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Damaged nerve cells repaired in laboratory

Researchers at the University of California in San Diego have discovered a way to repair the damaged caused to nerve cells in spinal cord injury.

For the first time scientists appear to have successfully repaired broken nerve connections in laboratory models of spinal cord injury. If the technique is developed further it may be applicable to other neurological conditions such as multiple sclerosis (MS).

The research, published this week in the journal Nature Neuroscience, is the first time such an experiment has been successful in re-establishing broken nerve connections,

Despite these promising findings, the resulting connections were not able to transmit messages from one end of the nerve to the other. This is a major hurdle to overcome before a treatment can be considered and is the subject of ongoing research.

Dr Doug Brown, Research Manager at the MS Society said, "This is an exciting piece of early research that holds promise for people with neurological conditions such as MS.

"It is, however, worth remembering that this research is at the very earliest stages of development.

"The next step is to find ways of overcoming technical difficulties that the researchers experienced and to determine how useful this technique will really be for people with long-term neurological conditions."

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Canadian researchers reverse MS-like condition

Scientists at McGill University in Canada have successfully reversed a condition similar to multiple sclerosis (MS) in mice.

Reporting their work this week in the scientific journal Nature Medicine, the researchers discovered a technique that was able to reverse EAE, a condition similar to relapsing remitting MS, in laboratory models.

The researchers found a way to make a specific type of immune cell, called a regulatory B cell, from tissues in the laboratory by treating them with a fusion of molecules, known as a 'fusokine'.

These regulatory B cells were then transplanted into the veins of mice with EAE and monitored for improvement. Researchers found that the treated mice went into complete remission.

Researchers say the technique could potentially be replicated in people with autoimmune conditions such as MS and others such as Crohn's disease and arthritis.

Dr Susan Kohlhaas, Research Communications Officer at the MS Society, said, "This early stage research shows that EAE can be reversed in mice but it's important to remember that EAE has been treated successfully before and is distinct from MS.

"Determining whether this technique can apply to people with MS is the next challenge."

Government announces swine flu vaccine plans

The government announced yesterday that a vaccine for swine flu is expected to be ready in the autumn. People with MS and their families are among the priority groups for vaccination.

People with MS are due to receive the vaccine as a first priority, alongside other groups normally at risk for seasonal flu. Pregnant women are in a second priority group and people who live with somebody in the first priority group (including people who live with a person with MS) are classified as being third in the priority rankings.

Scientific breakthrough highlights the potential of induced pluripotent stem cells

Scientists from China have cloned a live mouse from adult mouse skin cells. The groundbreaking research was published yesterday online in the prestigious journal Nature and highlights the potential of using induced pluripotent stem (iPS) cells, derived from adult skin cells, instead of stem cells derived from embryos.

Guidelines on managing bladder symptoms

A new leaflet gives information on the best way to assess and manage bladder symptoms, which affect about three quarters of people with multiple sclerosis.

The MS Trust has been part of a group of stakeholders led by neuro-urologist Professor Clare Fowler who have put together a UK consensus statement on the management of the bladder in MS, detailing the best way to assess and manage these symptoms.

The group agreed that there is no stage of the illness when bladder symptoms should not be attended to and people, or their carers, should ask their GP to refer them appropriately. Everyone with MS experiencing bladder symptoms should be able to be seen and assessed by an appropriate expert and should be encouraged to understand the aims of the treatment that has been suggested.

The group is keen for these guideline to become adopted as best practice for anyone with MS who is experiencing bladder problems.

The consensus, which was launched at the MS Trust conference in November last year, has been published in a medical journal and a summary is now available as a leaflet.

A new hope for MS

Elizabeth Kinder is one of only 16 people in the UK on a trial for the new multiple sclerosis drug, Fingolimod. Here she explains why she is feeling positive.

The first time it happened I was awake all night with a sharp feeling of pins and needles in my face and hands, stabbing pains in my head, arms and legs, and what felt like electric shocks in my feet. Sleep was impossible. I was really scared. I was scared that when morning finally came I would have difficulty walking.

