



Derby Fibromyalgia Support Group

NEWS
SOCIETY
EVENTS

Content Contains

DLA and AA Agency Advice

The crippling illness that GPs refuse to diagnose

Panorama



You could use this to explain the condition and how it makes you feel

Swine Flu and Fibromyalgia Syndrome Information

Message From The Chairperson

HI Folks.

We had an awareness day at Broomfield College in June and it was a beautiful day. (Pictures in newsletter)

There were a lot of people who came and spoke to us about the condition, most of them had it themselves, and only a couple of people didn't know what it was, so we enlightened them. Doug and I went for a walk round the craft stalls and came across one that displaying candles of all shapes and sizes, they do parties so we are thinking of inviting them to do a demonstration, as I don't go shopping in Derby very often I'm thinking ahead of what I can buy for Christmas. Its something worth thinking about with Christmas coming up, it would be a good way of getting some friends together and you wouldn't have to do too much. We will let you know of the date in the near future.

I've been speaking to many people lately and a lot of folk seem to be having a bad time/flare up, Anne has found some information that might help, so we have put it in the newsletter for you, hope it helps, if you have anything that has helped you then maybe you would like to share it with us, it may help someone else. Me included. 😊

So, on the next meeting, Thursday 11th July, we have a guest from the City Hospital, Grace Pearce, Physiotherapist. She will be talking to us about exercise and other health ideas. Grace is part of the Pain Management Team at the City Hospital so she knows a lot about chronic pain management and Fibromyalgia.

That's all for now, see you at the meetings. You can always contact me or Anne if you need to talk or want any other help.

Jackie

Forthcoming Church Events

SPEAKERS

August

September

DATE	TIME	SPEAKER	DATE	TIME	SPEAKER
Sun 16 th	6.15pm	Lucy Watts	Sun 6 th	6.15pm	Stuart Hamilton
Mon 17 th	2.30pm	Josie Hancock	Mon 7 th	2.30pm	Ken Sharpe
Sun 23 rd	6.15pm	Geoff & Doreen Pagett	Sun 13 th	6.15pm	June Berks
Mon 24 th	2.30pm	Lynne Gallagher	Mon 14 th	2.30pm	Paul Brereton
Sun 30 th	6.15pm	Les Bridgewater	Sun 20 th	6.15pm	Alex Whitening
Mon 31 st	2.30pm	Closed	Mon 21 st	2.30pm	Nora Watson
			Sun 27 th	6.15pm	Emily Baker
			Mon 28 th	2.30pm	Graham Lymer

Special Events



Saturday 19th August

Supper with Spirit

7.00pm

Cob's & Cake

Book in advance £10

Saturday 22nd August
Healing and Reading Day

10am - 3pm

Saturday 12th September

10am – 4pm

Induction Course

Bring a Packed Lunch

Open Circle

Every 2nd and 4th Thursday
Of Each Month

7.30pm

No Admission After 7.35pm

Healing Services

Thursdays

2.00pm – 6.00pm

Join Us At Our Next Meetings

Thursday

10th September
8th October
12th November
10th December

Saturday

29th August
26th September
24th October
21st November
5th December

Charnwood Spiritualist Church

18 Charnwood Street, Derby

DE1 2GU

Admission

Members £2.50

Non – Members £3.50

Membership £5.00 Per Annum

Free Car Park at Back of Church

Tombola

Refreshments

Friends, Carers

& Family Welcome

Claimants have just 100 days to prevent their DLA and AA being abolished.

A government green paper has revealed proposals to stop paying 'disability benefits, for example, attendance allowance' and hand the cash over to social services instead.

Under the plan, current claimants would have their disability benefits converted to a 'personal budget' administered by local authorities and used to pay for services – not to spend as they wish.

Once the green paper consultation period ends in 100 days time, if an almighty row has not been raised, it is likely that both major political parties will see the lack of outrage as a green light to end both DLA and AA.

