

# THINGS YOU DON'T KNOW CAN HURT YOU!

*Well financially at least!*

Last MagScene covered the pensions, benefits and allowances that a holder of a pension can receive from the federal government. Perhaps less well known are the concessions available from state and local government. These are:

1. reductions in council rates
2. reduction in water rates;
3. reductions in energy bills;
4. a telephone allowance;
5. vehicle registration concessions

A short description of 1 to 5 of the above follows.

1. Visit [http://www.dlg.nsw.gov.au/dlg/dlghome/dlg\\_home.asp](http://www.dlg.nsw.gov.au/dlg/dlghome/dlg_home.asp), open the Local Government web page and find your local council website by typing in the Council name. However you will probably need to speak to your Local Council Rates Section in person or by phone. Rebates of up to **\$400** can be obtained. Age pensioners receive up to **\$250**
2. Rebates of around **\$300** a year can apply for pensioners and war veterans, as will hardship provisions under Sydney Water's social policy. For more details check [www.sydneywater.com.au](http://www.sydneywater.com.au) or contact Sydney Water's call center on 13 20 92
3. The NSW Government has introduced a new pensioner energy rebate of **\$112 per year** to cover electricity **and** gas bills.

The rebate, which will apply from 1 January 2002, is an increase for a large majority of eligible pensioners. [http://www.doe.nsw.gov.au/energy\\_concessions/](http://www.doe.nsw.gov.au/energy_concessions/)  
Pensioners who already receive a rebate will automatically receive the new concession and **do not need to reapply**. Contact phone numbers can be found on your electricity account

4. The payment rate effective 20 September 2002 is a **non-taxable payment of \$18.60 paid every three months**. If the telephone is in joint names the amount payable is split between you.  
[http://www.centrelink.gov.au/internet/internet.nsf/payments/pay\\_how\\_tel.htm](http://www.centrelink.gov.au/internet/internet.nsf/payments/pay_how_tel.htm)  
Contact Telstra billing on 132 200
5. The holder of a NSW pensioner concession card is entitled to one registration free of charge registered in their name only. They are still required to pay for the pink and green slips and attend the motor registry with these and the pensioner concession card. (email from RTA Customer Service Centre 13/9/02) Driver's licence is also free. for further info visit [www.rta.nsw.gov.au](http://www.rta.nsw.gov.au) and select 'Seniors' link.

**Note: There are other funding areas such as PADP that we will cover in future Issues. Ed**



# SYDNEY TO THE GONG RAFFLE

Please support our major raffle for the 2002 Sydney to the Gong bike ride for MS. Tickets are \$2 each and come in books of 20 tickets per book. Maybe you can sell a book among family and friends.

Prizes are as follows:

- 1st:** 2 x return flights to Cairns courtesy of Port to Port Travel with 5 nights accommodation at the Radisson Treetops Resort Port Douglas including daily buffet breakfast and transfers from Cairns Airport
- 2nd:** Panasonic 60cm TV & 6-head HiFi VHS Recorder donated by Page Data including 20 Universal Videos
- 3rd:** USA designed MTB valued at \$999 donated by Renegade Cycles
- 4th:** Sanyo Digital Camera VPC-MZ3 donated by Camera House
- 5th:** TEAC Discman & 20 Universal CDs
- 6th:** Luxurious overnight accommodation for 2 including buffet breakfast at Novotel North Beach, Wollongong

**If you would like to sell some tickets, please call Luke Joyce on 9413 4166, or email [supportms@msnsw.org.au](mailto:supportms@msnsw.org.au)**

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## FOR SALE

### ELECTRIC SCOOTER

#### PaceSaver Titon 3 Wheeler Scooter

- Upholstery: Grey fabric covered
  - Armrests: Flip up
  - Tyres: Grey pneumatic
  - Brakes: Automatic regenerative system
- Seat: Rotates 360 degrees and locks into position  
 Leg support: Platform and foot supports on front cowling  
 Controls: Thumb operated forward and reverse levers  
 Battery and charger, fully serviced. 28amp/hr.  
 Separate charge point below tiller-top controls

**Purchased 2 1/2 years ago, little use, excellent condition.**

**SALE PRICE: \$ 2,700**

**CONTACT: Mrs A. Garofali: 9484 1846 Mob: 0418442622**

# MS SOCIETY 2001

## CLIENT CENSUS STUDY – UPDATE NO. 2

As promised in the April/May edition of MagScene, here is the next update in the series on the findings of the MS Society 2001 Client Census Study.

In this edition we bring you a comparison of last year's study with a study the MS Society conducted in 1991 which contained several similar questions. This has allowed us to compare changes or similarities in the profile of PwMS registered with the MS Society in NSW over the last decade.

There were 1,143 PwMS who participated in the 1991 study and 2,618 PwMS who participated in the 2001 study.

### Profile statistics

	1991	2001
Females	73%	75%
Males	27%	25%
Average age	49 yrs	49 yrs
Average age at diagnosis	38 yrs	39 yrs
Diagnosed < 10 years ago	57%	55%
Diagnosed 10 years or more	43%	44%
Not in the paid workforce	72%	53%
Employed, part time	10%	16%

The geographical distribution of people with MS in NSW has not changed significantly over the decade and the changes are similar to those of the overall population.

In 1991 respondents reported their GP as the main and most important health professional they saw about MS. This has remained the case in the 2001 study.

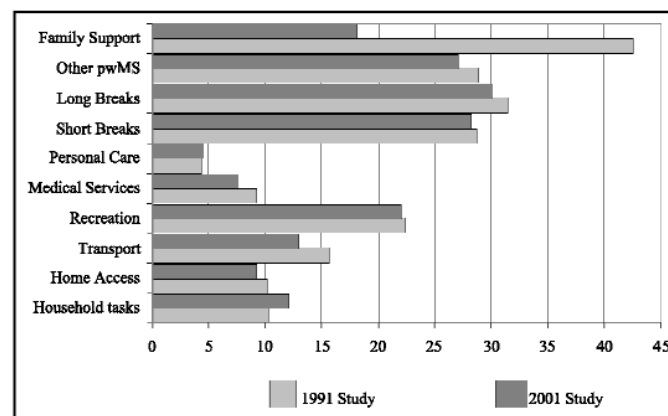
Both the 1991 and 2001 studies asked PwMS what their unmet needs were. In 1991 43% of respondents reported that there was not enough support for families of PwMS. In 2001, this was reported by 18% of respondents. Although less, the Society still sees family support as an important and ongoing area to address.

Long and short respite breaks from home were reported by almost a third of respondents in both 1991 and 2001. The Society is endeavouring to address this need including providing additional respite accommodation at its Lidcombe residential unit.

Other unmet needs, such as a need for recreation (22%) and support from other PwMS (27%), are being looked at by the MS Society.

