

Thyrobulletin

Spring 2021



TFC Webinar March 7, 2021

The Panelists (L-R)

Top: Laz Bouros, President; Dr. Deric Morrison, Endocrinologist, TFC Medical Advisor

Bottom: Kim McNally, Vice President and Director, Patient Support; Lauri Martin, Help Team Member, Tatyana Medvedyeva, Director, Public Relations



Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde



Founder / Fondatrice
Diana Meltzer Abramsky, C.M., B.A.
1915 - 2000



The Voice and Face of Thyroid
Health in Canada

La voix et le visage de la santé
thyroïdienne au Canada

Thyroid Foundation of Canada
La Fondation canadienne de la Thyroïde

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

Avis Important: Les renseignements contenu à l'intérieur sont à titre d'information générale et conséquemment personne ne doit les considérer comme conseils médicaux. Pour traitement ou diagnostique individuelle veuillez consulter votre médecin.



MESSAGE FROM THE PRESIDENT MESSAGE DU PRÉSIDENT

Dear Members,

The Thyroid Foundation of Canada continues to make progress in the areas of public education and research. On March 7th, we held our first virtual public education Zoom webinar. This pilot, which was planned to allow us to learn more about hosting educational webinars, was a resounding success! It featured our own medical advisor, Dr. Morrison as guest speaker, and a panel of thyroid patients who each spoke about their experience with thyroid disease. The panelists included Kim McNally, our Vice-President and Director of Patient Support, who spoke about Thyroid Cancer; Lauri Martin, a key volunteer on our Help Line Team who spoke about Hashimoto's Thyroiditis; and Tatyana Medvedyeva, our Director of Public Relations who spoke about Toxic Multinodular Goitre.

After each patient's story, Dr. Morrison commented on the highlights of the thyroid condition. Once all the panelists completed their stories, Dr. Morrison answered questions from the audience. Attendees were asked to use the Q & A feature of Zoom to enter their questions. Katherine Keen, our hard-working administrator, looked after the submitted questions and read them out for Dr. Morrison. Tatyana Medvedyeva also assumed the role of "producer" for the webinar and helped manage the technical aspects of the Zoom webinar. Following the webinar, we received many emails from attendees who were very happy with this educational event. (Sample responses are provided on page 4). As a result, we are planning to have an additional 3-4 webinars next year!

On the research side, the agreement we signed with the Canadian Society of Endocrinology and Metabolism (CSEM) last October was implemented. In March, the Thyroid Foundation of Canada Research Award was announced on the CSEM website (see <https://www.endo-metab.ca/awards-and-grants/thyroid-foundation>). It specified that "an award of \$50,000 per year for 2 years will be granted to a researcher focused on thyroid disease. The grant may be extended for an additional year based on progress reports after 10 and 22 months which will be reviewed by the CSEM Awards Committee as well as the TFC." All researchers are encouraged to apply for the grant. The award will be presented to the selected thyroid researcher at the Annual Professional CSEM Conference in November 2021. To volunteer or for assistance with a thyroid issue, please contact us at 1-800-267-8822 or by email at: info@thyroid.ca.

Wishing that everyone is well and keeping safe throughout this difficult period.

Laz Bouros, President

Chers membres,

La Fondation canadienne de la thyroïde continue de faire des progrès dans les domaines de l'éducation du public et de la recherche. Le 7 mars, nous avons organisé notre premier webinaire virtuel Zoom sur l'éducation du public. Ce pilote, qui devait nous permettre d'en savoir plus sur l'hébergement de webinaires éducatifs, a été un franc succès! Il mettait en vedette notre propre conseiller médical, le Dr Morrison en tant que conférencier invité, et un groupe de patients thyroïdiens qui ont chacun parlé de leur expérience de la maladie thyroïdienne. Les panélistes comprenaient Kim McNally, notre vice-présidente et directrice du soutien aux patients, qui a parlé du cancer de la thyroïde; Lauri Martin, une bénévole clé de notre équipe d'assistance qui a parlé de la thyroïdite de Hashimoto; et Tatyana Medvedyeva, notre directrice des relations publiques qui a parlé du goitre multinodulaire toxique.

