Our annual summer camp that took place from August 7 to 12 at the beautiful Camp Portneuf welcomed 24 participants including 11 hemophiliacs. Everyone was happy with it. The kids and their parents, the nurses who took care of them and those responsible for the Camp Portneuf were all delighted with their stay. They had fun, learned self-infusion, for some kids, and good times were a daily reality.

We were able to visit the camp with the Liberal Deputy from Portneuf, Mr. Jean-Pierre Soucy. Thanks to his presentation to the Minister of Health and Social Services, Mr. Philippe Couillard, we were able to obtain $3000 for this event. Thanks to this support, we could accept kids who were on our waiting list.

During this visit, local newspapers wrote articles. If you’re interested in reading the articles, contact us at the office. We’d be glad to send you a copy.

Camp is a stimulating activity for both the young hemophiliacs and for their siblings. Friendships are started, some successfully learn to self-infuse and great memories are made. We encourage these youngsters to attend again in 2006 and thus continue to make this activity a rich and unforgettable experience.

Summer camp is also a special time for youngsters like David Blanchette, Luis-Enrique Rodriguez and Olivier Caron-Racicot?

A few of the campers from this summer, from left to right: Jérémy Leduc, Nicolas Houle, unknown child (not with the hemophilia group), Mélodie Gravel, Jean-Sébastien Gravel, Anthony Massé and Cédric Gravel.
I hope you were all able to take advantage of the superb weather we had this summer to enjoy some outdoor activities and have a good time. The children who attended the CHSQ summer camp certainly did take advantage of it, and you’ll hear a lot about it in this issue.

Autumn’s almost here and with it, we get back to our regular cold season activities: school, work, indoor pastimes… The CHSQ is no different. During the next few weeks, a number of activities will be taking place: the family weekend for those living with inhibitors, Von Willebrand Disease awareness workshops, social activities for families with young children and all these, along with our major fundraising activity: the sale of our colouring book. I encourage you to read about them in this issue and get involved as much as possible.

Also in this issue, you’ll read the interesting story by the mother of a young girl who has factor XIII hemophilia, a rare and little known type of hemophilia that has specific complications.

In this edition, the series of articles on hepatitis C deals with the link between hepatitis C and diabetes, another complication that this virus can cause.

I’d like to remind you that you can send us your reactions or your comments after reading this newsletter by communicating with the CHSQ offices (see coordinates on page 3) or directly with me at the e-mail address that appears at the top of this page. Your opinion is important and other readers could benefit from it.

I hope you have a beautiful, colourful autumn!
Fall is finally at our doorstep and the colours will brighten our days. The arrival of this new season means summer vacation is almost over. I hope you all got to enjoy the beautiful, warm weather we had this past summer.

Right before summer break, the CHSQ Board of Directors met to work on a strategic plan for the future of our organization. The Board decided to raise the sums designated for representation and advocacy issues and for volunteer and employee development. The annual amount designated for research was increased 5%, which corresponds to $5,000 more than was given in the previous two years. I was especially concerned about raising our visibility with our members to encourage a feeling of belonging. No members, no organization...

We have been cutting back funds in terms of activities we offer by trying to cut down on expenses while not adding new activities for the moment. We are trying to ensure continuity in fundraising, but are back where we were last fall with no Fundraising Coordinator. Yes, Serge Séguin is no longer working for our organization. Communications was his strong point, and not fundraising. I wish him the best in his next employment. But this doesn’t stop us from continuing to raise money.

We are in the process of hiring a new Program and Fundraising Coordinator. This will help our Executive Director concentrate her efforts on representation, lobbying and volunteer development.

In our last newsletter I mentioned the new CHS fundraising program. Since then, CHS has hired a new National Director of Resource Development. The new Fundraising Council will meet this coming November in Toronto. Many challenges lay ahead but we are sure we will overcome them and do our best.

The new CHSQ Program/Fundraising Coordinator will be part of this Council along with Marius Foltea, Chair of our Fundraising Committee and myself. We always welcome new volunteers, as well as ideas. All the work that is done by our volunteers and our staff is greatly appreciated.

Thank you all!
A WORD FROM THE EXECUTIVE DIRECTOR

The link between activities for members and fundraising

As you read in the editorial, because of the CHSQ decision to spend more time on advocacy issues, in developing its internal volunteer structure and in finding new sources of funding, we have decided to hire someone to handle program coordination and fundraising.

