

MagScene

A Balancing Act

People living with MS are exposed to the same kinds of stress as anyone else. However, adjusting to a diagnosis of MS and its episodic nature can be particularly stressful. Managing stress becomes an important part of taking control of your MS. By learning to cope with stress in a positive way you can feel healthier and deal better with the extra demands that MS can sometimes create.

What is Stress?

Stress is a term used to describe the body and mind's reaction to everyday tensions and pressures. Stress is considered to be a normal part of life, such as moving house, getting married, starting a new job, having a baby or the death of a family member or close friend.

Stress is a demand or pressure made on a person from the environment, which can make you feel tense, unhappy or uncomfortable. The demand may be related to a particular situation or other people.

Certain bodily changes occur when people respond to these demands and these changes form what is referred to as the 'stress response'. Stress can be positive – it can help you achieve what you want to do and can bring anticipation and excitement into your life, such as a holiday or a family celebration. Stress can become a problem when the stresses are so big, occur so often or last so long that you are unable to handle them effectively. The level of stress and our personal response determines our ability to cope.

Recognising the Signs of Stress

Managing stress begins with learning the signs and symptoms of stress. The most common signs of stress are:

- Tiredness/exhaustion
- Muscle tension
- Anxiety
- Indigestion
- Nervousness/trembling
- Sleep disturbance

- Cold sweaty hands
- Reduced or increased appetite
- Grinding teeth/clenching jaws
- General body complaints, such as weakness, dizziness, headaches, stomachache or back pain.
- Skin rashes
- Mood swings
- Poor performance at work, such as having difficulty starting projects, thinking clearly, and remembering instructions or appointments.

Some of the common signs of stress such as fatigue, muscle tightness and changes in memory and thinking may also be symptoms of MS. Psychological changes such as anxiety, mood swings and depression can also be directly related to MS. Knowing your stress responses and separating them from your MS symptoms can help you identify the times when you are experiencing stress.



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Relationship Between Stress and MS

Many factors associated with the experience of living with MS can be stressful, including:

- Diagnostic uncertainties (before a definite diagnosis of MS is made)
- The unpredictability of MS
- The invisibility of symptoms
- The visibility of symptoms, particularly newly emerging ones
- The need to make decisions about disease modifying treatment and adjusting to the chosen treatment
- The need to adjust and readjust to changing abilities
- Financial pressure and concerns about employment

Many people with MS feel that there is a definite connection between stress and MS. Some believe that there is a link between stress and the onset or exacerbation of MS. Anecdotes of people who have had their first attack right after a major emotional trauma are common. Others believe that controlling MS can have an impact on the symptoms of MS. And still others believe that neither stress nor controlling stress has any effect on MS.

Although dozens of published reports exist on the possible connection between stress and MS, a limited number of controlled research studies have been published to date. The answer to the question "does stress cause or affect MS?" remains unclear from a scientific viewpoint.

Many people with MS say they experience their symptoms more during stressful times, which may be understood by looking at the stress and coping process. During times of stress, more energy is required to think, problem-solve and cope. At these stressful or demanding times, symptoms may appear to worsen because the energy required to deal with them and get on with daily life has been depleted. Everyone has finite reservoirs for coping and at demanding times these reservoirs may temporarily run dry. Any difficulty, including MS symptoms, may be more challenging at these times.

Restoring the Balance

The key to managing stress is to make it work for you instead of against you. When your life is out of balance or the scales are tipped, the normal reaction is to do something to regain the balance and a sense of normality. There are

a number of tips and strategies for balancing the effects of stress:

- **Identify the causes of stress** – slow down what might be a hectic lifestyle and note the events of your life that cause you stress. These events may be positive or negative.
- **Change or remove the source of stress** – one way of doing this might be to write down all possible ways of changing or "exterminating" the situation that is causing you stress. If you find a particular task more difficult or stress producing, try to find a better way of doing it.
- **Accept what cannot change** – you may not always be in a position to change or control the stressful situation. The key is to learn how best to cope with situations that are beyond your control.
- **Share your thoughts and feelings** – develop and use appropriate support systems – friends, family, co-workers with whom you feel comfortable and who can help you see your problems in different ways.
- **Have a "safety valve"** – choose an activity to help you cool off when you are feeling frustrated or angry. Try to avoid bottling up feelings that may result in some sort of explosion later on. Listening to music, singing, having a good laugh are great ways to vent feelings. Physical activities such as walking, swimming or gardening are other examples.
- **Learn and practise saying "no"** – and don't feel guilty for doing so! Tell people when you are unable to do certain things and ask for help when you need it.
- **Organise your time** – overload and underload both produce stress. Take control of your time by organising your days and weeks. Give yourself enough time to complete tasks and cultivate flexibility, especially concerning time and schedules.
- **Conserve your energy** – respect your limits. Plan to do the most stressful or difficult tasks early in the day or at the times when you have the most energy. Schedule rest breaks and remember to take them before you are completely worn out.
- **Keep physically active** – exercise regularly within the limits of your individual fitness level and abilities.
- **Maintain a well balanced diet** – eat 3 meals daily with a healthy snack mid morning and in the afternoon. Avoid overeating or skipping meals and stay well hydrated. Optimal nutrition supports the body in times of stress.

- **Make time for fun** – schedule in activities that you find enjoyable, relaxing and/or motivating. What makes you laugh – films, videos, books, friends? A really good laugh helps neutralise stress, relaxes muscle tension, and restores objectivity.
- **Give yourself permission to be imperfect** – it is not possible to be the “ideal” spouse, parent, child, friend, employee or boss. Striving for “perfection” can take its toll on your time, energy and the way you feel about yourself.
- **Learn a form of relaxation** – relaxation is a way of producing a quiet body and a calm mind. This physical and mental unwinding is termed the ‘relaxation response’ and counteracts the stress response.

Relaxation

Learning how to relax is one of the most valuable ways to cope with stress. Relaxation means doing something you choose to do rather than something you have to do. There is no right way to become relaxed and you may wish to explore and learn different methods until you find one or two that suit you best. Examples include deep breathing, meditation, progressive deep muscle relaxation, visualisation, yoga and Tai Chi. Investigate stress management and relaxation courses that are run by qualified instructors in your local community.

Stress Busters

You can add your own tips but here are some additional ideas for balancing the effects of stress:

- Get up 15 minutes earlier
- Do some preparation the night before or ask a family member to take on a morning task to help you in the morning rush
- Take a deep breath and relax every time you look at your watch
- Slow down when you eat, talk, drive or move
- Avoid stimulants such as caffeine, sugar and refined carbohydrates
- Reduce reliance on cigarettes and alcohol
- Have extra sleep before family gatherings or important events
- Make a 3/4 rule: fill the petrol tank when it is 3/4 empty, order more medication when it is 3/4 gone, replace juice or milk when the bottle is 3/4 empty
- Ask for written information and instructions to reduce the need for remembering details
- Do one thing at a time – try not to think about the next task before you have finished the one you are working on
- Offload the non-essentials

The information presented in this article is based on professional advice, published experience and expert opinion, but does not represent individual therapeutic recommendation or prescription. If symptoms of stress persist or if you are experiencing prolonged periods of anxiety or depression, it is recommended that you seek advice from your doctor.