Après l'histoire de chaque patient, le Dr Morrison a commenté les faits saillants de l'état de la thyroïde. Une fois que tous les panélistes ont terminé leurs histoires, le Dr Morrison a répondu aux questions du public. Les participants ont été invités à utiliser la fonction de questions et réponses de Zoom pour saisir leurs questions. Katherine Keen, notre administratrice assidue, s'est occupée des questions soumises et les a lues pour le Dr Morrison. Tatyana Medvedyeva a également assumé le rôle de «productrice» pour le webinaire et a aidé à gérer les aspects techniques du webinaire Zoom. Suite au webinaire, nous avons reçu de nombreux courriels de participants très satisfaits de cet événement éducatif. (Des exemples de réponses sont fournis à la page 4). Par conséquent, nous prévoyons d'organiser 3-4 webinaires supplémentaires l'année prochaine!

Côté recherche, l'accord que nous avons signé avec la Société canadienne d'endocrinologie et le métabolisme (CSEM) en octobre dernier a été mis en œuvre. En mars, la bourse de recherche de la Fondation canadienne de la thyroïde a été annoncée sur le site Web du CSEM (voir <https://www.endo-metab.ca/awards-and-grants/thyroid-foundation>). Il précise qu'«une bourse de 50 000 \$ par an pendant 2 ans sera accordée à un chercheur spécialisé dans les maladies thyroïdiennes. La subvention peut être prolongée d'une année supplémentaire sur la base des rapports d'étape après 10 et 22 mois qui seront examinés par le Comité des prix du CSEM ainsi que par le TFC.» Tous les chercheurs sont encouragés à postuler pour la subvention. Le prix sera remis au chercheur thyroïdien sélectionné lors de la conférence professionnelle annuelle du CSEM en novembre 2021. Pour faire du bénévolat ou pour obtenir de l'aide pour un problème de thyroïde, veuillez nous contacter au 1-800-267-8822 ou par courriel à: info@thyroid.ca.

Souhaitant que tout le monde soit bien et en sécurité tout au long de cette période difficile.

Laz Bouros, Président

VIRTUAL PUBLIC EDUCATION WEBINAR

Feedback from TFC Webinar Participants

Here is a sampling of the feedback we received from participants from our March 7th educational webinar.

"Thank you to all those that made this webinar available to us today! It was very helpful and informative. I would really encourage you to offer this again since it is very helpful for those of us that live a long way from Toronto. I am so glad that there is a Canadian Thyroid Foundation because there is a strong need for more research and information available for those of us dealing with this disease. I felt unheard for many years when I was exhausted and gaining weight when I knew something was wrong. It seems that the T4 numbers were more important than how I felt. Why are there such differences between what is considered optimal in Canada and United States? Once my numbers came closer to 2, I actually felt like a person again. Again, thanks and please know that you are making a big difference to people by offering information in a variety (of) ways."

Sandra S.

* * *

"This was a great Webinar, thanks to everyone for their time and effort producing this, I do wish it was longer. Is there a list of Endo's available thru the Foundation that are experienced with Hashimoto's specifically? I have been treated by my MD for 15/16 years and I no longer have him as I moved 3 hours away, and the doctors out here don't seem to have the knowledge about this disorder. I hate calling it a disease as it sounds like something that people can catch. I am developing other autoimmune disorders as I move thru the years and would like to be able to see an Endo to make sure things are working well. In the fall I had a few incidents where I was going into AFIB and the second visit to ER. the doctor there recognised that I was a thyroid patient, did blood work and found my levels were high and lowered them as he has seen it before where this was triggering the AFIB. With the lower dose I have not had any AFIB issues like that, in about 4 months. I kind of feel that I would like to speak with someone who has more expertise in my area. Thanks for everything and have a Rainbow Day."

Mary L-F.

* * *

"Just a quick note to express my thanks for your webinar yesterday. I not only found it informative but also reassuring that others have gone through similar issues as myself. I am still having issues with the dosage prescribed but now have an excellent family doctor who both listens and cares - does not dismiss me as a hysterical female. Thanks once again."

