Iodine deficiency in Australia: Are we winning the battle against it?

The only known physiological function for iodine is for it to be taken up by the thyroid gland to make thyroid hormones – thyroxine (T4) and triiodothyronine (T3). Therefore, when iodine is deficient in the diet of a person, the thyroid will try and compensate by “working harder”, increasing its size and leading to the development of goitre. If it fails to meet the daily requirements of the body for T4 and T3 the iodine deficient person will become hypothyroid. As a consequence, people exposed to moderate to severe iodine deficiency for a prolonged period of time are at risk of suffering from multiple severe mental and physical disorders, collectively known as Iodine Deficiency Disorders (IDD) and ranging from deafness, decreased intelligence to severe brain damage and impaired physical growth called cretinism. The expression of IDD in an individual depends upon the severity of the deficiency and the stage of life when they are affected.

Worldwide, iodine deficiency affects up to 2 billion people and is the leading cause of preventable brain damage causing loss of intelligence. In Australia, for the past 50 years we thought that we were getting plenty of iodine in our daily diet through the use of iodised salt and a liberal intake of seafood, milk and dairy products. Little did we know that iodine deficiency was silently, and without any warning, gradually affecting the Australian population. It was only in the 1990s that we recognised there was a problem and at first we did not understand why our studies of iodine intake in the population showed that we were getting less than 50% of what we used to take in. Intensive investigations revealed that the problem was due not simply to people ignoring the benefits of iodised salt in the manufacture of foods or in the home, but also to a dramatic fall in the iodine content of milk. For economic reasons the dairy industry quietly changed its usual practice of using iodine containing sanitisers (iodophores) in all the processes of milk preparation and production and substituted chlorine based sanitisers. These iodophores leak iodine into milk which has been the dominant source of iodine in the Australian diet for the past 50 years. Little did we know what the consequences would be of this industrial decision.

In 2002 the Australian Thyroid Foundation collaborated with the Australian Centre for Control of Iodine Deficiency Disorders (ACCIDD) in Westmead Hospital and were joined by experts from all Australian states to conduct a national iodine nutrition survey (NINS) on schoolchildren throughout Australia. We called this the “NINS Study Group”, led by A/Prof Mu Li and Prof Cres Eastman. The results of this study confirmed that the Australian population was now suffering from mild iodine deficiency with the average iodine intake being about half of what it had been for the past 50 years. In addition, the NINS study found that the thyroid glands of our children were larger than those in comparable aged children in countries where there was plenty of iodine in the diet. In other words, Australian children were at risk of developing goitres.
Bryan Doyle, State MP for Campbelltown
invited The ATF to attend a Morning Tea at Parliament House Sydney on Thursday
3rd May and be introduced to standing
State Members. This is an honour an
organisation can wish for and may never
be granted. Bryan is a strong supporter
of the ATF and his local Member Meeting
group in Campbelltown, convened by
Cheryl Weller. I will report to you in our
next edition of “Thyroid News” on this
important occasion.

Unilever Australia, makers of Dove Soap
have provided an article for this edition.
As dry skin is a very common symptom of
thyroid disorders, this article will provide
an insight into how this condition can be
helped through improving the moisture
content.

I would like to introduce The ATF’s new
and very welcomed Pharmacist Advisor -
Dr. Geraldine Moses BPharm DClinPharm - Senior Pharmacist at the Mater Hospital
Brisbane and Head of Adverse Medicine
Events Line - advertised in “Thyroid News”.
Geraldine is a highly respected Pharmacist
and we are very pleased to have Geraldine
onboard. Geraldine’s research was published
in “Thyroid News” - Sept/Oct 2001 - “Thyroxine Interacts with Celery
Seed Tablets.” If you have any questions
for Geraldine, please let us know by email,
phone or mail. Geraldine will give updates
on relevant thyroid medication information
as it becomes available.

The ATF was invited to be represented
at the Health Ed - Women’s Health
Conference - Sydney/Feb and Melbourne/
March. These conferences were attended
by up to 1300 GP’s, Pharmacists and
Healthcare Workers at each venue. The
ATF were privileged to attend and to have
the opportunity to speak to attendees about
our organisation and health messages.
Professor Creswell Eastman gave
presentations on the importance of testing
pregnancy women for thyroid disorders,
including auto-immune thyroid disorders.
He also enforced the importance of a
daily pregnancy supplement including
iodine during this stage. The

ATF THYROID INFORMATION SESSIONS - MELBOURNE AND SYDNEY

The ATF is planning Thyroid Information
Sessions for 2012 in Sydney and
Melbourne. Once the dates and speakers
are confirmed, information will be included
on the ATF website www.thyroidfoundation.
com.au Members who do not have internet
access will be notified by mail and “Thyroid
News”.

I have been working very hard, presenting
to potential sponsors on behalf of The ATF.