Integrating Two MS Societies

You will recall from previous issues of MagScene the proposed plans for an integration between the MS Society of New South Wales and the MS Society of Victoria. You will have also recently received a letter from the Presidents of the Boards, Paul Murnane and Terry Winters, outlining the developments.

As mentioned in their letter, "The proposed integration of the MS Societies of New South Wales and Victoria is a major step forward in improving the range and quality of services to people with MS and our ability to fund them".

An integration between the two organisations will increase the Societies' ability to continue providing services for the growing numbers of Australians diagnosed with MS every year, to

find a better way of providing these services, and to ensure the future of Australians with MS until a cure is found.

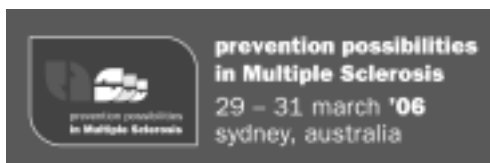
You will receive further details of the proposed integration and its subsequent benefits in the form of a series of newsletters, which will be sent to you over the next couple of months. There will also be a number of face-to-face meetings scheduled around New South Wales to provide a forum for discussion.

In the meantime, you are invited to ask any questions you may have about the proposed integration by sending an email to jroubicek@msnsw.org.au or contacting MS Connect on 1800 042 138.

MS AUSTRALIA

MARKS THE OCCASION

IN 2006



Multiple Sclerosis Australia will mark 50 years of service to the nation by hosting the Prevention Possibilities in Multiple Sclerosis (ms06) Conference at Star City in Sydney, Australia, 29 - 31 March 2006. This exciting event will showcase the latest and most intriguing updates in the world of MS and will also celebrate the achievements of over half a century of service by the MS Society.

MS Australia is proud to invite people with MS, families, researchers, medical practitioners, allied health professionals, non-profit organisations and community groups from Australia and abroad to contribute, listen and learn about the latest in MS management and prevention.

The conference will centre on new thinking and latest developments in preventing disease, onset, progression and impact on well-being, with a particular focus on the three broad themes of Predisposition and Prevention; Stress and Prevention; and Disease Progression and Prevention. The conference will combine both international speakers and Australia's leaders in MS research, treatment and rehabilitation to both challenge and motivate delegates as we head towards the next decade of MS care.

We are thrilled to have received the support of a number of renowned speakers, including Prof George Ebers, Prof Alan Thompson, Prof Trevor Kilpatrick, Prof Graeme Stewart, Prof Michael Barnett, Assoc Prof Anne-Louise Ponsonby, Dr Rex Simmons, Dr Gary Fulcher, Dr Rhondda Brown, Dr Helmut Butzkueven, and Prof Allen Bowling. Updates on speakers, registration and conference program details will be included in the next issue of MagScene.

Multiple Sclerosis Australia looks forward to delivering a thought provoking conference and celebrating the MS Society's 50-year presence and service in Australia. For more information and to receive regular updates visit www.ms06.com.au today.

For more information, please contact:

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Lidcombe NSW 1825

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Copping it Sweet

You've Gotta Laugh

As a bloke living with MS, a bit of humour really helps me cope with some difficult situations and the challenges of my everyday humdrum existence.

Some think that laughter associated with a disability might be a bit flippant or seem pointless, I don't know why.

I'm not talking wheelchair jokes here. It's more in keeping a sense of the absurd or applying some unexpected thought snatched from the left field but connected somehow to the current situation.

Telling jokes, on the other hand, is a mysterious art for me. I like hearing a good joke but I'm darned if I can remember one 30 seconds after I hear the bugger. Pretty hopeless really but it's not unusual, I guess, to suffer such jocular brain-fade.

When you're telling a joke, it's kind of mandatory to remember the punch line. A few times I've embarked on some long and complex yarn before an expectant audience only to lose the plot totally at the 11th hour. Not really a good look. I have now totally given up on telling jokes with some regard for my personal health and safety.

It's all too hard.

My theory is - if you need jokes, get a packet of Mixed Party Jokes at K Mart.

So far, so good!

A bit of a laugh in a difficult situation lets me and everyone else involved, feel a bit more comfortable with my predicament. I remember some time back, a challenging incident occurred when leaving a local shop in my wheelchair. As I negotiated the ramp from the footpath onto the road, one of the front castors thought it best to break off completely, pitching me untidily into the gutter. I wasn't badly damaged but I was certainly winded and unable to move.

My idiot pride was mortally wounded.

'...Yes, I lay there in the gutter, Thinking thoughts I could not utter...'

My brain was already working flat out on solving the problem of how to get out of this

one without attracting undue attention. How to get me, my wheelchair and my car back home?

My first response when something goes belly-up has always been, stupidly, to solve the problem myself. Good grief! This is hardly the best approach for me these days but it is an automatic response, with which I've always had to battle.

Worried people started to gather around my drain and discuss among themselves possible courses of action.

'Are you broken, dear?'

'Nah! Just havin' a spell

Not a bad spot, this ...

Running water.

Close to the bus stop...eh?'

Things get a lot easier to deal with if you can smile a bit.

Someone immediately predicted a decline in local property values and a need for more street sweepers

Two idle locals heaved me up and into a chair supplied by the shop and produced a cup of tea to go with it.

A complete stranger went off to purchase a coil of wire to make repairs to my wheelchair.

Someone else visited the doctors' surgery nearby and returned with a box of Band-Aids for some reason and, mercifully, a borrowed wheelchair. A wheelchair I was welcome to keep and use until mine was repaired.

I was wheeled back to my car and installed in the driver's seat. My broken chair was pushed back to my house nearby and they made sure I safely transferred from car to living room.

All this with considerable good humour and with a genuine desire to be helpful.

I like to think that a bit of laughter smoothes the playing field a bit.

But in truth...

I'd rather laugh than be scared of crying.

Ian Cameron

Complementary and Alternative Approaches: Part 3

This article forms the third part of a short series, which began in the March issue of MagScene with a general overview of the use of traditional, complementary and alternative medicine (CAM) and continued in the June issue with background information on the use of CAM in the general population and in people with MS.

Herbal Medicine and MS

You will recall from the last issue that herbal medicine is the most popularly used form of CAM medication therapy and includes the use of herbs, herbal materials, herbal preparations and finished herbal products.