Anne M.

* * *

Awesome meeting! I loved it. Thanks so much.

Cassandra H.

* * *

I look forward to reviewing the presentations. Thank you.

Audrey H.

* * *

From the Chat Room

From Pat to All panelists: "Before we end...thank you all!!!!"

* * *

From Angie to All panelists: "Thank you for doing this webinar today!

Please consider doing this again. I have Hyperthyroid (Graves') disease and am still taking meds, 5 years on...would like to hear more about Graves another time."

* * *

From Mary L-F. to Everyone: "I had a wonderful Doctor who was sure I had an Auto Immune he just was having problems figuring out which one. He worked very hard trying to figure out what it was. I have Hashimotos as well and it is nice to hear someone having similar issues to myself. Thanks for sharing Lauri. I would love to be involved in other Webinars in the future. Thank you so much to all for your time."

* * *

From Pat to All panelists: "I have Hashimotos as well. Very familiar with the run around in circles. Thank you, Lauri, for sharing."

* * *

From Sandra to All panelists: "I found this very helpful. Please do this again!"



Watch the webinar: <https://youtu.be/yDXiAm613j0>



41st AGM - June 12, 2021

Virtual Zoom Meeting

More information will be posted on our website and sent by email.
Members of the Thyroid Foundation of Canada are invited to attend.

THYROID FOUNDATION OF CANADA - CALL FOR NOMINATIONS 2021-2022

The National Board is accepting nominations for positions on the Board for the coming year 2021-2022.

As per The By Laws, Article No. 17 (a) a. Number of Directors. The Board shall consist of a minimum of five (5) directors and up to a maximum of twelve (12) directors elected by the membership plus the immediate past-President if s/he agrees to serve. If vacancies exist on the Board, the Board may appoint directors up to a maximum of one-third of the Board. The term of any appointed director shall expire at the close of the next general meeting.

If you are interested or know of anyone who might be interested, please contact the Nominating Committee Chair at nominations@thyroid.ca or call 1-800-267-8822. Closing date to be announced.

Kim McNally, Nominations 2021-22 Committee Chair

LA FONDATION CANADIENNE DE LA THYROÏDE - APPEL DE MISES EN CANDIDATURES 2021-2022

Le Conseil national accepte des candidatures pour des postes sur son Conseil d'administration pour l'année 2021 - 2022.

Conformément à l'article n ° 17 (a) - Le Conseil d'administration est composé d'un minimum de sept -- directeurs/trices et jusqu'à un maximum de 15 directeurs/trices élus par les membres en plus du/de la Président(e) sortant (e) si il / elle s'engage à continuer. Si les postes vacants existent au sein du conseil, le Conseil d'administration peut nommer des directeurs/trices jusqu' à un maximum d'un tiers du conseil. Le terme de tout directeur/trice nommé fini à la fin de la prochaine assemblée générale.

Si vous êtes intéressé ou connaissez quelqu'un qui pourrait être intéressé, s'il vous plaît contactez le président du Comité de mise en candidature à nominations@thyroid.ca ou composez le 1-800-267-8822. Date de clôture à venir.

Kim McNally, Président du comité des candidatures 2021-22

TREATING HYPOTHYROIDISM WITH LEVOTHYROXINE/LIOTHYRONINE COMBINATION THERAPY

Overview of Combination Therapy

The American Thyroid Association (ATA), British Thyroid Association (BTA), and European Thyroid Association (ETA) held a joint conference to discuss combination therapy. Combination therapy (with levothyroxine, LT4, and liothyronine, LT3) has shown conflicting results in clinical studies with a few studies showing benefits and others showing benefits in only some measures. However, there seems to be a trend of patients reporting positive results. More recent evidence has demonstrated novel insights regarding the mechanism underlying the relationship between serum and tissue thyroid hormone levels, which can now guide the design of future combination therapy trials (with the hope that this new knowledge can increase efficacy). With LT4 treatment alone (monotherapy), there is an increase in T4 and a relative decrease in T3 levels. However, clinical and preclinical studies suggest that combination therapy restores normal tissue levels of thyroid hormones. As such, combination therapy may be a promising approach, but requires further study.