Without sponsorship and promoting ATF
Health Messages through opportunities
to work with companies associated with
thyroid disorders, The ATF would not be able
to uphold our responsibilities to provide
membership services and awareness
programs. Linking to treatments and
products which contribute to Good Thyroid
Health is our aim and without sponsorship
connections our messages will be unheard.

I have been invited by Gallop Solutions
in Sydney, to attend a two day Business
Boot Camp. This opportunity will give me
training and management skills which I
am very pleased to receive. I would like to
tank Daniel Davis CEO - Gallop Solutions
for his kind and generous invitation.

I would also to remind you all of the
importance of Local Member Meetings
and how important they are to our
organisation. Meeting with other local
ATF members, discussing thyroid topics,
listening to guest speakers and enjoying
each other’s company, is a wonderful way
of connecting, learning and being part of
the broader ATF. Please consider chatting
to myself or Cheryl Weller about starting
a group in your area. Our contacts are
listed in the 2012 Executive Committee
details. Otherwise you can either email;
info@thyroidfoundation.com.au or phone
the office on (02) 9890 6962 and leave
a message.

Would you like to send your thyroid
story to be included in “Thyroid News”?
We are always eager to receive and publish
members’ stories. Giving other members
the opportunity to realise, they are not
alone is so important to personal education.
Hearing how others have coped, when not
always being heard by their doctor, how
difficult it can be to cope with and tolerate
treatments and to come out the other
end is always uplifting. Please send your
story to The ATF office, by email or mail.
Remember caring is sharing!

We need to also hear from members who
joined online and offered to volunteer for
the organisation. The website system has
not saved this information, so PLEASE
email me; Beverley@thyroidfoundation.
com.au or (02) 9890 6962, so we can talk
about ways to help and grow the ATF.

Kind Regards,

Beverley Garside, President
The Australian Thyroid Foundation Ltd
Indigenous adolescents in the Northern Territory were more iodine deficient than anywhere else in the country. Studies of pregnant women in NSW, Victoria and Tasmania showed the situation was even worse in pregnant women. During pregnancy a woman is most vulnerable to iodine deficiency because she needs to increase her daily intake from the usual 150 ug to 250 ug to meet the demands of pregnancy on the thyroid. Armed with this information the NINS Study Group worked hard to mobilise support for iodisation of all edible salt in Australia and New Zealand by educating and influencing the food industry, State and Commonwealth health authorities, the Australian Academy of Science, Health Ministers and the regulatory body Food Standards of Australia and New Zealand (FSANZ). Eventually the State Health Ministers all agreed to legislate for mandatory iodine fortification of all salt used in bread manufacture and this regulation was implemented in August 2009. While this achievement was a public health victory it was well short of the target of legislation for iodised salt in all bread, snacks and cereals that we had advocated. Our calculations of projected improvement in iodine intake in the population suggested an improvement on average would be about 40 ug per day in people who ate bread. This was well short of the extra iodine required by women during pregnancy. In response to pressure from the NINS Study group, the National Health and Medical Research Council of Australia (NHMRC) issued a public statement of advice to all health practitioners: “The National Health and Medical Research Council (NHMRC) recommends that all women who are pregnant, breastfeeding or considering pregnancy, take an iodine supplement of 150 micrograms (µg) each day. Women with pre-existing thyroid conditions should seek advice from their medical practitioner prior to taking a supplement”.

It is now just over two years since these public health initiatives came into effect. Dr Gary Ma who runs the iodine laboratory in Westmead Hospital has been monitoring the changes in urinary iodine excretion levels of the population in NSW and says that there is unequivocal evidence of improvement in iodine intake in the population and iodine deficiency has been cut by half. We believe our efforts to educate the medical profession have seen significant changes in the knowledge and attitudes of Doctors to this problem. We have good evidence that most Obstetricians are now prescribing antenatal vitamin and mineral preparations containing iodine which very few did in the past. Professor Karen Charlton and her colleagues from the University of Wollongong have recently reported that mandatory iodine fortification of bread has benefitted breastfeeding women, but iodine intake remains inadequate in these women unless they take a daily iodine supplement. Taken together we can reasonably conclude that the two public health initiatives of mandatory fortification of salt going into bread, coupled with iodine supplements for pregnant and breastfeeding women are working well to eradicate iodine deficiency from the Australian population. There is still a long way to go and the Australian Thyroid Foundation and its members have an important role to play in educating the public and politicians of the need and the methods to overcome iodine deficiency in our country.

MEMBERSHIP RENEWAL

Please check your membership renewal date, as this may be the last newsletter you receive. The ATF send an invoice to you, in time for you to renew your membership. If you have an invoice and have not yet renewed, please do it today, so you don’t miss out on the latest news and information.

