

ISSUE NO:- 07/ 2018

BULLETIN



EVENTS

Drop-In:-

Greens Lane Methodist Church, Hartburn. We meet here 1pm to 4pm on a Tuesday. Alternative therapy is available for those who enjoy or would like to try Shiatsu.

Social Evenings:

These are held at the Orthoptic Supplies, 176 Belasis Avenue, Billingham, TS23 1EY, on the last Wednesday of every month at 7pm.

Shopping Online????

Buy items or book holidays through the Stockton MS Group web site and we will receive a donation. There are over 100 top retailers to choose from. It all helps raise funds for the group.

Monthly Bulletin

"If you would like to receive this bulletin by email, then just send a request to news@stocktonmsgroup.org.uk.

Remember if you change your email address to let us know by sending a message to news@stocktonmsgroup.org.uk"

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www.mirror.co.uk 6 June 2018

Brit scientist could be about to CURE multiple sclerosis and provide hope for millions

A British scientist could have made one of the most important **medical** breakthroughs of recent years.

Dr Su Metcalfe and her team at LIFNano believe they have found the cure for the devastating condition, **multiple sclerosis**.

More than 2.3million people globally are affected by the debilitating condition and symptoms include blindness and muscle weakness.

Dr Metcalfe told **the Cambridge News** : “Some people get progressive MS, so go straight to the severe form of the disease, but the majority have a relapsing or remitting version,” she says. “It can start from the age of 30, and there’s no cure, so all you can do is suppress the immune response, but the drugs that do that have side effects, and you can’t repair the brain. The cost of those drugs is very high, and in the UK there are a lot of people who don’t get treated at all.” Dr Metcalfe and her team have combined one of the body’s cleverest functions with some cutting-edge technology. The natural side of the equation is provided by a stem cell particle called a LIF.

She was working at Cambridge University’s department of surgery when she made her big breakthrough.

Dr Metcalfe said: “I was looking to see what controls the immune response and stops it auto-attacking us,” she explains.

“I discovered a small binary switch, controlled by a LIF, which regulates inside the immune cell itself. LIF is able to control the cell to ensure it doesn’t attack your own body but then releases the attack when needed.

“That LIF, in addition to regulating and protecting us against attack, also plays a major role in keeping the brain and spinal cord healthy. In fact it plays a major role in tissue repair generally, turning on stem cells that are naturally occurring in the body, making it a natural regenerative medicine, but also plays a big part in repairing the brain when it’s been damaged.

“So I thought, this is fantastic. We can treat auto-immune disease, and we’ve got something to treat MS, which attacks both the brain and the spinal cord. So you have a double whammy that can stop and reverse the auto-immunity, and also repair the damage caused in the brain.”

But the breakthrough wasn’t over then, as the LIF could only survive outside the cell for 20 minutes before being broken down by the body, meaning there was not enough time to deploy it in a therapy. And this is where the technology, in the form of nano-particles, comes in.

Dr Metcalfe said: “They are made from the same material as soluble stitches, so they’re compatible with the body and they slowly dissolve,” says Su.

“We load the cargo of the LIF into those particles, which become the delivery device that slowly dissolve and deliver the LIF over five days.

“The nano-particle itself is a protective environment, and the enzymes that break it down can’t access it. You can also decorate the surface of the particles with antibodies, so it becomes a homing device that can target specific parts of the brain, for example. So you get the right dose, in the right place, and at the right time.”

The particles themselves were developed at Yale University, which is listed as co-inventor with Dr Metcalfe on the IP. But LIFNano has the worldwide licence to deploy them, and Su believes we are on the verge of a step-change in medicine.

Dr Metcalfe said: "Nano-medicine is a new era, and big pharma has already entered this space to deliver drugs while trying to avoid the side effects. The quantum leap is to actually go into biologics and tap into the natural pathways of the body.

"We're not using any drugs, we're simply switching on the body's own systems of self-tolerance and repair. There aren't any side effects because all we're doing is tipping the balance.

"Auto-immunity happens when that balance has gone awry slightly, and we simply reset that. Once you've done that, it becomes self-sustaining and you don't have to keep giving therapy, because the body has its balance back."

LIFNano has already attracted two major funding awards, from drug firm Merck and the Government's Innovate UK agency.

Dr Metcalfe admits she is something of a novice when it comes to business, but has recruited cannily in the form of chairman Florian Kemmerich and ceo Oliver Jarry, both experienced operators in the pharma sector.

