodules, it is important to have your doctor check them every six months. Enlarging nodules could indicate thyroid cancer, which is highly curable if detected early.

Jayne MacAulay is an Associate editor, FiftyPlus. Reprinted with permission from CARPNews FiftyPlus, Canada's Publication for the FiftyPlus.

Chapter coming events

Free admission – everyone welcome

Burlington-Hamilton

Location: Joseph Brant Memorial Hospital, Bodkin Auditorium. Free Parking

- March – date-time TBA. **Dr. L. Rice,** Head and Neck Surgeon, St. Joseph Hospital, Hamilton. Topic: *The diagnosis and treatment of benign and malignant disorders of the thyroid gland.*

Location: Royal Botanical Gardens, 680 Plains Road West, Burlington.

- Thursday June 7, 7:30 pm. **Special guest speaker. M. Sara Rosenthal,** author of *The Thyroid Sourcebook,* and a Pharmacist (TBA) from Dell Pharmacies (Hamilton). Topic: TBA. Sponsored by Knoll Pharma Inc. and Dell Pharmacies.

Location: Hamilton

- September. TBA Co-hosted with St. Joseph Hospital, Hamilton

For information call (905) 637-8387

Mall Displays

Location: Community Booth, Mapleview Mall, Burlington

- Mondays, February 12 and 26.

Volunteers needed. Please call Tammy (905) 549-1464

Kingston

Location: Ongwanada Resource Centre, 191 Portsmouth Avenue, Kingston

- Tuesday March 13, 7:30 pm Speaker & topic TBA
- Tuesday April 17, 7:30 pm. Speaker & topic TBA
- Tuesday May 15, 7:30 pm. Speaker & Topic TBA

For information call (613) 389-3691

Kitchener-Waterloo

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

- Saturday, February 10, 2:00 pm. **David Rainham, MD, CCFP**, Kitchener. Topic: *Stress, health and happiness, managing thyroid condition.* Thyroid information table: Michele Donnelly, Knoll Pharma Inc. representative.
- Tuesday, March 20, 7:30 pm. **Dr. John Booth**, Endocrinologist, McMaster Medical Clinic, Hamilton. Topic: TBA
- Tuesday, April 24, 7:30 pm. **Robert Volpé, MD, FRCPC, MACP**, Endocrinologist, St. Michael's Hospital, Wellesley Site, Toronto. National Medical Adviser to the Thyroid Foundation. Topic: *Common questions about thyroid disease.* Annual Meeting.

For information call (519) 884-6423

London

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

- Tuesday March 20, 7:30 pm. **Dr. Ruth McManus**, Endocrinologist. Topic: *Thyroid and other diseases*: *Thyroid and pregnancy/adrenal/diabetes...*
- Tuesday May 15, 7:30 pm. **Pharmacist:** Shoppers Drug. Topic: *Medication interaction - thyroid medication interacting with other prescription and over the counter drugs.*

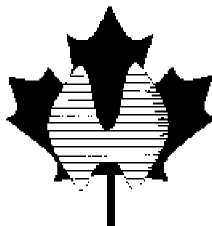
For information call (519) 649-5478

London Spring Fundraiser
'A Touch of Spring' Fashion Show

Location: Grand Hall, Windermere Manor, Collip Circle, London

- Thursday, April 26, 7:30 pm. Tickets $15.00

For more information and where tickets are available please call (519) 649-5478



Montreal

Location: Montreal General Hospital. Livingston Hall

- Tuesday, February 20, 7:30 pm. Speaker & topic TBA.
- Tuesday March 20, 7:30 pm. Speaker & topic TBA. For information call (514) 482-5266

Annual Art Auction

Location: Montreal General Hospital, Livingston Hall

- Saturday, March 31 - Tuesday, April 3. Raffle for three paintings.

For information call (514) 482-5266

Ottawa

Location: Auditorium, Norman Patterson Wing, Ottawa Hospital, Civic Campus, Carling Avenue

- Tuesday, April 17, 7:30 pm **Patient panel with Dr. Timothy O'Leary,** endocrinologist, Ottawa Hospital. **Annual General Meeting.**

For information call (613) 729-9089

Emplacement: L'auditorium, aile Norman-Patterson, de l'hôpital d'Ottawa, campus Civique, avenue Carling.

