



WRSG Newsletter

WOLVERHAMPTON RHEUMATOLOGY SUPPORT GROUP

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CARING IS SHARING

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Concert - Reminder

Joyce Knibbs is organising this fundraising concert and we need your support.

The sixty strong Ashmore Park Choir will entertain us at Fallings Park Methodist Church, Wimbourne Road, Fallings Park on Saturday 12th May at 7.30 p.m.

Light refreshments will be provided in the interval.

The proceeds will be for the WRSG. Admission will be by ticket at £4 per person and we will hold a raffle on the ticket numbers. The music will be very varied.

The tickets will be available mid March

Information Session

I mentioned in the February newsletter that Dr. Newton has kindly agreed to give a talk at our next Information Session. The subjects for the talk will be Rheumatoid Arthritis, Osteoarthritis and Fibromyalgia.

The event will be at the Holly Bush Inn, 494 Penn road, Penn Wolverhampton on Friday 20th April from 2.00 to 4.00 p.m.

We will provide light refreshments and hold a raffle.

Why not arrive early and treat yourselves to lunch!

Booking forms are enclosed with this newsletter and should be returned to me by 28th March please.

Outings

Sheila has booked a trip to Droitwich Spa Brine Baths and Sauna on Wednesday 11th April.

We will depart from Falkland Street Coach Station at 9.30 a.m. arriving back in Wolverhampton at approximately 3.30 p.m. The WRSG will pay the admission to the baths and coach fare using the money donated to the group by Andy. Members will provide their own lunch.

If anyone wishes to go to Droitwich for the outing but not in the pool there is limited room on the coach

Carver Wolverhampton Marathon
SUCCESS – What lovely news !!!

“I am pleased to advise you that at yesterday’s Marathon Committee meeting, the following charities were chosen to share in the profit from the 2007 event.

The Mayors Charity Fund
Wolverhampton Rheumatology Support Group
Wolverhampton & Midland Counties Eye Infirmaries – League of Friends
St Anthonys Cheshire Home
Wolverhampton

CONGRATULATIONS!!!! You all deserve our support!

We hope that this will be the most successful year for the event and that we will raise a record amount for you to share
Kindest regards
Ivan Savage
Group Sales Director”

I am going to do my bit by attending the marathon committee meetings and Joyce and Liz are going to organize the marshals who will in turn receive training.

Dorothy

Equipment loan service

A reminder to all members that this service is available to all
Small pieces of equipment e.g. heatpads
T.E.N.s machines and other types of physical aids are available for loan, larger items such as wheelchairs and various walking frames are also available.

Please return any unused equipment as soon as possible as other members may be in need.

Narrow-boat trip

Sheila made enquiries about hiring the narrow-boat Probatica for our outing. Unfortunately due to changes within the company it is not possible for us to do the outing as in previous years. In fact you may remember that last year after all our arrangements were made our trips were cancelled by the company. Sheila has contacted other boat companies but they are very expensive and also do not have access to the boats without climbing down steps. We will arrange a different sort of outing for August.

Resolutions

I don’t know about you but I am doing quite well with my resolutions. One of them was to do what I wanted to do rather than what I thought I should do but that is not all that easy because I often feel guilty. When I was doing the last newsletters Jessica and Jack had been to sleepover on the Saturday and I waved them off on Sunday morning and settled down to do the newsletters. By three o’clock I had been sitting for long enough so I decided to do what I wanted to do and not what I felt should be doing and I went to watch a Noel Coward play, Relative Values on the TV.

I also indulged myself with a Tia Maria coffee. Why not I thought, Julie had bought me a bottle of Tai Maria for Christmas, I had a carton of Elmlea single cream and I am quite an expert at making them. I had a lovely couple of hours and strangely enough I didn’t feel a bit guilty! Anyway I still posted the newsletters on time so there was nothing to feel guilty about was there.

On the 5th February I had a nasty fall going into Willenhall post office and I am doing these newsletters with my hand and arm in plaster. AND I hadn’t had a Tia Maria coffee. I have had to call in a team of helpers!! I was looked after very well by the people who called the ambulance, the paramedics, A & E and Fracture Clinic at New Cross, the Intermediate Care Nursing team, Social Services and my friends and neighbours.