With the support of the Judge, the company hopes to attract more investment, with the aim of starting clinical trials in 2020.

She said: "The 2020 date is ambitious, but with the funding we've got and the funding we're hoping to raise, it should be possible.

"We've got everything we need in place to make the nano-particles in a clinically compliant manner, it's just a case of flicking the switch when we have the money.

"We're looking at VCs and big pharma, because they have a strong interest in this area. We're doing all our pre-clinical work concurrently while bringing in the major funds the company needs to go forward in its own right."

Immune cells have been a big part of Dr Metcalfe's career, and her passion for her subject is obvious. "I wanted to understand something that was so simple on one level but also so complex," she says.

The immune cell is the only single cell in the body that is its own unity, so it functions alone. It's probably one of the most powerful cells in the body because it can kill you, and if you haven't got it you die because you haven't got it."

And MS may just be the start for LIFNano.

"MS is our key driver at the moment, but it's going to be leading through to other major auto-immune disease areas," she adds.

"Psoriasis is high up on our list, and diabetes is another. Downstream there are all the dementias, because a LIF is a major health factor for the brain. So if we can get it into the brain we can start protecting against dementia."

www.bbc.co.uk 12 June 2018

More cuts to care on way - council chiefs

Vulnerable old and disabled people will see cuts to vital care services and higher charges, council chiefs say.

The annual budget survey by the Association of Directors of Adult Social Services shows councils expect to spend £21.4bn this year in England.

While this is a rise from £20.8bn last year, the cost of inflation combined with growing demand means this will not be enough, ADASS said.

The warning comes as ministers prepare to unveil plans to reform the system.

A green paper on social care is expected to be published in the coming months.

Vulnerable facing 'bleak future'

ADASS said it was desperately needed given the pressures on councils - local government has seen cuts in the amount of funding it gets from central government over the past decade.

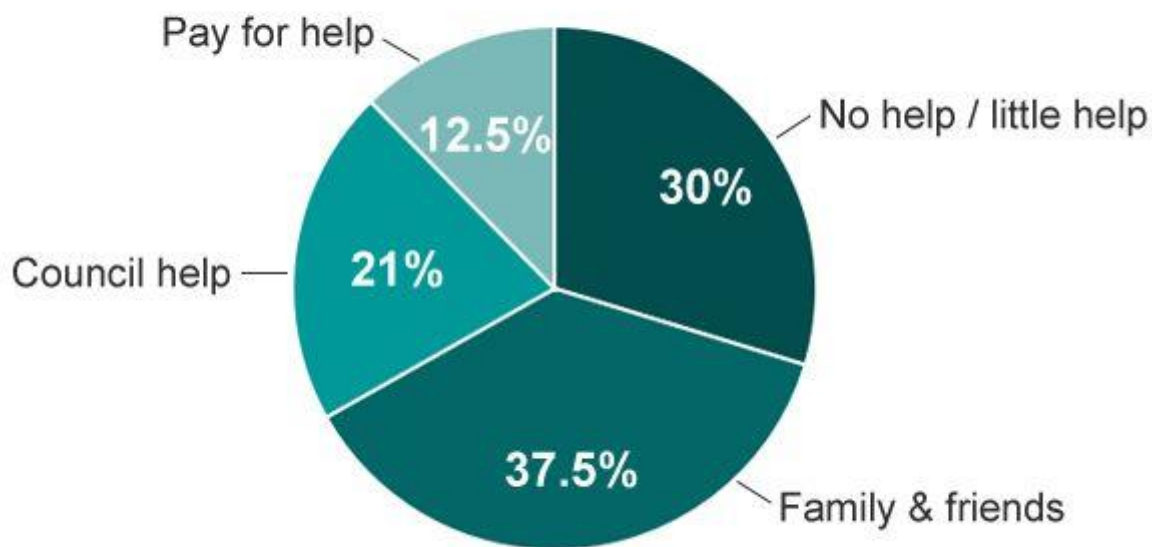
It surveyed all 152 councils in England.

Three-quarters said they would be cutting the amount of care they provided, while nearly half said they would be introducing higher charges - people are expected to contribute to the cost of care where they can.

It means more people are likely to be pushed into the private market.

Currently only a fifth of those needing care get help from councils.