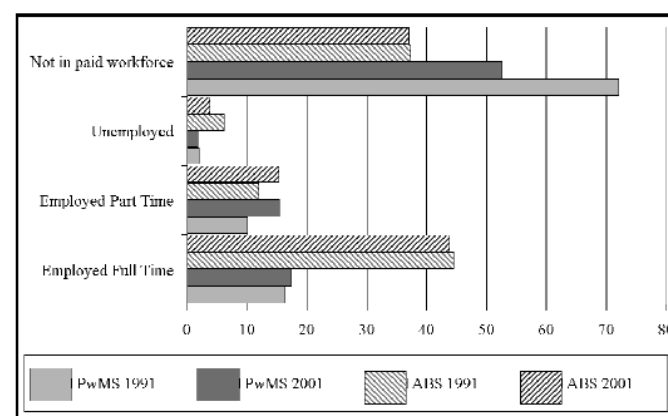
The unmet needs in 1991 and 2001 are shown in the following graph.

*Unmet Needs in 1991 and 2001*



Although the proportion of respondents who are not in the paid workforce decreased (students, people on a pension and people who are retired), the proportion is still greater than that of the general NSW population, which has remained stable at 27% over the last 10 years. However, the proportion of PwMS who are employed part time has increased over the decade from 10% to 16%. In 1991 12% of the general NSW population was employed part time, slightly higher than the proportion of PwMS. In 2001, the proportion of the general NSW population who were employed part time was 15%, slightly lower than the proportion of PwMS in the general population.

### Employment status of PwMS and NSW general population



I hope you found the update interesting. The next update will be on the immunotherapy section of the 2001 Client Census Study.

**Kate Tribe, Tribe Research Pty Ltd  
Consultant Data Analyst for the MS Society of NSW**

**On behalf of the MS Society NSW Census Study Team: Robyn Faine, Wendy Longley, Gary Fulcher, Liz Henderson, Garry Pearce, Bill Northcote, Alex Hope, Lily Blagus**

# PLANS TO STREAMLINE SERVICE DELIVERY

## The MS Society has unveiled a plan to improve and streamline the delivery of services to people with Multiple Sclerosis.

The plan, which was shown to a series of staff meetings and workshops in late September will now be presented to focus groups of people with MS, with the aim of having it introduced in the first quarter of 2003.

The revised service delivery plan has been designed to:

- ✿ Increase and speed up client access via the telephone and email to the society's specialist staff;
- ✿ Provide access to a higher level of expertise to meet the information needs of people with MS when they initially contact the society on any issue;
- ✿ Provide faster referral to external agencies when this is called for;
- ✿ Reduce waiting times;
- ✿ Streamline the interaction between people with MS and the society's staff; and
- ✿ Ensure consistency in the responses clients receive from society staff in the management of requests and the services provided.

Essentially, the plan involves changing the society's current client services structure from five groups into two.

Under the new arrangement a new Lifestyle Management Service Team will bring together the current services of Information Line,

Rehabilitation, Nursing, Outreach and Recreation Services under one umbrella. Members of this team will continue with their normal clinical practice but from time to time some will be part of a special team, tentatively known as the MS Response team.

### MS RESPONSE TEAM

- 1800 telephone service
- information
- initial telephone screening and management of MS issues
- immunotherapy support
- referrals to MSS services where treatment is identified
- referrals for external services

### LIFESTYLE MANAGEMENT TEAM

- integrated service planning
- integrated service delivery
- integrated service review
- integrated service development NSW
- community education
- metropolitan and rural based staff

A new MS Response Team, will in addition to other roles, become an expanded information line service. People with MS will be able to telephone and speak directly to a nurse, a physiotherapist, an occupational therapist or an outreach worker, depending on their specific needs.

The response team will be staffed by experienced

MS Society staff on a rotational basis for periods of between four and six weeks.

A highlight of the plan will be increased multidisciplinary services available to people with MS.

“We are adopting an approach, that will result in optimum outcomes for people with MS. There is significant evidence to support this approach which includes the collaborative, integrated, multidisciplinary management of MS,” said Society CEO Bill Northcote.

“We are confident that the new system will improve our service delivery. But to ensure that we haven’t missed anything, management has held meetings with staff and will now hold focus groups with people with MS within the next few weeks.

“The system is about cooperation at many levels and the best way to ensure it works is to have that co-operation and collaboration start at the implementation stage,” Bill added.

“While we have established the framework for the new process it is very important for us to get feedback from our clients. To that end, we are planning focus groups which will involve people with MS and I would like to invite any person from metropolitan or country areas who is interested in being part of the focus group (including teleconference) to register on the society’s information line (1800 042 138) as quickly as possible as places are limited,” he said.

John Roubicek

Manager Corporate Affairs

## **L.I.S.** Library and Information Services

A progress report for those of you who are still waiting for the video from the MS Awareness Week broadcast - we have sent out copies to 79 people so far and 47 names are still on the waiting list. We have reduced the loan time in an attempt to turn over the videos as quickly as possible.

If you have visited the Studdy MS Centre recently you will have noticed that the LIS is now in good order and a number of people are browsing through the resources. The books, videos and audio tapes are back in subject order; our range of pamphlets and brochures is on display next to the books etc; and all the articles from the Suggested Readings List are displayed in the stand-alone bookcase near reception – these are freely available for you to take a copy or just read through while you are there.

We have kept one copy of “the video” for you to view in-house, it is 1 1/2hrs long but is divided into 3 segments and each could be viewed on a separate occasion.

I have had a few requests for Anna Healey’s book “Why not me. My journey with MS” and we now have a copy available for loan. This is an extremely confronting book, the author’s symptoms were particularly debilitating from onset and her struggle to adjust is described in unrelenting detail. However the story is very moving and inspiring as the author regains her optimism and achieves great success at competitive levels of sailing.

To request these or other resources please contact the LIS on [library@msnsw.org.au](mailto:library@msnsw.org.au), 9646 0600 or call in to the Studdy MS Centre, Lidcombe.

Cate Dawson

Manager, Library & Information Services



## LETS TALK

### What to Believe

One of the hardest things for a patient to do is tell the difference between good and bad medical science. Anyone who has conducted

medical research online has almost certainly come across examples of science that seems reasoned and legitimate, only to find additional information that casts serious doubt about its value and source. The result is confusion that leads to patients wondering what they should believe.

As you wade your way through the labyrinth that is online medical information, you should consider a number of factors before you decide what to believe.

### Who Conducted the Study?

One would assume that one of the easiest things to determine about a scientific study is who conducted the research. However, there is growing evidence that even this most basic assumption is false.

Articles published in mainstream medical journals routinely have unidentified “ghost” writers, and give no indication of who actually conducted the research. The Boston Globe, USA, recently reported the study of 809 articles published in major journals, which found that 29 per cent of those had guest or “ghost” authors hired by drug companies. These articles appear under the name of a distinguished researcher who agreed to review them in exchange for a paycheck.

### Do Scientists Have Financial Motives?

Marcia Angell, editor of the New England Journal of Medicine (NEJM), acknowledged problems in medical research and called for higher ethical standards in the editorial titled “Is Academic Medicine for Sale?” Angell said doctors must stop accepting lucrative speaking fees and gifts from pharmaceutical companies. She believed that doctors who benefit from the drug makers’ largess are more likely to publish favorable results.

NEJM was forced to take a hard look in the mirror after an internal audit found that as many as 19 drug therapy review articles were penned by researchers with undisclosed ties to pharmaceutical companies. The internal audit was conducted after last fall’s article in The New York Times drew attention to conflicts of interest in pharmaceutical research.