If you are not sure when your membership is to be renewed or misplaced your invoice, please contact the ATF Head Office:
Email: info@thyroidfoundation.com.au
Mail: Suite 2, 8 Melville Street Parramatta 2150
Tel: (02) 9890 6962
Fax: (02) 9890 8533

CONTINUED FROM PAGE 1

Thyroid Awareness Week
21st - 26th May
Left alone, the body will take care of the cold virus, but you will suffer symptoms for about 5 – 7 days. Colds can’t be cured but there are some medicines which will help you feel better by relieving the symptoms. It is important to identify which particular symptoms you have so that you know which preparations will be effective. Your pharmacist will help you choose.

Understanding Symptoms & Medicines

Sore Throat - soothed by lozenges, relieved by simple pain relievers eg. ibuprofen, aspirin or paracetamol. Soluble aspirin may be used as a gargle.

Runny Nose - a runny nose can be dried up with a decongestant (by mouth or by nose spray) and/or an antihistamine. Only the old-fashioned antihistamines that make you drowsy have this effect. Non-drowsy antihistamines do not dry up a runny nose.

Blocked Nose – caused by swelling of the lining of the nose passages – can be relieved by a decongestant. If the congestion is due to hayfever (also known as ‘allergic rhinitis’), any antihistamine may be effective.

Fever – certain pain relievers, known as antipyretics, lower body temperature. These are mainly aspirin, ibuprofen and paracetamol.

Cough – a dry irritating cough can be relieved by a cough suppressant, although these medicines are generally ineffective in the doses available over-the-counter. Cough suppressants shouldn’t be used if the cough brings up mucus or phlegm, as the cough is necessary.

An inhalation and/or expectorant can help loosen the phlegm so it is brought up more easily. The only expectorant supported by clinical research is bromhexine. Inhalations are generally not recommended as they only work while they’re being inhaled, then they wear off. If used as a ‘steam inhalation’ they also put people at risk of scalds and burns. Do not use steam inhalations around children.

Important

All medicines have TWO names: the generic name, and the brand name, made up by the manufacturer. For example, aspirin (generic name) is the active ingredient in ‘Disprin’ (brand name) and ‘Aspro’ (brand name). When taking any medicine it is important to look at the generic name in the ingredient list as the same type of ingredient can be in different types of medicines. For example paracetamol (generic name) is in the sedative pain reliever “Panquil” and in the cold and flu preparation “Lemsip”. Ask your pharmacist if unsure.

If cough and cold symptoms last longer than a week, see your general practitioner for a more accurate diagnosis. It may not be a cold at all.

Self Care

• Choose the cold medicine to suit your symptoms. Ask your pharmacist.
• Read and understand the ingredient list.
• Ask your pharmacist how the medicine will work.
• Read directions carefully.
• Check all warnings and cautions.
• If you visit your doctor, tell him or her if you are taking a cough or cold preparation.
• Don’t drive, operate heavy machinery or drink alcohol while taking antihistamines and/or cough suppressants.
• Don’t give aspirin or salicylates to children and teenagers unless under doctor’s supervision.

Understanding The Active Ingredients

Decongestants

Oxymetazoline, phenylephrine, pseudoephedrine, xylometazoline

• Before taking a decongestant, ask your pharmacist if it is compatible with any other medicine you take.
• Decongestants relieve the ‘stuffed up’ feeling by shrinking blood vessels. This makes the nose passages wider and slows down mucus production.
• Nose decongestant drops or sprays work quickly but are only effective for short bursts (3-4 days). If used for too long they can cause rebound stuffiness, which means the symptoms return when the drug wears off, usually worse than it was before.
• Some decongestants taken by mouth are stimulants, and can keep you awake or interrupt sleep.
• If you have diabetes, high blood pressure, heart disease, thyroid disorders or glaucoma, ask your pharmacist or GP if it is safe to use a decongestant.

Expectorants

Bromhexine, ammonium chloride, guaiphenesin, potassium iodide

• Expectorants thin out the mucus (phlegm) making it easier
to cough up. Research evidence does not support their use.

- Water is the best expectorant (6-8 glasses each day or by steam inhalation or vaporiser).
- Potassium iodide should be avoided by thyroid patients, although it is generally not sold in Australian products.

**Antipyretics/Pain Relievers**

Aspirin, paracetamol, ibuprofen, naproxen

- Relieve headache, muscle aches etc.
- Reduce high temperature.
- Are safe taken separately rather than in a combination product.

**Antihistamines**

Estemizole, brompheniramine, chlorpheniramine, diphenhydramine, mepyramine, pheniramine, promethazine, tripolidine

- Dry up runny or blocked noses.
- Prevent and treat allergy.
- Some can make you drowsy but may help you sleep.

**Cough Suppressants**

Codeine, dextromethorphan, dihydrocodeine, pholcodine

- Are for dry coughs only.
- Over-the-counter doses are usually ineffective.
- Reduce urge to cough by blocking cough centre in brain.
- Can make you drowsy.
- May make you constipated if taken regularly.
- Are not recommended for children and babies.
- May increase the effects of alcohol.