Where older people in England with care needs get help



Source: Age UK, Laing Buisson, NHS Digital, Carers UK

BBC

The ADASS report showed that councils were also concerned about the impact on the care firms they pay to provide these services.

Nearly one in three had seen home care services close or cease trading in the past six months, while slightly more had seen residential and nursing homes go under.

Analysis: By Alison Holt, social affairs correspondent

The stresses and the strains faced by a care system under pressure usually play out quietly in the lives of people who are older and disabled - but the consequences can be no less devastating.

If, as this survey of local authority directors of adult care suggests, councils end up supporting fewer people, it will mean only those with the very highest needs get help.

For many that will mean they have to reach a crisis, whether it is a fall which takes them to hospital or the illness of a husband and wife unable to cope any more with caring for their partner. It is hard to underestimate the human cost of that.

The government has acknowledged the pressures on the system and promised reform - something other governments have failed to do.

Most experts agree the biggest challenge will be sorting out the money needed to pay for care - with the NHS also under pressure, the fear is that the less visible crisis in social care will be overlooked again.

ADASS president Glen Garrod said the findings were of "serious concern" and described the care market as "fragile".

Caroline Abrahams, of Age UK, said it was a "disgrace" that there were people who were not getting the support they needed for daily essentials like "getting dressed, going to the toilet, taking their medication or preparing their food".

"Unless policy makers are willing to invest in care, hundreds of thousands of older people face a bleak future, living without their needs being met," she added.

A Department of Health and Social Care spokeswoman said plans would be set out soon to create a "diverse, vibrant and stable market".

She also pointed out that extra money had been found in recent years to relieve some of the pressures, but conceded the system was "under pressure".

www.bbc.co.uk 15 June 2018

Universal Credit 'could cost more than current benefits system'

The government's flagship benefits system has been too slow to roll out, causes hardship, and is not delivering value for money, a watchdog has said.

The National Audit Office said the £1.9bn Universal Credit system could end up costing more to administer than the benefits system it is replacing.

Some claimants waited eight months for payment amid the switch to UC, which rolls six benefits into one, it adds.

The government said UC would bring a £34bn return over 10 years.

It said more people would get into work - and stay there longer - and that it had taken a "listen and learn" approach to the introduction of the programme.

The move to UC has long been criticised for its delayed and flawed implementation, with about 25% (113,000) of new claims in 2017 being paid late.

Sherry Fuller was made redundant last year after working in local government for 17 years and she started on UC one month ago.

She says without the help of friends and family she would be homeless as the payment doesn't cover her essential costs.

"It's a horrible place to be. Very often you are getting so little money that you are having to rely on food banks, having to rely on the goodwill of those around you."

Helen Stephens, from Manchester, also had to borrow from friends and family after waiting over two months for a UC payment and says that badly affected her mental health.

She said: "This drove me to depression as I had never needed anything like that in the past. I felt helpless and worthless.

"It would appear to me that Universal Credit is designed to be very difficult and give people as little as possible."

'Demonstrably failing'

Meg Hillier, chairwoman of the Public Accounts Committee, said UC had been "one long catalogue of delay with huge impact on people's lives".

And the Child Poverty Action Group questioned whether the government should push on with a programme that was "demonstrably failing".

Key findings in the National Audit Office included:

- Eight years after work began on UC, only 10% (815,000) of the expected eventual number of claimants are on the system
- Some 20% of those paid late - usually the more needy and complicated cases - were waiting five months or more to be paid