St John's Wort – A number of studies have looked at St John's Wort as a treatment for anxiety and mild depression. Although there is some evidence for it being possibly effective, a full range of its effectiveness compared to conventional treatments is not known. Recent studies have also shown that St John's Wort can interact with some common medications, including anticonvulsants and some of the older antidepressant medications, which are sometimes prescribed in MS. St John's Wort can also produce sedation and may potentially decrease the effectiveness of birth control medications. Depression should not be self-diagnosed or treated without consulting with a doctor.

Valerian – Studies have mainly explored the effects of the Valerian root in treating insomnia and there is some evidence to suggest its effectiveness. Again, insomnia is not something that should be self-diagnosed and treated without medical advice, particularly in MS where there may be a number of attributing factors. Valerian can cause excessive sedation, which could potentially worsen symptoms of fatigue.

Cranberry – Cranberry has a long history of use in the prevention of urinary tract infections (UTIs). UTIs can be especially troublesome for people with MS. Cranberry appears to work because of two chemicals that help inhibit bacteria from sticking to the walls of the urinary tract. Although there have been clinical studies indicating some effectiveness in preventing the onset of UTIs, it is not recommended that existing infections be treated this way. It is

important to get a UTI under control quickly – generally with the use of antibiotics – due to its potential to increase MS symptoms.

Ginkgo Biloba – Ginkgo is an increasingly popular herb being promoted for the enhancement of memory, concentration and thinking. Most studies have looked at its possible effectiveness in the treatment of older people with dementia. Although there has been some interest in the possible use of Ginkgo for MS, the effects on disease course and on MS-related cognitive changes have not been studied. Ginkgo can increase bleeding tendency and should be avoided by people who have pre-existing bleeding conditions, are on blood-thinning medications or are undergoing surgery.

Immune-stimulating Herbs – There are a number of herbs used to activate the immune system. One of the most common of these herbs is Echinacea, which is often used in the prevention and treatment of the common cold. There have been no studies exploring the use of Echinacea in MS, so the effects are not known. Other herbs that have been shown to stimulate the immune system include astragalus, Asian ginseng, Siberian ginseng and garlic. With MS, conventional treatments are aimed at suppressing or decreasing the activity of the immune system. So, herbs that activate the immune system may be viewed as a theoretical risk. Similarly, herbs that have corticosteroid properties, such as Ginseng, may interact with steroid treatments that are often prescribed to treat an MS exacerbation.

Marijuana – The use of marijuana remains controversial and has been suggested in the management of pain and tremor for a number of conditions. Although there has been no clear evidence from small clinical studies, it is thought that the active chemical in marijuana may help decrease spasticity. Marijuana is illegal in

Australia and there are significant adverse effects associated with smoked marijuana, including cancer, worsening of cardiovascular disease, cognitive changes and poor pregnancy outcomes.

Vitamins, Minerals and Other Dietary Supplements

Vitamins are organic substances found in the food we eat and help regulate the function of cells. They do not supply extra energy as such, but convert food into energy. Ideally, vitamins should come mainly or entirely from the diet. We do not yet have a complete understanding of how supplements, such as vitamins, minerals and herbs, interact with other prescribed medications and there is little strong evidence to suggest that they are helpful in MS. Megavitamin supplementation can be harmful and toxic in some cases, so it is recommended that you speak to a doctor or accredited dietician if you suspect the symptoms you are experiencing are related to diet deficiencies.

Antioxidant Vitamins – Vitamins A, C and E are sometimes claimed to be effective therapies for MS in that they may help decrease the effects of free radicals. Free radicals are chemicals that are very reactive in the body, reacting with different parts of nerve cells and other cells in the body. There is suggestive evidence that the nerve injury in MS, that is, the myelin coating on the nerves and the axon itself could be associated with free radicals. However, most antioxidants can also stimulate the immune system and, therefore, may pose a theoretical risk in MS.

Vitamin D – Vitamin D and calcium play an important role in maintaining bone structure, density and strength, which is particularly relevant in the prevention of osteoporosis. Risk factors for osteoporosis that may be more common in MS include female gender, immobility, decreased weight and steroid treatment. For those most at risk, Vitamin D and calcium supplements might be prescribed. Vitamin D may also have beneficial immunosuppressant effects and a number of studies have investigated Vitamin D intake and the incidence of MS. There have also been small, short-term studies where people with MS were exposed to sunlight or given a chemical related to Vitamin D. The results are not yet definitive in controlling disease activity but continue to be of research interest.

Vitamin B12 – Vitamin B12 injections are sometimes recommended for MS, for example, in managing fatigue. Current scientific literature does not indicate the widespread use of vitamin B12 in MS as most people with MS have normal Vitamin B12 levels. However, there is a small subgroup of people with MS who have lower levels of B12 and where supplemental Vitamin B12 may become a treatment option.

Essential Fatty Acids – Essential fatty acids are polyunsaturated fats such as linoleic and alpha-linoleic acid and play an important role in maintaining the central nervous system and myelin sheath. Although there is no conclusive evidence of long-term benefit in MS, it makes sense to maintain an adequate intake of essential fatty acids for general health. Some supplements are also rich in essential fatty acids, such as evening primrose and wheat germ oils.

The information presented in this article is based on professional advice, published experience and expert opinion, but does not represent individual therapeutic recommendation or prescription. For specific information and dietary advice, please consult your doctor or an accredited dietician.

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The next issue of MagScene will conclude the series on complementary and alternative approaches and will focus on other biologically-based, alternative medical, mind-body, and body-based systems.

Update on Client Programs

With spring now here, it's a warm hello to all our readers.

In this edition I thought I would talk with you about the MS Society's residential facilities available to people with MS for "respite" or short term breaks.

There is often misunderstanding about the role of our residential facilities and the criteria for someone to come and stay. Unfortunately, this can often result in clients and their families being quite unhappy and dissatisfied with the MS Society.

I am aware that many clients, who have used our residential facilities in the past, have recently not been able to continue to use the facilities because their MS has progressed to a point where their care requirements exceed the care that we can provide.

The MS Society has two residential facilities where people with MS can stay for short breaks.

One of these facilities is "Leafy Lodge" at Baulkham Hills, a 5-bedroom house, fully accessible for wheelchairs, suitable for people with MS who live at home, can independently care for themselves and where family members can also stay. Leafy Lodge is often used by country people who are visiting Sydney to attend a concert, sightsee around Sydney, visit a medical specialist, or visit family or friends.

The second facility is the Studdy MS Residential Unit at Lidcombe. There are currently seven beds available for short term stays, for people with MS who live at home and who have low to moderate care needs. The unit is of hostel level of staffing and is not suitable for people who are unable to feed themselves independently, who are medically unstable or who have been directly discharged from hospital. We are not able to provide high levels of nursing or other care, and this is why we have eligibility criteria for stays.