Dorothy

Rheumatoid arthritis

This is the most common type of inflammatory arthritis, affecting about one in 100 people.

In this article

What causes it? Who gets it? What happens? What does it feel like? Does it run in families?

What causes it?

Rheumatoid arthritis occurs when the body's defence mechanisms go into action when there's no threat and start attacking the joints and sometimes other parts of the body. It's not yet known why the immune system acts in this way in some people.

Who gets it?

Rheumatoid arthritis is a common disease affecting about one in 100 people. People of all ages have the condition, but it most commonly starts between the ages of 30 and 50. Three times as many women are affected as men.

What happens?

The joints become inflamed, particularly:
The synovial membrane
The tendon sheaths
The bags of fluid that allow muscles and tendons to move smoothly over one another (bursae)

Inflammation sometimes becomes far worse - known as a 'flare-up' - when the joints become warm and red as blood flow to the area increases. The synovial membrane produces extra fluid, causing swelling and a stretching of the ligaments around the joint. The result is a stiff, swollen and painful joint.

In one in five cases, rheumatoid arthritis develops very rapidly but more often the symptoms develop over several months. For about one in 20 people with the disease the cycles of inflammation cause severe damage in many joints, but others have little or no damage. Treating inflammation as quickly as possible is vital because once joint damage has occurred it can't be reversed.

In a few cases, symptoms typical of rheumatoid arthritis come and go. These patients may have a different, but probably related, condition called palindromic rheumatism, which may be mistaken for rheumatoid arthritis. (There may also be other symptoms, such as certain skin rashes, which are not seen in rheumatoid arthritis.) Most importantly, the damage to bones or joints that occurs in rheumatoid arthritis is not seen in this condition. However, over time, as many as 50 per cent of patients will go on to develop rheumatoid arthritis.

What does it feel like?

Most people get fluctuating pain and stiffness that gets worse during flare-ups. Whereas in osteoarthritis morning stiffness wears off quickly, in rheumatoid and other forms of inflammatory arthritis it usually lasts more than 45 minutes. Many people find that the condition gives them flu-like symptoms and makes them tired, irritable or depressed.

Does it run in families?

There is no single gene to blame for rheumatoid arthritis, and when one family member develops the disease the risk to others in the family is small. However, although about 0.5-1.0 per cent of people in most populations will develop rheumatoid arthritis, it is much more common among the Pima Indians (5.3 per cent) and the Chippewa Indians (6.8 per cent) and far less common in China and Japan. This shows that genetics do play some part in predisposing to rheumatoid arthritis. The main risk comes from a group of genes known as the HLA DRB1 alleles, but several genes appear to be involved, each of which exerts only small effects to different degrees in different people.

This article was last medically reviewed by Dr Rob Hicks in November 2005.

Osteoarthritis

There are about 200 different kinds of arthritis. The most common type is osteoarthritis (or degenerative arthritis), where the cartilage that protects the bones gets worn away. This makes joints stiff, painful and creaky. About 5 million people in the UK have osteoarthritis.

It is often caused by normal wear and tear of the joints, so it usually occurs as people get older and the protective joint cartilage is worn away. However, younger people can also get it, often because of an accident or sports injury where a joint has been placed under unnatural strain.

How does arthritis affect people?

Many people mistakenly assume they have to put up with arthritis, especially those with osteoarthritis who believe it is part of the legacy of old age. Some people become depressed because they can't do things they take for granted, such as getting dressed or going for a walk, and become isolated.

There isn't a cure for arthritis, but it can be kept under control enabling people to get on with living fulfilling lives. To reduce the risk of developing osteoarthritis, it's important to avoid being overweight, which puts joints under pressure.

It's also worth including plenty of calcium, vitamin C and vitamin D in your diet to maintain healthy bones and joints.

How is it treated?

In conventional treatment, painkillers, such as paracetamol, are essential. Anti-inflammatory medications, such as ibuprofen, can help with episodes of more severe pain. It's important to consult a doctor before taking any medicine for a long time.

Physiotherapy relieves pain and strengthens muscles around the damaged joint, helping the joint to work better. Regular exercise is beneficial for the same reasons and, once pain is under control, easy to do. It provides people with a physical and psychological boost, and helps overweight people to shed a few pounds which reduce the strain on joints.