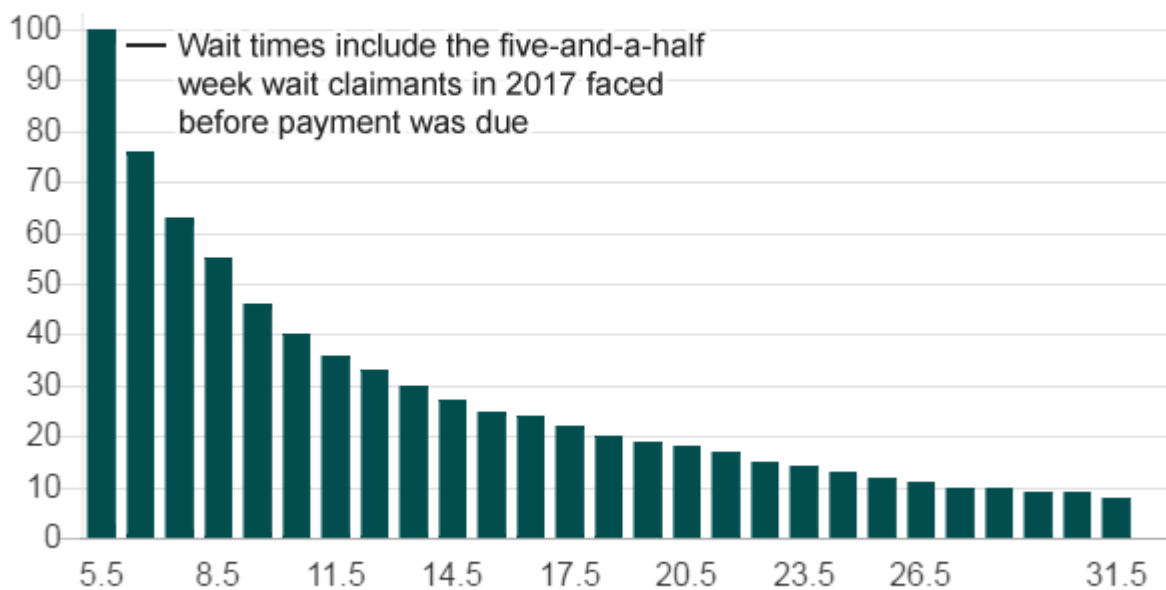
- Ministers would never know if their aim of putting 200,000 extra people in employment, or saving £2.1bn in fraud and error, would work
- Government expectations that UC would deliver £8bn of net benefits annually depended on "unproven assumptions"
- UC currently costs £699 per claim - four times as much as the government intends to spend when the systems are fully developed
- So many changes had been made to job centres and working practices that there is no "alternative but to continue"

The report noted that "the Department for Work and Pensions does not accept that UC has caused hardship among claimants".

It pointed to a recent internal departmental report that showed 40% of claimants were experiencing financial difficulties.

Some claimants faced long delays for payments

% of claims not paid by number of weeks waited in 2017



Source: National Audit Office



Analysis of DWP payment data for 2017 revealed late payments were delayed on average by four weeks, but from January to October 2017, 40% of those affected by late payments waited a total of about 11 weeks or more.

Some 20% of this group waited almost five months and about 8% had to wait for eight months. Despite recent improvements, one-fifth of new claimants in March 2018 did not receive their full entitlement on time. Some 13% received no payment on time.

What is Universal Credit?

Universal Credit merges six benefits (income support; income-based jobseeker's allowance; income-related employment and support allowance; housing benefit; child tax credit; working tax credit) into one.

It was designed to make claiming benefits simpler. A single payment is paid directly into claimants' bank accounts to cover whichever benefits they are eligible for.

Claimants then have to pay costs, such as rent, out of their UC payment. It can be claimed by people whether they are in or out of work - but payment decreases as you earn more.

'Financial misery'

A spokesman for the DWP insisted UC was good value and would realise a return on investment of £34bn over 10 years against a cost of £2bn - with 200,000 more people in work. "Furthermore, 83% of claimants are satisfied with the service and the majority agree that it 'financially motivates' them to work," he said.

Work and pensions minister Alok Sharma said the NAO report was written before the introduction of £1.5bn-worth of measures enabling people to get 100% advances on their first UC payment.

Mr Sharma told the Today programme those on housing benefit could also get extra money to help them transition on to UC.

"We've not seen the full impact of these very positive changes," he added.

But Jane Ahrends, of the Child Poverty Action Group, said the NAO presented a "justifiably bleak" picture, urging ministers to "pause for thought".

"Will the government press on with a programme that is demonstrably failing - causing financial misery for families - or will it restore the money that's been taken out of Universal Credit in an effort to rehabilitate it for struggling families."

Emma Revie, chief executive of food bank charity The Trussell Trust, called for more support for "groups of people most likely to need a food bank, and debt advice to be offered to everyone moving on to the new system".

Shadow work and pensions secretary Margaret Greenwood said: "This report shows just how disastrously wrong the Conservatives have got the roll out of Universal Credit."

www.bbc.co.uk 27 June 2018

Metal fillings 'leak mercury after scan'

Metal dental fillings leak mercury if they are exposed to a new powerful type of medical scan, scientists have found.

They studied the effect of ultra-high-strength MRI - the latest in scanning technology being introduced to **several research hospitals in the UK**.