I had been feeling dizzy and disorientated for months, weirdly disconnected. It was often difficult to find the right words. My balance was affected, too. I described it to my doctor as "being in a goldfish bowl in a storm at sea" and ended up at the Cromwell Hospital in the consulting room of Dr Omar Malik, a brilliant neurologist, afraid that I had a brain tumour.

He talked me through the pictures on his computer screen.

"You see here, Elizabeth. This white mark, that's scar tissue" I was amazed to be looking at my brain and not taking everything in.

"Cancer then? A tumour?"

"No, Elizabeth, no tumour. You haven't got cancer. I think you have MS: relapsing-remitting multiple sclerosis. You see this scar or lesion? That most likely indicates an earlier episode, but we'll need to do a lumbar puncture to confirm this diagnosis."

Fearing the worst, I'd brought a friend along with me, thinking her staunch religious faith might come in useful. She was waiting outside.

"It's OK," I said. "I haven't got cancer, I've just got MS."

She looked aghast. "That's terrible. How long have you got before you're paralysed and in a wheelchair?"

I hadn't thought to ask.

Multiple sclerosis is a degenerative disease of the nervous system. More than 100,000 people in the UK have the disease, with around 50 new cases being diagnosed each week. It is more common than cancer among 20 to 40 year-olds, and it has been diagnosed in children as young as four.

Initial symptoms range from headaches and chronic fatigue, to paralysis. MS is caused by the immune system attacking the myelin sheaths, which protect the nerves in the brain and spine. Once this protection is removed, the nerves are easily damaged and can die. Signals from the brain to the rest of the body can no longer use those pathways. MS can impair cognition, memory and sight, and leave you unable to do anything for yourself, to walk, talk or even breath. There is no cure.

"Quick, ask him how long you've got," said my friend, as the consultant came out of his office.

He smiled reassuringly. "MS affects everyone differently. You might never have another relapse, or not for years. It's difficult to say. Some people diagnosed 20 years ago are still living healthy, active lives. You might never need a wheelchair." My panic subsided. It couldn't be that bad.

I rang my husband, Paul, at our home in west London.

"I hope you won't use it as an excuse not to do anything!" he said, trying to lighten the mood.

And although I could hear his worry, I was upset and we argued.

The next few days were awful. We were anxious to keep things "normal" for our eight-year-old daughter, Eve. I felt guilty to be burdening Paul with this dreadful condition and I asked him to leave. After the row that ensued, he put his arms around me and said that whatever happened he wanted to be with me. We'd face it together.

Telling Eve was easier. She had no preconceptions. We cuddled on the sofa and I said that while I might get tired sometimes, I would be much like I am now. "So everything's all right really mummy?"

"Yes," I said.

So much for keeping things from her.

There are three types of MS: relapsing-remitting, secondary-progressive and primary progressive. The last two are more aggressive. There is no remission, just the steady drip of disintegration. Like everyone with relapsing-remitting MS, two thirds of whom are women, I have a 70 per cent chance of developing the secondary form.

Within days of being diagnosed, I went into hospital for a course of intravenous steroids to reduce the inflammation in my brain and lessen the severity and length of the relapse, and discussed my options.

I could either do nothing and I might be fine for years. Or I could manage my condition through diet and lifestyle changes. A third option was to take beta-interferons or Copaxone, which, it is believed, reduce the rate of relapse by about 30 per cent. The downside is that they have to be injected, can produce flu-like symptoms for about 48 hours, and don't work for everyone.

A fourth option was to join a drug trial for a new immunosuppressant. I opted for the trial. I became one of only 16 people in the UK to be accepted onto a clinical trial testing the effectiveness of a well-known Beta Interferon against Fingolimod, a pill based on a Chinese mushroom compound.

I have had weekly injections deep into my thigh, which I have hated, and has resulted in an almost permanent bout of flu. But I have also been plugged into a brilliant and supportive medical network with regular tests: psychological, dermalogical, lung function, mobility, eye, and MRI scans, which are all very reassuring.