As an example, at a recent conference on medical ethics, a review of reports on 196 tests of nonsteroid anti-inflammatory drugs presented by Dr. Bodenheimer, internist at University of California at San Francisco, found questionable statements in as much as 76 per cent of the articles. Bodenheimer also cited instances in 1990

and 1996 in which pharmaceutical companies refused to allow researchers to publish data unfavorable to company products. Additionally, Bodenheimer cited a recent review of reports on 196 tests of nonsteroidal anti-inflammatory drugs that found “doubtful or invalid statements” in 76 percent of the articles. He detailed five reviews of clinical trials made by other researchers that showed that “company-funded trials have a high likelihood of favoring the company’s products.”

The distortions don’t stop at publishing reviews tilted in favor of drug manufacturers. Company-funded trials have a high likelihood of coming up with results that favor the company’s products. These results can be obtained by tinkering with design of drug tests.

For instance, a study published in the Journal of American Medical Association examined effectiveness tests of two anti-fungal drugs. In a study comparing the new drug to the older one and funded by a maker of the new drug, 79 per cent of the patients received the older drug orally, while it was supposed to be administered intravenously. These manipulations virtually guarantee better results, but do not prove that the new drug is better than the old one.

The medical community and patients that are not aware of financial relationships between researchers and drug makers put their faith into flawed science and commercially driven research, which has potential of endangering both the patients’ lives and the reputation of the medical field. Behind-the-scenes financial ties between pharmaceutical companies and academic research should not taint the information used for making vitally important decisions.

### Was the Study Peer Reviewed?

Peer review is one of four requirements for good science (proper procedure, proper performance and repeatability are the other three). This fourth standard requires that the results of the study be published in a scientific journal or other publication that is peer-reviewed.

Peer review is an important component of the scientific method that ensures proper study design, sampling methodology and conclusions supported by the study’s findings. Without a rigorous peer review, articles constitute no more than one scientist’s (or agency’s) opinion and cannot be granted the same status as peer-reviewed publications.

Passing the hurdle of peer-reviewed publication is an assurance that quality control has been exercised in communicating the results to other scientists and meets a type of reliability norm on which decision-makers can rely. Any science that is not peer reviewed cannot be considered good. Much more information can be on the

*Garry*

# MASTER LOCKSMITHS ACCESS KEY (MLAK)

Lindsey Tubman phoned me to advise of the unacceptable state of affairs concerning the MLAK key. There are many existing and new accessible toilets which, even in shopping centers, are locked and which require you to go to the Centre manager to get the key. For many people and particularly PwMS this is a disaster!! This was the case with Lindsey Tubman's wife Neta and which prompted Lindsey to become a "one man band" and promote the MLAK key.  
Editor

## What is MLAK?

The MLAK is a master key that fits into specially designed locks allowing 24 hour a day access to public toilets. Eligible people can purchase a key that opens all accessible toilets displaying the MLAK symbol.

## Who's Eligible?

Eligibility is restricted to people who have a disability or have written authority from:

a doctor

a disability organisation

a local council or community health centre

the owner or management of a building with an accessible toilet on site

For more information call AQA on (02) 9661 8855 or 1800 819 775 or The Master Locksmiths' Association of Australia Ltd on 1800 810 698.

## Master Locksmiths Access Key—CODE OF PRACTICE

1. Supply MLAK keys only to people who have a mobility difficulty OR who have written authority from; see above
2. Only lock accessible facilities if absolutely



necessary. If the toilet must be locked, fit only the MLAK lock.

3. If the facility is accessed via another door or gate, ensure that it provides at least an 850 mm clear opening.

4. Place locks and other door furniture between 900–1100 mm from the floor.
5. Provide a privacy latch to prevent others entering while the facility is in use.
6. Publicise the location of accessible facilities in your area, together with the fact that they are fitted with MLAK locks.
7. Make the MLAK keys available for loan in your local area, for overseas and other visitors.
8. For those who do not have their own key, place information on how to obtain a key on the outside of the facility block/door.
9. Advise AQA (02 9661 8855; 1800 819 775) of the location of new MLAK locations for addition to the MLAK directory.

For information about where to obtain keys or locks within your area contact the Master Locksmiths Association of Australasia (phone 1800 810 698).

For general enquires or information about the locations of facilities fitted with the MLAK system contact the Australian Quadriplegic Association (02 9661 8855; 1800 819 775) or download it from [www.aqa.com.au/infoservices.htm](http://www.aqa.com.au/infoservices.htm).

*All PwMS can help in promoting the MLAK in your area by making your local government council aware of this key.*

*Thank you Lindsey! Ed*

# MS Odyssey NSW

(In Support of the MS Society NSW ACN 000 320 632)

Invites you to

## “AN AEGEAN EXPERIENCE”



**In Memory of Georgia Livissianis**

Guests of Honour the Consul General of Greece

Mr & Mrs Evangelos Damianakis

at

***The Aristocrat Function Centre***

31 - 41 Kiora Road, Miranda

Saturday 16 November 2002 7.00pm - 1.00am

MC: John Mangos

Music by George Doukas and Band

with guest vocalists Sandy Constantopedos and Mary Yiakouli



Learn Greek Dancing

Join in the fun of the Aegean Islands

Raffles, Silent Auction and giveaways

<b>Entry Cost:</b>	\$70 per head, Food & Drink Included	Demetrios Livissiank	9314 0941
<b>Dress:</b>	Smart Stylish	Mary Hansimikali	0439 032 068
	Penny Cretan	9349 7474	
	RSVP by	04/11/2002	

### Ample Parking



Please complete this coupon and return to:

MS Society of NSW, PO Box 210 LIDCOMBE NSW 1825

Please find enclosed my cheque for ..... tickets at \$ ..... each. Total value: \$ .....

OR Debit my: Visa  Bankcard  Amex  Diners Club  Mastercard  \$ .....

Card Number: \_\_\_\_\_ Exp: ...../...../.....

Signature:.....

I would like to receive a booking in the name

of ..... Address .....

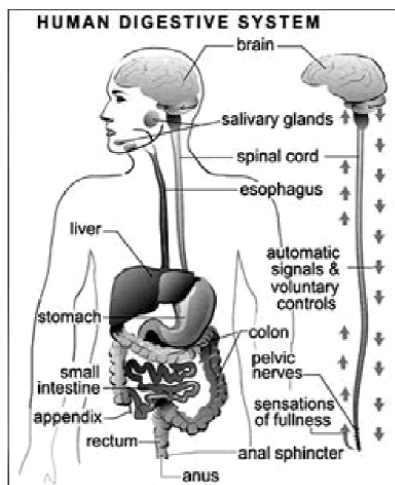
..... Post Code ..... Telephone .....

I am unable to attend but wish to make a tax deductible donation: \$ .....

## THE BOWEL: WHAT IT IS, WHAT IT DOES

The bowel, also known as the colon or large intestine, is the lower portion of the digestive system. This is the internal plumbing that takes the part of our food that can't be used in the body and makes it ready for disposal. The food we eat begins its journey at the mouth, and proceeds through the throat and esophagus to the stomach.