The residential unit at the Studdy MS Centre is not a rehabilitation unit such as you might find attached to a hospital. People with MS who are eligible for a short term stay often misunderstand this and expect that they will be able to receive intensive physiotherapy or occupational therapy rehabilitation. This is not the case and the specialist services available to

people with MS whilst they are in residence are generally confined to consultation and limited interventions.

These services are prioritised to people who cannot access these allied health services in their local communities.

The MS Society recognises that there is a lack of appropriate respite options in the community for people with MS and their families. It is unfortunate that most short term breaks can only be met through a stay at a local hospital or nursing home.

The MS Society is working with other community groups to lobby Government, both State and Commonwealth, for more suitable residential respite accommodation for younger people with chronic illness or disability. It's a big job but one that must be done.

For further information on respite options in your local community, contact the Commonwealth Carer Respite Centre on 1800 059 059.

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Foundation 5 Million

Foundation 5 Million (F5m) is a new initiative of MS Research Australia. F5m has been established to give people with MS, their families and friends an opportunity to play a key role in advancing MS research, whether through direct contributions or their own fundraising efforts.

There are over 16,000 people with MS in Australia. Imagine if 2,000 people with MS, with assistance from families and friends, could raise \$2,500 each. Collectively, \$5million could be raised and put towards Australian world-class research into MS that is getting closer to several breakthroughs every day.

If you wish to find out more details, phone 1300 F5m 4MS (1300 356 467) or visit our website on www.F5m.org.au

Research Highlights and Clinical Updates

This issue of Spotlight is a compilation of recent research highlights including children's response to parents with MS, Botox for spasticity, effects of steroids on bone density, and smoking and risk of MS. These excerpts have been reproduced with permission from the MS Society of UK Research Bulletins. These Research Bulletins contain summaries from journals and other sources of information that are independent of and do not necessarily represent the views of the MS Societies. Readers should always speak to their neurologist or GP for specific information and advice (Ed).

Children's Responses to Parents with MS

Title: Emotional responses of children and adolescents to parents with multiple sclerosis.

Authors: R Yahav, J Vosburgh & A Miller.

Place of Report: Haifa, Israel.

Journal Reference: Multiple Sclerosis, 2005. Vol. 11, pages 464-468.

Research Summary

The effects of long-term illnesses on children and adolescents (and the family unit) is extremely complex and is dependent on the interactions of many different factors. These include the child's personal experiences of the illness, the quality of the relationship between the parent and child and how the family functions as a whole. There is currently little research available on what bearing a parent having MS has on a child. This study investigated the impact of having one parent with MS, on a child's emotions and behaviours.

Fifty-six children (ages 10-18), each with a parent with MS living with them, were interviewed. A further 156 children, with parents who did not have MS were also interviewed, as a comparison. Children were asked about their levels of fear, anxiety and anger in their situation. They were asked whether they felt an increased sense of responsibility or personal concern towards the parent with MS. Questions also covered the burden of tasks and errands at home. Children were asked

whether they gave priority to a parent over their own needs (e.g. giving up meeting friends to look after the parent), known as "yielding behaviour".

Results showed that children with a parent with MS exhibited significantly greater concern for their parents and a greater degree of yielding behaviour and active protection for the parent. They had considerably greater levels of fear and anxiety for the parent's health as well as feelings of anger, than children with unaffected parents. The task burden at home was also reported to be greater. Further analysis showed that daughters reported a greater burden when a father had MS; and sons a greater burden when the mother had MS.

This study indicates that children of parents with MS feel a greater degree of obligation, responsibility and concern for a parent with MS than children who do not have a parent with MS.

The authors acknowledge that this study did not examine individual situations or the effects of a parent's disability level on their child. They recommend further work to focus on this and also research, which examines the situation from the parent's point of view. The authors suggest that these findings support the use of psychological approaches to ensure that all family members have a chance to discuss and explore their feelings and improve the functioning of the family unit.



Key Messages

- The effect of long-term illnesses on children is complex and largely depends on the quality of family relationships and illness perceptions.
- This study investigated the impact of having a parent with MS on a child's emotions and behaviours.
- 56 children, aged 10-18, with an affected parent were interviewed.
- Results were compared to children with parents who did not have MS.
- Results showed children with a parent with MS showed greater anxiety, fear and anger.
- The task burden at home was greater and the child tended to exhibit greater concern and protection towards the affected parent.
- This study did not examine individual situations or the effects of a parent's disability on the child.
- These findings support the use of psychological approaches to explore feelings and improve the functioning of a family unit.

Source:

http://www.mssociety.org.uk/doc_store/Research_Bulletin_49.pdf

Botox for Spasticity

Title: The lowest effective dose of botulinum. A toxin in adult patients with upper limb spasticity.

Authors: A Suputtitada & N Suwanwela.

Place of Report: Bangkok, Thailand.

Journal Reference: Disability & Rehabilitation, 2005. Vol. 27, No. 4, pages 176-184.

Research Summary

Spasticity is a common problem in MS and other diseases where there is damage to the brain or spinal cord, such as stroke. Currently available oral drug treatments for spasticity have drawbacks, including a diminishing effect with long-term use. This frequently leads to people taking higher doses with the associated increase in side effects such as weakness.

Botox is a potent nerve toxin, which can be injected directly into areas of spasticity. It effectively blocks the signals between the brain and the muscles, causing a reduction in muscle

tone and improving spasticity. It also has the additional benefit of not affecting sensation. This study investigated the effectiveness of a low, medium and high dose of Botox in people with spasticity as the result of a stroke.

All participants had quite severe spasticity affecting an arm. Participants were randomly assigned to receive either a low dose of Botox (15 people), a medium dose (15 people), a high dose (five people) or placebo – a control substance known to cause no treatment effect (15 people). All participants received a set of Botox injections into the relevant muscles of the elbow and arm. Objective assessments of spasticity and self-reports of pain and effect on daily activities were made before treatment and at two, four, eight, 16 and 24 weeks after injections. Only a limited number of people were recruited to the high dose Botox group as all five people receiving this dose reported excessive weakness in the affected arm. All participants were instructed to do stretching exercises three times a week.

For all treatment groups, there was a reduction in spasticity measured by the second week after treatment. The treatment effect continued until the eighth week (when spasticity was reduced the most) and then gradually returned to pre-treatment levels through the 24-week monitoring period. This reduction in spasticity was significant when compared to placebo for all three treatment groups. There were no adverse events reported (related to treatment) and other improvements in dexterity, pain and effects on daily activities were observed. The changes were most significant in the medium dose group.

This study indicates that a medium dose of Botox appears to effectively reduce upper limb spasticity. The treatment was well tolerated at this dose. It appeared that the high dose resulted in excessive weakness, which limited activities.