If the pain can't be controlled by medication, the joint may need replacing. Hip and knee replacements are common and usually involve a short hospital visit.

Complementary treatments

Some people find that eating more vegetables, bananas and cherries eases symptoms.

One of the oldest natural anti-inflammatory treatments is ginger, which can be incorporated into the diet or taken as a concentrated capsule available from pharmacists or health food shops.

Glucosamine sulphate is a major part of the protein that forms cartilage in joints. It's this cartilage that is worn away in osteoarthritis. Another substance that acts as a part of the joint's shock absorber is chondroitin sulphate. Glucosamine and chondroitin taken together or separately can help to reduce the pain of osteoarthritis and may help to repair damaged joints.

Cod liver oil treatment may help to ease the pain and inflammation of arthritis. The fatty acids in cod liver oil and other fish oils - such as mackerel, herrings, sardines and salmon - reduce the activity of enzymes that are responsible for damaging the protective cartilage. These fatty acids also switch off chemical processes that cause pain and inflammation. Cod liver oil is available in capsules for those who don't like the taste. This article was last medically reviewed by Dr Rob Hicks in September 2006.

Fibromyalgia

Everyone experiences tender points around the body from time to time, usually as the result of a minor injury, which disappear in a short period of time. In fibromyalgia, however, persistent pain is felt at specific places around the body.

Symptoms

Widespread muscle pain and fatigue plague those with fibromyalgia. Sufferers describe the pain as throbbing, aching, stabbing or shooting in nature. People will often say they 'ache all over'. It's often associated with stiffness, which like the pain may be worse first thing in the morning. Triggers can aggravate the pain and there are many. Common ones include stress, fatigue, changes in the weather and even physical activity. The tender points that are characteristic of fibromyalgia affect specific parts of the body - the elbows, around the neck, the front of the knees and the hip joints, for example. These are painful in response to the slightest pressure.

Some people also experience difficulty sleeping

In addition to these characteristic symptoms, some people also experience difficulty sleeping, headaches, numbness, tingling and depression, for example.

Fibromyalgia differs from arthritis because it doesn't cause inflammation or result in damage to the joints or muscles. Most of those with fibromyalgia find their symptoms tend to wax and wane over time, although for some the symptoms are constant.

Causes

What causes a great deal of frustration for those with fibromyalgia, and for their doctors, is the fact that to date there's no identifiable reason why fibromyalgia occurs. Many people relate the onset of their problem to a significant life event, such as a bereavement or illness. Some experts have suggested that in susceptible individuals a virus may be the trigger.

Most researchers in the field now believe those who develop fibromyalgia react to pain differently from those without the condition. This may be because of genetic predisposition to fibromyalgia, or it may be a result of environment.

Around one in 100 people develops fibromyalgia at some point in their lives, most often during middle age. The majority of those affected are women, although men and children can be affected. Those with other chronic medical conditions, such as rheumatoid arthritis or lupus, are more likely to develop fibromyalgia.

Diagnosis

Making a diagnosis of fibromyalgia isn't easy, because tiredness, fatigue, poor sleep and muscle pain are symptoms common to many conditions and these need to be ruled out before a positive diagnosis can be made.

However, there are criteria that need to be fulfilled if a diagnosis of fibromyalgia is to be confirmed. Widespread pain, meaning that it must be felt above and below the waist and on the right and left side of the body, should have been present for more

than three months, and tenderness or pain should be felt in at least 11 of the 18 specified tender points when pressure is applied.

Treatment

Although there's no cure and no specific treatment for fibromyalgia, there are plenty of things that can help. It's important for those with the condition to know that it doesn't damage the muscles or other parts of the body and that in time many people do improve.

Painkillers and anti-inflammatory medication are often recommended. Antidepressants may be used to treat the pain.

Physiotherapy can help and physiotherapists can provide a programme of gentle exercise and stretching to help maintain muscle tone and reduce pain and stiffness.

Occupational therapists can provide good advice

Emotional support is very important, as the long-term nature of this condition tends to drag people down. In fact, depression is common in sufferers. It's important to think positive and to make necessary lifestyle changes. These may include changes in the way things are done at home or at work. Making these lifestyle changes enables activities to be completed successfully, which in turn can improve overall quality of life. Occupational therapists can provide good advice about what changes may be needed and how they can be made.