The study, in the journal **Radiology**, shows 20 minutes' exposure is enough to release the toxin from extracted teeth filled with silver-coloured amalgam.

The team say more studies are needed to tell what real-life risk it might pose.

These cutting-edge scans are not yet widely used but are helping with medical research.

Leak risk

Although metal fillings are now being superseded by white, ceramic, composite fillings, they are **still the most common type** offered by NHS dentists.

They are often used on the back teeth because they are hard-wearing, while visible front teeth are usually given white fillings.

The British Dental Association says dental amalgam is safe. It's been in use and extensively studied for 150 years as a restorative material. Its safety and durability are well established. And it remains the most appropriate material for a range of clinical situations.

It says there is no justification for removing these fillings as a precaution, except in those patients properly diagnosed as having allergic reactions to amalgam. This is a rare situation. But the BDA agrees that more studies are needed to better assess this new potential risk linked with powerful medical scans.

What the study found

Dr Selmi Yilmaz and colleagues at Akdeniz University, Turkey, measured the amount of mercury released by 60 amalgam-filled extracted teeth placed into 60 separate pots of artificial saliva.

Forty of the potted teeth were scanned using either conventional MRI, which is relatively low strength, or the newer high-powered 7 Tesla MRI. A control group of 20 teeth were placed in artificial saliva only.

The mercury content was four times higher in the pots that had been scanned with the high-powered MRI compared with the controls and the pots scanned with conventional MRI. Whether this high level of released mercury - 0.67 parts per million - might harm patients is not known.

"It is not clear how much of this released mercury is absorbed by the body," Dr Yilmaz said.

Toxic

Mercury is poisonous to humans and can cause toxic effects in high enough doses.

The European Parliament has voted in favour of a gradual reduction in the use of dental amalgam to protect the environment, rather than for direct health reasons.

When dental amalgam gets into the environment, the mercury it contains can be converted into methylmercury by aquatic microbes. This can then accumulate in the food chain, meaning people who eat contaminated fish and seafood will ingest it.

British Dental Association's scientific adviser Prof Damien Walmsley said: "The study indicates that people who have amalgam fillings should not be concerned if they need to have a conventional MRI scan.

"This will be a decreasing problem in time [as amalgam fillings are phased out] but the development of new ultra-high-strength MRI scanners, which were only approved by the US Food and Drug Administration last year, needs to be reviewed closely.

"The researchers acknowledge that further studies are needed on any potential risk presented by the new generation of MRI scanners."

The NHS advises that routine MRI scans are painless and safe procedures, although there are **some patients who they won't be suitable for** because the strong magnets used during the scan can affect metal implants or fragments in the body.

Newer powerful MRI scans use stronger magnetic fields to get even more detailed images. They have been approved for use by medical regulators, who take safety into consideration.

www.bbc.co.uk 27 June 2018

Tax over-40s for old age care, say MPs

A new tax for the over-40s in England should be introduced to help pay for elderly care for all, MPs say.

Retired people should also be made to pay it if they have lucrative pensions or investments, **two influential House of Commons' committees said.**

The contribution - dubbed a social care premium by MPs - could then be used to ensure everyone who needs support in their old age gets it.

It comes as ministers are considering how to reform social care.

Currently only the poorest get help towards the cost of care, whether it is provided in people's homes or in a care home.