**Thyroid Patients Should Avoid The Following:**

**DECONGESTANTS contain pseudoephedrine:**

They can stimulate the thyroid gland and cause hyperthyroidism, or worse, thyrotoxicosis. Use Nasal Sprays, Drops, Inhalations or Antihistamines instead.

Phenylephrine is a non-stimulant decongestant, so is safe for thyroid patients.

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**Do you need Medicines information?**

The NPS Medicine Line Service provides an avenue for consumers to obtain independent, accurate, up-to-date information about their prescription, over-the-counter and complementary (herbal/"natural"/vitamin/mineral) medicines.

**CHANGES TO MEDICINE LINE SERVICE!!**

This call service will no longer be available from the Pharmacy Dept. - Mater Hospital in Brisbane. The Medicines Line will now be answered by nurses at Health Direct in Sydney. This service is provided by NPS.

Please Note: The New Telephone No: 1300 MEDICINE (1300 633 424) 24 HOURS A DAY, 7 DAYS A WEEK

For more info go to: http://www.nps.org.au/consumers/ask_an_expert/contact_a_health_professional/medicines_line

**Adverse Medicine Events Line** provide a reporting and advice service for adverse drug reactions or errors associated with medicine use. There are no changes to the service or contacts for this service.

**Phone 1300 134 237**

Funded by The Pharmacy Guild of Australia, operated by Mater Misericordiae Health Services Brisbane Limited.

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**Vitamins & Herbal Extracts**

The Australian Thyroid Foundation recommends only taking vitamin supplements or herbal extracts, if you have had a pathology test which indicates you have an deficiency in a particular vitamin or mineral.

Vitamins and herbal extracts should only be taken if adding a particular food to your diet has not corrected the deficiency and your treating doctor is aware of what you are taking and monitoring your pathology levels.

Members need to be aware that vitamins and herbal extracts, can affect your thyroid replacement hormone’s (Oroxine and Eutroxsig) absorption and pathology results.

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**“O” FOR OROXINE**

The ATF published an article titled “O” For Oroxine in “Thyroid News” No. 43 – page 10.

If you believe you have a different effect from using thyroxine replacement brand Oroxine, instead of Eutroxsig, please let the ATF know:

Email: info@thyroidfoundation.com.au
Mail: Suite 2, 8 Melville Street Parramatta 2150

**PLEASE ALSO INFORM:**

**Adverse Medicine Events Line:** Free Call 1300 134 237

If possible, please supply the Batch No. which can be found on the outside of the box.

This telephone reporting line is funded by National Prescribing Service, operated by Mater Health Services South Brisbane.
Member's Tips

Remember, other than women contemplating pregnancy, pregnant or breastfeeding, taking vitamins with iodine or kelp tablets or rubbing Betadine on your skin or using antiseptic first aid powder, such as EDP, or gargling with mouthwashes, are all based on iodine, which can affect your thyroid disorder and thyroid function pathology.

It is recommended to make sure you take your prescribed Oroxine/Eutroxig medication straight home to the refrigerator from the pharmacist. This will ensure it is not affected by heat whilst you continue your shopping or run errands in the car. Pick it up before you leave the shops to go home.
Blackmores Pregnancy & Breast-Feeding Gold

Blackmores Pregnancy & Breast-Feeding Gold is a premium pregnancy multi vitamin which has been specially formulated to provide 17 essential nutrients that may be beneficial to a mother and her developing baby. Iodine is important for a baby’s brain and eyesight development however an Australian study* showed that 60% of women surveyed had low Iodine levels. v contains more iodine per dose than most other pregnancy supplements available. It also includes folic acid to help reduce the risk of birth defects such as spina bifida, vitamin D3 and calcium to support baby’s bone development, and omega-3 fatty acids for baby’s normal brain development. It is recommended for pregnancy and while breast-feeding.


For handy advice and info to support you throughout your pregnancy call 1800 803 760 or go to the Blackmores Pregnancy Companion website: blackmores.com.au/pregnancy

Always read the label. Use only as directed.

Health Ed – Women’s Health Conferences
Sydney & Melbourne

The ATF were invited to attend The Health Ed, Women’s Health Conferences in Sydney on Saturday February 18th. Committee members: Cheryl Weller and Beverley Garside, and member Jenny Benedek represented The ATF as an exhibitor. Professor Creswell Eastman gave two presentation to around 1300 GP’s, Pharmacists and Healthcare Workers on Thyroid and Pregnancy, with the importance of ensuring possible thyroid disorders were not overlooked in general practice, particularly in pregnancy.

The ATF representatives at the Melbourne Conference were, Helen Pegler, Cheryl Weller and Beverley Garside. Professor Eastman gave the same presentations to a similar audience. It was refreshing to know the information Prof. presented and the way he presented it, gave the audiences easy to remember references and up to date information which the audiences very much appreciated.