- Mardi, 17 avril, 19 h 30. **Réunion générale annuelle et témoignages de personnes souffrantes de maladies thyroïdiennes, présentation animée par Dr Timothy O'Leary,** endocrinologue, Hôpital d'Ottawa.

Renseignements composez (613) 729-9089

Saint John

The Greater Saint John Chapter will be holding a public education meeting in late March 2001.

Watch your local papers, listen to your radio station, watch the cable channel for actual date, time and location.

La section de Saint John se rencontre après la mi-mars, 2001, pour une réunion éducative. Le publique est le très bienvenu.

Les journaux, la radio et la station cable télévision vous avertiront la date, l'heure et la location de cette réunion.

Chapter news

Burlington/Hamilton

The Burlington/Hamilton chapter is approaching its first anniversary, March 2001. The past year has been busy with the organization of the new chapter, public education meetings, pharmacy awareness days, mall and library displays along with fundraising events. The Fall *Entertainment Book* fundraising campaign was successful with all 40 books sold. Over 140 people attended the September public education evening to hear Dr. Wendy Rosenthal from Trillium Health Centre.

Dr. A. Hebb addressed the well-attended November meeting in Burlington, talking about thyroid disease. Dr. Hebb informs each of his new patients about the resources available through TFC. The evening ended with a silent auction.

The chapter plans to hold education meetings in different areas throughout the region, offering greater access to members and the general public.

Kingston

Need thyroid information? Visit the chapter office Wednesdays or telephone for an appointment: 613-389-3691.

Please save your A & P Gardiner Centre grocery store tapes for the chapter's "A & P Save-A-Tape Program". We receive $1 for chapter programs for every $450 of tapes.

Montreal

The Montreal chapter has been doing public awareness. On October 15 & 16 we participated in the 50 Plus conference, held at Intercontinental Hotel, Montreal. This conference was sponsored by The Montreal Gazette and other groups. The chapter spent two days giving out brochures and information.

On October 24 the chapter joined a coalition of other groups for a discussion of Women's Health by a panel of doctors. Health Guides were distributed at an information table in the lobby. Montreal chapter hosts the national Foundation's annual general meeting weekend, May 25 to May 27.

Saint John

We urgently need volunteers! We need YOU. We will show you what to do and when to do it.

Help us keep your chapter alive!!. Call Irene 506-696-2247 and leave a message. I await your call.

Nous avons un besoin pressant de bénévoles! Nous vous montrerons quoi faire et quand le faire.

Aidez-nous à préserver notre section!! Appelez-moi, Irène, au 506-696-2247 et laissez le message – je vous attend!

Toronto

The Toronto Chapter members were saddened to learn of the untimely death on November 26th, 2000 of John Abush, son of Gertrude and Max Abush. Gertrude has been a dedicated active member and a founding member in 1981 of the Toronto chapter. She continues to serve on the Toronto Board and has in the past also served on the National Board. John was always interested in the Foundation and his expertise and assistance was appreciated when the Foundation's website was set up. Our heartfelt condolences to Gertrude and her family.

21st Annual General Meeting

Saturday,

May 25, 2001

21st AGM Weekend
Friday, May 25, 2001
to
Sunday, May 27, 2001

Hôtel du Fort
1390, Rue du Fort
Montréal, Québec H3H 2R7

Members of the Foundation and the general public are welcome to attend the 21st Annual General Meeting.

Shirley Penny
National Secretary

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 (Spring):

March 15, 2001

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

Fax:
(519) 971-3694

E-mail:
eantosz@uwindsor.ca

Rapport de recherche de l'été 2000

Dr. Marie-France Langlois

La prévalence des nodules thyroïdiens dans la population générale se situe entre 4%, si on les détecte par palpation et plus de 50% à l'autopsie. La principale méthode diagnostic de ces nodules, la biopsie à l'aiguille fine, laisse un résultat incertain dans 10 à 20% des cas. De ces biopsies suspectes une sur cinq se révèle être une néoplasie maligne à la chirurgie.