Future Combination Therapy Trials Must Account for Several Factors

The article emphasizes several issues with previous clinical trials that may be resulting in conflicting evidence. Importantly, these trials recruited hypothyroid patients regardless of whether they were symptomatic or not. Additionally, they did not specifically recruit patients who voiced dissatisfaction with traditional monotherapy, which is important because they may be more likely to benefit from combination therapy. A longer duration (1+ year) of

combination therapy should also be studied, provided that TH replacement is a life-long intervention. Subgroups should also be analyzed (i.e. thyroid cancer versus or hypothyroidism due to removal or destruction of the thyroid) so that we have information on the benefits of combination therapy for different conditions. Lastly, all experiments should be blind (the researcher and participant should not know which treatment was provided). Lastly, dosage of LT3 for combination therapy needs to be fine-tuned to include a twice-daily or slow-release preparation of LT3 if available.

Approaching Combination Therapy

The article also explains that if combination therapy is being considered, the expectations of this treatment should be clearly explained to patients. It must be explained that combination therapy is a nonstandard treatment and as such, the risks are currently not clear (there may be risk for accelerated osteoporosis and atrial fibrillation with stroke risk). The trial of a nonstandard treatment may also come with significant monetary cost and treatment should be discontinued if no benefit is experienced within a reasonable window (~3–6 months). The compliance, timing, and monitoring of the treatment should also be explained.

Summary written by Hanista Premachandran

For the complete article, please see: <https://www.liebertpub.com/doi/10.1089/thy.2020.0720>

E-MPATHY STUDY

The first ever global survey on hypothyroidism conducted by Thyroid Federation International (TFI) ended on February 28th, 2021. Over 4,500 people in 59 different countries participated! Answers came from patients with Hashimoto's, Graves', thyroid cancer, congenital hypothyroidism and even some rare thyroid diseases.

Preliminary results indicated that of the 4,500 results, a quarter didn't finish the survey for any reason. Two-thirds of the responders answered the questions in English and one-fifth answered in French. The rest were divided over German, Italian and Spanish.

The research team for the E-MPATHY study will now begin their work. This team led by Petros Perros – UK, Laszlo Hegedus – Denmark, Enrico Papini – Italy and Endry Hagy – Hungary will evaluate all the results to understand patient experiences with treatment and care and the feedback from patients to find unmet needs.

A one-minute satisfaction assessment survey to help TFI improve their survey approach is provided below. Please select the link to participate by answering three quick questions.

https://click.mlsend.com/link/c/YT0xNjMzNTU1NTE0Mjc5MzM2MjMzMmM9ZThmMSZlPTAmYj01MzkyNTg3NjcmZD1wNnE5Yjdz.HP1-tGHGGPkjOWPqShHTahka1Mu9__qUCh495DE19pQ



ASK THE DOCTOR

Dr. Deric Morrison



From Isabelle, Quebec

1 - I would like to know what could be the impact of taking soy milk when a person takes Synthroid?

Many foods can interfere with absorption of thyroid hormone (e.g. Synthroid or Eltroxin). It is ideal to take thyroid hormone at least four hours after taking soy, dairy, calcium supplements/antacids, iron supplements. Probably also best to wait about an hour before eating, but the most important thing is to take at the same time, and in the same way each day, the time of day is not important as long as there is consistency.

2 - If the Synthroid has always been taken a few minutes before the intake of milk, and the TSH is normal, should we still wait 30 min before taking the milk / calcium? Or is there a risk of TSH dosing being disrupted and medication adjustment necessary?

Consistency is most important; if someone was just starting thyroid hormone replacement, I'd advise not to take it with dairy, as above, but if this has been a steady routine and TSH is normal I would not change anything. If one decided to stop drinking the milk for some other reason, then a TSH test should be checked in about 6 weeks to see if a dose reduction would be necessary.