The invitation extended to the ATF from Health Ed gave our organisation many opportunities; it drew attention to our organisation from the 2600 overall attendees, it gave the ATF representatives an opportunity to meet and speak to GP’s and others from NSW and Victoria, providing them with ATF brochures and information and also to meet with other organisations and connect with company representatives associated with thyroid disorders.

The ATF thank Health Ed for their continued support of The ATF.

Volunteer Office Help Needed!

Office Assistants
The ATF office is run mostly by two ATF members, Christine Stubbs - Membership Secretary and Helen Pegler – Treasurer.

Christine takes care of Membership – New and Renewals. Christine also logs mail in and out, sends member information and many other general office duties.

Helen takes care of MYOB and all treasury matters.

Both Christine and Helen need backup support to take over when they are away on holidays or unwell. Office Procedures are in place and Christine and Helen will make you feel most welcome. If you are able to get to the ATF office in Parramatta, have 1 day per week or even more that you can give, PLEASE contact Head Office and leave a message of your interest to become part of the ATF Team!

Remember helping others is the best medicine!!

Email: info@thyroidfoundation.com.au Telephone: (02) 9890 6962 Fax: (02) 9890 8533

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For handy advice and info to support you throughout your pregnancy call 1800 803 760 or go to the Blackmores Pregnancy Companion website: blackmores.com.au/pregnancy

Always read the label. Use only as directed.

An important part of making quality improvements to your diet is learning about what’s in the foods you eat. Reading the food label is a valuable skill to help you make the right food choices.

Food labels can be confusing. There is an abundance of information on food packages, some of which is required by law and others are purely marketing messages. Food companies will say almost anything to encourage you to buy their product, however all the information on the product label must comply with the rules developed by The Food Standards of Australian and New Zealand (FSANZ). These rules cover what foods can be used as ingredients and additives right through to food safety and food labeling. The key to food labeling reading is to know what to read!

The Nutrition Information Panel

So what is important on a food label? With so much information on the label, my suggestion is to go straight to the side or back of the packet to find the Nutrition Information Panel and then the ingredient list. This is where the pure information can be found without any marketing bias.

The nutrition information panel looks like this:

<table>
<thead>
<tr>
<th>NUTRITION INFORMATION (AVERAGE)</th>
<th>Per Serve</th>
<th>Per 100g</th>
</tr>
</thead>
<tbody>
<tr>
<td>Energy</td>
<td>540kJ</td>
<td>1590kJ</td>
</tr>
<tr>
<td>Protein</td>
<td>4.4g</td>
<td>12.8g</td>
</tr>
<tr>
<td>Fat, Total</td>
<td>3g</td>
<td>8.8g</td>
</tr>
<tr>
<td>Saturated fat</td>
<td>0.6g</td>
<td>1.7g</td>
</tr>
<tr>
<td>Carbohydrate</td>
<td>19.3g</td>
<td>56.7g</td>
</tr>
<tr>
<td>Sugars</td>
<td>0.3g</td>
<td>1g</td>
</tr>
<tr>
<td>Dietary Fibre</td>
<td>3.3g</td>
<td>9.7g</td>
</tr>
<tr>
<td>Sodium</td>
<td>&lt;5mg</td>
<td>12mg</td>
</tr>
<tr>
<td>Calcium</td>
<td>160mg (20% RDI)</td>
<td>533mg</td>
</tr>
<tr>
<td>Iron</td>
<td>3mg (25% RDI)</td>
<td>7.5mg</td>
</tr>
</tbody>
</table>

Most foods require a nutrition information panel, and the following nutrients must be presented:

- Energy (kilojoules or calories)
- Protein
- Fat: total fat and saturated fat
- Carbohydrates: total carbohydrates and sugar
- Sodium
- Any other nutrients for which a claim is made on the packaging, for example if a product is claiming to be a “good source of fibre”, then dietary fibre must be presented, or calcium for those stating to be “high in calcium”.

All nutrients must be presented per 100g or ml of the product, and then again per serving. This serve size is the suggested serving according to the food company. When reading the Nutrition Information Panel read the information per 100g/ml to compare different products within a range, and use the “per serving” information to find out specifically what’s in the product for you.

Many of the major food companies are now also displaying “% DI” (percent dietary intake) information as well which means the amount of nutrition the serve of the food contributes to an average person’s daily nutrient intake.

Take note that the average person for %DI labeling by FSANZ is an adult with a daily requirement of 8700kJ. So if you are not “average” in weight, height or activity level (i.e. heavier or lighter, or more or less active) then you should take that into consideration when reading the %DI labels. The table below gives some examples of estimated energy requirements according to the Nutrient Reference Values for Australia and New Zealand (http://www.nrv.gov.au/energy.htm).