This person will be responsible for organizing and coordinating activities destined for members and will sit on the National Fundraising Committee, along with designated members of the CHSQ, such as Mylene D’Fana and Marius Foltea. The other members of this Committee are employees and volunteers who represent the other provincial chapters and the National level. The first meeting of this Committee will take place this autumn.

The link between fundraising and programs is direct: one can’t function without the other. In fact, funds raised during fundraising campaigns, like the Bowl-a-thon or from colouring book sales and those from foundations, corporations or provincial deputies are used to contribute to activities or to cover part of regular costs of our organization.

For example, this year we were able to make up the funds we were lacking for summer camp thanks to our fundraising efforts. In 2006, we hope to instigate a training program for volunteers and we need to find the funding to do this.

We head into autumn with this in mind: maintaining our activities by ensuring that we increase our funding in order to be able to end the year without a deficit and, ideally, with a surplus. Our fundraising activities are a great occasion for sharing: while selling colouring books, we can explain the cause that touches us; by going bowling, we get to spend time with our families and our friends and we can also meet people who share our reality.

The key to success for our organization resides in the way that each one of us participates in activities. If we all make an effort to solidify this link between activities for members and fundraising activities, which, in the end, are also destined for members because they profit by them, together we’ll help the CHSQ complete its mission.

There’s a lot happening this autumn: the family weekend for families affected by inhibitors, von Willebrand Disease awareness workshops, the colouring book campaign and the social activity for families with young children are all planned.

The main purpose of all these activities, as well as the other services offered by the CHSQ, is to increase your quality of life as a person with a bleeding disorder or a person infected with HCV or HIV following a transfusion. So don’t hesitate to participate!

2005 Colouring Book

This year we’re celebrating Brimblehorn’s Birthday!

As we mentioned in the last issue of L’Écho du facteur, our story is now universal and it can be told and enjoyed all year long, because Christmas is no longer the main theme. But our book is still a great gift for the holidays and for this reason we’ll be concentrating our sales efforts on this in the next few months.

Thanks to this new concept, we can find buyers for our Brimblehorn all year long and thus bring in more funds for the organization. We’d like you to help us make this happen by sending us your ideas and by participating as a volunteer in our sales efforts that will take place in specific locations.

There are all kinds of opportunities: summer camps, schools, community centres, daycares, individuals and companies, etc... Everyone has a good reason to buy our book!!!

We’re very happy to be working with Renaud-Bray on this project and the book will be available in all their outlets.

You can also buy it at Brault et Bouthillier, in Montreal, who’ve also agreed to distribute our book.

The book sells for $7 and we’d ask that you order your copies right away using the form that’s included in this mailing and to start talking to people about it.

Please note that we still have copies of Brimblehorn’s Christmas and Brimblehorn’s Surprise. These colouring books are available exclusively through the CHSQ at a cost of $10, for the pair, while quantities last. Therefore, you can also order these two editions using the order form enclosed and suggest you offer the trio for $17.

Many well-known companies have already reserved all three. Please hurry!! Brimblehorn can’t wait to arrive at your place!

Donations from Members

In the coming weeks, we’ll be sending you a letter and form asking you to think about making the CHSQ one of the causes you support by donating money, like we did last year.

The CHSQ is a registered charitable organization, so we are able to emit charitable receipts for any donation given.

Thank you to pay particular attention to this coming mailing and help us improve your quality of life and that of your family.

A.O.
**Hepatitis C Day**

Due to a lack of registrations, we were obliged to cancel this activity which was to take place September 24 in Trois-Rivières. We thought that more of our members would register.

We’d like to have a better idea why this workshop had to be cancelled so we can hold an activity that better meets the needs of people concerned with hepatitis C.

Don’t hesitate to call us at the office and share your comments with us on this subject. Thank you.

**Youth Activity**

As you can read in the article about this activity, the outing that took place August 18 was a success.

We want to thank David Pouliot and Martin Kulczyk who, through their volunteer involvement, made this evening happen.

**Family Weekend for Families with Inhibitors**

The second Family Weekend for families living with inhibitors will take place 
**October 14 to 16** at the Manoir des Sables in Orford.

