

# Warrington Branch

# MiScellany

September 2009

I hope everyone has had a good summer and holidays, and been able to make the most of the some sunny weather we have had. I have recently received my AS level results, and am happy to say that they went well, and so I will be able to apply for medicine in October.

The main news story about Multiple Sclerosis in the last two months has

of course been that of Debbie Purdy, a 46 year old woman, and also a PWMS. Ms Purdy has been in an ongoing legal battle which first reached public attention in October last year, when the High Court ruled against her case to get the law regarding assisted suicide redefined. This is of course an extremely controversial and sensitive issue, with supporters of both sides of the argument often holding very strong views. Under the law of that time, according to the Suicides Act of 1961, any person aiding or abetting suicide could face up to 14 years in prison. Debbie Purdy wished to know whether her husband would be prosecuted should he help

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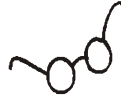


Sam King, 45 Denbury Avenue, Stockton Heath WA4 2BW Tel 860630

her to travel to the Dignitas clinic in Switzerland, to which over 100 Britons have travelled for the same purpose. Although none of the relatives of these people were prosecuted, the power still lay with the Crown Prosecution Service to do so as it saw fit. Ms Purdy's case was that should the situation remain ambiguous, she may have to end her life earlier than planned, whilst she was able to do so herself, so as not to implicate her husband. However, on 30th July, 5 law lords from the House of Lords unanimously ruled that the Director of Public Prosecutions would have to redefine the law in more detail, so that the circumstances whereby a relative would be prosecuted were clear. Debbie Purdy claimed "[the ruling] gives me my life back", as it gives her choice. However, others are worried that this could be the start of a slippery slope towards less ethically clear-cut situations.

In other news, the brain chemical galanin has been found to reduce the severity of a disease very similar to Multiple Sclerosis (the disease experimental autoimmune encephalomyelitis – EAE) when galanin is found in higher than average levels in mice, and early experiments also suggest that it will work in human brain tissue affected by MS too. The results have been described as

WANTED



Spare Spectacles  
Contact Susan Atkinson  
Tel 727612

Used Postage Stamps  
Odd Balls of Wool  
Contact Susan Atkinson  
Tel. 727612



“really remarkable” and “very encouraging” by experts in the field, and the hope is that with sufficient funding, a drug containing galanin could be developed and available within the next ten years.

Also, a study has linked smoking with greater effects of Multiple Sclerosis, and also a higher score on the Expanded Disability Status Scale (EDSS) due to MS. The effects include more brain lesions, a larger loss of brain volume and also a faster breakdown of the blood-brain barrier. This increase in risk and effects can affect those whom have been smoking for as little as six months. The results were published in the American journal *Neurology* after a scientific study of 368 PWMS by Baird Multiple Sclerosis Centre of the Jacobs Neurological Institute.

Finally, the blood pressure drug lisinopril has been found to benefit mice with EAE. EAE is a disease

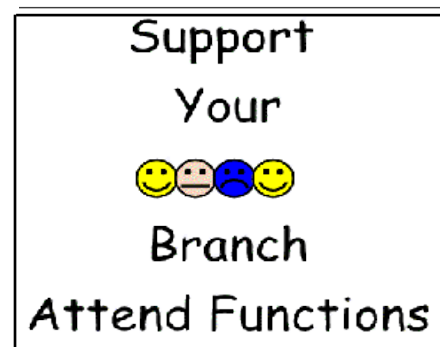
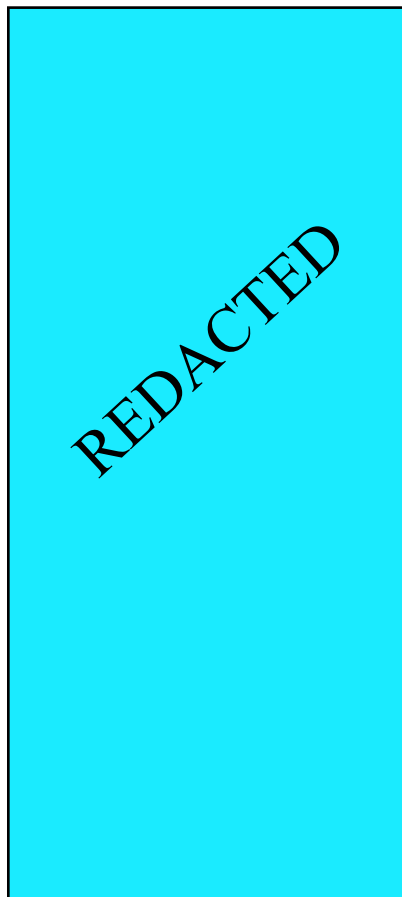
similar to MS which is used in mice as an animal model. The drug increases the production of regulatory T cells (Tregs), which are less in number or absent in PWMS. These Tregs control the immune system, and so could reduce the damage caused by the immune system in MS. It may be effective in brain tissue, but large clinical trials are needed to establish how effective it would be in PWMS. Obviously, a major advantage of this drug is that it is already approved for other purposes, and so is known to be safe, reducing development time needed.