<table>
<thead>
<tr>
<th>Daily Nutrient Requirements</th>
<th>Female, aged 31-50yr</th>
<th>Male, aged 31-50yr</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>1.6m</td>
<td>1.9m</td>
</tr>
<tr>
<td>Weight</td>
<td>56kg</td>
<td>80kg</td>
</tr>
<tr>
<td>Activity Level</td>
<td>Sedentary</td>
<td>Active</td>
</tr>
<tr>
<td>Daily Kilojule Requirements</td>
<td>7,600kJ</td>
<td>9,800kJ</td>
</tr>
<tr>
<td></td>
<td>Sedentary</td>
<td>Active</td>
</tr>
<tr>
<td></td>
<td>10,400kJ</td>
<td>13,400kJ</td>
</tr>
</tbody>
</table>

Ingredient Lists

So what about the Ingredient List: These are very helpful as they tell you exactly what is in the food. Foods and additives used in the product are listed in descending order with the most used ingredient first. If the product claims to have something in it, e.g. an “apricot fruit bar”, it must list the percentage of apricots in the product.

What values should I look for on a label?

When choosing products these are the key things to look for:

1. **Fat** – look for the lowest fat per 100g in the product range. Generally, healthier options have less than 5g total fat per 100g, with saturated fat half that of total fat.
2. **Sodium** – less than 120mg per 100g is great, but
for some foods, like breads and cereals, that is very difficult so less that 450mg is okay.

3. **Fibre** – find products with more than 3g fibre per serve.

4. **Ingredients** – avoid products with fats, oil or sugar in the first three listed ingredients.

5. **Snack products** – look for ones with less than 600kJ per serve.

You can use the ingredient list to also check if the product contains any added nutrients like iodine, or foods that may contain high amounts of iodine like kelp.

### Helpful messages on labels:

1. **Low fat** – a product claiming this must contain no more than 3g of total fat per 100g, be cautious though that it is not filled with added sugars or high in salt.

2. **High fibre** – means the product must have 3g of fibre per serve or more.

3. **Diet or low joule** – the product is very low in calories and is usually artificially sweetened.

4. **No added salt or reduced salt** – means exactly that! There has been either no salt added to the product, or the normal amount used has been reduced.

### Unhelpful messages:

1. **No added sugar** – means the product has had no added refined sugars like sugar, fructose, glucose, honey etc, but it can be high in natural sugars and/or calories.

2. **Lite (or light)** – this term can be used to refer to many things like flavours, colours and textures! It doesn’t always mean it’s low in calories or fat.

3. **99% fat free** – although the product must be low in fat, it could be laden with sugars or salts instead! Many lollies are clever at using this marketing claim.

A note on symbol programs: If you really lack time symbols like the National Heart Foundation’s Tick or the “Low GI” symbol are icons you can trust as a healthier choice within that particular range of foods, but remember companies do have to apply for, and pay in some form, to display these labels.

Finally, you can spend hours reading labels in the supermarket, but take the time to start looking at the labels of the foods you normally consume to see if they get the tick! It can be a really rewarding process to improve the quality of the foods you eat.

### How to find a dietitian

Thyroid Pathology Testing (Blood Tests)
The main Thyroid Pathology Tests your GP can order for you are:

- **TSH** - Thyroid Stimulating Hormone
- **T4** - Thyroxine Level (Natural or Synthetic)
- **T3** - Triiodothyronine (natural T3) & Tertroxine (synthetic T3) Levels
- **Anti TGO** - Anti Thyroglobulin
- **Anti TPO** - Anti Microsomal

*Thyroid Antibody Testing* – the main pathology diagnosis for Hashimoto’s and Graves’ Disease

**Quick Tip**
It is recommended to have your Thyroid Pathology Tests done as early in the morning as possible. Pathologist usually open any time from about 7.30 am.

**Do not** take your Oroxine/Eutrolsig before your test so the test is as accurate as possible. Only drink water after rising, before your test.

**Take** your Oroxine/Eutrolsig as soon as possible, once you have had the blood test.

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**Around Australia ATF Member Meeting Reports**

**Albury Member’s Meeting - Convenor Helen Peake**
Graves’ disease was the main topic of discussion at this meeting as two ladies who have recently been diagnosed with the condition attended the meeting. Another new member has thyroid cancer and the meeting focused on discussing coping with these thyroid disorders. These new members will all come to the next Albury meeting.

**Central Coast/Woy Woy Member’s Meeting - Convenor Amber Arnell-McRobie**
16 existing members and new members attended the February meeting. Beverley Garside – President was guest speaker and led a discussion about thyroid surgery and the main reasons for surgery from a patient’s perspective. Members discussed their personal experiences of thyroid surgery and other discussions focused on general thyroid issues, including thyroxine medications.