Key Messages

- Spasticity is a common symptom of MS, and it is often difficult to treat as oral anti-spasticity medications can cause general weakness.
- Botox is a potent nerve toxin. It effectively blocks signals between the brain and the muscles, helping reduce muscle tone and spasticity.
- This study investigated the optimum dose of spasticity for 50 people with severe arm spasticity as the result of a stroke. Results were compared to placebo.

- There was a reduction in spasticity with all dose levels tested, measurable after two weeks, lowest at eight weeks and tailing off by six months.
- Improvements in dexterity, pain and effects on daily activities mirrored this positive effect and were most effective in the “medium dose” group.
- No adverse side effects related to treatment were reported.

Source:

http://www.mssociety.org.uk/doc_store/Research_Bulletin_49.pdf

Effects of Steroids on Bone Density

Title: Long-term effects of intravenous high doses methylprednisolone pulses on bone mineral density in patients.

Authors: M Zorzon, R Zivadinov, L Locatelli, D Giunntini, M Toncic, A Bosco, D Nasuelli, A Bratine, M Tommasi, R Rudick & G Cazzato.

Place of Report: Trieste, Italy.

Journal Reference: European Journal of Neurology, 2005. Vol. 12, pages 550-556.

Research Summary

Steroids are the recognised standard treatment for MS relapses and can shorten the recovery time. The most common type of steroid used is methylprednisolone given into the vein (IVMP). However, steroids are known to have side effects including an adverse effect on bone density. This study evaluated the effects of IVMP in people with MS who had been receiving regular doses of IVMP as part of another five-year clinical trial, compared to people just treated with steroids for relapses.

Participants included 25 people with MS who received IVMP every four months for three years, then every six months for two years, in addition to treatment for relapses, and 18 people with MS who received IVMP only for relapses. Results were compared to 61 people without MS (who therefore had no steroid treatment) who were the same age and sex as the participants with MS. Measurements of bone density were made 18 months to two years after the end of the five-year trial. No participants were taking any other therapies, which could affect bone density.

On average, people receiving regular IVMP had three times the quantity of steroids as people just treated for relapses and they had significantly less disability at the end of the monitoring period than those participants just treated for relapses.

Results showed that two participants with MS and four participants in the control group had osteoporosis (bone thinning, which could lead to fractures). Osteopenia (low bone density and sometimes a precursor for osteoporosis) was present in 25 (58%) of people with MS and 21 (34%) of controls. Osteopenia was significantly more common in people (especially women) who received IVMP only for relapses, than controls. People receiving IVMP pulses and those receiving steroids only for relapses had comparable bone mass density.

In conclusion, people who received IVMP only for relapses (i.e. those with a much lower lifetime dose) had more severe disability than people receiving regular IVMP in addition to relapse medication. The authors suggest that this points to disability and immobilisation having a greater effect on bone density than the amount of steroids taken in a lifetime. Treatment with repeated IVMP did not cause osteoporosis in people with MS over an eight-year period. The authors highlight that this data is reassuring and suggest that there may be a place for regular treatment with IVMP in people who fail to respond to disease modifying therapy such as beta interferon.

Key Messages

- Steroids are the standard treatment for MS relapses, the most common being intravenous methylprednisolone (IVMP), given via a vein.
- This study investigated the impact of regular steroid treatment on bone density over an eight-year period.
- 25 people with MS received IVMP every four months for three years, then every six months for two years in addition to IVMP treatment for relapses.
- 18 people with MS were also monitored who just took IVMP for relapses, as were 61 people without MS who had not received steroid treatment.
- Results showed people receiving regular doses of IVMP had significantly less disability than the other group with MS.

- Bone thinning was significantly more common in people (especially women) who received IVMP only for relapses.
- The authors suggest that this points to disability and immobilisation as a result of MS having a greater effect on bone density than steroids.

Source:

http://www.mssociety.org.uk/doc_store/Research_Bulletin_49.pdf

Does Smoking Increase the Risk of MS?

Title: Cigarette smoking and the progression of multiple sclerosis.

Authors: M Hernan, S Jick, G Logroscino, M Olek, A Ascherio & H Jick.

Place of Report: Boston, USA.

Journal Reference: Brain, 2005. Vol. 128, pages 1461-1465.

Research Summary

The cause of MS is unknown but there is increasing emphasis on the role of environmental factors. Cigarette smoking has previously been investigated as a possible causal factor in determining who goes on to develop MS but research information on any potential interaction is very limited. Similarly, there is no research on any potential association between cigarette smoking and the clinical course of MS. This study investigated the possible association between cigarette smoking and progression of MS.

Information from clinical records was collected from a total of 201 people with MS, whose medical records also provided information on their smoking status, prior to having a diagnosis of MS. One hundred and seventy-nine people within this group had an initial onset of relapsing remitting MS (RRMS). "Smokers" were defined as people who had ever (currently or previously) smoked. Information was also collected from the medical records of 1913 people who were smokers, but did not have MS (the control group).

In total, 46% of people with MS had smoked at some point, as had 39% of the control group. Results showed that compared with never smoking, the risk of developing MS was 1.3 times greater for people who had smoked at some point. This association was similar for both relapsing remitting and primary progressive MS. Twenty of the 179 people with RRMS converted to secondary progressive MS (SPMS) during the 5.3 years monitoring period of this study. Analysis showed that the risk of developing SPMS, within the study-monitoring period, was more than three

times higher for smokers, compared to those with MS who had never smoked.

In conclusion, this study indicated that smokers appear to have a slightly increased risk of developing MS than those who do not. The authors acknowledge however, that no data on the duration or intensity of smoking was collected. It is suggested that a possible mechanism by which smoking may have an effect on MS is through the increased intake of nitric oxide (a potentially harmful gas), inhaled through cigarette smoke. Higher levels of nitric oxide have previously been linked to disability progression of MS and damage to nerve fibres. However, the authors highlight that more research is needed in this area.

Key Messages

- The cause of MS is unknown but smoking has been implicated as one possible factor, although evidence is very limited.
- This study investigated the possible association between cigarette smoking and progression of MS.
- Information was collected from 201 people with MS and 1913 people without MS on whom there was smoking data.
- 46% of people with MS currently, or had previously, smoked, compared to 39% of people without MS.
- Compared with never smoking, the risk of developing MS was 1.3 times greater for people who had smoked at some point.
- The risk of developing secondary progressive MS was more than three times greater for people who ever smoked, compared to "never" smokers.
- No data on the duration or intensity of smoking was collected.
- A possible mechanism by which smoking may have an effect is by increasing levels of nitric oxide, a gas present in cigarette smoke and implicated in disability progression in MS.
- Further research is needed in this area.