Two workshops will be held: one with Dr. Georges-Étienne Rivard on Saturday morning and the second on Sunday morning will be a café-rencontre led by Hélène Paré, psychologist.

Sylvie Lacroix, the nurse coordinator at the Centre de référence québécois pour les sujets atteints d’inhibiteurs will be on-site to assure treatment while volunteers from the CHSQ, along with animators, will be present to take care of the children during the workshops.

**Holiday Activity in Montreal for Families with Young Children**

The holiday activity for families of young children (0 to 6 years) with a bleeding disorder will take place **Saturday, December 3**.

On the program: we meet at 10 a.m. for a visit to the Biodome, then a little show with Caillou at 11 a.m., followed by a pot-luck lunch in a reserved room from noon to 2 p.m. The participation fee is $5 per family and we ask everyone to bring a plate (sandwiches, salad, dessert, etc.). The CHSQ will supply the drinks and a few extras.

It’s very important that you register for this activity by **October 31st** at the latest by calling Geneviève at **514-848-0666, local 21**. We had to cancel this activity last year due to a lack of registration by the deadline and we wouldn’t like this to happen again. Thank you for your comprehension and we look forward to seeing you!

**Holiday Activity in Quebec City for Families with Young Children**

Each year we have a special day for families with young children from 0 to 6 years of age who have a bleeding disorder, to give the parents a chance to meet and share experiences.

This year, for our Christmas social, we’re inviting you to spend the afternoon with us at the Musée de la Civilisation in Quebec City on **Saturday, December 3rd**. There’ll be workshops specifically designed for young children, including one about the Middle Ages.

You’ll take a trip through time to a street in a town: come and meet the artisans, mason’s apprentices, innkeepers and sellers of all kinds of goods. Come and experience the Middle Ages thanks to dozens of costumes for children and adults!

There’ll be a snack in the afternoon and the possibility of having lunch there. We’ll confirm this with your registration.

You must register as soon as possible with **Chantal Roy** at **418 663-2178** or by email at lescanonniers@sympatico.ca. We’ll give you more details soon. A minimum charge of $5 per family is required.

**CHSQ Student Scholarships in Collaboration with Bayer and Baxter**

Because summer isn’t a good time for obtaining reference letters or getting school report cards, at the request of a number of candidates, we’ve decided to extend the deadline for applications to **September 15**.

We’ll be able to give you the names of the recipients of the scholarships in the next edition of *L’Écho du facteur*.

**Von Willebrand Disease Awareness Workshops**

The CHSQ, funded by ZLB Behring, will be offering awareness workshops about von Willebrand Disease in the coming autumn and winter. One of these workshops will take place on **October 21**, in the offices of a Montreal organization — Concertation femmes. Others sessions are being planned.

We thank the volunteers who have offered to attend a training session and then to present the workshop. If you’re interested in being part of this volunteer project to help increase public awareness about women, and men, with bleeding disorders, please contact the office.
Hello everyone,

I hope you all had a good summer.

I’d like to talk about the Step by Step program again. In the last issue I told you about the official launch of this new program. The people from the Canadian Hemophilia Society (National) worked very hard to make sure that everything works well on the website, including the French site.

So, I invite all parents of young hemophiliacs to log on and get in touch with other parents. It’s totally safe and you won’t get any unwanted e-mails. You have to log on to the site to see the e-mails from parents who want to communicate with you and it’s up to you to decide if you want to continue the exchange. You don’t have to give your real name; you can use an alias.

You’re not obliged to make the first move. Perhaps you don’t feel like you need to talk about your experiences because you’ve managed to get through the various challenges alone (diagnosis, learning to infuse, home care...). However, you should realize that there are other parents who’d like to discuss these topics with someone like you who’s managed well. Your advice or stories may be appreciated by another family to aid in their progress.