We're looking for a minimum of 1,000 claimants, carers and support workers to join our campaign to save these benefits from being abolished.

Find out how you can take part from this link: www.benefitsandwork.co.uk/

We know that many people will take false comfort from the fact that, unlike AA, DLA is not specifically named as being for the axe. But if the government was planning only to abolish AA it is extremely unlikely that they would refer constantly throughout the green paper to 'disability benefits', a term which includes not just AA but also DLA.

Others will dismiss this as just another idle discussion document and our concerns as scare mongering.

But it's much more than that.

36 meetings have already been organised around the country for people working in government and the caring professions to meet to be told about the setting up of a new National Care Service which would oversee the system. In addition, a stakeholders panel of more than 50 voluntary sector organisations, trades unions and academics has been established to offer advice to the government.

Some organisations and individuals, such as RNIB and welfare rights worker Neil Bateman writing for Community Care magazine, have already voiced their alarm.

But not every disability organisation is opposed to the proposals and some even agree with them.

In a press release, Disability Alliance has welcomed the publication of the green paper and said that it 'looks forward to working alongside Government and all the other stakeholders in bringing these plans into fruition.' They have even said that they agree that there is a case for 'integrating disability benefits such as attendance allowance' into the new system.

One thing everyone does seem to agree on is that huge cuts in public spending will have to take place in the next few years as a result of the credit crunch and global recession.

Political parties are desperately looking for the softest targets to be the victims of these cuts. Dismissing the green paper's proposals as hot air and not worth worrying about could be the costliest mistake you ever make.

Find out more about the proposed abolition of DLA and AA and how you can join our campaign to fight back:

Taken from the Welfare Right for U website

DLA to be Abolished

10 July 2009

The government is about to announce plans to scrap DLA and AA according to a report in the Guardian.

The newspaper claims that a green paper was due out in June which proposes to convert DLA and AA into means tested 'social care grants' which would be spent by social services. However, the incoming DWP minister Yvette Cooper wanted some breathing space before launching the controversial new proposal.

Under the plans, DLA and AA would be scrapped, with the money saved being handed over to local authorities to administer as discretionary grants to provide care for the sick and disabled. The grants would be means-tested and the local authority would decide what they could be spent on. This would be likely to be for services such as a personal assistant to help with getting out of bed, washing and dressing.

The government has claimed that any changes to DLA and AA will not affect current claimants. However, such claims will be treated with enormous scepticism by claimants who have witnessed the spin and misrepresentation which surrounded the introduction of employment and support allowance. For example, the DWP said that ESA would be paid at the same rate as incapacity benefit, but in reality it is paid at a lower rate. They also claimed that around 10% of claimants would be placed in the higher paying support group, but the real number seems likely to be less than half of that.

[www.benefitsandwork.co.uk/disability-living-allowance-\(dla\)/dla-aa-cuts](http://www.benefitsandwork.co.uk/disability-living-allowance-(dla)/dla-aa-cuts)

Derby Fibromyalgia Support Group

Saturday Group

4th July 2009

On Saturday the 4th July at our Saturday meeting I lead the members in a discussion about Symptoms, Treatments and Medications. As you will see from the list below we all have a wide range of symptoms which overlap with each other, but the main ones being Fatigue, Tiredness, Muscle Pain, Pins and Needles and Forgetfulness to name a few! We all use similar Coping Strategies and Treatments which help us to cope with the symptoms of Fibromyalgia; the last category we looked at was medication. Although we have the same condition and many of us share a number of the symptoms, it was good to compare the medications and its side effects which we take to manage Fibromyalgia.