Major digestive action starts in the stomach, and is continued in the small or upper intestine. The food, which is moved through the digestive system by a propulsive action, has become mainly waste and



water by the time it reaches the bowel, a five-foot-long tube.

By the time the stool reaches the final section of the bowel, called the sigmoid colon, it has lost much of the water that was present in the upper part of the digestive system. The stool finally reaches the rectum, and—on command from the brain—is consciously eliminated from the body with a bowel movement through the anal canal.

Normal bowel functioning can range from three bowel movements a day to three a week. Despite the widely recommended “one movement a day,” physicians agree that such frequency is not necessary. The medical definition of “infrequent” bowel movements is “less often than once every three days.” Most physicians agree that a movement less often than once a week is not adequate. One every two or three days is a preferable minimum.

The rectum, the last 4–6 inches of the digestive tract, determines when a bowel movement is needed. It remains empty until just before a bowel movement. The filling of the rectum sends messages to the brain via nerves in the rectal wall that a bowel movement is needed.

From the rectum, the stool passes into the anal canal, guarded by ring-shaped internal and external sphincter muscles. Just prior to being eliminated, the stool is admitted to the anal canal by the internal sphincter muscle, which opens automatically when the rectal wall is stretched by a mass of stool. The external sphincter, on the other hand, is opened by a conscious decision of the brain, so that bowel movements can be performed only at appropriate times.

### Constipation and diarrhea

If the contents of the bowel move too fast, not enough water is removed and the

stool reaches the rectum in a soft or liquid state known as **diarrhea**. If movement of the stool is slow, too much water may be absorbed by the body, making the stool hard and difficult to pass.

This condition is **constipation**. Constipation can prevent any of the stool from being eliminated, or it can result in a partial bowel movement, with part of the waste retained in the bowel or rectum.

**Common causes**—Diarrhea and constipation are frequent companions of travelers, resulting from encounters with unfamiliar or contaminated food or water, or simply because of a change in an accustomed level of activity. Diarrhea can also be triggered by a viral, bacterial, or parasitic infection.

Continued diarrhea may also stem from food allergies or sensitivity to particular kinds of foods, such as highly spiced dishes or dairy products. (Intolerance to dairy products can often be accommodated by drinking lactose-reduced milk or by eating dairy products together with tablets containing lactose-digesting enzymes.)

Non-MS-related constipation may also be caused by common medications such as calcium supplements or antacids containing aluminum or calcium. Other drugs that may lead to constipation include antidepressants, diuretics, opiates, and antipsychotic drugs.

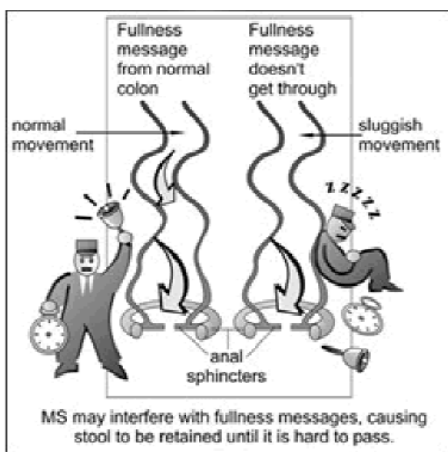
Ironically, one of the most common causes of non-MS-related constipation is a voluntary habit: delaying bowel movements to save time on busy days or to avoid the exertion of a trip to the bathroom. Eventually the rectum adapts to the increased bulk of stool and the urge to eliminate subsides. The constipating effects, however, continue, and elimination becomes increasingly difficult.

For some women, constipation is a premenstrual symptom, and during pregnancy it may be one way that the colon reacts to a change in the level of sex hormones.

### Constipation and MS

Constipation is the most common bowel complaint of individuals who have multiple sclerosis. It's easy to slip into poor dietary habits, physical inactivity, and even depression when one lives with MS. All of these can disrupt the digestive system. As explained above, various medications can compound the situation.

But there is more to the problem. MS can cause loss of myelin in



the brain or spinal cord, a short-circuiting process that may prevent or interfere with the signals from the bowel to the brain, indicating the need for a bowel movement, and/or the

responding signals from the brain to the bowel that maintain normal functioning.

Common MS symptoms such as difficulty in walking and chronic fatigue can lead to slow movement of waste material through the colon. Weakened abdominal muscles can also make the actual process of having a bowel movement more difficult.

Individuals with MS often have problems with spasticity. If the pelvic floor muscles are spastic and unable to relax, normal bowel functioning will be compromised.

Some people with MS also tend not to have the usual increase in activity in the colon following meals that propels waste toward the rectum.

And finally, some individuals with MS try to solve common bladder problems by reducing their fluid intake. Restricting fluids makes constipation worse. This is so common in MS that the first step to take may be to get medical help for your bladder problems so that adequate fluid intake, which is critical to bowel functions, will be possible.

A long-term delay is not an option. Besides the obvious discomfort of constipation, complications can develop. Stool that builds up in the rectum can put pressure on parts of the urinary system, increasing some bladder problems. A stretched rectum can send messages to the spinal cord that further interrupt bladder function. Constipation aggravates spasticity, making walking more difficult. And constipation can be the root cause of the most distressing bowel symptom, incontinence

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2002

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### What can be done about bowel problems?

Extract from "BOWEL PROBLEMS IN MS" By Dr Garry Pearce, MagScene Supplement April/May 2000

The basic problem with an "MS type bowel" is that it has a slow transit time causing too much fluid to be absorbed from the stool back into the body before evacuation and causing constipation in the majority of people with MS. The other difficulty is that there is often an incoordination of bowel peristaltic movements causing pockets of gas to build up and intermittent bowel pains. It is important, therefore, that people have enough fluids to drink. You need a reasonable quantity of water/fluids per day. It has been suggested that two litres a day (about 8 \* 240mil glasses) is a good amount unless your doctor has advised you otherwise for example, if you have cardiac failure and there is some restriction on your fluid intake. Some people have difficulty with fluids because their swallowing ability is deficient. In these cases it is important to get an assessment of your swallow by a speech therapist. Most doctors are taught that fibre is a good thing. However, our own experience at the MS Society tells us that too much fibre might be bad in MS because it can absorb too much fluid into the stool and can make you more constipated.

Foods such as bran, vegetables, bread, fruits and vegetables contain a reasonable and probably the right amount of fibre. However, fibre-rich foods and fibre-supplements may

contain too much for some people. Some people, however, tell me that they need a lot of fibre so there are no right or wrong answers here only suggestions. Fibre is important for other reasons as well. It lowers cholesterol, decreases the risk of cancer and helps to keep you “regular”.

It is important to have a doctor to whom you can talk to about these problems. Coloxyl tablets which are “stool softeners” are often prescribed at night and should work by the morning. Regular laxatives are to be avoided where possible as they cause changes in the bowel peristaltic wave mechanism. Sometimes lactulose drinks such as Duphalac are used in more severe cases of constipation to bring on a type of osmotic diarrhoea in the short term. This is an artificial-type of diarrhoea where water is absorbed into the bowel causing the stool to become soft. These type of medications are used mainly as a last resort. Diabetics need to be careful with these liquids as they will upset your diabetic control. Enemas are to be generally avoided if possible but occasionally a microlax enema can help get things moving again.