I encourage all of you to register on the Step by Step website. Here’s how to do it in ten easy steps:

1. Log on to CHS website: www.hemophilia.ca
2. Click on the «Step by Step» icon (on the right of the screen)
3. Click on «Parent to Parent» (on the left side in the red section)
4. Click on «Register» (fill in the form and send it)
5. You’ll receive an e-mail to confirm your registration (you can’t continue until you’ve answered this e-mail).
6. Return to the site, click on «Create your profile» (fill in the form, submit it).
7. You’ll get a final e-mail.
8. Then go to the site, click on «Open a session». A list of all parents whose profiles correspond to yours will appear.
9. You can then choose a parent with whom you’d like to chat or simply wait until someone sends you a message.
10. You only need to register once!!! Don’t forget to visit the site from time to time to see if you’ve received any e-mails because these won’t be sent to your personal address.

Take the time to consult the «Forum». You access it in the same way as the «Parent to Parent» site. Once you’re in «Step by Step», click on «Forum». Different themes will be presented throughout the year. It’s a good way to share with other parents from across Canada.

If you have any problems with the site, don’t hesitate to contact the CHS.

In the last issue I told you about a little girl with hemophilia in the Quebec City area. Her mother, Édith has kindly agreed to share her story with us.

If you have any comments or if you’d like to share something in the Parents’ Corner, don’t hesitate to contact me.

The Audrey’s Story

Today, we’re going to tell you a story about Audrey. Who, you ask me? Audrey. A girl. Oh, and yes, Audrey is a little girl with hemophilia.

Factor XIII deficit is a hereditary coagulation disorder. It affects both men and women. Both parents must carry the defective gene for the child to be severely affected.

Factor XIII is a serious coagulation problem and is very rare. It’s estimated that there’s one case in 3,000,000 people. As soon a severe deficiency is diagnosed, prophylactic treatment is started. Factor XIII has a half life of 10 to 20 days and has these particularities:

- The clotting time is normal and a 3% level is sufficient for the clot to hold.
- The principal characteristic is poor healing of a wound.
- There is an increased risk of intracranial bleeds that can be fatal.
- In 80% of the cases, the bleeding begins with the umbilical cord.
- It has a serious impact on fertility for both men (decrease in the concentration of sperm) and women (miscarriage between the 5th and 6th week).
- There may be bleeding at the time of childbirth.

During the night of April 15, 2003, our dear little angel was taking her time being born. So it was agreed upon to use the ventous or suction in order to get to see what she looked like. Oh - Oh! We didn’t know what was coming.

Our little angel cried a lot. The nurses accused us of not knowing how to care for our baby. They wanted to keep her in the nursery, accusing us of waking her up and being the reason for her crying.

Five hours later, they brought our baby back with no voice left, she’d cried so much. Audrey was inconsolable. And there we were, back at home with our baby who cried for long periods of time.

More than two months after her birth, Audrey had a concussion. We then understood that the ventous used during her birth had provoked a hemorrhage in her head, which caused severe pain and which explained her crying.

When she was 7 days old, Audrey began to have persistent bleeding...
Audrey underwent so many surgeries on her navel that we lost count. When she's old enough to decide, she can undergo another surgery to rebuild the navel if she has a complex about it, because it isn't like others.

All this turbulence at the beginning of her life wasn't without consequences for Audrey. She was very insecure and clung to us as much as possible to protect herself.

During her first year, our family life was greatly disrupted by her behaviour:
- Audrey clings to me, her mother. I'm the only one who can take care of her and she constantly wants to be held.
- She has problem with food. She demands to be breastfed and for solid foods, we have to keep to precise rituals, otherwise she refuses to eat.
- She has problems sleeping, so much so that medical personnel question whether she actually reaches deep sleep because she wakes up so often during the night (more than 15 times).
- She has a problem with anything that's not part of her routine at home: she cries in the carriage, she cries in the car, and she cries when we go to see members of the family. She has a problem adapting to anything new.
- When she was about one year old, Audrey would go through a post-traumatic shock for 2 to 3 weeks after each prophylactic treatment. She started to wake up at night again, and suffered from hypothermia to the point where we felt the cold through her pyjamas.

Her first Christmas was a milestone. It's as if, from that point on, Audrey understood that life can also be fun. As parents, we learned from these first joyful moments that we had to try and increase the positive events in her life to counterbalance the negative episodes that tainted the beginning of her life.

With time, all the problems with behaviour decreased to the point where today, Audrey hardly shows any insecurity. She's 28 months old and her life is almost normal.

As parents, the most difficult thing for us to experience in all this was the negation of the diagnosis by certain members of our entourage and their severe judgment towards us in regards to Audrey's insecure behaviour. However, we want to thank all those near and far who have helped us during this difficult period of our lives.