As usual, should you wish me to include anything else in my editorial; have a specific interest in a certain news article; or have any comments, please do not hesitate to contact me via my email address: [samking91@live.co.uk](mailto:samking91@live.co.uk)

Sam King



Our congratulations to:



Listening Ear - Margret Hughes - 01925 723917

## Big Care Debate

On 14 July 2009, the Government published the long-awaited Green Paper on reform of the social care system. The document spells out a vision for a National Care Service, the options for reform, and how the new system could be organised and paid for.

The consultation period runs from now until 13 November. The Government is inviting everybody to comment on the reform options and say which ones they would like to see adopted.

Following the consultation, a White Paper with more detailed proposals for changes to the system is expected to be published in 2010. However, it is likely to be years before these proposals become a reality. Meanwhile, the MS Society will continue to push for improvements to help people with MS fighting for access to adequate social care now.

**There are many ways that you can add your voice to the debate:**

Fill out our survey to tell us your views to feed in to the MS Society response. Links from headquarters homepage

Contact the policy team to let us know how you think the MS Society should respond to the consultation

Take part in one of the 36 Department of Health stakeholder events which will be held throughout the summer across England. The nearest event to Warrington is at Manchester on either 18 or 19 September. Take a look at M. S. Society website or contact me for details Share your views by visiting the Green Paper website or Facebook site, or join in the discussion on our Discussion Forum(M.S. Society)

Visit your local MS Society branch to discuss the consultation and see if they are holding an event. If you'd like to run your own event, a toolkit to help set up an event is available on the Green Paper website

Leaflets with specific consultation questions will be distributed via GP surgeries, pharmacies and other outlets. These can be sent back to the Department of Health.

<http://warringtonms.org.uk>

**R**esearch published in the journal *Immunity* reveals that a specialised immune cell called gamma delta T cells may play a role in MS.

Gamma delta T cells are already well known within the immunology research field, but researchers had not previously realised their potential role in MS. This discovery could lead to new areas of investigation into the cause and cure of MS.

### **The study**

Researchers looked at the gamma delta T cells and found that they have similar characteristics to other specialised immune cells that are known to play a role in MS. They were also shown to produce a molecule, called IL17, that is thought to be involved in triggering MS and other autoimmune conditions.

In addition, researchers found that gamma delta T cells were present in the brains of mice with EAE, an MS-like condition, and were able to encourage the production of the IL17 molecule.

Dr. Susan Kohlhaas, Research Communications Officer at the MS Society said, "This is an interesting study that leads to new avenues of research, but it is very early work and needs to be supported by further research studies before this can begin to be exploited as a treatment target."



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## Predict the Severity

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A blood test that could predict the severity of multiple sclerosis (MS) is being developed by British scientists, promising to improve clinical management of the neurological disorder.

Research has identified a biological marker in blood that seems linked to patients' prognosis after the first MS attack, paving the way for a new approach to assessing how the illness will progress. If a blood test based on the biomarker can be validated, it could be used with MRI scans and other methods to improve diagnosis.

Patients whose MS is thought likely to progress quickly could be started swiftly on therapies that can reduce the frequency and severity of attacks, while those at lower risk could be spared medication they do not need immediately. More accurate ways of assessing prognosis could also help to prepare patients for what they should expect in the future, removing the uncertainty that can be a distressing feature of the disease.