If you are having difficulties the MS Society has Continence Nurses who have had a lot of experience in bowel and bladder difficulties and can be contacted through the MS Society.

*The MS Society has two useful articles on the bowel and MS. These can be obtained by sending a stamped addressed, business size, envelope to MagScene, PO Box 1246, Chatswood. 2057, Ed.*

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## **SEXUAL TRANSMISSION THEORY UNFOUNDED**

An article was recently published in The Journal of Neurology, Neurosurgery and Psychiatry, suggesting that multiple sclerosis might be chiefly transmitted through sexual contact. (Hawkes CH. Is Multiple Sclerosis a Sexually Transmitted Infection? Journal of Neurology, Neurosurgery and Psychiatry 2002 73:439-443).

Any suggestion that this devastating disease is caused by sexual activity during adolescence is unfounded. There is no evidence that MS is caused by a sexually transmitted agent, and there are many research studies that contradict this suggestion. In fact, one large-scale Canadian study conducted to discern an infectious cause found that spouses of those with MS were at low risk for developing the disease. (Ebers GC, Yee IM, Sadovnick AD, Duquette P. Conjugal multiple sclerosis: population-based prevalence and recurrence risks in offspring. Canadian Collaborative Study Group. Annals of Neurology 2000 Dec;48(6)927-31.)

Studies, including those of adoptees and families, overwhelmingly suggest a genetic basis for susceptibility, and migration and other studies indicate some environmental factor other than a sexually transmitted agent plays a role in triggering MS.

Asked about the paper, MS expert Professor Alastair Compston, Professor of Neurology at Cambridge University, said, “As no new facts have been reported, this paper has little if any scientific value. The hypothesis falls down quickly and repeatedly in the face of known facts. The specific claim that MS in young

people might result from child abuse is mischievous and deeply wounding, particularly for relatives in families with several cases of the disease.”

National MS Society USA.  
September 2002

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## **CAUSES OF STRESS**

**Brought to you by evolution**  
Frederick Foley, PhD with Jane Sarnoff

When our ancestors were taking a morning stroll and met a tiger, they could run or fight. Either action demanded that their bodies adjust rapidly to meet the emergency, and they experienced stress as part of the process.

Without stress, we would not be able to act in times of danger. In fact, without some stress to get us to focus on a problem we might do almost nothing. Many people perform **best** while under stress. But sometimes people are immobilized by the pressure that stress creates. Then stress makes it hard to concentrate and stops people from doing what needs to be done.

### **Today's tigers**

Stress can be caused by both pleasant and unpleasant demands and changes. People can be just as stressed by getting a promotion as by not getting one.

Stress usually begins with alarm, the modern equivalent of noticing a tiger. However, our options are rarely as simple as running away or fighting. For example, most people are very stressed at the prospect of having to use a cane or wheelchair. Many eventually experience relief or accept the benefits of the aid once the **stress or**—the idea of using a

cane or wheelchair—has been sufficiently worked through.

## Stress and MS

Having any chronic illness causes stress. MS is no exception. In fact, there are many stressful situations that are common with MS:

- Diagnostic uncertainties (before the definite MS diagnosis)
- The unpredictability of MS
- The invisibility of the symptoms (which can cause people with MS to question the reality of their own experience)
- The visibility of the symptoms, particularly newly emerging ones (to which others may react before the person has had time to adjust to it)
- The need to adjust and readjust to changing abilities
- Financial stress and concerns about employment
- The presence—or possibility—of cognitive impairment

- The need to make decisions about disease modifying treatment and adjusting to the treatment if it is chosen.

### Does stress increase the risk of attacks or affect the long-term course of MS?

Many people with MS feel that there is a definite connection between stress and MS. Others believe that controlling stress can have a beneficial impact on MS. And still others believe that neither stress nor controlling stress has any effect on MS. Scientifically speaking, the jury is still out.

A relationship between stress and the onset of MS or MS relapses is considered possible, but no scientific study has yet strongly demonstrated this. Can a stressful event cause nerve damage or lesions? Can nerve damage or lesions increase someone's experience of stress? More scientific studies are needed to understand the nature of this relationship.

### Can stress make MS symptoms feel worse?

Many people with MS say yes.

They experience more symptoms during stressful times. When the stress abates, their symptoms seem less troubling or less severe. This could be understood by looking at the stress and coping process.

During times of stress, more energy is required to think, problem-solve, and handle daily life. For example, one's ability to be patient with family members often wanes after a tough day. At stressful or demanding times, symptoms may be experienced more strongly, because the energy to deal with them and get on with life has been drained.

We all have finite reservoirs of coping ability. At demanding times, our supply may temporarily run dry. Any difficulty, including MS symptoms, is more challenging at these moments.

Stress can't be—and shouldn't be—totally avoided. But we can learn to reduce its intensity and to use it to work for, not against, us.

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2002

**The pull-out-and-keep SPOTLIGHT on MS supplement, which will appear in each MagScene, highlights current medical articles on MS in a condensed form.**

*The NSW Multiple Sclerosis Society is proud to be a source of information about MS. Comments are based on professional advice, published experience and expert opinion, but do not represent individual therapeutic recommendation or prescription. For specific information and advice, consult your personal physician.*

The Multiple Sclerosis Society of NSW or its servants or agents will have no liability in any way arising from material or advice that is contained in this supplement. The statements or opinions that are expressed herein reflect the views of the author(s).

Z Barron: Editor

Dr Garry Pearce: Medical Editorial Consultant, Medical Director MS Society of NSW, Specialist in Rehabilitation Medicine  
ISSN 1323 4005

“GP Focus on MS” is a newsletter providing information for General Practitioners. It is published twice a year by the Multiple Sclerosis Society of NSW. It is edited by Dr. Garry Pearce, MBBS, FAFRM, FRACGP, Director of Rehabilitation, MS Society of NSW.

For your doctor to receive free regular copies of our GP FOCUS ON MS, please ask your doctor to complete the following.

Dr (Surname).....First Name or Initials.....

Address.....

.....Postcode.....

Doctor's Signature (required).....

Please post to GP Focus on MS, MS Society of NSW, PO Box 1246, Chatswood, 2057 or fax to (02) 9411 1712

# Page. 13

## NEWS

Compiled by  
Katie Booth

### ILLAWARRA BRANCH NEWS

Our Christmas in July Dinner/Dance was a huge success, expanding the branch coffers with a net profit of \$4,500.

A big thank you to the many volunteers who worked tirelessly to make the night an enjoyable and very successful event.

The branch also recently had a sausage sizzle and stall which contributed another \$550 to funds.

Next on our agenda is another Shane Rogers Fashion Parade, our sausage sizzle at the Sydney to the 'Gong Bike Ride', and a Melbourne Cup Ladies Luncheon.

Many thanks also to the Woonona Lions Club for donating tickets for local clients and families to enjoy a Magic Show.

The Illawarra Branch celebrates its tenth anniversary of inauguration on the 19th of October, and we find a couple of the original members are still with us.

### PORT STEPHENS SUPPORT GROUP

The newly formed group will meet on 12th November, then starting February 11th 2003, second monthly on the second Tuesday of the month.