Source:

http://www.mssociety.org.uk/doc_store/Research_Bulletin_47.pdf

Those readers who have access to the Internet might be interested in downloading the Research Bulletins available on the International Federation of MS Societies website www.msif.org or by following this link: http://www.msif.org/en/research/research_bulletins/index.html

Travelling with MS

Part 2: Getting There



This is the second in a four-part series of travel advice articles by Bruce Mumford. Bruce is an example to all of us who are in a wheelchair and feel that they should take the family on that holiday they always talked about but did not think possible (Ed).

Before travelling abroad you need to choose your airline carefully and notify them well in advance of your special needs. In my experience, it's better to pay a little more for an airline that will really look after you rather than travel with a 'budget' carrier that will not only be inconvenient, but will end up costing you more in the long run.

For example, we flew with a certain low cost Irish airline from Scotland to France. We left from 'Glasgow' (discovering that their airfield at Prestwick is actually a long way south of the city) to 'Paris' (their airfield at Beauvais is actually over 100 kms north of Paris).

Then they changed the schedule so we would not be arriving until 10pm instead of 3 – so there was no way we could reach our hotel in Paris before midnight. And they wouldn't give a refund on the ticket we had already bought, so we had to pay through them for a very expensive night in Beauvais; which on our arrival the airline claimed to know nothing about. We were left looking for a hotel at midnight in a city famed only for its lack of anything interesting except its airport, which if I ever see again in this lifetime will be too soon.

The next morning we missed the only bus out trying unsuccessfully to get a hire car, so had to pay for an hour's taxi ride south to Charles de Gaulle airport where they apparently had the only automatic in France.

The disabled assistance with the airline was laughable, or a bit scary depending on how you looked at it. Getting onto the plane was via a rickety luggage hoist on the far side and getting off was even more alarming; carried in a teetering chair down the stairs at the side of the plane.

In short, we would have saved a lot of time, money and stress by flying direct with a standard airline! And as you know, when you've got MS, stress is something you need to keep as low as possible.

We flew to Europe with Japan Airlines, who were wonderful. You need to fill in a medical form a few weeks ahead, getting your doctor to outline your condition and needs while travelling. There should be no problem getting your needles onto the plane, even with the 'anti-terrorism' hysteria. (I must admit I was worried though, when a Japanese customs officer pulled on white gloves at Kansai airport and asked "Do you mind?" Luckily, he just wanted to inspect my shoes!)

The airline provided a special "aisle chair" for the flight and all movements at the airport were assisted. We were seated near toilets, with extra seats allocated when available (on the flight out we had 10 seats for the four of us – who needs first class!), special attention from hostesses and given priority passage through customs with a guide from the airline pushing me through the VIP section.

This part of our trip was so much easier than we expected. On arrival at Heathrow, from the plane to our bus outside the airport took only 30 minutes!

If flying to Europe, I would recommend the route via Japan and over Siberia as even a northern winter stopover in Singapore would have been just too hot and humid for me. I remembered what it was like 20 years ago; and then I was a lot younger and didn't have MS!

Low Cost Internet Services

About 250,000 aged, veterans and people with disabilities throughout Australia will have access to a low cost Internet service thanks to a partnership arrangement negotiated by Technical Aid to the Disabled Australia.

The partnership between TADAust and the internet services provider ISPOne will enable the aged, veterans and people with disabilities to go online at the vastly cheaper rate of only

\$5.50 a month - such Internet services usually cost \$30-\$40 per month.

The dial up service to be provided by ISPOne includes no set up fee, unlimited downloads and flexible contact arrangements. It will be fully supported and available to people with a Disability Support Pension, a DVA Entitlement Pension and an Aged Pension Card.

Contact JTowers@technicalaidnsw.org.au or by phone on 9808 2022.

M-CAS Macquarie University

Macquarie Customised Accessibility Services (M-CAS) is a new initiative of Macquarie University, Sydney, aimed at meeting the life-long educational requirements of students with access needs. M-CAS works to ensure that students will be able to obtain material in the format they require so that they can commence their study.

M-CAS employs educational consultants to work alongside support staff, academics and students in order to facilitate their academic success and works on the principles of focusing on curriculum needs, lessening the cognitive load of the learner and customising learning materials to meet individual needs.

M-CAS aims to support rather than replace existing services and recognises that some students will require a comprehensive service while others will already have the majority of their needs being met by their institution and may only need the remaining service gaps filled.

Further information on M-CAS can be obtained through the Disability Liaison Officer at the student's university or by contacting Sharon at M-CAS by email Sharon.Kerr@mq.edu.au or by phoning 02 9850 7690.

Read the Newspaper While Driving!

The RPH Australian radio reading network allows you to listen to the newspaper being read to you. The fifteen RPH services across Australia read newspapers and magazines to air every day for those who are not able to access normal printed material.

RPH (Radio for the Print Handicapped) is not just for people with vision impairment but also those who may have trouble holding the newspaper or turning the pages. Even busy people who don't have time to read the paper each day can tune in their car radio or at work to hear the latest newspaper stories.

It doesn't matter if you don't have a print disability – you can still listen to your local RPH station. National, State and local newspapers, magazines like Women's Weekly, New Idea, Bulletin, serialised book readings and lots more are broadcast for people's enjoyment each day.

The RPH Australian network of radio reading services cover the following areas in New South Wales: Sydney 1224 AM; Albury 101.7 FM; and on the border at Mildura 107.5 FM. More information and station contact details can be found on the website www.rph.org.au or by calling 03 9864 9207.

More MS Ambassadors Volunteer to Educate

"Together, our MS Ambassadors will be One Voice. Together, our MS Ambassadors have the power to make a difference."



New MS Ambassador, Bruce Frost at the recent training session.

The Multiple Sclerosis Society of NSW has finalised the second intake of MS Ambassadors, another group of inspirational and passionate volunteers keen to educate the community about MS and dispel common myths and misconceptions about the disease.

The nine new MS Ambassadors were welcomed by the Society during the two-day orientation and training program, including a public speaking workshop, in early July.

All MS Ambassadors are inspirational speakers who share with their audiences an intimate knowledge of MS and the impact it has had on their lives.

Seventeen MS Ambassadors are now located throughout Sydney, the Central Coast, Newcastle and country NSW, delivering presentations to corporate organisations, service clubs, community and church groups and educational facilities.

If you, or your family and friends, would like an MS Ambassador to speak to your organisation, club or group, please contact Donna Hendry on 02 9646 0600, email ambassadors@msnsw.org.au or go to our website www.msnsw.org.au

To meet our new MS Ambassadors, just click on the MS Ambassadors link under News on the home page at www.msnsw.org.au

New Faces at the Society

Lisa Hayes started her role as Manager of the Lifestyle Services Team at the end of May this year.