Symptoms Lists

- | | |
|--|--|
| 1. Fatigue | 26. Memory Loss |
| 2. Tiredness | 27. TMJ |
| 3. Intolerance to Hot and Cold | 28. Fibrofog |
| 4. Attention Deficit | 29. Morning Stiffness |
| 5. Indigestion | 30. Itchy Ears |
| 6. Dizziness | 31. Itchy Eyes |
| 7. Cramps | 32. Muscle Twitching |
| 8. Pain in Feet (like walling on broken glass) | 33. Enlarged Glands |
| 9. Muscle pain | 34. Lack off/Increased Appetite |
| 10. Balance problems | 35. Shortness of Breath |
| 11. Pins and Needles | 36. Cravings for Carbs |
| 12. Blurred vision | 37. Bloating |
| 13. Depression | 38. Restless legs Syndrome |
| 14. Tonsillitis/Sore Throat | 39. Sensitivity to Noise, Light, Pressure Changes, Weather |
| 15. Bad circulation | 40. Weight Loss/Gain |
| 16. Neck Pain | 41. PMT/PMS |
| 17. Back Pain | 42. Weakness in Arms and Legs |
| 18. Sleep Deprivation | 43. Carpel Tunnel Syndrome |
| 19. Broken Sleep – Unrefreshed Sleep | 44. Bladder Weakness / Incontinence |
| 20. Headaches Migraines | 45. Abdominal Pains |
| 21. Forgetfulness | 46. Tire easily when exercising |
| 22. Mood Swings | 47. Limbs feel to heavy to lift |
| 23. Emotional – Tearful | 48. Heartburn / Reflux |
| 24. I.BS. | 49. Skin Itchy/ Sensitive –feels like things crawling all over you |
| 25. Costochondritis | |

Treatments – Coping Strategies

1. Reading
2. Food – Sweet Things
3. Magnetic neck wrap
4. Reflexology
5. Noise of Rain
6. Electric blanket
7. Reiki
8. Pain killers
9. Massage
10. Sex
11. Meditation
12. Hydrotherapy
13. Cycling
14. Warm baths
15. Medication
16. Acupuncture
17. Tens machine
18. Wheat Bags
19. Music
20. Hands on Healing
21. Relaxation
22. Watch T.V.
23. Swimming
24. Exercise
25. Switching off
26. alcohol
27. Gardening
28. Laughing

Medications that group member take to help control/manage Fibromyalgia

Painkillers

Kapake
Tramadol
Gabapentin
Buprenorphine Transtec Patches
Nefopam
Paracetamol
Codeine
Pregabalin
Duloxetine
Co-Codemol

Anti Sickness

Dompandone
Cyclizine

Urinary Anti Spasmodic

Solifenacin

Anti-inflammatory Painkillers

Ibuprofen
Meloxicam
Etoricoxib

Muscle Relaxants

Syndol
Diazepam
Baclofen

I would like to thank Kate Irvine for bring this newspaper article to my attention

Article in Daily Mail Tuesday 11th August 2009

The crippling illness that GPs refuse to diagnose

By [Isla Whitcroft](#)

Last updated at 10:12 AM on 11th August 2009

When Maria Roberts began to experience sharp pains in her fingers, she assumed it was repetitive strain injury.

As well as working at her day job with a publisher, the single mother was trying to make a career as a writer and spent her spare time writing - typically working at her computer keyboard from 5am to well into the early hours of the next day. 'I was proud that I was working so hard, but I had no idea I would pay such a high price for it,' she says.



Then one evening, in spring 2006, as she checked a manuscript, Maria suddenly found herself unable to turn the pages. 'I had sharp shooting pains in my hands, but I thought everything would be fine if I rested them.'

Winning the battle: Maria Roberts has taken charge of the debilitating condition

Overnight, Maria's condition worsened. 'It felt as if the blood in my hands was poisoned with burning acid. Within a week, the pain spread to my arms and legs. It was like a nightmare. I couldn't sleep because of the pain and even a short walk was agony. I was only 28, but I felt like an old woman.'

She went to see her GP. 'He prodded me in various places, asking how painful they were. When he pressed the base of my neck, I nearly jumped out of my seat with the pain. He also took blood tests to rule out conditions such as rheumatoid arthritis.'

'The final diagnosis was fibromyalgia. He said it was a chronic pain condition that would never go away, but I could learn to manage.'