La littérature scientifique suggère que la structure des télomères est liée au vieillissement et au cancer. Les télomères sont les extrémités des chromosomes qui permettent le maintient de l'intégrité des chromosomes lors des divisions cellulaires. La télomérase est une enzyme ribonucléoprotéique qui est responsable de la formation des télomères. Cette enzyme n'est normalement exprimée que dans les cellules embryonnaires et, plus tard, dans quelques types cellulaires particuliers comme les cellules germinales. La réexpression de la télomérase dans les tissus cancéreux est associée à l'immortalité de ces dernières et à la formation de tumeurs.

L'objectif de mon project de reserche était de découvrir si la télomérase est un marqueur valide permettant de distinguer entre les tumeurs thyroïdiennes malignes et bénignes. Dans un deuxième temps, la méthode pourra être appliquée aux biopsies à l'aiguille fine afin d'analyser si la détection de la télomérase est un test diagnostic valable et, un tel cas, comment il pourrait être jumelé à l'analyse cytologique présentement utilisée. Ce nouvel élément diagnostic pourrait diminuer le nombre de thyroïdectomies inutiles.

La méthode [TRAP (telomere repeat amplification protocol) assay], a été celle utilisée sur divers échantillons de tissus thyroïdiens afin de détecter l'activié télomérasique. Ces échantillons qui contiennent des pathologies variées ont été récoltés suite à des thyroïdectomies et classifiés grâce à l'examen anatomo-pathologique.

Les résultats ont été regroupés dans le tableau ci-joint qui montre le rapport entre les échantillons télomérase positifs et le nombre total d'échantillons analysés par type de pathologies. Ces résultats se comparent à ceux d'autres recherches sur le sujet. De 29 à 100% des tissus cancéreux et de 0 à 29% des tumeurs bénignes étaient télomérase positif dans les autres recherches. D'autres échantillons devront êtres analysés dans le futur pour conclure si la télomérase est un marqueur valide pour la détection des cancers de la thyroïde.

Je remercie La Fondation canadienne de la Thyroïde de m'avoir donné l'opportunité de m'initier à la recherche et de m'avoir permis de découvrir l'importance de cette dernière pour les maladies thyroïdiennes. Je voudrais aussi remercier Dr. Marie-France Langlois pour son support et son encadrement au cours de ce stage d'été. De plus, je remercie tous les membres de l'équipe du laboratoire du Dr. Langlois pour leur aide et leurs conseils.

Nathalie Morency
Étudiante en médecine
de deuxième année
Université de Sherbrooke

Activité télomérasique de différentes pathologies (télomérase positif/total analysé)

Pathologies	télomérase	
Malin	5/14	
carcinome papillaire		2/6
carcinome folliculaire		1/1
carcinome médullaire		1/3
lymphome thyroïdien		1/1
carcinoma à cellule de Hürthle		0/3
Bénin	5/31	
normal		3/19
hyperplasie nodulaire		0/6
adénome folliculaire		2/3
thyroïdite lymphocytique		0/1
goitre colloïde		0/1
kyste		0/1

2000 Summer Research Report

Nathalie Morency

The prevalence of thyroid nodules in the general population varies between 4% detected by palpation to over 50% at autopsy. Biopsy with a fine needle, the principal diagnostic method for these nodules, produces uncertain results in 10 to 20% of cases. One fifth of the patients with an uncertain diagnosis have a malignant tumour at surgery.

The scientific literature suggests that telomere structure is associated with aging and cancer. Telomeres are the extremities of chromosomes, which allow the maintenance of chromosomal integrity during cellular division. Telomerase is a ribonucleoproteic enzyme which is responsible for telomere formation. This enzyme is expressed normally only in embryonic tissue and subsequently, only in some particular cell types, such as germinal cells. Re-expression of telomerase in cancerous tissues is associated with immortality of cells and tumour formation.