3 – What other possible causes can there be for the drop in TSH to 0.21, in a 52-year-old woman, in good health, without any other co-morbidities, complying with her medication, physically active, with healthy eating habits ?

Changes in thyroid hormone requirements are most often due to changes in absorption. This can be due to variations in how the medication is taken (with and without food, missing doses, extra doses), or changes in the gut (acid levels) e.g. taking antacid drugs not only can bind the thyroid hormone, but could change the stomach acid environment and have an effect on absorption. Gut diseases like celiac, inflammatory bowel diseases and other causes of malabsorption could cause an increase in thyroid hormone requirements; fixing any of these things could cause a decrease in dose requirement.

Changes in weight can effect the amount of thyroid hormone needed, increase in weight might result in increased dose requirement, vice versa for weight loss.

Changes in thyroid hormone binding protein levels can effect the need for thyroid hormone.; e.g. estrogen level changes, more estrogen (pregnancy, birth control pill, hormone replacement therapy) means more thyroid hormone binding proteins, less free (active) thyroid hormone, and a need for increased thyroid hormone dose. Less estrogen (e.g. menopause), means less thyroid protein binding proteins and that could mean a need for a dose reduction – this could be what is going on in this case.

Rarely something can interfere with the accuracy of the TSH, e.g. taking high dose biotin can falsely lower TSH, the TSH should be repeated about a week after stopping biotin. Very rarely some people have antibodies in their blood that interfere with TSH testing and usually this would cause falsely high levels, this is very uncommon.

Deric Morrison, MD FRCPC, ECNU, Endocrinologist,
Assistant Professor, Division of Endocrinology, Dept. of Medicine,
University of Western Ontario, London, Ontario

TATYANA'S THYROID JOURNEY

By Tatyana Medvedyeva

My story, much like each of yours, is slightly different and unique just to me. But I'm hoping that in sharing it, no matter my unique nuances, you will find a story that is relatable, empowering and encouraging!

Here's what I believe:

- I believe my story will be relatable for you because I know firsthand what it is like to have HYPERthyroidism and I also know firsthand what it is like to have HYPOthyroidism.
- I also believe that my story is unique not only because of how I developed my thyroid condition, but most importantly because I've had great medical doctors from the start who have been advising me and advocating for me to do the right treatment and it was ME that wasn't listening to them. Should I have listened to them in the beginning, the past 30 years of my life would have been drastically different!
- And because of this, I also believe my story will be empowering and encouraging for you. Just know and be encouraged that there are amazing family doctors and endocrinologists out there! And please be empowered by knowing that it is up to you to find them and partner with them for your best health – YOU are your own best advocate, just remember that!

So, let me share my story with you...and it's best to start from the beginning. My name is Tatyana, I am 40 years old and I no longer have a thyroid. A year and half ago I had a total thyroidectomy which means my whole thyroid was removed because it is the best treatment for the thyroid condition I had - a multi nodular toxic goiter.

I bet you are saying to yourself....a multi what?

A goiter refers to an enlarged thyroid gland. Sometimes, a person can have a goiter that has multiple nodules or bumps on it, which is called a multinodular goiter. A toxic goiter is one that makes too much thyroid hormone, resulting in a condition called hyperthyroidism.

How did I develop this hyperthyroidism...well, I was born in Ukraine and when I was 6 years old, in the early morning hours of April 26, 1986, the Chernobyl Nuclear Power Plant exploded, creating what is considered the worst nuclear disaster the world has ever seen. The result was a massive radiation leak that exposed most of Europe to long-term health impacts.

You see the type of radiation released is rapidly ingested through the air and tends to localize in the thyroid gland. Within 3 months people were dying, getting sick and everyone was mandated to take iodine pills. Children and youth were impacted the most - by the early 2000s, as many as 20,000 thyroid cases were diagnosed in patients who were under the age of 18 in 1986.

Me? Well, for someone who never got sick, I was now constantly unwell...fast forward 6 years and I was now 12 years old. I had large bumps on my neck, I was super skinny, super hyper, my moods were all over the place, I had insomnia, my hair was short, thin and fragile and I just could not tolerate heat!