She was prescribed strong painkillers and amitriptyline, an anti-depressant that can be used for sleeping problems.

'I was distraught,' she says. 'I didn't want to be ill for the rest of my life. And what would happen to my dream of becoming an author if I couldn't use a keyboard?'

Fibromyalgia is a condition characterised by widespread pain and extreme fatigue. Other symptoms include headaches, problems with memory and insomnia - less frequently, patients may also suffer from irritable bowel syndrome and depression.

It's thought that up to 300,000 Britons suffer from the condition, but many will go undiagnosed. Ninety per cent of those affected are women - no one really knows why - most of them middle-aged.

'It felt as if the blood in my hands was poisoned with burning acid'

While the cause is not clear, research has shown sufferers experience subtle changes in the chemicals in the brain and nervous system; these cause an over-sensitivity to pain signals in the brain. Other research has shown patients have lower levels of serotonin, the feel-good hormone.

For a long time many doctors saw fibromyalgia as largely a psychological problem, but ten years ago it was recognised as a genuine medical condition by the World Health Organisation. Yet some medics remain sceptical.

'The problem is that many of the symptoms of fibromyalgia are vague,' explains Dr Heike Romer, a consultant in pain management in the NHS and at the Spire Liverpool Hospital.

'Often GPs treat patients' symptoms separately, rather than looking at them as a group and realising they indicate fibromyalgia. And because these symptoms aren't life-threatening and the patient isn't turning green, they are seen as a malingerer.'

Dr Tom Gilhooly, a GP from Glasgow who has worked with fibromyalgia patients for 20 years, believes the current approach to treating the condition is inadequate. 'Often the patients I see are on a cocktail of drugs. Instead of handing out drugs for the symptoms, we have to get to the underlying cause of the problem.'

Dr Gilhooly believes this cause is an immune system response, perhaps to a virus or trauma - such as an accident - or simply to the body being pushed to its limit.

'The problem occurs because people who are very tired are often unable to relax their muscles properly,' he explains.

'Over time, these permanently tense muscles become inflamed, causing pain. Once the pain receptors are activated in the brain it's easier for pain signals to get there. Then, because the nerves are used more, over time they become more sensitive to the pain.

'It's a vicious circle; severe pain causes insomnia which in turn denies the body the chance to heal properly.'

He says taking a vitamin D supplement sometimes helps: 'A wealth of research has shown that people with chronic muscle and joint pain are low in vitamin D.'

In America, trials with a drug called low dose naltrexane (LDN) have shown a significant reduction in pain for around 60 per cent of fibromyalgia patients. LDN appears to block some of the actions of pain receptors in the brain, but it is not licensed in the UK and is available only privately.

'It has worked very well for many of our patients,' says Dr Gilhooly. 'It should be a standard line of treatment rather than just tinkering with the symptoms and telling people to put up with the condition for the rest of their lives.'

Living with the pain was something that Maria was not prepared to do.

'I found a quote on a fibromyalgia forum that said you need to attack the condition head-on,' she says. 'So after consulting my GP, I cut out wheat, alcohol, dairy products, potatoes and refined sugars - anything that I found made my pain worse.'

After six weeks, Maria's pain began to reduce. 'I also had acupuncture, and took multivitamins, magnesium and ginseng to give me energy, and melatonin to help regulate my sleep.'

Her doctor also advised her to exercise. The theory is that exercise damages body tissue; as a result, the body releases anti-inflammatory compounds to help correct that damage, reducing pain and assisting healing.

'I couldn't face it, but my boyfriend begged me to just walk around the block. After a month I could walk 40 minutes to the shop. I found that ten minutes into the walk my pain and stiffness levels would drop and the effect could last for up to 24 hours. After six weeks, the pain subsided from red-hot to a severe ache.'

Gradually, Maria built up the strength to work, almost full time, and take her son Patrick, now ten, to the park on weekends. 'However, there were still times when I was too exhausted to get out of bed.'