It is nearly 27 months since I was first diagnosed and 23 months since I started the trial, which is now testing the efficacy of different doses. I'm learning not to panic when I'm having a relapse. I have good days when I have loads of energy and I realise that I haven't thought about MS at all. I firmly believe the Fingolimod is keeping the disease at bay.

I worry about Eve being more likely to get MS - why it's more prevalent in women is not known - and I'm finding out everything I can in the hope that I can minimise that risk for her. I work as a television producer and I'm making a television documentary covering all the current research, breakthroughs, conventional treatments and alternative therapies on offer (bee stings and goat serum!) It has been extremely humbling meeting people who, with humour and courage face difficulties every day doing things that until now I've always taken for granted.

And not just humbling. Paul hid the paper the day MS sufferer Debbie Purdy won her High Court appeal to have prosecution over assisted suicide clarified. He didn't want me to be reminded of the awful possibilities of the disease and the stark choice that we might face. But it's thanks to her incredible persistence, courage and energy that there now potentially is a choice.

I am hoping that soon a cure will be found... In the meantime if I'm having difficulty and can't pick Eve up from school, my friends and family step in. But I'm there most of the time, otherwise I know she worries about me. At home, Paul is very supportive. And anxiety about my condition gets shored up behind the dam walls of daily life.

How close is a cure?

"Fingolimod is the best hope" says Dr Richard Nicholas, consultant neurologist, who is heading the Fingolimod trial at London's Charing Cross Hospital. "Results show that Fingolimod halves the rate of relapse in MS patients whereas beta-interferons cut it by a third. Fingolimod may not reduce existing symptoms, but it can reduce the rate at which new ones appear. The cause of MS - a combination of genetic factors and environmental factors - still needs to be determined. Repair to MS-related nerve damage using stem cell therapy is I think, five to 10 years away."

Drastic alternative therapies

Bee sting therapy, stimulates the production of cortisol which is said to lessen the severity of an MS attack. It can be injected, but some choose to be stung by bees. The MS Society and GPs say it is 'unproven'.

Goat serum, under the brand name Aimspro, derived from the blood of goats injected with vaccines to develop antibodies to some diseases, is said to ease symptoms. It is under clinical trial, but GPs can order it. It costs about £180 a phial and injections are taken every three days.

Don't book a ticket to Dignitas just yet

I'll say one thing for the euthanasia lobby: they are masters of media manipulation. Somehow they managed to persuade the press and broadcasters that the law lords had demanded that parliament reverse its opposition to the legalisation of so-called "assisted suicide". This collective misinterpretation of last Thursday's judgment on the case of Debbie Purdy, a multiple sclerosis sufferer and campaigner for such a change in the law, must in part have derived from the sight of Purdy and her lawyers happily toasting the outcome with champagne.

Yet Purdy, her husband, Omar Puente, and her fellow campaigners from Dignity in Dying (formerly known as Exit) are celebrating prematurely. The highest court in the land has merely required that the director of public prosecutions set out publicly the grounds on which he already bases his decisions on whether or not to prosecute cases of assisted suicides of Britons taking place at Dignitas, the tawdry Zurich-based dispensary of death.

In none of the 115 instances of Britons who have taken advantage of this sinister "service" has the DPP taken action. In all those cases he will have assessed the likelihood of a jury finding against a putative defendant; he will recommend prosecution only if he thinks there is a good chance of a jury convicting. One of the merits of the jury system is that in especially tragic episodes it will allow human factors to outweigh the letter of the law; but the law remains — in this case to discourage as much as possible the killing of people, from whatever motives.

In fact the DPP has already made a detailed public explanation of one of his decisions not to prosecute — that involving the family of the 23-year-old Daniel James, a rugby player who became suicidal after a collapsed scrum had rendered him quadriplegic. The DPP declared last December that among the factors in his decision not to prosecute was that "neither [of his parents] influenced Daniel James to commit suicide. On the contrary, [they] tried relentlessly to persuade him not to do so". Furthermore, they did not stand "to gain any advantage, financial or otherwise, by his death".