Meeting venues will be the

Raymond Terrace Community Care Centre alternating with a venue in Nelson Bay for a lunchtime meeting at Nelson Bay. Contact people for the group are Alice De Carle 49827991 and Barbara Huxtable 49874449

### NEW MS BRANCH TO FORM

Following a very positive response at a public meeting in Newcastle on September 11, there is every possibility that a new MS Branch will be formed in the Hunter. This will be formally decided at a meeting late in October.

Across NSW there are currently eleven MS Branches who have the prime responsibility of raising funds to help people with MS who live locally. All money raised by Branches stays with the Branch and is expended on help for local people with MS as approved by the local outreach worker.

If anyone would like to volunteer their time at branch functions please contact Robyn Adams on 49 831622

We wish the new MS Branch in the Hunter every success.

Any enquiries about MS Branches can be directed to Brian Daniels (Manager Fundraising) on 02 9646 0600.

### CENTRAL COAST

Branch committee members were honoured with appreciation certificates in recognition of 10 years in office. They are John Smith treasurer, Rita Thwaites and Jean Smith. The branch was

formed at Gosford in March 1992.

### MS FUNDRAISING FANATIC

David Mc Donald with his wife Rachel explained how they will raise funds through sponsorship by breaking a World Record in karate kicks. On the 8th November David will perform 20,000 karate kicks at The Store, Newcastle. At a special black tie dinner to follow, Cathy Freeman will be a dinner guest.

They have also planned a repeat of the gala dinner and auction in May where they raised \$15,000 for the MS Society. Athlete Sarah Ryan will be among the two hundred and fifty guests at the Dinner/Auction to be held at the Mingara club November 29th.

### BATEMANS BAY

A new support group has just formed in Batemans Bay. A "Support Group for Women with MS" that meets 1st Tuesday of the month at the Community Health Centre Batemans Bay, 10 am - 12 noon. Anyone who is within travelling distance on the South Coast is welcome. Contact Barbara Whitelaw MS Society Outreach Worker on 4285 4702 if interested in joining the group.

Readers are invited to e-mail contributions for 'Page 13 News' to the editor of MagScene at:  
pwms@msnsw.org.au  
....or snail-mail to: MagScene,  
PO Box 1246 Chatswood 2057

# MR WISDOM'S BRAIN GAIN



Last edition's Challenge Word ....  
**HYPERKERATOMYCOSIS**  
proved a close contest with  
Christine Vest, of Appin, topping  
the hill with 957 words.  
Congratulations Christine.

Christine was followed by Janet  
Goadby, of Wentworth Falls, with  
940 words. Janet's entry was a  
group effort, as she enjoyed the  
help of her two Griffons ( dogs),  
Rufus and Cooper, who keep her  
chair warm for her. Janet sent  
photographic evidence of this.  
Casey, my Bichon Frise, was  
unimpressed ( he suffers from  
Top-Dog syndrome), however  
Phoebe, the Fox Terrier, is in  
LUV ... she admires their photo  
all the time, however I find her a  
bit fickle as she often admires  
photos on the fridge. ( Noddy's  
comment: Phoebe is an expert  
soloist at seat warming too)

Helen Bording, of Cootamundra,  
submitted 855 words. Helen is in  
a nursing home now and had  
trouble finding a quiet spot to  
concentrate.

Lorraine Mahe, of Towradgi, sent  
847 words and tells me  
retirement is GREAT!

I received a letter from Elizabeth  
Watson, of Tenambit, who had

submitted over 2,000 words for  
our previous Challenge Word  
**ACROEPHALOSYNDACTYLI**  
AUnfortunately, Elizabeth, your  
entry was never received. I  
always acknowledge every  
entry submitted by the deadline.  
I shall look forward to your next  
entry.

**LATE NEWS** ....Elizabeth  
Watson has an entry again.... An  
impressive 874 words! It  
actually arrived after the  
deadline, Elizabeth, perhaps  
your postman needs a faster  
bike?

Your Challenge for this issue is  
..... **LEUKOENCEPHALITIS**  
which should inflame all that  
white brain matter.

The usual rules apply.....

1. Your listed words must be  
made up of four or more  
letters.
2. Use only letters from the  
Challenge Word.
3. No letter must be used more  
often than it appears in the  
Challenge Word.
4. No plurals, place names or  
proper nouns will be  
accepted.
5. And remember, it's a bigger  
challenge if you don't use a  
dictionary

Good Luck everybody, (ED)

# RELAXATION and MEDITATION CLASS

We are looking for expressions  
of interest in a relaxation and  
meditation class which will  
include gentle movements with  
breath awareness. The teacher  
will be Annette Loudan and she  
will run a 6-week course.

**VENUE:** MS Society  
293 Mowbray Road,  
Chatswood

**DAY:** Tuesday mornings  
10.30am – 12.30pm

**TIME:** 10.30am Arrival /  
Tea & Coffee

Class to start at  
11.00am sharp

**COST:** \$25:00  
(six week course)

Starting Tuesday 15/10 and  
subsequent Tuesdays as below

	22nd October	
	29 th October	
	5 th	
	November	
	12 th	
	November	
	19th November	



Please RSVP to Leslee on  
9411 4522

# **NEWLY DIAGNOSED & FAMILIES**

## **NEWLY DIAGNOSED INFORMATION SESSIONS**

When: Wednesday 23 October, 7:00 – 9:00PM

Where: Central Coast Region

RSVP: on TEL 4977 3330 by 16/10/2002

When: Thursday 7 November, 6:30 – 8:30PM

Where: Northern Region MS Service

293 Mowbray Road, Chatswood

RSVP: on TEL 9411 4522 by 23/10/2002

When: Wednesday 13 November, 6:30 – 8:30PM

Where: Maroubra (phone for venue details)

RSVP: on TEL 9540 4544 by 6/11/2002

When: Saturday 30 November, 10:00AM – 12:00PM

Where: Western Region MS Service

Joseph Street, Lidcombe.

RSVP: on TEL 9646 0600 by 22/11/2002

## **NEWLY DIAGNOSED INFORMATION TELEPHONE CONFERENCE**

When: Wednesday 11 December, 7:30 – 8:30PM

Where: Telephone link-up for people living in country areas.

RSVP: on TEL 02 9411 4522 by 22/11/2002

## **MS & BEYOND: TIPS FOR STAYING POSITIVE**

Coming to terms with a diagnosis of MS is not always easy. It is normal to experience a roller coaster of emotions. The process of ongoing adjustment to diagnosis is explored and enlightening and practical tips for staying positive and living with MS are presented.

When: Monday 21 October, 7:00 – 9:00PM

Where: St George Leagues Club

124 Princes Highway, Kogarah

RSVP: on TEL 9411 4522 by 14/10/2002

## **MAXIMISING MEMORY**

Tuesday, 22 Oct, 10:00am – 12:00pm

Illawarra Region, Corrimal

Telephone: 02 4285 6407 for details

## **MS & BEYOND: WORKING THROUGH EMPLOYMENT ISSUES**

Issues of disclosure in the workplace and when applying for a job; overcoming obstacles in your work environment; accommodating possible changes; and longer-term career planning are addressed.