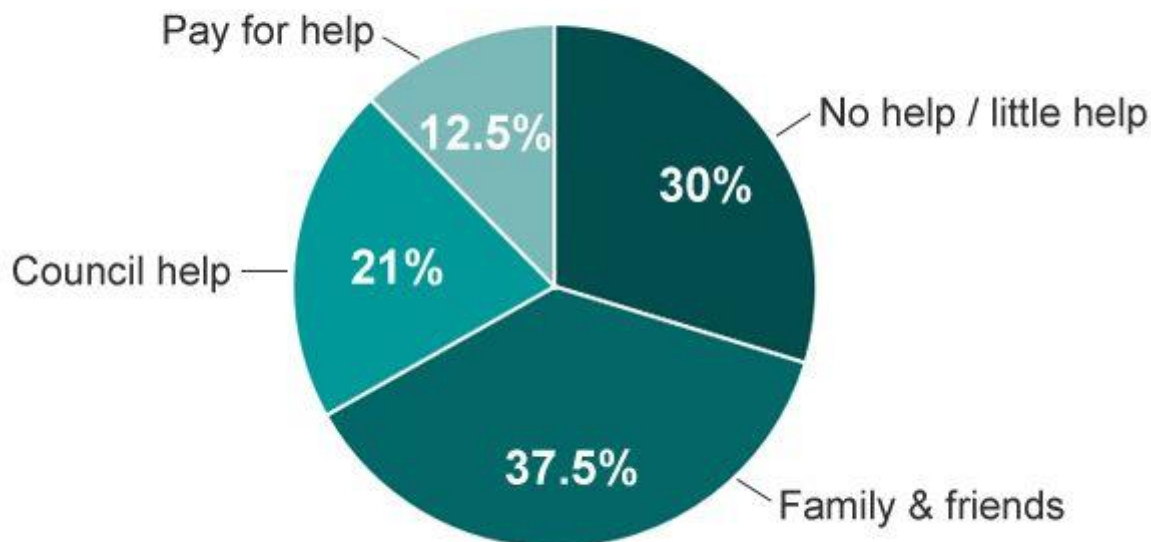
Other people have to pay for it themselves, with one in 10 facing lifetime costs of more than £100,000.

However, increasingly people are relying on family and friends or go without care, which includes everything from help with washing and dressing to support in taking medications.

Polling carried out by Ipsos Mori as part of the work done by the four leading health think-tanks for the BBC to mark the 70th birthday of the NHS showed only 15% of people thought the current system was fair.

Although appetite for a new tax was mixed and only one in four people were in favour of using wealth tied up in people's houses.

Where older people in England with care needs get help



Source: Age UK, Laing Buisson, NHS Digital, Carers UK



The MPs on the Housing, Communities and Local Government and Health and Social Care committees said changes were long overdue.

A combination of the ageing population and a squeeze on council budgets has left the system at breaking point.

The cross-party groups believe only a radical solution can tackle the problem.

Their report said employers should also contribute to the social care premium and argues it could be topped up by an extra levy on inheritance tax on the wealthiest estates.

The MPs believe it could lead to everyone getting care paid for - although those in care homes would still have to contribute towards their accommodation costs.

The committees do not say how much should be levied, acknowledging there would need to be a full review on how much money the system needs.

But they said a degree of "intergenerational fairness" was needed, given the under-40s as a whole were more likely to be struggling with housing, employment and the cost of living than older generations.

They also suggested the money raised could be used to support the care system for younger adults with disabilities, which forms part of the wider social care system.

Currently the care provided by councils costs £20bn a year - less than a fifth of the NHS budget. Sarah Wollaston, chair of the Health and Social Care Committee, said: "We can no longer delay finding a fair and sustainable settlement for social care.

"Too many people are being left without the care and support they need and it is time for a decision to be made about how the costs are shared."

The government has said it will be publishing a green paper on social care soon - this is expected in the autumn.

A funding rise has recently been agreed for the NHS, which will see its budget increase by £20bn a year by 2023.

Ministers have said tax rises will be required to fund this, but the MPs said the levy they are proposing could also contribute towards that.

Caroline Abrahams, of Age UK, gave the proposals her backing, saying a "bold new vision" was needed.

She said while the idea of paying more was a "bitter pill, it just might be one worth swallowing - but only for a system that we can all rely on."

www.msra.org 13 July 2018

Vitamin D doesn't help brain health: study

In the last week, vitamin D has again hit the headlines, with researchers in South Australia publishing their study showing that there is not enough evidence to say that vitamin D can protect the brain in neurological disorders such as MS, dementia and Parkinson's Disease.

The research was published in the journal *Nutritional Neuroscience*. The researchers conducted what is known as a 'systematic review' of the international research literature on vitamin D studies. They analysed the data across all the studies to determine what they collectively tell us about vitamin D and neurological diseases.

The researchers found 73 original research studies that investigated vitamin D levels or levels of vitamin D supplementation in neurodegenerative diseases. They also included studies that looked at past or present sun exposure in people with neurological diseases. The diseases included MS, Alzheimer's Disease and Parkinson's Disease, among others.

Their analysis of the data showed that there is not enough strong evidence to indicate that vitamin D can protect the brain (that it is 'neuroprotective') in these neurological conditions.

Their analysis did suggest that sun exposure, independent of vitamin D production, may be protective against MS, Parkinson's Disease and Alzheimer's Disease. This is something that is already under investigation in MS research, with studies looking at how UV light can directly influence the activity of the immune system, separately to its role in stimulating vitamin D production, and having an effect on the immune system via vitamin D.

