

ISSUE NO:- 03/ 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"

Group Contacts

Carol 617864

Web address:- www.stocktonmsgroup.org.uk
e-mail: info@stocktonmsgroup.org.uk

Published by: Stockton MS Group, 74 Windermere Road, Stockton-on-Tees. TS18 4LY

Make A Wish Campaign

We recently received a cheque for £42.48 from the Evening gazette for the tokens collected. We would like to thank once again, everybody who contributed by collecting them.

www.bbc.co.uk 12 March 2018

'We fear benefit changes could lose our disabled sister her home'

Life began at 40 for severely learning-disabled Colleen say her sisters, when she moved into her own home.

She is living happily in her Coventry house, 11 years after leaving unsuitable residential care, thanks to a carefully-crafted network of 24-hour care and a range of state benefits.

But due to the impending removal of the housing part of her support, known as Support for Mortgage Interest (SMI), that security has been mired in uncertainty and anxiety.

Colleen is one of 124,000 households in England who receive this particular benefit.

It helps them repay the interest on their mortgages and nearly half the recipients are pensioners.

However, within weeks the benefit will be axed and a loan offered instead.

Those who have not signed up to the new government scheme face losing their mortgage support.

Security at risk?

Though small, the current funding arrangement makes enough difference to enable Colleen to live on her own, and not in a care home.

With no capacity to make her own decisions, her sisters, Felicity Banbury and Fiona Garrigan, look after her interests.

They fought hard for 13 years to find her somewhere comfortable, safe and suitable to live.

Felicity says the impending changes put that security at risk.

"The biggest worry was that we have been given six weeks to make what are really serious financial decisions affecting Colleen's future," she said.

"If we don't make the right decision, she [Colleen] could get into arrears and even lose her house."

Fears of arrears

A lack of timely communication about the new rules, by the Department for Work and Pensions (DWP), has stoked up fears of arrears, and ultimately evictions, for some vulnerable and elderly people who receive SMI.

Beatrice Barleon, the policy manager at the learning disability charity Mencap, said: "Many rely on this benefit to pay for their accommodation, and poor communication around these changes has led to people fearing that they will lose their homes as a result."

By late January fewer than 7,000 of the 124,000 affected households had signed up for the new loan scheme.

And the latest statistics from the government reveal that 5,500 people have still not been contacted about the options ahead.

With just four weeks to go until the current benefit is withdrawn, neither Colleen nor her sisters have received the full information they need from the DWP (via private firm Serco) to be able to make a judgement on the options ahead.

In fact they were contacted for the first time about the forthcoming changes only three weeks ago.

Shadow housing minister Melanie Onn said: "It is shocking that with just weeks to go people are still yet to be contacted about the end of support for mortgage interest."

Extra time

Since the BBC contacted the DWP with these concerns, new rules have been attached to the new regulations

This should give the most vulnerable SMI recipients - those with someone appointed to act for them - extra time to make their decision.

A DWP spokesperson said: "Over time, someone's house is likely to increase in value, so it's reasonable that anyone who has received financial help towards their mortgage should be asked to pay that back if there is available equity when the property is sold.

"We have been contacting people to explain the change and signpost them to independent advice giving them plenty of time to make a decision.

"But we understand that there are vulnerable people including those with severe learning disabilities or dementia, many of whom have someone acting on their behalf, who need extra support and time," said the DWP spokesperson.

The DWP also said anyone who had not yet been contacted about the changes would now remain on SMI until they had been reached and guided through the options.

Mrs Barleon from Mencap said this was not the end of her concerns.

"The worry is now that innovative schemes such as homeownership for disabled people, will no longer be available in the future," she said.

Before moving into her own home, Colleen spent 26 years in residential care, which her sisters say did not meet her needs.

"When she was part of statutory services, she lived with others and we saw a deterioration in her condition," said Felicity.

Felicity welcomed the late decision to give the most vulnerable SMI recipients more time to consider their options.

But she said she was still very concerned about those without the sort of support she offers to Colleen, and possibly without a voice to argue their case.

www.bbc.co.uk 16 March 2018

Pharmacists funded to work in care homes in England

NHS England is planning to fund the recruitment of 240 pharmacists and pharmacy technicians to work in care homes to try to cut down on unnecessary medicines taken by the residents.