When: Monday 2 December, 7:00 – 9:00PM

Where: Northern Region MS Service

293 Mowbray Road, Chatswood.

RSVP: on TEL 9411 4522 by 25/11/2002.

Please note that although every effort is made to avoid variation, session dates and venues may be subject to change.

For further information on activities for people newly diagnosed and their families, please contact Alex Hope on TEL 9646 0600.



## **Carers' Week 2002**

To help celebrate, a Carers' Week Luncheon is being held for people with MS and a member of their family.

**Carnarvon Golf Club,  
Nottinghill Road, Lidcombe**

**Tuesday 22 October 2002 at 12:00 midday  
\$5.00 contribution per person**

Sue Blake, one of the Care to Listen peer support volunteers, is our guest speaker. Contact Laudy Germanos, Outreach Worker, for details on TEL: 9646 0600.



## **Care to Listen**

Care to Listen is a telephone peer support service linking partners and families with other partners and families. You may feel that nobody understands your situation and what it is like to look after someone with MS. You may like to have contact with other partners and families who are in a similar situation. You may just want to talk to someone who understands. To talk to another family member one-to-one, contact Alex or Sharon on TEL: 9646 0600 or EMAIL: families @msnsw.org.au

## CARE-N-CO VILLAS

Care-n-Co. Co-operative Ltd.'s purpose is to provide affordable, accessible housing to low income people with physical disabilities.

Our villa complex is located in Minto NSW, a suburb in the South West region of Sydney, in the Macarthur area. It is close to a shopping centre, train station, playing fields, churches, schools etc. A natural stream is at the back of it with trees, birdlife and parkland close by.

The complex consists of four 3 bedroom and two 2 bedroom freestanding villas, each with a garage, large enough to transfer from a car, by hoist at the rear of vehicle or from the side door, entering into the house. There is a one bedroom villa with an ensuite, (for a stopover person, when Attendant Care hours becomes available) separate disabled toilet, a meeting room with adjacent kitchen and an office.

Within this setup, people with physical disabilities have their needs met. Some remain with family, others live alone and many are supported by Home Care and other community networks arranged to suit yourself.

Currently there is a vacancy for one of the 3 bedroom villas for use by a family with one member or more in a wheelchair.

The Tenant Selection Criteria is as follows:

- Commitment to become a Member of the Co-op and willing to participate in the Management.
- Be prepared to attend 75% of monthly meetings and other Co-op activities.
- Need accessible, secure and permanent housing.
- Care-n-Co. is part of the N.S.W. Government's Community Housing Program.
- Rent is payable at 25% of income, up to market rent. A rent Allowance is available.
- Pets are welcome (maximum of 2).

For further information or an "Expression of Interest" form, please telephone the secretary on 02 9820 2299 between 10am – 4pm.

**Care-n-Co. Co-operative Ltd.**  
7/115 Townson Avenue  
MINTO NSW 2566

## TENSE AND TIGHT

Why not relax and enjoy movement to the soothing sounds of water and music in our new hydrotherapy class program.



You will experience freedom of movement, while the water gives you a massage, helps to relieve your pain and gives you a sense of wellbeing. Let the water transport you to float, move and relax in the

warm private surrounds of The Society's modern facilities at the Hydrotherapy Pool, at Lidcombe.

We have your special needs in mind with

- exercise classes that are specially designed, by our Water Fitness Instructor, just for you !!!!!
- a pool that's easy to get into with friendly staff to assist you both in and out of the water.
- Transport assistance available.

Our new classes are starting soon.

So if you are interested in feeling good and ready for a recharge. Just contact our friendly pool staff;

Phone 9646 0691

Fax 9643 1486

**Email: [gchamberlain@msnsw.org.au](mailto:gchamberlain@msnsw.org.au)**

Looking forward to seeing you.....

*I love deadlines. I especially love the swishing sound they make as the fly by.*

*Douglas Adams, Author, Hitchhikers Guide to the Galaxy.*

*My formula for success is rise early, work late and strike oil.*

*Paul Getty*

# 10.000 BICYCLES !!!

## We need your help

If you think looking after 101 Dalmatians was a task try 10,000 bicycles and riders.

Its that time of the year again - the 'Gong Ride' is in top gear and fast approaching! The Ride is on Sunday 3 November starting from Sydney Park (St Peters) and making its way through the Royal National Park down to Wollongong. Up to 10,000 cyclists are expected to take part in this huge event.

### We are still seeking volunteers -

especially route marshals to guide, encourage and direct cyclists along the course. If route marshalling doesn't appeal we have plenty of other positions to fill according to your preferences including parking marshals, bike lift crew, check-in, lunches and fruit stops to name a few!

Please have a think about joining Outdoor Events and around 500 volunteers on this massive community event which raises funds and awareness for the people of NSW with MS. Due to a clash with the Gay Games (starting on the same day) we are experiencing a decline in vollen numbers - so we'd appreciate all the help we can get. Shifts range from 3-6 hours and are loads of fun. All vollies receive lunch and vollen kits, including t-shirt, caps, magazines and other goodies.

If you would like more info, just phone (02 9413 4166) or email Carolyn Weir in the Outdoor Events Office

I hope to hear FROM YOU ALL **very ,very soon!!**

Bye!

**Carolyn**

Carolyn Weir

Volunteer Coordinator

MS Outdoor Events: 02 9413 4166

Fax: 02 9413 4177

## FOR SALE



Glide series 6 power wheelchair

sets a new standard in quality

- ◆ Original purchase date 3-8-00
- ◆ Only used for 9 months
- ◆ 49cm seat width ◆ 52cm seat depth
- ◆ R/H drive ◆ Hi torque motors
- ◆ Slide-in tray ◆ Tray arm brackets
- ◆ Velcro toe loops
- ◆ Fold down back(easy transport in

station wagons)

Original cost \$6689.00

**Selling Price \$4500.0 ONO**

**Phone: 4732 2363**

## CHRISTMAS CARDS

Have you placed your order for the MS Christmas Cards yet?

Overseas mail closes soon. Your order assists the Society to provide essential care, particularly for the young PwMS in nursing homes

### Order by;

**Fax:** (02) 9643 1486

**Mail:** MS Society of NSW

Locked bag 401

Licombe NSW 1825

**Phone:** (02) 9646 0600

**WEB site:**

[www.msnsw.org.au](http://www.msnsw.org.au)



## FROM THE DESK OF MS BUSIBODY



I am besotted; my delight is plain to see. We had a week away to get to know each other and now Paddy and I are inseparable day and night. Beside my bed while I am sleeping, he is recharging. Paddy is of course my new 'Glide 8', six wheeled,

motorized wheelchair with elevating footplates and floating on air, tilting seat. He's sleek and shiny yet as strong as an ox. Up hills, down hills, he could even tow a caravan. We travel comfortably in trains and taxis. Paddy is funded by PADP [Provision of Appliances for Disabled Persons].

If you are on a disability pension, you could qualify as a recipient of some of these allowances, benefits or services. Don't miss out—get serious about checking out Home and Community Care (HACC), Aged and Disability Support Service Inc. (ADSSI), Community Transport, Continence Aids Assistance Scheme [CAAS], Area Health Occupational Therapist, Community Options (COPS), Mobility Allowance (MA). MS Attendant Care Scheme, Taxi Subsidy Scheme, Mobile Library, Home Modifications. In the next issue MagScene will expand on these or your MS Outreach Worker will tell you about these plus the many services available through the MS Society.