Many people with fibromyalgia find they benefit from complementary therapies such as relaxation therapy, massage, acupuncture, osteopathic or chiropractic manipulation and biofeedback. Stress management is essential to lessen the chances of symptoms being exacerbated. It's also important to get enough sleep and to eat a healthy diet.

This article was last medically reviewed by Dr Rob Hicks in December 2005

The Electronic Prescription Service

Why is it being introduced?

With around 1.3 million prescriptions now being issued every working day in England, and this figure expected to rise by 5% each year, we need to change from a paper-based system to an electronic one which is more efficient, consistently accurate and able to cope with expected further increases in the number of prescriptions. In particular, about 70% of prescriptions are now repeat prescriptions and the new service has been designed to streamline the current time-consuming system used for dealing with them.

Over time, the Electronic Prescription Service will bring a range of benefits to patients, GPs and other staff. The extent of these will depend upon individual circumstances but, for example, there will be a reduced requirement for patients to visit their GP surgery just to collect a prescription, saving time for both patients and GP surgery staff. Also, accuracy and safety will be improved because prescription information will not need to be typed in by both the GP and again by the pharmacist and prescriptions will be complete with full details of the medicines being prescribed.

For many pharmacists, the need to physically collect patients' prescriptions from surgeries will become obsolete. Further time will also be released in the pharmacy as prescription details will no longer need to be keyed in and it will become easier to manage workflow and stock control.

One of the first advantages that patients will see once it's fully rolled out is that it will be easier for them to get hold of their medication. They will be able to nominate a pharmacy that they want to use, and the prescription will be able to be sent directly from their GP to the pharmacy, so they won't need to make two trips - one to the pharmacy and one to the GP - they can just go straight to the pharmacy.

The benefits of the Electronic Prescription Service will be to reduce bureaucracy overall, so that GPs don't have to sign the routine prescriptions that they need to sign on a day-to-day basis. These can be done as a batch process which will give them more time to deal with those prescriptions that need their attention, so that they can review the medication to see if it's appropriate.

This in itself should improve clinical safety. It has benefits for pharmacists as well, because it means that they will know which items they are expected to dispense so that they can have them in stock, ready for when the patient comes in. Therefore, it's a win-win situation for all.

In phase one it will make very little difference to the GP, because he will continue to issue prescriptions as he does, and patients will be able to get those dispensed at any pharmacy as they do now.

Phase two will have a tremendous effect on both patients, practices and GPs, as patients will not need to visit their GP surgeries to collect their prescriptions as they can go straight to the pharmacy. That will reduce workload for practice staff, and GPs will be able to manage their repeat prescriptions easier and quicker because they will be able to sign them digitally.

Representation

At the end of January Irene Janos and I went to a Nursing Strategy planning meeting in the Medical Institute at New Cross hospital.

This was a very good opportunity for patients and user group representatives to air their views.

Hearing services

I mentioned in the January newsletter that I may be suitable for a procedure where a screw is fixed to the bone on the back of the ear for a hearing aid. I am not suitable for the procedure because I couldn't get my arthritic hands to the back of my ear to keep the wound clean if I had it done. This rheumatoid arthritis has a lot to answer for!

One of my favourite comedians along with Morecombe and Wise was Tommy Cooper. I found these jokes on the internet and thought you might enjoy them.

Tommy Cooper Jokes and Cooperisms

Tommy Cooper was more than a catch phrase, he had an original approach.

Biographers say that in his earliest days, Tommy Cooper was so nervous that he made unintentional mistakes. He soon saw that if he could recreate these accidents then he would have people rolling in the aisles.

In fact Tommy's earliest trick was with a milk bottle. During the course of the trick he was supposed to turn it up-side-down, but when he did the trick, the milk came pouring out along with the audience's laughter.

That got Tommy Cooper thinking, 'I can get applause through making tricks go wrong - deliberately.' Always leave them laughing'.

To get the most from these classic one liners may I suggest that you get into state imagine that fez hat.' Just like that'.

Last night I dreamed I ate a ten-pound marshmallow, and when I woke up the pillow was gone.