The goal of my research project was to discover if telomerase is a valid marker, which permits the differentiation of malignant and benign thyroid tumours. In the future, this method could be used with fine needle thyroid biopsy to analyse if telomerase detection is an efficient diagnostic test and how it can be associated with current cytological analysis. This new diagnostic test would reduce unnecessary thyroid surgery.

TRAP (telomere repeat amplification protocol) assay is the method used on different thyroid tissue samples to detect telomerase activity. Thyroid samples with many types of pathology were collected after thyroidectomy and classified with histo-pathological examination.

Results are grouped together in the attached table which shows the proportion of telomerase-positive samples and total number of samples, classified by type of pathology. These results are comparable to those of other research on the same subject. In other reports 29 to 100% of malignant tumours and 0 to 29% of benign tumours have shown positive telomerase activity. Thus, more samples need to be analysed in the future to determine if telomerase is a valid marker for the detection of cancers of the thyroid.

I would like to thank the Thyroid Foundation of Canada for giving me the opportunity to be introduced to research and, at the same time, allow me to discover the importance of research on thyroid diseases. I also thank Dr. Marie-France Langlois for her support and supervision during this summer project. Moreover, for advice and support, I thank the staff of Dr. Langlois' labratory.

Nathalie Morency
Second year medical student
Université de Sherbrooke

Telomerase activity of different pathologies

Pathology	telomerase	
Malignant	5/14	
papillary carcinoma		2/6
follicular carcinoma		1/1
medullary carcinoma		1/3
thyroid lymphoma		1/1
Hürthle cell carcinoma		0/3
Benign	5/31	
normal		3/19
nodular hyperplasia		0/6
follicular adenoma		2/3
lymphocytic thyroiditis		0/1
colloid goitre		0/1
cyst		0/1

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?

Depression and thyroid illness

by
Lawrence Wood, MD, FACP

Depression may be the first sign of an overactive or underactive thyroid. The nervousness, anxiety, and hyperactivity of hyperthyroidism often interfere with a person's ability to function in normal daily activities. Both anxiety and depression can be severe but should improve once the hyperthyroidism is recognized and treated.

Depression is more commonly associated with hypothyroidism with its fatigue, mental dullness and lethargy. The depression is often profound and severe enough that a physician may mistakenly treat the patient first for depression without testing for underlying hypothyroidism. Since most hypothyroidism begins after age 50, the symptoms are often attributed to aging, menopause and/or depression.

Postpartum depression

Approximately one in 20 women experience a change in thyroid function following pregnancy. Since this is a time when the responsibilities of a young mother are considerable, she may attribute the fatigue and emotional symptoms as a natural result of her increased duties and lack of sleep. Some physicians have suggested, however, that every young mother who experiences depression should have a TSH test to be sure her thyroid function is normal.

Bipolar mood disorders and thyroid disease

Bipolar is a relatively new term that psychiatrists are using to describe individuals whose emotions tend to swing from highs to lows, elation to the 'blues'. A subgroup of this population experience 'rapid cycling', meaning that they have at least four major highs and lows per year. Studies of patients with rapid cycling bipolar disease (80% of whom are women) have shown that 25-50% have evidence of thyroid deficiency. Some feel well, and their only evidence of thyroid failure is an increased level of TSH in their blood. Others are clearly hypothyroid.

Lithium: a problem for some patients

Physicians have prescribed lithium in the treatment of depression for years. It has a low incidence of side effects and a high success rate in treating depression, especially bipolar disorders including the rapid cycling described above. Unfortunately, in individuals with an underlying tendency toward thyroid dysfunction, lithium may cause hypothyroidism. Since most physicians are aware of this relationship, it is now common for a physician to first check the serum TSH levels of a patient before prescribing lithium, repeating the thyroid test periodically while the patient is on the medication.

Are you at risk?

Not all individuals with depression have a thyroid problem. Nevertheless, because thyroid dysfunction can be so difficult to recognize yet so responsive to treatment, most physicians will order an initial serum TSH test to evaluate thyroid function.