As Lord Neuberger observed in last Thursday's judgment: "There is . . . a slight air of unreality in the debate, now that the director has published his sympathetic, principled and persuasive reasons for not prosecuting the parents . . . of Daniel James . . . As a result, it can be said with some force that it must be pretty clear to Ms Purdy, and to Mr Puente, how the director approaches . . . cases where a loving relative assists a person who is of sound mind and determined to end her life, to travel abroad to achieve her wish in a country where assisting suicide is not unlawful." Indeed so. Why, therefore, was Purdy so euphoric after the judgment (assuming she had read it in its entirety)? Does she really believe that the law lords have ordered the DPP to indemnify her husband in advance from any risk of prosecution?

If so, she will be disappointed. As one of the judges, Lord Brown, warned: "Obviously no advance undertaking can be sought from the DPP that he will refuse consent to a prosecution in a particular case. He could never be sufficiently sure of the precise circumstances of the case, and in any event, of course, circumstances can always change." Thus the first sentence of The Times's striking front-page report of the judgment — "Families who help terminally ill relatives to end their lives will be free from the risk of prosecution after a landmark ruling yesterday" — is, to put it mildly, a bit previous.

And what of the claims by the euthanasia lobby that the law lords "have shown the courage that parliament lacked"? Consider instead the real words of Lord Hope in his judgment: "It must be emphasised at the outset that it is no part of our function to change the law to decriminalise assisted suicide. If changes are to be made, as to which I express no opinion, this must be a

matter for parliament.” Indeed. Hope went on to mention the failure of Lord Falconer’s attempt last month to convince the House of Lords to back an amendment legalising assisting Britons to take part in the Dignitas experience, observing that no one “can be in any doubt as to . . . the difficulties that such a change in the law might give rise to”.

“Difficulties” is a nicely judicious understatement, which is why the existing high level of judicial discretion — sometimes called “lack of clarity” — is so valuable in this area. How would a statute distinguish between an assisted suicide that was the result of subtle pressure on a vulnerable old woman from a much-loved son dismayed by the prospect of his inheritance being consumed by private nursing home fees, and one in which the old woman had instigated the idea, and to which her son had merely acceded? For all the treacly talk of “loved ones” that permeates the discourse of the assisted suicide advocates, the great majority of doctors oppose such a change in the law, partly because they didn’t enter medical practice to bump people off, and partly because they have a realistic understanding of family dynamics.

A change in the law in the direction of euthanasia would be not only an encouragement to avaricious or impatient relatives, but also a powerful suggestion in itself to our increasing number of old people to “do the decent thing”. Thus the 90-year-old Margaret White wrote a letter to The Times last week saying that she was drawing on her capital to pay her care bills. “I am happy here in the nursing home with no wish to die,” she said, “but were voluntary euthanasia to be made legal I would feel it my absolute duty to ask for it as I now have 19 descendants who need my legacy. I am sure I am not alone in this resolution.” We don’t need to guess that this might happen. A GP from a country that has legalised euthanasia, Holland, told a House of Lords committee investigating the legalisation of assisted suicide: “I see growing anxiety among patients, not just the terminally ill, that they think it is not decent not to ask for euthanasia sometimes, because they feel they are such a burden to their families.”

It is precisely this that causes those in parliament driven by a desire to act in the interests of the most vulnerable to oppose the increasingly strident calls for the legalisation of “assisted suicide”. You can see this in the voting records, which is why it is so contemptible that the euthanasiasts denounce this opposition as based merely on religious dogma: take away the bishops from the House of Lords, and there is still a majority opposed to their plans. This is nothing to do with a fundamentalist view about the inviolable sanctity of life; it is everything to do with the fact that laws are designed (or should be) to protect the community as a whole, rather than the interests of a small number of strong individuals with loud voices.

One of the characteristics of those most determined on assisted suicides is that they are powerful personalities used to exercising total control — the polar opposite of those who would be the most likely victims of their campaign, were it to succeed. Purdy is quite typical, described in The Guardian as “a self-confessed adrenaline junkie who had revelled in travelling the world diving from planes, conquering mountains, trekking through jungles and exploring the depths of the oceans”.