She is a qualified social worker but for the last 10 years has worked in policy and program development in government departments, including NSW Health, NSW Police, The Premier's Department and NSW Cabinet Office. Lisa started her career 22 years ago in a rural health service and has worked in community health, hospitals and non-government organisations. She has also worked as an investigation officer for the Health Care Complaints Commission. Lisa's role as Manager of the Lifestyle Services Team is to lead and support a team of health workers in their delivery of MS Society programs and services. She does not provide direct services herself, but focuses on the quality, equity and access to services from the Lifestyle Services Team. People may see Lisa over the next months as she meets with support groups, fund raising branches and other health providers to help communicate the changes the Society is undertaking in delivering a national model of MS service.



Anand Bapat joined the MS Society in May 2005 as the Senior Advisor in Occupational Therapy.

He is an occupational therapist with a wide range of experience in aged care and disability. Anand is based at the Studdy MS Centre, Lidcombe and will be responsible for the delivery of occupational therapy services equitably across the state. You may hear his voice on MS Connect or on the telephone. Anand describes his aim as "making life easier for people with MS whether at work, home or in a social setting". Fatigue and heat sensitivity are two of the most common symptoms for people with MS and Anand is keen to seek solutions for the same.



Outdoor Events

Imagine the warm spring sunshine on your back and pedalling through the Royal National Park. Imagine cycling alongside paddy fields and exploring foreign capitals. Imagine being part of an event that raises funds for MS.


Saddled up for adventure

The 10th anniversary MS Holiday on Horseback was recently held at Majors Creek near the southern NSW town of Braidwood. From 17-24 September, over 200 big-hearted horse riders covered up to 30km in an effort to raise important funds for the MS Society. Last year these riders raised over \$60,000. In 2005 they're aiming even higher.

On ya bike

The MS Society's biggest event is back for another bumper year. The MS Sydney to the Gong Bike Ride will be held on Sunday 6 November and we're inviting all supporters to be a part of it. Whether you join the 6,000 strong pack of happy bike riders or sign-up as one of the 500 event volunteers, your support is essential to the ride's success.

To find out more about any MS Society events check out www.msevents.org.au or phone (02) 9413 4166.



Ever considered cycling through **MONGOLIA** or **THAILAND/LAOS**? Maybe trekking the **GREAT WALL OF CHINA** or through **LITTLE TIBET** is more your thing?

Join the MS Society and Intrepid Travel to share the adventure of a lifetime, laughter, team spirit, and personal achievement while seeing parts of these beautiful countries that many tourists do not see, while supporting a worthwhile cause.

WHAT'S YOUR COMMITMENT?
Your personal contribution is a payment of \$500 (inc GST) which is sent with your registration form. You then agree to fundraise to a set target. Fundraising targets start at \$5000. Past experience has shown this is very achievable and we will provide you with lots of support to reach your target.

FUTURE TRIPS INCLUDE...
Ride through Thailand/Laos – Feb 06
Walk the Great Wall of China – Mar 06
Ride through Mongolia – Jun 06
Walk through Little Tibet – Sept 06
Ride through China – Nov 06

Phone 1300 733 690
or email events@msnsw.org.au
Visit www.mschallenge.com.au
for all event information.

SPECIAL OFFER...
Register before 31 October 05 and we will cut 50% off your registration fee (\$250) and you will go into the draw to win a Oregon Scientific MP3 Player.



Christmas elves required. Must like the festive season, can spare a few hours, enjoy supporting a good cause and beautifully wrap gifts.

For a gold coin donation MS Society elves will be wrapping presents in Borders Book Stores across the Sydney and Melbourne metropolitan areas in the lead-up to Christmas.

Last year the elves raised \$14,000 but they were desperately overworked so this year we need even more helpers to cope with demand. To sign up for your bell-toed shoes and sticky-tape holster please phone MS Events (02) 9413 4166.

The Watcher Returns

This is a continuation of a story, which began back in MagScene Feb/Mar 2002. For the newer readers, here is a brief summary of the Watcher's previous article, which can be found under the publications section of the Society's website www.msns.org.au (Ed).

"It's tough watching my wife trying to put one foot in front of the other when I know how much of a struggle it is for her. She forgets that I am the watcher, I'll be there if she falls...."

It's tough watching her standing at the sink peeling spuds... She forgets that I am the watcher, I'll be there if she falls...

It's tough taking her shopping in a wheelchair... the shelves are too high...

It's tough not being able to walk hand in hand along the beach... However, I bought a fishing rod for her at Christmas and I am determined not to go fishing on my own...

I share all the emotions that she goes through, sometimes more..."

The Watcher's Story Continues....

Life for the watcher isn't getting any easier. In fact it's getting somewhat tougher. Although, I reckon, that if it's tough for me, it must be a hundred times tougher for my wife. Other than the MS, my wife also has to put up with me.

When we find something that is difficult for her to do, the challenge is then on for both of us to find an alternative way to do it, so that she doesn't feel so inadequate and I don't start slamming doors. Thankfully we have good natured and very forgiving doors.

As for helping her to put one foot in front of the other, we haven't come up with anything that she would agree to as yet. I did suggest that I could tie a piece of string to her big toes and pull them one at a time, just to help her to take those steps but she wouldn't be in that.

Watching her standing at the sink peeling spuds was easier solved – placing a stool for her to prop on seemed to stop her legs bending at the knees. Of course, SHE came up with a better idea – she just gave me the job.

Shopping days are now greater fun for her. We are now going to take her electric scooter into town. Before we can, I have to make a few alterations to the scooter – things like, a flashing

light and or siren, steel toe capped boots for me, to save on visits to the podiatrists, and a beeper, so that I can find her when she goes off on her own without me.

As for putting the cake mix in the cake tin, Well, guess what ol' smartie pants did the other day. I deliberately went out just as she was mixing the cake. When I returned, it was in the oven and cooking. That gives her a bit of confidence and the cake was luvverly.

Ironing she still does – more things get thrown away when they need repairing rather than do the sewing. House cleaning and dusting is a total bore – that's my thought anyway. But I find that if I pretend to enjoy it, she seems to be more satisfied with the job I've done - that is until she reads this story.

I can still take her away for the occasional sea change but I did have to buy a bigger car, so that I could carry all the stuff.

Running down to the surf and jumping over the waves is still a bit problematic, which might just have to be put into the too hard basket. However, we can now walk hand in hand along the beach. I changed those silly skinny wheels that they put on the wheelchairs for chunky fat ones. So, now at low tide, I can push her along the beach without the wheels sinking in the sand. She puts her hand up on her shoulder and I hold it – so it was well worth it.

She has turned into a lazy fisherwoman though – I have to put the bait on the hook for her. And she won't let me use her fishing rod.

So, you see, even though it's still tough being a watcher, and tougher still being a person with MS, we have found it also helps if you can be prepared to make some adjustments to life and lifestyle. Also, if we can both keep our sense of humour and have a really good laugh from the belly, it makes a tough episode easier to cope with.