Édith, Michel et Audrey

Little Audrey, 28 months old.
We’re very pleased to have the opportunity to tell you about the fantastic time we had during the 2005 summer camp. There were 24 wonderful kids there from the CHSQ.

Working sometimes in our role as nurses and, at other times, as surrogate mothers, we spent the week in the company of kids with bleeding problems and their siblings.

Aug. 8: A beautiful sunny Sunday, 17 nervous kids and as many worried parents, despite the reassuring presence of Aline Ostrowski! Participants’ information is updated. It’s time to load the bags and the material for our mini-hemophilia centre. A last goodbye to parents (we noticed that some parents where hiding behind sunglasses even though we were in the shade!!!) and we’re off! The adventure begins.

In a small bus, sitting all together, the laughter and talking quickly begins, friendships are made. Halfway there, we stop for a picnic lunch that lets us stretch and visit the restrooms.

After 3 hours on the road, we’re finally there - Camp Portneuf! There’s lots of luggage and it’s heavy! Luckily, everyone pitches in to help.

The cabins, located in a clearing away from the beach, are almost new and they’re comfortable and welcoming. We meet the counselors and seven other kids who didn’t take the bus with us and the fun begins.

The cottage used as the infirmary is perfect: a large, well-lit room, a big table, lots of chairs and an extra dormitory - just in case. The infirmary is adapted to the needs of hemophiliacs. It’s well located near the cafeteria and easy to get to. Thanks go to the parents for identifying materials as well as each box of factor concentrate, making this difficult day of getting installed easier.

The first contact with camp personnel is encouraging. The head counselor gives us a list of the groups with their activities for the week, important information if we’re to establish a prophylaxis plan adjusted to each individual.

We meet the counselors briefly to tell them about hemophilia, its origin as well as treatment, prevention and the symptoms of a bleed. We also explain our role and our objectives. As is the case each year, they’re reassured to understand the problems of the kids they’ll be responsible for during the coming days.

Right from the first meal until the last, including snacks, the cook succeeded in meeting the challenge of serving meals that were healthy, well balanced, economical and that the kids enjoyed! Sinks at the entrance to the cafeteria made good hygiene easy. There’s no wearing hats during meals, and there are hooks to hold them.

Every morning, our day starts early and a crowing rooster wakes us up! It’s pretty funny. As soon as breakfast is over, 8 to 10 kids arrive to get their infusions for prophylaxis.

Our challenge each morning was to make sure the kids got their treatment quickly so they wouldn’t be late for the first activity of the day, while still encouraging them to prepare their own medication and to self-infuse.

The kids have extremely busy days in terms of physical activity. As in all summer camps, they have to deal with a rocky, uneven terrain with inclines and sandy beaches. They often participate in sports that they’re not used to. Our kids want to perform as well as anyone and don’t hold themselves back.

Everything is there to increase the risk of having both muscular and joint bleeding episodes.

It seemed justifiable to us to slightly increase their prophylactic treatment. We made this decision so as to prevent bleeding episodes that would oblige us to have to keep the child at rest and, in the end, defeat the objective of the camp.

Throughout the week, we saw other advantages to increasing the frequency of infusions: the increased number of teaching sessions proportionally increased the kids’ understanding and abilities and their opportunities to learn self-infusion. These little morning sessions allowed the hemophiliacs to meet each other, to talk and get to know each other. Just seeing a friend giving himself an injection is certainly motivating and encourages a youngster to learn.

Our challenge each morning was to make sure the kids got their treatment quickly so they wouldn’t be late for the first activity of the day, while still encouraging them to prepare their own medication and to self-infuse.

For the past few years, Baxter Pharmaceuticals has had a program that allows us to film the children while they’re preparing to infuse their medication. They send the film to people’s homes through the clinics a few weeks later. While this is an excellent tool for motivating the children, it also makes the teaching sessions longer.

The first morning, the little 6 to 8 year olds immediately surprised us with the interest they show in learning to prepare their concentrates. What courage - and they need it! It’s hard to let someone other than their parents or the nurse from their hemophilia centre infuse...
them. We’re kind of nervous, too, because we’re afraid of losing their confidence. Feelings run high. But everything ended well and we brought them to their groups, assured that they’d have a great day at camp with no bleeds.