Care home residents often have one or more long-term health conditions, with some prescribed 10 or more medicines.

Trials have shown that pharmacists reviewing medicines reduced their use and improved patients' quality of life.

In one trial, an annual drug cost saving of £249 per patient was seen.

That pilot scheme took place in East and North Hertfordshire across 37 care homes.

Altering doses

Eleesha Pentiah, a pharmacist in Letchworth, bases herself in a care home for the day and goes through all the medicines taken by residents, addressing any issues.

"I had an 85-year-old man who was on co-codamol after surgery, but that made him feel fuzzy so we put him on regular paracetamol instead, which was much better," she says.

Sometimes it's as simple as altering doses of medication, taking into account lowering blood pressure as people get older and more frail.

"Before, they might have been on a list to see the GP - but they don't always have enough time to analyse it all."

Eleesha says it has also stopped residents from ending up in hospital.

Studies suggest that up to one in 12 of all hospital admissions of residents is medicine-related and two-thirds of these are preventable.

Trials across six care home sites:

- reduced reported emergency hospital admissions by 21%
- reduced oral nutritional support usage by 7%
- reduced ambulance callout by up to 30%
- made drug cost savings of between £125 and £305 per resident

The introduction of these specialists is part of NHS England's Refreshing NHS Plans for 2018-19 scheme, which sets out measures to provide joined-up services for patients to ensure they receive the most appropriate care.

'Bang on target'

Simon Stevens, chief executive of NHS England, said: "There's increasing evidence that our parents and their friends - a whole generation of people in their 70s, 80s and 90s - are being overmedicated in care homes with bad results.

"The policy of 'a pill for every ill' is often causing frail older people more health problems than it's solving."

Sandra Gidley, who chairs the Royal Pharmaceutical Society, told the BBC: "Our overstretched NHS is crying out for solutions and this one is bang on target.

"This is a great start towards improving the care of residents by making the most of the skills that pharmacists have to offer.

"We'd like to encourage NHS England to go even further and give pharmacists overall responsibility for medicines and their use in care homes.

"Around £24m of medicines is wasted every year in care homes and pharmacists can set up systems that improve efficiency whilst at the same time providing better health outcomes."

The roles for 180 pharmacists and 60 pharmacy technicians are being funded over two years at a cost of £20m by the NHS England Pharmacy Integration Fund.

They will be recruited from April, with people starting to take up posts in the summer.

The successful candidates will not be based in individual care homes but will be deployed by the hospital trusts to work wherever needed.

There are currently 45,923 registered pharmacists in England, 19,510 registered pharmacy technicians and 12,042 community pharmacies.

Ms Gidley said: "Having a pharmacist available to provide regular medicine reviews will help residents stop, reduce, or upgrade their medicines to improve their health and quality of life.

"Better use of medicines also improves residents' safety by reducing the number of falls they have, which are another cause of hospital admissions, and incurring an estimated annual saving of approximately £135m.

"So the saving is great but the improved quality of life is even more desirable."

How I saw Stephen Hawking's death as a disabled person

Stephen Hawking was a renowned scientist famed for his work on black holes and relativity.

He published several popular science books such as A Brief History of Time.

Prof Hawking was also a wheelchair user who lived with motor neurone disease from the age of 21.

Yes, he was an award-winning scientist, but a lot of the coverage after Prof Hawking's death has created a narrative of an "inspirational" figure who was "crippled" by his condition and "confined to a wheelchair".

As a disabled person, I've found this discourse troubling and somewhat regressive.

I'm tired of being labelled an 'inspiration'

Stephen Hawking's death has reminded me why I'm tired, as a disabled person and a wheelchair user, of being labelled an inspiration just for living my everyday life.

Prof Hawking was an extraordinary scientist and an incredibly intelligent human being. However, many disabled people, myself included, would take issue with calling him an "inspiration" as this term is often used in popular society to belittle disabled people's experiences.

I am fine with my friends and family members calling me "inspirational". However, I get labelled it by random strangers, who hardly know me and just see the wheelchair and my condition (cerebral palsy, which means I use a wheelchair), not the person.

People with disabilities are often framed as either inspirational (say, a Paralympic athlete) or scroungers (people to be cared for or, worse, demonised) by the media and on television screens.