The research, led by Rachel Farrell, of the Institute of Neurology at University College London, and funded by the MS Society, also offers new insights into the biology of MS that

could improve understanding of the causes of the condition.

After a first attack of MS-type symptoms, the disease can develop in several ways. A small proportion do not have more attacks, while most start with the relapsing-remitting form of MS, with attacks followed by periods of recovery. Most of these go on to develop secondary progressive MS within 10 to 15 years of diagnosis, in which symptoms worsen over time. About 10 to 15 per cent of patients have primary progressive MS, in which symptoms worsen steadily from the start, without periods of remission.

The condition is diagnosed from symptoms and MRI scans that look for characteristic lesions in the brain, as well as lumbar punctures to identify abnormalities in cerebrospinal fluid. The new research, published in the journal *Neurology*, suggests that a blood test could be added to this suite of diagnostic tools, to improve accuracy and assess an individual's likely prognosis. In the study, Dr Farrell's team investigated links between MS and Epstein Barr Virus (EBV), a virus to which about 90 per cent of people have been exposed. Almost everybody with MS has been infected with EBV, and adults who get it are

at raised risk. This has led scientists to question whether a reactivation of latent EBV might be a factor in the onset of MS.

Dr Farrell said: "It's very interesting that people who are negative for EBV don't get MS. The question is: do you need EBV to develop MS, or is there something about the immune system of people without EBV that also means they don't get MS?"

In the study, the scientists looked for antibodies to EBV in 50 people who have had an attack with MS-type symptoms but who have not had MS diagnosed, 25 people with relapsing-remitting MS, and 25 people with primary progressive MS.

"We wanted to see if reactivation of the virus triggered relapses, but we found no evidence of that," Dr Farrell said. "But when we looked at the pattern of antibody response, we found people with a higher level of antibodies had more lesions. The suggestion is that a higher antibody load is indicative of a quicker progression of MS. We have identified something that may be used as a biomarker. This may be useful in identifying those who are going to go on and develop MS."

Such a test, she said, could be particularly useful in deciding whether to prescribe drugs such as beta interfer-

on and glatiramer acetate (Copaxone) to people who have had an initial MS-type attack. They can reduce the frequency and intensity of relapses, but they are burdensome because they must be injected daily.

Susan Kohlhaas, research communications officer at the MS Society, said: "People with MS find the uncertainty of what the future holds very daunting so more knowledge about what might lie in store could be a big help."

*Neurology journal, The Times*

## **Exercise & Relaxation**

**Great Sankey Library  
Marina Drive**

**Thursday at 11.30am**

**Contact**

**Mary Burke**

**01925 824041**

**For details**



**MS Helpline Freephone  
0800 800 8000**

## Activity & Social

Hello to all Margaret Wilmot here just let you know that I have taken over the reins of the Activities Group from Mary Burke whose decided to stand down from this position after giving years of service. Mary is continuing on the executive committee and with her exercise class. The venue of which stays the same but the day has changed to Thursday starting 10th September. Many thanks Mary I will try to do as well in this role as you have in the past years.

Just to remind you all here is a list covering the next couple of months of outings that were arranged prior to Mary's departure.

17th September - afternoon at the High Legh Garden Centre, contact Margaret 01925755017

17th October - 60/70s night at Alford Hall, hotpot supper, D. J., Tombolla and late bar tickets £7.50 contact Peter 492970 or Julie 573980

27th October - L. A. Bowl contact Rita 815873 by 20th of September

12th November - Bellvue dog racing contact Peter 492970 by 30th October

Victoria Park - Friday mornings from 10 a.m. cycling for the disabled, just take a look if interested.

Any member who can suggest suitable venues for us to attend please get in touch

Margaret Wilmot  
755017

The cost of producing  
this newsletter has been part funded  
by Karen Daniels

## 100+Club

There are 109 members if you're not one of them please consider joining contact Chris Janovitz on 723564. Remember the more people join the higher the prizes go don't delay.