Police arrested two kids yesterday, one was drinking battery acid the other was eating fireworks. They charged one and let the other one off.

'You know, somebody actually complimented me on my driving today. They left a little note on the windscreen which said 'Parking Fine.' So that was nice.'

A man walked into the doctor's. The doctor said 'I haven't seen you in a long time' The man replied, 'I know I've been ill'

A man walked into the doctor's, he said 'I've hurt my arm in several places' The doctor said 'well don't go there any more'

Tommy Cooper Jokes - Two liners

Two Aerials meet on a roof - fall in love - get married.

The ceremony was rubbish but the Reception was Brilliant.

'Doc, I can't stop singing the green, green grass of home.' That sounds like Tom Jones syndrome.' Is it common?' It's not unusual.'

So I knocked on the door at this bed & Breakfast and a lady stuck her head out of the window and said: 'What do you want' I said, 'I want to stay here.' She said, 'Well stay there' and shut the window.

Classic Tommy Cooper Jokes

Tommy Cooper was a comedian's comedian. The main reason was because he broke every rule in the book. Other comedians would like to have tried what Tommy did,

A man takes his Rottweiler to the vet.' My dog's cross-eyed, is there anything you can do for him? 'Well, 'says the vet, 'let's have a look at him' so he picks the dog up and examines his eyes, then checks his teeth. Finally, he says 'I'm going to have to put him down.' What, because he's cross-eyed?' No, because he's really heavy'

A man goes to the Psychiatrists and the Psychiatrist says: 'What's the problem' The man says, 'I think I'm becoming a kleptomaniac.' The Psychiatrist says, 'Here take these tablets and if you're no better in a week' 'Bring me a colour TV'

Tommy Cooper the Practical Joker

Tommy Cooper had an engagement at Allinson's night club in Liverpool. As usual it was sold out and a good time was had by all. On the last night, after the show, Tommy called all the night club staff back stage and thanked them for his help. He shook each by the hand and pressed an envelope into their hands and said: 'Have a good drink on me'. Later when they opened the envelope, inside was not a large denomination note, but a tea bag! That's Tommy Cooper for you.

Tommy Cooper at the Royal Command Performance

Each year it was the custom for the very best performers to appear at the Royal Command Performance. At the end of the show the very best of the best were introduced to the Queen.

'Did you think I was funny?' , Tommy Cooper asked the Queen.

'Yes, very funny Tommy, 'replied the Queen.

'Did your Mother think I was funny?' , Tommy asked.

'Yes, she laughed non-stop ' , said the Queen

'Would you mind if I ask a personal question?', Tommy asked.

'No, you can ask, but I am not going to be able to answer', the Queen Replied

'Who are you supporting in the Cup Final?' asked Tommy

'Neither, I am impartial, said the Queen.'

'In that case,' said Tommy, '....do you mind if I have your Cup Final Tickets?'

Tommy Cooper was born on the 19th of March 1921 in Caerphilly, Wales

He died during a TV show on the 15th of April 1984 in London.' Always leave them laughing'.

A poem for spring

I wandered lonely as a cloud
That floats on high o'er vales and hills,
When all at once I saw a crowd,
A host, of golden daffodils;
Beside the lake, beneath the trees,
Fluttering and dancing in the breeze.

William Wordsworth, Daffodils



I said Brenda Mullaney was on the mend.

I must have been right because we have another poem from Brenda with the following message.

Here is another poem.

Not a dry eye in the house. Bren.

WILLIAM

Fifty years we were wed
How the years have flown by,
We struggled hard in the early years,
My husband William and I
But we never mentioned love.

When the children came along,
He would work both night and day,
The hours were long, the pay was poor,
But we managed to pay our way.
But love was a word we didn't say.

He made a crib for our first child,
And painted it in colours so bright,
And William would gently rock our son,
Almost every single night
But we never mentioned love.

When William's working hours were cut,
Times were hard again and bills to pay,
He would hold me and try to ease my fears,
And take my worries away.
But love was a word we didn't say.

But if getting up early and making me tea,
And bringing me snowdrops on a winters day,
And rubbing my back when I was in pain,
Well if this wasn't love what is,
For love is so much more than just a word you say.

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