You are at increased risk if you or a close relative has had a thyroid problem. Your risk is also increased if you have a related autoimmune condition such as diabetes requiring insulin treatment, pernicious anemia, or the white skin spots of vitiligo. You are also more likely to develop thyroid dysfunction if you or a close relative have had prematurely gray hair (one gray hair before thirty) or any degree of ambidexterity or left-handedness.

But why risk missing a thyroid problem if you are depressed? Discuss these concerns with your physicians and be sure that your TSH has been checked before you are treated for depression.

Dr. Wood, President and Medical Director of The Thyroid Foundation of America, is an Instructor in Medicine at Harvard Medical School and an Associate Physician, Massachusetts General Hospital, Boston.

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Please note!

New mailing address:

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde
PO BOX/CP 1919
STN MAIN
KINGSTON ON K7L 5J7

* * * * *

New website address:

www.thyroid.ca

The previous website will continue to be operational for some time.

Call for nominations 2001-2002

Nominations are invited for election of executive committee officers and members-at-large on the Foundation's 2001-2002 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 May 26, 2001, 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).

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 2000-2001 committee is:

Arliss Beardmore, Chair, Vancouver, BC

Ellen Garfield, Toronto, ON

Nora Hockin, Ottawa, ON

Lois Lawrence, Azilda, ON

Nancy Sellick, Charlottetown, PE

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

Arliss Beardmore
Nominating Committee Chair
2250 West 33rd Avenue
Vancouver BC V6M 1C2

Tel./Fax (604) 266-5089

E-mail arliss2250@aol.com

Deadline:
Thursday March 15, 2001

National executive committee positions & duties

( ) Number of years incumbent in office

President (1)

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 (2)

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 (1)

Heads a committee that prepares and updates educational material in collaboration with the medical adviser; facilitates bringing 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 (.5)

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

Attitude, approach and application

by
Denise Donohue

When you are diagnosed with a serious chronic disease, it is normal to question your well-being and your mental ability to cope with the life changes that are part of living successfully with any autoimmune disease.

A few basic questions are crucial for you to consider for you to better manage your illness. Understand your illness and the treatment plan established by your physician. Ask questions of your doctor about your particular condition, especially what changes and symptoms you can expect to encounter.

Following the treatment plan designed by your physician is vital. If you are unsure of the treatment plan, do not be afraid to ask questions or even get a second or third opinion. Ask questions about the side effects of medications and medical tests and the effect or benefit they will have on your condition.

Let your doctor know if some new symptom is occurring. Persons with chronic illness often feel that their doctors are going to think they are chronic complainers if they are honest about how they are feeling. They may worry that their doctor will simply give them more prescriptions, adding to the many medications they are already taking.

Another fear patients may have is that if they complain too much, their doctor may not want them as patients. It is much better to discuss what is going on and how it might be treated than to worry about what the doctor will think.

Don't be intimidated by the medical profession. Remember, your doctor is your partner in fighting your disease. Be honest with your doctor. You hurt only yourself if you are not up front with your physician. Play a role in your treatment plan. Once satisfied that it is right for you, follow it.

Fatigue may accompany many of the autoimmune diseases. Learning how to pace your activity level can put you in control of your illness. It is important to listen to your body and stop before you feel you are tired. Pacing your activity can help you sustain a relatively normal and consistent energy level. Patients often feel guilty if they slow their pace and therefore rest only when they are not feeling well or are very tired. This forced rest period can last a few days and patients then try to "catch up" and accomplish all they were unable to do during the time they were resting.

The cycle of high activity and prolonged rest periods can interfere with the management of the disease process.

newly diagnosed patients feel the "anger, denial, bargaining, depression and acceptance"

Some autoimmune diseases create the need for more medication to control the constitutional symptoms that accompany the illness. By learning to spread out your work load, you will be able to accomplish as much while feeling better both physically and emotionally.

If you have an autoimmune disease that requires a special diet, following this diet is very important. Doing so can play a major role in the management of your illness and your sense of well-being. Learning the basics of nutrition and healthy food preparation puts you in control of your diet and leads to better management of your disease.

You can expect to have a variety of emotional responses. Typically, newly diagnosed patients feel the "anger, denial, bargaining, depression and acceptance" cycle identified by Elizabeth Kubler-Ross as a response to coping with a significant loss and major life changes.