The doctors were telling my mom I need my thyroid removed because I now had 3 nodules and each of them was pumping out thyroid hormones. But because we were immigrating to Canada, my parents decided that a new change of hemisphere and its environment and first world medical care would be much better for me, therefore we should pause the removal for now and reassess after a few years in Canada.

My thyroid was monitored every few months and the nodules stopped growing, biopsies came back as inconclusive and my thyroid levels were in range. Meanwhile, I still had all the hyperthyroidism symptoms I mentioned before. Difference was... this had now become the norm, that's who I was and I and everyone around me didn't know a different Tatyana. So, when Canadian doctors were now recommending thyroid removal, and I was now a teenager with my own voice – I vocally declined!

Thank goodness for my doctors sticking with me – they got me to agree to continue monitoring every 6 months and if something changed we would reopen the conversation. Guess what, this continued until I was 35 years old and I couldn't get pregnant. But shockingly I still refused any kind of thyroid treatment. Then I had some fertility treatments and I finally gave birth to a healthy amazing human at the age of 37.

But here's where the story changes....it was a very difficult childbirth with many treatments and complications taking a BIG toll on my thyroid. The nodules remained the same in size but the thyroid levels were now through the roof to the point that my heart beat was 140 beats in a sitting position. This was when I finally started listening to my endocrinologist – my treatment: complete thyroid removal but before that I was placed on antithyroid pills to lower my levels and beta blockers to lower my heart beat as these needed to be stabilized before surgery. This alone started to improve my everyday life!

My thyroid removal surgery went as planned, I took a daily dose of Synthroid thyroid hormone every morning and for the first month I thought this was the best thing ever because I felt great....and then the HYPOTHYROIDISM hit me...and for someone who had been hyper all her life, I literally thought I was dying. I was freezing all the time, my brain was foggy, I gained a lot of weight and my whole body felt like melted rubber – I just couldn't move.

The difference this time was that I had learned my lesson – I was no longer pretending that is normal and I really partnered with my doctor to get me help. I learned that it usually takes about 6 months to a year to normalize your new thyroid levels post removal, but with the help of my doctor we stabilized me in 5 months via a tailored plan just for me – I take 2 different doses a week vs just the typical 1 dose every day, I am kept on a slightly higher end of the range to mimic my previous energy level and I have a very strict morning diet and afternoon supplements plan. It has been a year since that took place and I am a whole new balanced human being!

My hair and skin completely changed for the better, I don't have mood swings, my weight stabilized and I now have normal thermal body regulation.

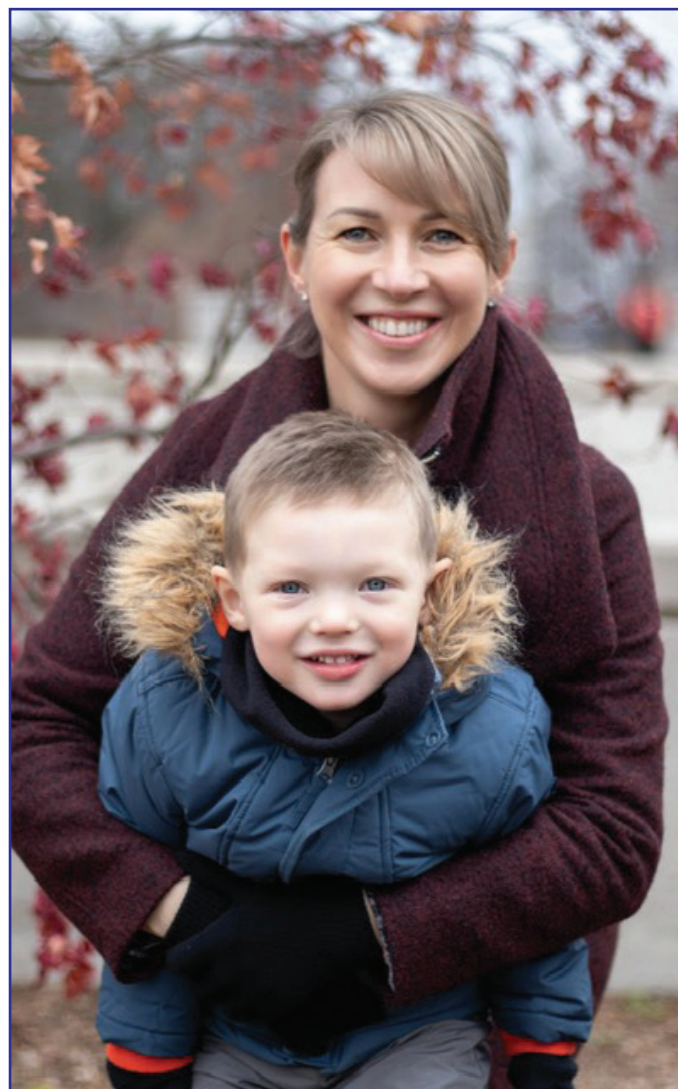
Hindsight is 20/20, but I really should have listened to those doctors back in Ukraine when I was 12 years old. I would have had a completely different life!