Our everyday experiences are neither heroic nor those of scroungers: it's just life as we know it. Kids in the playground of my Merseyside primary school would compare me, probably the only young wheelchair user they had encountered, with the "genius" that was Stephen Hawking.

This was not an entirely fair comparison, I must say.

To me what this showed, even from a young age, was that there was a lack of "people like me", disabled people in the public spotlight, people I could aspire to be like.

I can think of four or five disabled people who were in the public spotlight when I was growing up early part of the last decade: David Blunkett, the former home secretary who is blind, Stephen Hawking, and two Paralympic athletes, Tanni Grey-Thompson and Ade Adepitan.

Prof Hawking showed that, despite public perceptions of what a disabled person can do, people with disabilities can achieve amazing things.

Even today, there are still too few disabled people out there in the public eye on a daily basis who are relatable for ordinary disabled people growing up.

If you're a sporty individual, there are Paralympic and disability sport stars. However disability representation on screen in the media and in society as a whole is low, despite the fact that **disabled people make up almost one in five of the population**, according to the UK government's Family Resources Survey.

All too often, they are categorised using able-bodied people's terminology as "inspiring" or "confined to a wheelchair" by illness or otherwise - rather than language based on their own experiences.

For me, the most troubling moment in the reaction to Prof Hawking's death was when an image of him standing out of his wheelchair went viral on social media.

What this image suggested was a rather damaging trope: the disabled person should always seek to not use a wheelchair, rather than the impairment being something positive to reflect and work with.

Society still seeks to create an image of a disabled person's life as pitiable or a burden on society. This can be incredibly damaging to a disabled person's mental health and their perception of themselves.

Class matters

One cannot ignore the role of class, race and gender privileges when it comes to disability as these are often intertwined.

Prof Hawking was first diagnosed with motor neurone disease at the age of 21 and given a very short time to live.

However, prior to that, his experience had been one of an able-bodied upper middle-class male who studied at Oxford.

As my colleague Alex Taylor wrote for the New Statesman in 2014, **Prof Hawking's social class and that he became disabled at 21 meant that he was afforded opportunities** that would not have been given to a disabled person in his era who was born with their condition. Often, the biggest barrier to a disabled person's advancement in society can be low expectations in the education system.

I grew up on Merseyside in northern England and went to a mainstream primary school and a comprehensive secondary school on a former council estate. I was sometimes advised to take "easier" subjects on account of my disability.

Fortunately, I persisted: I studied the subjects I wanted to. I went on to university and to get my dream job here at the BBC.

Only 44,250 of over 400,000 students declared a disability when starting their degree courses in 2015-16, the Higher Education Funding Council reported.

When you consider that there are 13.3 million disabled people in the UK, that's a very low number.

Social class is still a significant contributor to determining the life chances of disabled people, something that Prof Hawking's death has brought home for me.

www.theguardian.com 15 March 2018

My wife has MS and is no longer interested in any sexual contact

It's five years since she was diagnosed, and we haven't had sex for two years. I love her fiercely, but the lack of intimacy is wearing me down.

My wife and I have been married for 15 years. About five years ago, she was diagnosed with MS. Her legs feel as if they have pins and needles all the time and she has severe discomfort or pain if she is touched below the waist. Obviously, this has dampened her sex drive, and she is no longer interested in any sexual contact. We haven't had sex, and have had almost no intimate contact, for two years. I love her fiercely, but the complete lack of physical intimacy is wearing me down.

Reply

People living with chronic illness face a number of sexual challenges. Sometimes there are physiological barriers to sexual function, and this can only be determined by her doctor. But even if there are physiological reasons why she cannot enjoy sex in the same way she did before her illness, there are often ways to alter sexual style to adapt to her new situation – if she wishes.

Some of these accommodations might include focusing on finding more comfortable positions for intercourse, trying oral or manual stimulation, erotic conversation, role-playing or massage, and timing love-making to take place when pain is well controlled by medication or other methods.

Many people with physical challenges manage to have highly satisfying sex lives through their willingness to try new methods. But the ability to be sexual is also reliant on a person's psychological state. It is common for people with MS or other chronic conditions to feel undesirable or unlovable, and despair that they can never be a good partner. She may feel despondent about becoming more reliant on you, and this, too, can affect sexual desire. Self-esteem, body image and depression can be important factors as well, often reducing sexual interest in people with or without physical disabilities. Talk with her gently about her feelings regarding all of this, find therapeutic help and seek education. And know that – with willingness – intimacy is possible.

