

From NZAN Newsletter No.17 Nov02

Ngaire's Story

Addison's disease isn't the only disorder linked with excessive skin pigmentation.

For Ngaire, whose story follows below, a history of "pregnancy mask" ("chloasma"), and a suspected diagnosis of hemochromatosis ("bronze diabetes"), probably diverted the thinking, and delayed the appropriate diagnosis of Addison's disease 40 years ago.

1. The "great sun tan" even without particular sun exposure, that is a frequent symptom of undiagnosed **Addison's disease**, occurs because the adrenals produce insufficient cortisol, and there is excessive secretion of ACTH from the pituitary gland in an attempt to drive the adrenals harder. The excess ACTH acts on skin cells, leading to the increase in pigmentation, which tends to be 'even', rather than blotchy. Once appropriate treatment for Addison's is underway, the tan gradually fades. The Addison's pigmentation occurs not only on skin that is exposed to the sun – but also in body "creases" and hidden places – the roof of Ngaire's mouth was a typical example.

2. **Pregnancy mask (the medical terms are melasma or chloasma)**, is a fairly common skin disorder, usually affecting women who are pregnant, or taking oral contraceptives or HRT – in particular, those with brownish skin. Its symptoms are dark blotchy skin discolouration found on sun-exposed areas of the face. Typically a uniform brown colour is seen over the cheeks, forehead, nose, or upper lip, usually matching on both sides of the face. Melasma usually gradually fades over several months after delivering a child, or after stopping oral contraceptives or HRT. It may return with subsequent pregnancies or use of these medications. Sun exposure is believed to be a strong risk factor for melasma. It is particularly common in tropical climates. Sunscreen helps prevent it.

3. **Hemochromatosis** ("bronze diabetes") is an inherited disorder of excessive iron accumulation, also associated with darkening of the skin. Accumulated iron can damage organs such as the liver, and the pancreas (and so cause diabetes, hence the name). Fatigue can be one of the symptoms. Tests of iron status in the blood can usually clarify whether the diagnosis is appropriate. Before Addison's was diagnosed, Ngaire's GP suspected hemochromatosis.

Ngaire's story

My name is Ngaire and I am 75 years old. I was diagnosed with Addison's when I was about 35 years old, not long after having my fourth baby. I was one of those women who mask badly during pregnancy [see Box]. There were just 18 months between my last two babes, and the mask had remained on my face.

My husband and I owned and ran a motor camp in Paraparaumu where we both worked. I pushed myself to keep up working, running our household plus caring for my husband and four children. The weight fell off me, my body was badly marked where there was any pressure, and I was a very irritable person to those near and dear to me, but pleasant to customers.

My own doctor suspected "bronze diabetes" (hemochromatosis), but I am not aware of the diagnosis being confirmed, and I was not being given any treatment for it.

My parents lived in Shannon. After speaking to a local post girl with Addison's and discussing her symptoms, my father pleaded that I visit her doctor.

I agreed, and when this doctor asked why I was visiting, I told him that my father thought I had Addison's. Naturally he was surprised, more so as my father was not a doctor, but a butcher.

After an examination, he asked if I would go into Palmerston North hospital for tests. I agreed, and it was soon obvious that I did have Addison's, and I went onto cortisone tablets.

During this stay in hospital, I agreed to attend a medical clinic, where my GP explained my case, and I was then examined by many different doctors. I even removed my teeth and they looked at the pigmentation in the roof of my mouth! I have since participated in several clinics, to help with teaching of doctors about Addison's.

The improvement in my health after starting the tablets was miraculous, and I became my old self again.

My skin has stayed dark. My father's sister also had very dark skin. She lived a healthy life, well into her 70s. To my knowledge she had no chronic medical conditions.

About eight years ago, I was diagnosed with diabetes, and after a short time went onto insulin. The diabetes has been hard to control, and I personally think that the Addison's contributes to this. However, I am still fairly active. For years I played golf regularly. Now I attend exercise classes weekly, play croquet and also work with my husband in our Early New Zealand museum, including giving conducted tours.

I have worn a Medic-Alert bracelet (No 4457 – just four numbers!) since I was first diagnosed with Addison's, and this has been a good security blanket.

I found my old Medic-Alert card recently. It says I am a patient on steroid treatment, and records that I was taking the same dosage of cortisone acetate then as I do now (25mg, 1½ tablets) , but less fludrocortisone (half to one tablet daily, now I take two 0.1mg tablets in the morning). My family and friends are fully aware of the Addison's and diabetes, and in any "crisis" I am reminded to take extra cortisone, if needed. I am so happy to live in these times, when treatment is available.