And this is my message to you...if you don't feel well – don't normalize that in your head. If you are not feeling heard – keep searching for the right providers. But also ask yourself are those providers telling me what I don't want to hear – because that was the case with me. I thought I wasn't being heard, but in reality it was me that wasn't listening – my providers were right all along, I just had to partner with them to find a solution that I was comfortable with.

Because of this personal trajectory I decided to volunteer for the Thyroid Foundation of Canada and become a thyroid health advocate!

And here's the end of my story. I wish each of you a similar positive outcome. Feel free to ask me any questions; I'm here to support! Thank you!

Tatyana Medvedyeva is TFC's Director of Public Relations



Tatyana and Luka



Do you have a thyroid story you would like to share with others?

Send your 500-1,000 word story with a couple of photos to: info@thyroid.ca

MY ONGOING JOURNEY WITH HYPOTHYROIDISM

By Hanista Premachandran

My interest in volunteering with the Thyroid Foundation of Canada stems from my personal history with hypothyroidism. I was diagnosed in the seventh grade when I was 12-years old, and I never really thought much about the diagnosis or understood the disorder until years later. My story begins when my dance teacher noticed that my neck looked “swollen” and pointed it out to my mother. Following several medical appointments with my pediatrician, I was diagnosed with hypothyroidism.

The only symptom that was ever mentioned to me by my pediatrician was that I may gain weight more easily as a result of a slower metabolism, and that was all I understood about the condition. I was prescribed levothyroxine, and the medication seemed to be working well as I felt pretty normal. Throughout those early years, I never spoke about my condition to my peers because it felt odd to be so young and having to take medication. I suppose I was afraid of what they would think or say about my condition. I was not comfortable sharing details of my diagnosis until I reached my late teens, which coincided with acquiring more knowledge regarding thyroid disorders and feeling more empowered through the knowledge I gained.

Interestingly, it was not until the transition from high school to university that I started experiencing more symptoms of hypothyroidism (such as feelings of depression, hair loss, weight gain, cold sensitivity). After speaking to my doctor and running some tests, he increased my dosage and I felt better. The following year, my tests came back “normal,” but my doctor increased my dosage a bit to help me lose weight and reduce my blood sugar levels to prevent prediabetes. However, this only seemed to exacerbate my reported symptoms.

At this point in my life, I had begun graduate school, and I assumed that most of my symptoms were due to stress caused by graduate school. So, I didn’t take my symptoms too seriously. But the symptoms began to worsen, and I visited another doctor who asked me when my last change in dosage was, to which I replied, “about 10 months ago.” I was then advised to follow-up within 6-10 weeks every time my dosage changed, which came as a surprise to me. My previous doctor had advised me to come in annually, so I did not realize the importance of following-up weeks after a change in dosage. I later switched doctors and have been following up more frequently to check my TSH levels and I feel more in control with my condition.

Throughout the entire process of changing my medication several times, I felt very confused and alone, as I didn’t have any friends or colleagues who shared a similar experience. I was surprised by how drastically hypothyroidism could affect my life.