The majority of the evidence to date on vitamin D in MS is based on the finding of an association between low vitamin D and the onset of MS. This has led to the strong belief by many that vitamin D supplements could help people with neurological diseases, particularly MS. However, an association is not the same as causation – we still don't know for sure that low vitamin D is one of the causes of MS, and we do not know that supplementing with vitamin D can reverse MS or improve disease outcomes.

In fact, clinical trials that have looked at vitamin D supplementation in people with established MS have proved inconclusive in terms of reducing relapses, lesions or disease progression. Furthermore there is no accepted evidence on what the correct blood level of vitamin D or optimal dose should be to help improve disease outcomes in MS.

This is why MS Research Australia and a team of Australian and New Zealand MS clinicians and researchers set out to conduct the PrevANZ Vitamin D MS Prevention Trial. PrevANZ aims to definitively answer the question of whether vitamin D supplements, and at what dose, can prevent or delay a diagnosis of MS in people who are at very high risk of developing the condition. The study is running at 18 sites around Australia and New Zealand and is recruiting people who have experienced a single, first 'attack' or episode of MS-like symptoms, known as clinically isolated syndrome.

In the meantime, as Vitamin D is crucial for many aspects of health, particularly bone health, it remains important for everyone, but especially people with MS, to ensure that they have adequate levels of vitamin D.

YOUR JOKES

I've just stolen loads of swimming pool inflatables
I'd better lilo

My wife is leaving me because I'm
going bald.
I'm not bothered, it's hair loss.

I'm cranky with my neighbour today.
Yesterday he was playing the same Lionel
Ritchie song over and over at full blast.
I wouldn't mind normally, but it was all
night long.

People said I'd never get over my
obsession with Phil Collins.
but take a look at me now.

Got caught stealing a leg of lamb from the
Supermarket.
The security said, "What are you doing with that?"
I replied, "Potatoes, peas and gravy would
Be nice"

I spent ages trying to cross a busy road..
A passer-by said, "There's a pelican
crossing up the road".
I replied "Then he's having better luck
than me."

My wife is leaving me because of my
Obsession with 'Star Wars'.
I said: May divorce be with you.

I've forgotten all my boomerang jokes,
but I'm sure they'll come back to me.

I saw a man take a gate from the
bottom of my garden, I didn't say
anything, I didn't want him to take
a fence.

I got fired from my job at the bank today.
A woman asked me to check her balance,
so I pushed her over.

When it's sunny I think 'Beer Garden.'
When it rains I usually go to the pub
for a while.
When it's snowing I like to sit in front of
the TV with a case of Beer.
I'm starting to think I have a problem with
the weather.

I went into a library and asked if they had
had any books on paranoia.
The librarian yelled:
"They're right behind you!"

Have you ever had a Jewish coffee?
You'd like it, Israeli good.

What do you call a man lying in front
Of a door.
Mat.

A blonde gets a job as a physical education teacher of 16 year olds.
She notices a boy at the end of the field standing alone, while all the other kids are running
around having fun kicking a ball.
She takes pity on him and decides to speak to him 'You ok?' she says.
'Yes.' he says.
'You can go and play with the other kids you know' she says.
'It's best I stay here.' he says.
'Why's that sweetie?' asks the blonde.
The boy looks at her incredulously and says,
"Because I'm the Goalie !"

MEMBERS COMPETITION

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

- 1/ Which English king was killed in battle on Bosworth Field in 1485?
- 2/ Grand Central Terminal is in which city?
- 3/ Who has hosted the Oscar ceremonies the most number of times?
- 4/ In Latin, quattuor and sex add up to which number?
- 5/ Director Damien Chazelle and actress Emma Stone both won Oscars in 2017 for which film?
- 6/ In which US sitcom did British actor John Mahoney play the cranky Martin Crane?
- 7/ The city of Detroit is known by which nickname?
- 8/ Ascorbic acid is the name for which vitamin?
- 9/ What is the normal lifespan of an Asian Elephant?
- 10/ Edward I, known as Edward Longshanks, was from which royal house?

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/ 4th Generation 2/ Scorpio 3/ 1707 4/ Horse Chestnut 5/ Denis Law 6/ 74 7/ Beatrix Potter
8/ Jupiter 9/ Nine 10/ John Keats