Then the 9 to 12 year olds got their turn. They can prepare their concentrates, but have a bit of trouble finding their veins, finding the courage to pierce the skin and then immobilizing it to get the needle in. They mustn’t lose confidence in themselves. We have to supervise them and show them some tricks for their next try, and then they’re off to join their groups and take advantage of the day.

And finally, the 12 to 15 year olds who surprise us with their ability and their level of autonomy! Most of all, they just need to be congratulated for what they’ve achieved and encouraged to continue.

After this emotional morning, we got ready to photograph the kids during their activities. We were very pleased to realize that it’s now hard to distinguish the kids with hemophilia from the rest of the group! No complications of bleeds are visible like they were before. Long live preventive treatment!

At the same time, we understand what parents of kids with hemophilia must feel while we watch these intrepid little campers and their comrades venturing onto raised posts on the climbing trail, running along the paths and taking part in other activities!

The nurses used to visit the kids with hemophilia in their rooms every night to make sure that no one was having a bleeding episode. This year, we questioned the wisdom of doing this in order to avoid identifying hemophiliacs as fragile people who need to be overprotected. Instead, we asked the kids to come and say goodnight to us in the cafeteria after the snack and we used this occasion to watch them walk and discretely ask about the symptoms of a possible bleed.

The days at camp sailed by this way except that, each morning, new little miracles happened that gave us all, kids and nurses alike, reason to rejoice, like the little hands that trembled when they tried for the very first time to insert the needle into a vein and then were successful despite everything! Everyone shares the pleasure of this success.

Camp represents an unforgettable time, filled with both laughter and tears. This is a great opportunity for the nurses to get to know the children and to love them even more!

Wow! What a wonderful week!

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**NURSES’ CORNER (cont’d)**

by Martin Kulczyk
martinkul@sympatico.ca
and David Pouliot
david.pouliot@umontreal.ca

On Thursday, August 18, the Youth Group finally held the activity that we’ve been planning since the family weekend. We believe we can truthfully say that the evening was a success and everyone had a good time.

There were ten people who got together, including 7 hemophiliacs. We started the day with a meal at the Cage aux Sports restaurant.

We filled our bellies and then took a stroll to the Percival-Molson Stadium for a Montreal Alouettes game. We were sitting in one of the endzones and there was no lack of energy in the crowd around us!

The Alouettes’ players, it seemed, had also eaten well, but maybe not as well as the Calgary Stampeders because in the match between the two teams, the Stampeders came out on top. Nonetheless, everyone agreed that the match didn’t lack for excitement since each side took the lead in turn, only to lose it to the other.

Our outing helped us see something that we all really knew already: there’s a spirit of camaraderie amongst the youth in the CHSQ. We hope we’ll be able to do this again and see each other more often, be it to do some volunteer work or to have fun!

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**YOUTH ECHO**

Here we are at the Cage aux Sports restaurant. Starting from the left and going clockwise: Louis-James Côté, Dany Baribeau, Tania Baribeau, Chantal Topping, Manuel Gadoua, Denis Topping, Martin Kulczyk, David Moody and David Pouliot. Luc Topping is not in this picture.
FOCUS ON HEPATITIS C
Hepatitis C Increases the Risk of Diabetes

by Suzanne Champoux
Special Contribution

Epidemiological studies show a link between infection with the hepatitis C virus and an increased risk of developing type II diabetes, or the diabetes that appears with age in certain people who are overweight. Various research teams have studied the link between hepatitis C and diabetes.

To begin with, an American team (Cleveland Clinic and Foundation, Ohio) wanted to see how frequently carriers of the hepatitis C virus (HCV) developed diabetes. They followed 179 carriers of the virus: 14.5% among them suffered from diabetes while in the general population we can expect an average of 7.8%. In a population of subjects presenting with a hepatic disease other than hepatitis C, the average rate of diabetes is 7.3%, this being a rate similar to the general population. The presence of HCV therefore seems to be associated with an increased risk for developing diabetes.

In analysing the files of diabetic carriers of HCV, these American researchers found that the risk from diabetes is greater in those with more advanced hepatic disease. The diabetic rate is 5% if the hepatic disease is in stage 0 to 2, this being a rate comparable to the population in general, compared to 21.4% for those in stage 3 and 4.