Although I was diagnosed as a pre-teen, I never understood the gravity of thyroid disorders until I experienced more of the symptomology as an adult. This was when I decided that it would be in my best interest to better understand my condition as my doctors mostly focused on only the weight gain part of the condition.

When I started looking into online resources, I came across the Thyroid Foundation of Canada during one of my initial searches and found a lot of useful information on the website. A few years later, and here I am volunteering on the board of directors as the Director of Research! Living with hypothyroidism has been and continues to be an interesting journey from which I have gained a lot of perspective. I hope to better educate myself and others on thyroid disorders in the future and I am grateful to be volunteering with such an amazing team of hardworking individuals with similar experiences!

Hanista is TFC’s Director of Research. She is currently working on her Ph.D in Psychology at the University of Toronto.



Hanista and Max

VOLUNTEERS NEEDED!

Fundraising

This director position provides a great opportunity for someone who has some experience in fundraising and enjoys working with a variety of activities to help manage TFC's fundraising program. The Director:

- conducts long-term planning for fundraising with the required resources and targets that address planned giving, corporate donations, grants, annual giving and special events (June is Thyroid Month)
- defines and implements annual fundraising activities
- develops fundraising materials for the TFC Website, Thyrobulletin, social media, etc. and engages in public speaking activities as required
- as a regular board member, participates in meetings, teleconferences and Annual General Meeting
- discusses policy issues, direction, performance and reviews financial data.

Help Line Support

A bilingual volunteer is required to respond to callers seeking information.

For further information contact us at 1-800-267-8822 or by email at info@thyroid.ca

HAVE YOU GIVEN ANY THOUGHT TO LEAVING A BEQUEST TO TFC?

The Thyroid Foundation of Canada has been fortunate to receive several bequests recently for Thyroid Research. Important though research is, we are also in great need of funding to continue and expand our **Awareness** and **Support** Programs. You can make a lasting difference and help other thyroid patients!



By including the TFC in your will, your gift will help achieve the following:

- Raise awareness and **reach more thyroid patients**
- Impact the **medical profession**, the government and the public
- Accomplish **earlier diagnosis** for thyroid patients and provide education on the best treatments
- Receive **significant tax benefits** for your personal estate

With this gift, you can make a lasting impact for those suffering from thyroid disorders. Learn more on our website at: thyroid.ca/bequest

Contact us for more information: 1-800-267-8822 or info@thyroid.ca

Thyroid Months

There are many types of Thyroid Disease. Each month we are featuring a different Thyroid topic on our website. Below are the topics coming up in the next months.

January	February	March	April
Thyroid Disease and Mental Health	Graves' Eye Disease (Ophthalmopathy)	Thyroiditis	Thyroid Cancer
May	June	July	August
Thyroid Disease, Pregnancy & Fertility	Thyroid Month / Overview of Thyroid Function	Surgical Treatment of Thyroid Disease	Thyroid disease in Children
September	October	November	December
Thyroid Nodules	Hypothyroidism	Thyroid Disease and Seniors	Hyperthyroidism

MEMBERSHIP AND DONATION FORM

Name:		Telephone:	
Address:		Email Address:	
MEMBERSHIP LEVEL			
ONE YEAR:		TWO YEAR:	
<input type="checkbox"/> Regular \$35	<input type="checkbox"/> Senior \$30	<input type="checkbox"/> Family \$45	<input type="checkbox"/> Regular \$60 <input type="checkbox"/> Senior \$50 <input type="checkbox"/> Family \$65
DONATION AMOUNT <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other \$ _____			
\$ Total Amount <i>(All membership fees and donations are issued official tax receipts)</i>			
PAYMENT METHOD			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Cheque <i>(Payable to Thyroid Foundation of Canada)</i>			
Visa / Mastercard No.:		Expiry Date:	CVV No:
Mail to: Thyroid Foundation of Canada, P.O. Box 298, Bath ON K0H 1G0			
Pay online - www.thyroid.ca - save postage and get your automatic tax receipt!			
THANK YOU FOR YOUR SUPPORT!			