John Richardson.

Carer, Watcher, Strong right arm and Husband of a person with MS, and sometimes a right git!

Working Carers Gateway

People who juggle paid work with caring for a relative or friend in need of help because they are ill, frail or have a disability are now able to get useful, relevant information and support via a new Internet site.

The 'Working Carers Support Gateway' website www.workingcarers.org.au is now online for New South Wales carers generally, and low-income and isolated carers in particular, who have both caring and workplace responsibilities. Developed by the Disability and Aged Information Service (DAISI), the website provides direct information support state-wide for busy working carers.

The vision for the Gateway project is that working carers are valued, respected and supported to achieve balance in their work and home life. Funded by NSW Health, the project provides a one-stop-shop of practical information that busy working carers can access via the Gateway website 24 hours a day, seven days a week.

The website focuses heavily on industrial relations advocacy and financial planning advice. It contains lists of services for working carers; information – including medical information; fact sheets; advice and links. Working carers are able to subscribe free to a weekly electronic newsletter, join an online discussion group for added support, and contribute stories that reflect on their experiences with employers, services and families.

Mr Wisdom's Brain Gain

Doreen Willis's Challenge of **HOMOCYSTINAENEMIA** achieved 1716 words for Beth Watson of Tenambit, and 1421 words for Lorraine Mahe of Towradgi. Thank you Doreen, and congratulations Beth.

For my Challenge of **SUPERIMPREGNATION** Beth also came out on top with 1175 words, and Lorraine followed again with 1006 words.

My Challenge for this issue is **GALVANOTHERAPEUTICS**, and is designed to give you all a bit of a shock.

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 may 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.

Mr Wisdom

MS Society Exercise Groups

The MS Society exercise groups have provided benefits to a number of people with MS over the past two years, improving their fitness, strength and general well being. A minimum number of participants is needed to sustain each class and there are currently vacancies in the following areas: Bondi,

Chatswood, Moss Vale, Lidcombe, St Mary's, Kogarah, East Gosford and Wyong.

For further information on exercise groups, please contact Tracy Martinuz on phone 02 9646 0600 or by email tmartinuz@msnsw.org.au

Information & Education

SESSIONS COMING UP IN YOUR AREA (OCTOBER – DECEMBER 2005)

NEWLY DIAGNOSED PROGRAM

These information sessions are aimed at people recently diagnosed with MS and their families and provide an overview of multiple sclerosis and programs offered by the MS Society of NSW.

Information Sessions

When: Wednesday 12 October 2005
Time: 6:30 – 8:30pm
Where: Central Coast
Enquiries: TEL 02 4977 3330

When: Wednesday 26 October 2005
Time: 6:30 – 8:30pm
Where: Phillips MS Centre
293 Mowbray Road, Chatswood
RSVP: TEL 02 9411 4522 by 21/10/2005

When: Saturday 5 November 2005
Time: 10:30 – 12:30pm
Where: Studdy MS Centre
Joseph Street, Lidcombe
RSVP: TEL 02 9646 0600 by 2/11/2005

Information Telephone Conference

When: Tuesday 6 December 2005
Time: 7:30 - 8:30pm
Where: Telephone link-up for people living in country areas
RSVP: TEL 02 9646 0600 by 23/11/2005

MS & BEYOND PROGRAM

The MS & Beyond is a program designed to enable you to grow in knowledge and skills needed to confidently manage your MS as well as improving your overall health and well-being.

Steps to Physical Well Being

When: Saturday 8 October 2005
Time: 10:30am – 1:00pm
Where: Ryde Eastwood Leagues Club
117 Ryedale Road, West Ryde
RSVP: TEL 02 9540 4544 by 30/09/2005

Immunotherapy Update

When: Saturday 15 October 2005
Time: 10:00am – 12:30pm
Where: St George Leagues Club
124 Princes Highway, Kogarah
RSVP: TEL 02 9540 4544 by 7/10/2005

Getting Your Wires Crossed:

Understanding Cognitive Changes

When: Tuesday 15 November 2005
Time: 7:00 - 8:30pm
Where: Southern Region MS Service
Ste 1, 28-30 Urunga Parade, Miranda
RSVP: TEL 02 9540 4544 by 9/11/2005

Although every effort is made to avoid variation, session dates, times and venues may be subject to change. Please note that a nominal contribution fee may also apply.

The MS Australia Resource Centre Online (MS ARC)

You can now search the online catalogue of the combined holdings of the MS Society Libraries and email your request directly from the following website link
<http://www.mssociety.com.au/publications/msopac.htm>

You may want to find a particular resource or produce a list of resources on a specific topic. Formats available include books, videos, CD-ROMs and DVDs, which are available for loan to residents of Australia.

If you have any questions about MS ARC, please contact Cate Dawson, Manager Information Resources, by email library@msnsw.org.au or phone 02 9646 0600.

Behind the Scene

The MagScene team hopes you enjoy this issue, which brings you a variety of feature articles, personal stories and updates on some of the MS Society services, programs and fundraising initiatives.

Although it is not always possible to fit everything into one issue, we do like receiving your ideas for topics and hearing about what is happening in your local area. We will soon be gearing up for the final issue of MagScene for this year and welcome your contributions.

Zanna has become a television celebrity! You may have seen Zanna on Channel Seven's Sunrise program, where she gave a personal account of the practical and emotional difficulties of finding suitable nursing home accommodation. Zanna is always happy to receive your cards and letters, which can be sent to: The Amity Grand, 18 Bardwell Road, Mosman NSW 2088. And visitors by appointment are also very welcome.

Although the majority of readers will already be on the Internet, we realise that there are some readers for whom the cost of an Internet Services Provider (ISP) has been too high. These readers may find the article on page 14 to be of interest, where the cost of connecting to the Internet can be as low as \$5.50 per month.

Sadly, MS Busibody's column is absent from this issue. Unfortunately, MS

Busibody has not been well and is currently undergoing treatment. I am sure that all long-term readers will join us in wishing her a speedy recovery. If anyone would like to send a message they can do so by emailing the team at magscene@msnsw.org.au or by sending a letter or card addressed to: MagScene, PO Box 1246, Chatswood NSW 2057.

From all the team, happy reading!

Are you a new reader and is this the first time you have received an issue of MagScene? Would you like to subscribe to continue receiving each issue of MagScene by post at the full rate of \$20.00 or concession rate of \$10.00 for four issues each year?

The subscriptions we receive help cover some of the production and postage costs of delivering MagScene to readers' letter boxes.

You can also download MagScene from the MS Society website www.msnsw.org.au for no cost and can nominate to receive email alerts of future issues.

Contact the team by email magscene@msnsw.org.au or phone 02 9411 4522 for more information on subscription.

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