Genetic predisposition
They also noted that the risk is higher for subjects who report problems with diabetes in their family.

Thus, according to this study, the risk of developing diabetes increases if there is the coexistence of HCV infection, advanced hepatic disease and a genetic predisposition. Normally, type II diabetes appears with age, especially if there is excess weight, but in the case of hepatitis C, the weight of the subject doesn’t seem to play as important a role as it does in the general population.

Researchers from Johns Hopkins University (Maryland) studied subjects with cirrhosis: 97 were carriers of HCV while 194 suffered from cirrhosis due to another liver disease. The rate of diabetes was 19.6% in the presence of HCV compared with 11.5% in the group without HCV.

Moreover, two major studies, one American and the other Italian, have shown that it’s mainly the HCV that is associated with diabetes. In fact, the rate of diabetes was twice as high in the case of hepatitis C in comparison to hepatitis B.

The connection between HCV and diabetes was also shown using a group of diabetic subjects. In a large American clinic, people consulting for diabetes were tested for the presence of HCV. The rate of infection was 4.2%. They also looked for the virus in people who were seen for a thyroid imaging test, thus with no relation to a hepatic disease; the rate was only 1.6%, almost three times lower.

And finally, it seems that diabetic carriers of HCV who responded to treatment with interferon for their hepatitis saw an improvement in their diabetes. However, more specific studies are necessary in order to know whether eliminating HCV automatically causes the diabetes to be cured.

Even though some hypothesis have been put forward, for the moment, no one can explain by what mechanism HCV increases the risk for diabetes in certain subjects.

Thus the detection of diabetes should be part of the follow-up for carriers of HCV, especially if there are precedents of this disease in the family and if the hepatic disease is fairly advanced.

A modification in lifestyle habits (food and exercise) should also be envisaged by carriers of HCV so as to decrease the risk of developing diabetes as much as possible. These precautions are even more important when other family members suffer from diabetes.

The Focus on Hepatitis C column has been made possible thanks to the financial contribution of Schering Canada.
This summer, my two brothers and I went to Camp Portneuf and we had a good time! Especially since I was able to bring one of my friends with me. This was the first time that I could bring someone along. Also, since I’m a bit younger than the other girls with hemophiliac brothers, I was always the only one from the Society in my group, but this year we were together. We even made new friends.

This week at camp was magical for me and a vacation for my parents. My parents also no longer need to give my little brother his treatment, because he learned how to do it himself with the help of his nurse.

Thank you to everyone who worked to make this stay at camp so much fun. I can’t wait until next summer!

Emily Blanchette
Laurent Pontbriand was born into a family of 16 children and grew up in the town of Lemieux, in Nicolet. At 16, he traveled to Victoriaville where he earned his high school leaving. Laurent went on to study to be an electrician, and practiced this profession during his working life. In Ste-Marthe du Cap, he served as city counselor for 8 years, sitting on committees dealing with city planning, the environment and leisure activities.

A turning point came in Laurent’s life in July 1990 when he was seriously injured in a car accident and could no longer work due to injuries. He was also infected with HCV following a blood transfusion. He decided to use his spare time to help others and began to volunteer for a number of causes, including setting up the Block Parents and Neighbourhood Watch programs.

He also founded the Laurent Pontbriand Foundation to help people infected with hepatitis C get information and support.

After participating in some activities organized by the CHSQ, he decided to get actively involved in 1998 when he saw how much information and support the organization offered. There was a dynamic team he could be part of. As soon as he was elected to the Board in 2001, Laurent took up the cause for compensation for all those infected with HCV through the blood system, taking an active role in this working group and lobbying government officials.

He has served on the CSHQ executive, and sits on the CHS Hepatitis C Working Group. Laurent gets personal satisfaction from volunteer work, especially when he sees someone for whom his work has made a difference.

Laurent spends any free time reading “anything he can get his hands on” and enjoys watching history documentaries. He continues to find new challenges where he can be of service to others, and feels lucky to be able to do work at things he enjoys doing.

His warm personality and easy laughter have earned Laurent many friends and his dedication to the cause of hepatitis compensation, much gratitude.

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P.S.