**South Western Sydney Member’s Meeting – Cheryl Weller**
I invited Dr Ivan Kuo, Head of Endocrinology at Campbelltown Hospital to speak to the meeting about all aspects of thyroid disorders. Dr. Kuo gave a Powerpoint presentation which was most informative and included some humour, which everyone enjoyed. Bryan Doyle State MP for Campbelltown also attended this meeting and met with ATF members after Dr. Kuo’s presentation. I was disappointed more members and non members did not attend the meeting as I had hoped, particularly after advertising the meeting through the community. Dr. Kuo’s presentation gave the audience the opportunity to simply understand thyroid issues and the importance of patient education. I would like to thank Dr. Kuo for giving his time and educating all those who attended. I would also like to thank Bryan Doyle for the continued interest he has shown in my meetings and the ATF.

**Thinking of starting a New Members’ Meeting in your Local Area**
Members’ Meeting are the best way for ATF members to connect in local areas. Please consider organising meetings in a convenient venue where you and others can connect, give each other support and have the benefit of inviting local guest speakers to give presentations. Meetings can be organised once every three months in your local hospital, library or community centre.

Please contact me to discuss ideas and know I am here to provide support:
Cheryl Weller – Mobile 0416 100 284 or Email: Cheryl@thyroidfoundation.com.au

CHERYL WELLER
Member Meeting Co-Ordinator

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**ATF RESEARCH OFFICER**
The ATF Research Officer is Lynette Wetzig. Lynette is not only a Convenor for the ATF Brisbane Member Meeting, but she is also the ATF Research Officer.

If you would like Lynette to research thyroid information for you, which has not been included in our general information or newsletters ‘Thyroid News’, Lynette is available to help.

Please contact Lynette:
Email: Lyn@wetzig.com.au
Mail: Lynette Wetzig, Research Officer, The Australian Thyroid Foundation, Suite 2, 8 Melville Street Parramatta 2150.

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**THYROID PATHOLOGY TESTING (BLOOD TESTS)**

- **TSH** - Thyroid Stimulating Hormone
- **T4** - Thyroxine Level (Natural or Synthetic)
- **T3** - Triiodothyronine (natural T3) & Tertroxine (synthetic T3) Levels
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*Thyroid Antibody Testing* – the main pathology diagnosis for Hashimoto’s and Graves’ Disease

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**Do not** take your Oroxine/Eutroxsig before your test so the test is as accurate as possible. Only drink water after rising, before your test.

**Take** your Oroxine/Eutroxsig as soon as possible, once you have had the blood test.
Members’ Meetings are a great opportunity for members to get together, make friends, listen to guest speakers and educate themselves about thyroid disorders. If you are interested in starting a new Members’ Meeting in your local area, we would love to hear from you. Contact our new Members’ Meeting Coordinator Cheryl Weller on (02) 9890 6962 or email: info@thyroidfoundation.com.au

All ATF Member Meeting Convenors are also Local Telephone Support Contacts.

**Central Coast/Woy Woy – NSW**
*Convenor: Amber Arnall*
*Phone: 0406 035 937*
*Dates: Saturday 2 June 2012*
*Venue: Cancer Council near Hoyts Erina Fair*
*Time: 10am - 12noon*

**Hobart - TAS**
*This Member’s Meeting is urgently in need of a new convenor, as meetings have been suspended. Please contact The ATF office for further information or apply as a Convenor (02) 9890 6962 or info@thyroidfoundation.com.au*

**Launceston – TAS**
*Convenor: Susan Rattray*
*Phone: 0439 923 012*
*Date: Friday 12 October 2012*
*Venue: Launceston Medical Centre, McHugh Street, Kings Meadows*
*Time: 2-4pm*

**Parramatta – NSW**
*Convenor: Beverley Garside*
*Phone: (02) 9890 6962*
*Date: Please contact Beverley for 2012*
*Venue: 8 Melville Street Parramatta*
*Time: 1 - 3pm Saturday*

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**D I A R Y  d a t e s**

**Adelaide – SA**
*Convenor: Danuta Toop*
*Phone: (08) 8344 9676*
*Date: Please contact Danuta for 2012*
*Venue: Royal Adelaide Hospital, Room 24952, 2nd Floor, Eleanor Harrald building, Frome Road, Adelaide*
*Time: 2.30pm*

**Albury – NSW/VIC**
*Convenor: Helen Peake*
*Phone: (02) 6025 6749*
*Dates: 4th Saturday of May, June, July, August, September, October & November 2012*
*Venue: Conference Room, Albury Base Hospital, Borella Road, Albury*
*Time: 2.00pm - 4.00pm*

**Brisbane - Qld**
*Convenor: Lynette Wetzig*
*Phone: (07) 3841 1925*
*Date: Please contact Lynette for 2012*
*Venue: TBA*