• *Pamela Stephenson Connolly is a US-based psychotherapist who specialises in treating sexual disorders.*

• *If you would like advice from Pamela Stephenson Connolly on sexual matters, send us a brief description of your concerns to private.lives@theguardian.com (please don't send attachments). Submissions are subject to our terms and conditions: see gu.com/letters-terms*

www.dailymail.co.uk 7 March 2018

People who grew up in sunnier climates are 55% less likely to develop multiple sclerosis, study suggests

- - Multiple sclerosis attacks the central nervous system causing weakness, pain and loss of motor control.
 - A study from the University of British Columbia in Vancouver, Canada, found women who had more sun exposure in their lifetime had a 55% lower risk of MS
 - Multiple studies have linked MS to low levels of vitamin D from sun rays
- People who live in sunnier climates are far less likely to develop multiple sclerosis later in life, a new study suggests.

A study by researchers from the University of British Columbia in Vancouver, **Canada**, found that higher exposure to sun between ages five and 15 reduced the risk of MS by 55 percent. MS is an autoimmune disease affecting about 400,000 Americans that wreaks havoc on the central nervous system causing weakness, pain and loss of motor control.

This study builds on previous research tying sun exposure its impact on vitamin D levels to the debilitating disease for which there is no known cause or cure.

A new study suggests women who lived in sunnier climates have half the risk of developing MS of those with less sun exposure. Northern states have nearly twice as many cases of MS than southern states, possibly because they are further from the equator and get less sun

In people with MS, the immune system attacks the protective myelin covering surrounding tissue in the central nervous system, which is made up of the brain, spine and optic nerves. Scar tissue forms around the nerve fibers in place of the damaged myelin and interferes with brain signals through the spinal cord.

Most people are diagnosed between the ages of 20 and 40. Early symptoms can include vision problems, tingling and numbness in the legs or feet and weakness or fatigue. MS episodes, characterized by new or worsening symptoms, typically increase in frequency and intensity with age.

MS occurs twice as often in women than in men and people of Northern European descent have the highest risk, regardless of where they live.

Previous studies have linked sun exposure to a lower risk of MS, particularly through levels of vitamin D, which is absorbed through the sun's rays.

In fact, according to the Multiple Sclerosis Foundation, northern states that are further from the equator and thus have less sun have double the rate of MS cases than southern states. This was the first study to look how differences in sun exposure duration and intensity throughout one's lifetime are related to MS.

'We found that where a person lives and the ages at which they are exposed to the sun's UV-B rays may play important roles in reducing the risk of MS,' said study author Helen Tremlett, who has a PhD in pharmacoepidemiology.

The study published Wednesday in the American Academy of Neurology's journal *Neurology* is based on data from 151 women with MS and 235 women of a similar age without MS. The participants represent a variety of climates and locations across the US and each filled out a survey about their summer, winter and lifetime sun exposure.

The women were divided into three groups, low, moderate and high UV-B ray exposure based on where they lived.

The results showed that women in pre-MS onset age groups who lived in sunnier climates with the highest exposure to UV-B rays had 45 percent reduced risk of developing the disease when compared to those living in areas with the lowest UV-B ray exposure.

Those who lived in areas with the highest levels of UV-B rays between ages of five and 15 had a 51 percent reduced risk of MS compared to the lowest group.

Additionally, those who had spent more time outdoors in summer in locations with the highest exposure between ages five and 15 had a 55 percent lower risk of developing the disease than those in the lowest-exposure group.

Of the participants already diagnosed with MS, 22 percent had high sun exposure between five and 15 years old while 41 percent had low exposure in that period.

They also tended to have lower rates of exposure later in life.

'Our findings suggest that a higher exposure to the sun's UV-B rays, higher summer outdoor exposure and lower risk of MS can occur not just in childhood, but into early adulthood as well,' said Tremlett.

A growing body of research suggests that identifying and correcting vitamin D deficiencies early could aid in early treatment of the disease.

A 2013 study from Harvard found that people with early-stage MS who had higher levels of vitamin D had better outcomes during five-year follow-up appointments.