Paddy and I are off this weekend on train and ferry trip to Manly.

*Ms Busibody*

### **Point to ponder;**

*Inside every older person is a younger person wondering what happened.*

## MS READ-A-THON ACHIEVES RECORD RESULT

9971 participants from 1600 schools throughout NSW read over 269,197 books and raised \$705,000 in the 2002 MS READ-a-thon. This is the highest number of books read in the history of the MS READ-a-thon.

The amount raised this year is \$50 000 more than the result for 2001. The Multiple Sclerosis

Society of NSW honoured the top 100 fundraisers with an award presentation party at Oneworld Sport on Sunday 1 September. Participants came from throughout NSW to attend the presentation. Awards were presented by Network Ten Presenter, Boyd Duff and representatives from sponsors Commonwealth Bank and Greater Union cinemas. The award presentation was attended by 300 guests and the top 100 fundraisers received awards from sponsors including book vouchers, tennis racquets, books and movie passes.

The top fundraiser in NSW pictured below is Jessica McDonald who raised \$15 050. Jessica and her family organized a dinner and auction in Gosford and are now organizing other events to raise funds for the MS Society of NSW.



Jessica McDonald with Justin James of Commonwealth Bank

The school with the highest fundraising this year was Sydney Grammar School, Edgecliff Preparatory where students raised over \$27 000. This school also won the award for most books read in NSW and was awarded a cheque for \$1000 from the major sponsor Commonwealth Bank.

The MS READ-a-thon, held in NSW between April and May, encouraged children to read as much as possible while seeking sponsorship from friends, family and business.

The Manager of the MS READ-a-thon, Annemarie Keleher said "The success of this year's READ-a-thon is due to the combined efforts of participants and our corporate sponsors. I would especially like to thank people who have MS who attended schools to help us to encourage children to participate. We have found that children are more enthusiastic about the MS READ-a-thon when they have met someone who has MS.

## YOUR PRIVACY PROTECTED

The MS Society receives government funding, from the NSW Health department and the NSW Department of Ageing, Disability and Home Care.

As part of our funding agreement, the MS Society is required to provide information about service users, without identifying you by full name or address. The information we forward to government is about what sort of people are using MS Society services (such as their age, sex, disability level, whether they live at home or in a hostel, whether they have a carer, what language they speak at home) and how many people are using the services. The information is used for statistical purposes only and will not be used to affect your entitlements or your access to services. The information is forwarded to the funding body and to the Australian Institute of Health and Welfare to enable statistics about disability services and their clients to be compiled to improve the planning and delivery of services.

The MS Society is committed to the protection of your personal privacy. Our Privacy Policy discloses how we collect, protect, use and share information gathered about you.

A copy of the MS Society Privacy Policy can be downloaded from our website [www.msnsw.org.au](http://www.msnsw.org.au) or a print copy may be obtained by phoning our head office on 02 9646 0600 (1800 042 138).

## Omega-3, a good fat!

**The National Heart Foundation recommends that all Australians eat at least two fish meals per week to increase their omega-3 fatty acid intakes.**

It may appear odd to be talking about eating more fats, as reducing dietary fats has been one of the strongest nutrition messages over the last ten years.

However, we now know that not all fats are bad.



As well as monounsaturated fats, there are two types of polyunsaturated fats which are important for good health, and in particular a healthy heart: omega-6 fats from polyunsaturated spreads and oils and omega-3 fats from fish and seafood as well as some nuts and vegetables.

Research suggests however, that currently Australians eat well below recommended adequate intakes of omega-3 fats.

Why are Omega-3 fats so great?

- There is increasing evidence that omega-3 fats from fish play a vital role in keeping our heart fit and healthy.
- Omega-3's play an important role in pregnancy, being particularly important for babies rapidly growing brains and eyes, and helping optimise pregnancy outcome. They also have an important role to play in breastfeeding and childhood development.
- Omega-3 fats help keep our blood fats like

triglycerides at optimal levels, and keep blood flowing freely around our circulatory system.

- They also are important for regulating our blood glucose levels, blood pressure and even our heart beat!
- These healthy fats have been shown to help recovery from coronary artery surgery.

### How do I get more Omega-3 fats in my life?

- Fish, shell fish and fish oils are good dietary sources of omega-3 fats.
- We also get some omega-3 fats from foods like soy beans & other soy products, walnuts, pecans, linseeds, dark green vegetables, lean meat, canola oil & margarine.
- Many people are not eating enough fish because they have difficulty accessing it or don't know how to prepare it. Frozen fish is a nutritious and a convenient way to boost your omega-3 fat intake.
- Talk to your dietitian for more advice.

Now is a great time to invest in you and your family's future well being by fitting more fish in your diet to boost your daily omega-3 fat intake. Birds Eye, I&J and Sealord provide a range of products that are easy to prepare, delicious and nutritious. The following site is well worth a visit Ed [www.simplygreatmeals.com.au](http://www.simplygreatmeals.com.au)



If you find this issue of particular interest thank Garry Anderson.

He has held the fort while I had an exacerbation and sold my house. This

attack was a nasty one and the first in 12 years. Doctor put me on Prednisone which soon took over to have me full of the shakes with speech problems and dizziness. Others have told me that the stress of moving house hasn't helped.

I had found a wonderful brand new apartment in a retirement village so I put the house on the market after having lived in it for 30 years. It was a wrench but it had to happen as I had lived alone for four years following the death of John, my husband.

With all of this happening on the home front we moved into the refurbished

Chatswood office where Garry and I now work in an area officially known as MagScene Editorial Office. – very corporate, comfortable and modern and befitting of MagScene.

Both Garry and I would recommend that all PwMS read the article on pages 4 and 5 regarding streamlining of the delivery of Society services. This move is very positive and a great step forward. **You can help by putting your name down to attend a Services Focus Group (a type of personal discussion group). You can do this by calling the MS Information line as given below or email. pwms@msnsw.org.au**

Volunteers, vital to the operation of the MS Society; come from all walks of life and age groups.

The Society values all volunteers as they play an

essential role in the growth of services and support to people with MS.

Those volunteers who have completed 15 years service are being honoured at either a special luncheon in the grounds of Chatswood or at the AGM, again at Chatswood refurbished offices.

Recipes Wanted!! A client has contacted me asking for yummy recipes needed for a low fat/low GI (Glycemic Index ) recipe book for PwMS. If you can help send them to me at the address below or to pwms@msnsw.org.au

Until December issue, keep smiling!

**Deadline for December issue is 30th October 2002**

**MS INFORMATION LINE Freecall 1800 042 138**

**Mon-Fri 9:00am to 5:00pm. An info line only – Not a crisis line.**

## MagScene

ISSN 1323-4005

**Publisher: MS Society of NSW  
ACN 000 320 632**

**Editor: Zanna Barron  
Email: pwms@msnsw.org.au**

**Printed by: JAMAR Printwarehouse  
For People with MS NSW  
P O Box 1246  
CHATSWOOD 2057**

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DTP: Doris Blairs**