**Sunshine Coast - Qld**
*Convenor: Kate McKeown*
*Phone: 0418 719 878*
*Date: Saturday 2 June 2012*
*Venue: Maroochy Neighbourhood Centre 2 Fifth Avenue, Cotton Tree/Maroochydore*

**South-Western Sydney – NSW**
*Convenor: Cheryl Weller*
*Phone: 0416 100 284*
*Date: Saturday 15 September 2012*
*Venue: Narellan Community Health Centre, Queen Street, Narellan*
*Time: 1pm*

**Sutherland Shire/St George/Caringbah – NSW**
*This Member’s Meeting is urgently in need of a new convenor, as meetings have been suspended. Please contact The ATF office for further information or apply as a Convenor (02) 9890 6962 or info@thyroidfoundation.com.au*

**Wollongong/Shellharbour – NSW**
*This Member’s Meeting is urgently in need of a new convenor, as meetings have been suspended. Please contact The ATF office for further information or apply as a Convenor (02) 9890 6962 or info@thyroidfoundation.com.au*

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**Follow The ATF for news and updates:**

[Facebook Page](https://www.facebook.com/pages/Australian-Thyroid-Foundation/13419335753)

[Twitter](https://www.twitter.com/austhyroidfdn)

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**Have you changed your address?**

Please let us know so we can ensure that you receive your copy of *Thyroid News* and any other correspondence.
HIGHLY RECOMMENDED

The ATF with our chief medical advisors, Prof. Leigh Delbridge and Prof. Bruce Robinson contributed to this recent publication with information relating to diagnosis and treatments of thyroid cancer.

Understanding Thyroid Cancer
A guide for people with cancer, their families and friends.

It is highly recommended by The ATF and can be downloaded from www.thyroidfoundation.com.au or phone 13 11 20 for a copy.

Get your Thyroid News Online!
If you would prefer to view and download Thyroid News Online, help The ATF save paper and ensure you receive your next edition faster, let us know!
Email: info@thyroidfoundation.com.au with your PERSONAL email address.

Telephone Support Contacts

Children & Thyroid Disorders
Beverley  Ph: (02) 9654 2998

Congenital Hypothyroidism
Kate (Sydney) Mob: 0419 120 302

Graves’ Disease
Lorraine  Mob: 0414 522 232
Sylvia (Coffs Harbour) Ph: (02) 6652 3656
Roz  Ph: (03) 9326 4363

Hashimoto’s Disease
Beverley  Ph: (02) 9654 2998
Kate Wheateley (Hobart) Mob: 0419 120 302
Carmel Cannuli (Central Coast) Mob: 0414 522 232

Hypothyroidism
Rosetta  Ph: (02) 9821 4060
Therese (Central Coast) Mob: 0419 997 683
Carmel Cannuli (Central Coast) Mob: 0414 522 232

Men & Thyroid Disease:
Gary (Sydney)  Ph: (02) 9610 5077
Mob: 0408 274 996
Victor (Sydney) Mob: 0409 842 342

Orbital Decompression & TED
Madeline  Ph: (02) 9971 1360

Parathyroid Disease:
Victor (Sydney) Mob: 0409 842 342

Radioactive Iodine
Nancy (Adelaide)  Ph: (08) 8333 2518

Thyroid Cancer
Cheryl (Campbelltown) Mob: 0416 100 284
Gail  Ph: (02) 9755 7073
Una  Ph: (02) 9909 2104
Victor (Sydney) Mob: 0409 842 342
Jema (Perth) Mob: 0438 461 142

Thyroid Surgery
Beverley  Ph: (02) 9654 2998
Lorraine  Ph: (02) 9790 3427

Would you like to become a Telephone Support Contact?
The ATF would like to ask all members to consider becoming a Telephone Support Contact.

If you would like to support other members with the same thyroid disorder as yourself by telephone, please contact Beverley Garside on 0416 269 982 or email: Beverley@thyroidfoundation.com.au

Telephone Support Contact Disclaimer
Information provided by Telephone Support Contacts comes from personal experience.

Telephone Support Contacts will support members in their efforts to seek a second opinion, gain reassurance that conventional treatment often takes some time to take effect and give support during that time.

Telephone Support Contacts do not give medical opinion.

Our Telephone Support Contacts have generously indicated their willingness to talk to fellow thyroid patients, to share their personal experience of their thyroid condition and to give support to other members in a similar condition.

If a telephone Support Contact is not available when you call, please do not give up. Some may have answering machines, so please leave your name and number and they will return your call as soon as they can.

Telephone Support Contacts do not offer a crisis or medical help line service. The ATF also ask that members only phone the Telephone Support Contacts during reasonable hours.

Telephone Support Contacts are required to follow The ATF’s Telephone Support Guidelines. Telephone Support Contacts will also advise the ATF Committee of the needs of members, which will be addressed through the ATF newsletter, “Thyroid News” and ATF Thyroid Information Sessions.