You can see why such a personality cannot bear to contemplate the complete loss of control that her condition might impose. Debbie Purdy is, in so many ways, an admirable woman. Yet when I saw her declare last Thursday, “I feel like I have my life back”, my stomach heaved. It is a sick society that regards assisted suicide as an affirmation of life.

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DISCLAIMER

The articles in this Bulletin are meant for the sole purpose of information only, and do not necessarily reflect the views of the committee.

YOUR JOKES

Grandparents

1. She was in the bathroom, putting on her makeup, under the watchful eyes of her young granddaughter, as she'd done many times before. After she applied her lipstick and started to leave, the little one said, "But Gramma, you forgot to kiss the toilet paper good-bye!" I will probably never put lipstick on again without thinking about kissing the toilet paper good-bye...
2. My young grandson called the other day to wish me Happy Birthday. He asked me how old I was, and I told him, 62. My grandson was quiet for a moment, and then he asked, "Did you start at 1?"
3. After putting her grandchildren to bed, a grandmother changed into old slacks and a droopy blouse and proceeded to wash her hair. As she heard the children getting more and more rambunctious, her patience grew thin. Finally, she threw a towel around her head and stormed into their room, putting them back to bed with stern warnings. As she left the room, she heard the three-year-old say with a trembling voice, "Who was THAT?"
4. A grandmother was telling her little granddaughter what her own childhood was like: "We used to skate outside on a pond I had a swing made from a tire; it hung from a tree in our front yard. We rode our pony. We picked wild raspberries in the woods." The little girl was wide-eyed, taking this all in. At last she said, "I sure wish I'd gotten to know you sooner!"
5. My grandson was visiting one day when he asked, "Grandma, do you know how you and God are alike?" I mentally polished my halo and I said, "No, how are we alike?" "You're both old," he replied.
6. A little girl was diligently pounding away on her grandfather's word processor. She told him she was writing a story. "What's it about?" he asked. "I don't know," she replied. "I can't read."
7. I didn't know if my granddaughter had learned her colors yet, so I decided to test her. I would point out something and ask what color it was. She would tell me and was always correct. It was fun for me, so I continued. At last, she headed for the door, saying, "Grandma, I think you should try to figure out some of these, yourself!"
8. When my grandson Billy and I entered our vacation cabin, we kept the lights off until we were inside to keep from attracting pesky insects. Still, a few fireflies followed us in. Noticing them before I did, Billy whispered, "It's no use Grandpa. Now the mosquitoes are coming after us with flashlights."
- 9.. When my grandson asked me how old I was, I teasingly replied, "I'm not sure." "Look in your underwear, Grandpa," he advised, "mine says I'm 4 to 6."
- 10.. A 6-year-old was asked where his grandma lived. "Oh," he said, "she lives at the airport, and when we want her, we just go get her. Then, when we're done having her visit, we take her back to the airport."
- 11.. Grandpa is the smartest man on earth! He teaches me good things, but I don't get to see him enough to get as smart as him!

MEMBERS COMPETITION

A £5 prize will be given to the member whose entry has the most correct answers. Even if you can't answer all the questions, send in those you have answered – you could still win!

The first letter of each answer will spell out the name of an American State.

- 1/ How do Argentinians refer to the Falkland islands?
- 2/ What do we call fossilised resin?
- 3/ On which island did King John set his seal on the Magna Carte?
- 4/ What is the name of the veil worn over the face, starting below the eyes?
- 5/ What is the alternative name for a peewit?
- 6/ What is the main ingredient of marzipan?
- 7/ Which Irish group had a hit with 'I'm in the mood for dancing'?
- 8/ What is the capital of the Isle of Man?

Name:

Address:

Send Completed Forms To:
Mr D Henderson
74 Windermere Road
Stockton-on-Tees
Cleveland TS18 4LY

All entries to be received by the next social. The winner will be drawn from entries received with the highest number of correct answers.

Answers to last quiz:

1/ Diamond 2/ Washington Irving 3/ Seven 4/ Tokyo 5/ Robert E Lee 6/ Isinglass
7/ Charlie Chaplin 8/ Thirty Seven