You may feel isolated from others and experience fear of the unknown future. Understanding these responses and their causes will help you determine what works best for you in overcoming them. Be open and forthright with those around you. It is important that you do not blame everything that goes wrong on your illness.

Use "I" messages with others. If you are not feeling well, say "I'm not feeling well and I could really use your support." "You" messages are usually interpreted defensively and get in the way of the real issue, which is your need for support. It's okay to lean on your support system when you have the need for it.

Chronic illness often has so many ups and downs that it can be emotionally draining. How you handle this emotional roller coaster is very important and personal. Some of the techniques may involve trying to keep up a normal lifestyle, pacing yourself and your activities, using relaxation techniques, covering up your pain and joining support groups. You must find out what works best for you. Understand that your emotional state and just trying to cope, can be fatiguing in themselves. This understanding is a step in the right direction.

Give yourself and your family time to adjust. Nobody adjusts overnight to something that may significantly impact on one's life. Viewing life with a serious illness as one more of life's challenges is helpful. Understand that you might experience feelings of worthlessness, depression, anger and self-pity. It is normal to experience these feelings. They help you master coping techniques. Joining a support group for persons with the same illness is very helpful to many patients. Professional counseling may be in order if you are unable to cope in spite of everything you do.

Understand that you did nothing to cause your illness. Bad things do happen to almost everyone at some time in their lives. It is how we deal with these life changes that makes the difference between a life of coping and a life of moping. Dealing with the emotional aspect of having a chronic illness is a challenge. Often the unpredictability of a serious illness makes you feel out of control of your life and well-being. This can cause anxiety for both you and your family.

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NOTICE TO MEMBERS

Effective immediately, the Thyroid Foundation of Canada will no longer be selling books but will be providing a Recommended Reading List. In order to deplete the current stock of books, you may purchase the following by contacting the National Office.

TITLE	PRICE
• **How Your Thyroid Works,** *H. Jack Baskin,MD*	$12.00
• **The Thyroid Gland, A Book for Patients,** *Joel I. Hamburger, MD, in collaboration with Michael M. Kaplan*	$15.00
• **Your Thyroid: A Home Reference,** *Lawrence C. Wood, MD, David S. Cooper, MD, E. Chester Ridgway, MD*	$21.00
• **Thyroid Disease, The Facts,** *R.I.S. Bayliss, MD & W.M.G. Tunbridge MD*	$27.00

Venette Godbout, Vice-President Operations

Please Help!

Our educational material and programs are made possible by donations and memberships from caring people.

Nous comptons sur votre appui!

Nos programmes et matériaux éducatifs sont possibles grâce à la générosité des gens comme vous.

Membership/Donation Form

Awareness ♥ Support ♥ Research

New memberships run 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 or fax.
All donations and membership fees qualify for a tax receipt. Please send your application and payment to:

THYROID FOUNDATION OF CANADA, PO Box/CP 1919 Stn Main, Kingston ON K7L 5J7
Tel: (613) 544-8364 or (800) 267-8822 • Fax: (613) 544-9731 • Website: www.thyroid.ca

Please Continue Your Support—We Need You!

National Office/Bureau national

Staff/équipe

Katherine Keen, National Office Coordinator/Coordinatrice du bureau national
Helen Smith, Membership Services Coordinator/Coordinatrice des services aux membres

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 • **Website:** www.thyroid.ca

Chapter & Area Contacts/Liaisons pour les sections 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	Trish Marshall	(403) 246-2841
Edmonton	Muriel Winter	(780) 476-3787

SASKATCHEWAN

Saskatoon	Olive Buck	(306) 382-1492

MANITOBA

Winnipeg	Enid Whalley	(204) 489-8749

QUEBEC/QUÉBEC

Montréal	Sharon Goodman	(514) 482-5266

NEW BRUNSWICK/NOUVEAU BRUNSWICK

Moncton	Bob Comeau	(506) 855-7462
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NOVA SCOTIA/NOUVELLE ÉCOSSE

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