Findings from a 2008 study by the New Jersey Medical School and a 2009 study by the University of Oxford both suggest that vitamin D may have a protective effect that reduces the risk of developing MS.

Another study from the Netherlands suggested that vitamin D may lessen the frequency and severity of symptoms in people who already have MS.

The study authors noted that one of the study's limits was that time spent in the sun was self-reported and based on memories that may not be entirely accurate.

However, the data for UV-B exposure was captured using place of residence, which is less likely to be influenced by such factors.

Additionally, all of the participants were female and 98 percent were white, so the results may not apply to other populations.

YOUR JOKES

Begin by standing on a comfortable surface, where you have plenty of room at each side. With a 5-kg potato sack in each hand, extend your arms straight out from your sides and hold them there as long as you can. Try to reach a full minute, and then relax. Each day you'll find that you can hold this position for just a bit longer. After a couple of weeks, move up to 10-kg potato sacks. Then try 25-kg potato sacks and then eventually try to get to where you can lift a 50-kg potato sack in each hand and hold your arms straight for more than a full minute. (I'm at this level.) After you feel confident at that level, put a potato in each sack.

A Yorkshireman goes to a goldsmiths and asks, "Can tha mek us a gowd statue o'me whippet?" The goldsmith says he can, then asks: "Do you want it eighteen carats?" The man replies: "Nay lad, chewin' a bone'll do fine."

Well, I'm from Lancashire. When God was making the world, he was particularly proud of Lancashire: some of the best beaches in the country, the best rugby league & football teams, the most pleasant people, good agricultural land, some of the best musicians and poets. He was so proud he showed Lancashire to St Peter. The saint said to God: "But it's just too perfect. Surely you've built in a fault somewhere." "Aye," said God, adjusting his cap, "Just look at their neighbours to the east!"

Nicola Sturgeon was visiting a Scottish primary school and the class was in the middle of a discussion related to words and their meanings. The teacher asked Mrs Sturgeon if she would like to lead the discussion on the word 'Tragedy'. So the illustrious SNP leader asked the class for an example of a 'Tragedy'. A little boy stood up and offered, "If ma best freen, wha' lives on a ferm, is playin' in the field and a tractor rins ower him and kills him, that wid be a tragedy." "Incorrect", said Nicola, in her best trying-not-to-sound-too-patronising-Scottish-accent, "That would be an accident." A little girl raised her hand, "If a school bus kerryin' fifty children drove ow'r a cliff, killing a'body inside, that wid be a tragedy" 'I'm afraid not', explained Nicola, "that's what we would refer to as a great loss". The room went silent. No other children volunteered. Nicola searched the room. "Isn't there someone here who can give me an example of a tragedy?" Finally, at the back of the room, a wee lad raised his hand and, in a quiet voice, said: "If a plane kerryin' you and your deputy ' wiz struck by a 'freendly fire' missile & blawn tae smithereens, that wid be a tragedy." "Fantastic!" exclaimed Nicola, "and can you tell me why that would be a tragedy?" "Weel", says the lad, "it has tae be a tragedy, because it certainly widnae be a great loss, and it probably widnae be an accident either!"

Dog Ad

Lexi, is a 8 week-old German Sheppard. I bought Lexi as a surprise for my wife but it turns out she is allergic to dogs so we are now looking to find her a new home. She is 59 years old, a beautiful and caring woman who drives, is a great cook and keeps a good house.

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 all-girl pop band came to prominence in 2002's "Popstars : The Rivals"?
- 2/ What nationality is record-breaking pop performer Bryan Adams?
- 3/ Which pop superstar's real name is David Jones?
- 4/ In which American city did the Tamla Motown pop music label begin?
- 5/ Which singer won the first televised Pop Idol?
- 6/ Which star of Starsky And Hutch also had a successful pop music career?
- 7/ Which pop band evolved from what had been Joy Division?
- 8/ Which American pop band had a success with the single "American Idiot"?
- 9/ What is missing from the title of the pop group "Chilli Peppers"?
- 10/ "Blowin' In The Wind" was written by which folk and pop songwriter?

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/ Bob Hope 2/ The Andaman Islands 3/ Agra 4/ The English Channel 5/ Hawaii 6/ Auckland
7/ Genghis Khan 8/ Ants 9/ Puff the Magic Dragon 10/ Burberry