1st July 2009  
Members 109

Prize	Num	Name
1st	070	C. T. Hull
2nd	014	John McQuillan
3rd	028	Catherine Tate
4th	083	Jayne Wood
	098	Dilys Shenton
	015	G. L. Short
	069	Sylvia Rowles
	010	Brigitte Roylance

5th of August 2009  
Members 109


Prize	Num	Name
1st	080	Norma Broe
2nd	027	Chris Askew
3rd	064	Helen Janovitz
4th	049	M Richardson
	016	Barry Daniels
	009	Charles Dooley
	051	J. E. Carter
	087	John Curly

The amounts were £118.00, £66.00, £38.00 and 5 at £10 respectively

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**Kerry**  
*Clinical Nurse Specialist in M.S.*

**Woolston Clinic**




2nd Monday of the month  
Tel Dorothy Lewis 268820  
for Appointment

**Dave Hinde Travel Services**



**D.H.T.S.**  
Disabled Travel  
Service

14 Seater Mini buses

**Tel. 01744 615851**

**Mobile 07887 615040**

Parcel delivery service. Accounts

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independent distributor

My story: my name is Karen and I was diagnosed with M.S 7 years ago. I thought this is it, this is now my life, how wrong I was. I found products which help with the fatigue, they give me more energy, I have lost weight and I feel fantastic. Now I am living.

I would love to hear from you:  
Karen: 01925451337  
Mob: 07900414624  
E-Mail: kaz.daniels@live.co.uk

## Forthcoming Events

7th October	Social Alford Hall 7:30 p.m.
17th October	60s/70s night Oldford Hall tickets £7.50
4th November	Social Alford Hall 7:30 p.m.
6th December	Christmas party Paddington House

Requests for transport - Jeff Richards 07738609018

## Stem Cell Transplant Study

In the US researchers have reversed early-stage symptoms of M.S. using the patient's own bone marrow to restart the immune system. It was only a small study using 21 patients aged between 20-53 years with relapsing remitting M.S. Prior to the transplant the immune system part of the bone marrow is destroyed using chemotherapy. This is not as aggressive as the drugs used in cancer treatments in which all the bone marrow is destroyed.

After a period of about three years 17 patients had improved by at least one measure of a disability scale and M.S. had stabilised in all 21. Patients continued to improve for up to two years after the transplant and then stabilised.

Researchers said that a more clinical trial including an equal number of placebo patients is currently underway

12/6/09 MSRC

## Membership News

No membership news as such as since last newsletter we have no new members and fortunately none have left us. There a few things to let you know about the main one being the Christmas party this year on the 6th of December Is back at Paddington House and as last year there will be a charge of £10 per member which is slightly over half of the total cost. The menu will be coming out to you towards the end of October and unfortunately we will need a pretty quick response so we can finalise our booking.

Secondly as our transport needs are currently under review could all requests for transport be made through Jeff Richards on telephone 07738609018.

There is still very little response to our request for receiving this newsletter electronically do we not have any computer users or is this something that you have no appetite for let me know by e-mail [cj@warringtonms.org.uk](mailto:cj@warringtonms.org.uk).

On another matter do any of our members with M.S. have any knowledge of the treatment Low Dose Naltrexone (LDN). It is certainly on the fringe and not mainstream medical, please get in touch at the above e-mail address

# Executive Committee September 2009

## Branch Officers

Chair	Mr Paul Harrison.....	01606 892151
Secretary	Mrs Elaine Magill.....	637120
Treasurer	Mr John Burke.....	824041
Support Officer	Mrs Dorothy Lewis.....	268820

## Committee Members

Fundraising	Mrs Julie Richards.....	573980
Joint Equipment/ Transport	Mr Jim O'Connor.....	451472
Web/DTP	Mr Jeff Richards.....	07738609018
Social	Mr Chris Janovitz.....	723564
Everybody's Help	Mrs Rita Harrison.....	01606 892151
Activities	Mrs Suzan Rainford.....	602719
Editor	Mrs Margaret Wilmot.....	755017
Subscriptions	Mr Sam King.....	860630
Everybody's Help	Mr Peter Travers.....	492970
Everybody's help	Mrs Mary Burke.....	824041
Everybody's help	Nicola Broster.....	01942273644
Yoga & Exercise	Charles Dooley.....	860112
	Mary Burke .....	824041