Three months ago she felt confident enough to stop taking the amitriptyline and today is more or less pain free. 'If I work too hard or don't get enough sleep I feel a nasty tingling in my hands and arms,' she says. 'I know that's a sign to slow down.'

'Sufferers will never fully recover from fibromyalgia,' says Dr Gilhooly. 'It is a life-long condition that can flare up at any time. But with proper management you can lead a pretty normal life.'

• *Single Mother On The Verge* by Maria Roberts is published by Penguin, £6.99. For more information about fibromyalgia, visit www.fibromyalgia-associationuk.org

Panorama

On Monday 27th July BBC Panorama investigated and reported on the trauma industry. Below you will find a summery about the programme, During the programme the referred to Fibromyalgia in relation it similarities to PTSD. They referred to fibromyalgia simply as a psychological condition! They also report about a woman who is reported to be a sufferer of fibromyalgia, and had put in a claim for compensation for loss of wages from the time she had to give up work to the day she retires. The woman was filmed by an undercover camera crew, walking around in a large shopping centre. They claimed that they didn't observer her showing any pain or distress. FMA UK and Fibro Action contacted the BBC and logged a complaint. The out come of this is below the main panorama report. By Anne Hughes

The Trauma Industry

Panorama, veteran BBC war reporter Allan Little investigates how the battlefield trauma of Vietnam - post-traumatic stress disorder - has become entangled in compensation cases in Britain.

In **The Trauma Industry**, Allan hears from veterans, doctors, psychologists, lawyers and some of the victims of PTSD who have made compensation claims.

Allan brings first hand experience to the programme, revisiting his own emotions following the death of a colleague while on assignment in a war zone.

He meets Falklands war veteran Robert Lawrence, who was shot in the head by an Argentinean sniper and suffers from PTSD.

Robert describes to Allan the difficulty of going back to normal family life after such a close brush with death and life at war.

"On returning to the UK everybody wants you to be good, calm down," he says of the emotions he still battles.

Robert says he still hears from former comrades about their own long-term suffering years after their time in battle is over.

Everyday life

But the days of PTSD being limited to veterans of war zones have passed and the condition, first identified in World War I as shell shock, has made its way into everyday British life.

According to a July 2005 report by the National Institute for Health and Clinical Excellence (NICE), the NHS is treating an estimated 250,000 people a year for PTSD.

That is twice the number of soldiers in the entire British Army.

Professor David Alexander, a PTSD specialist, gives his assessment of the rise in diagnoses.

"It's a money spinner, let's be blunt about it," Professor Alexander tells Allan. "If you've got at the end of the road the prospect of £100,000 by continuing to have headaches, flashbacks, insomnia - you can see why people may not find it easy to relinquish those symptoms."

Personal injury lawyers tell Panorama that the 'no win, no fee' way of doing business offers a legal voice to people who are suffering and who might otherwise not be able to afford to sue for compensation.

New definition

The programme team hears how the definition of PTSD has changed since the term was first used by American psychiatrists in 1980. It has gone from being the result of witnessing the horrors of war to being - in effect - about what someone feels is traumatising.

The resulting grey area has led to PTSD claims from people involved in minor traffic accidents, those who say they've been bullied at work and others who have suffered small workplace injuries.

In some cases, these injuries may appear minor, but have triggered deep set anxieties that date back years.

In the programme, Allan meets individuals who are ill, who have suffered from trauma as a result of varying injuries and experiences.

Panorama asks whether the legal process that is inevitably involved in a compensation claim has somehow made them worse, or at least stalled their recovery.

In at least one case, a man compensated for PTSD tells Allan that, in the end, it was not worth the additional stress of making the claim.

Professor Simon Wessely, psychiatric adviser to the British Army, sees real danger in this trend that can effectively encourage people to remain ill, beyond just the costs to insurance companies.

"What happens is people can get trapped in disability and the worst thing about the system is that it's adversarial," he said of the legal process. "The other guys are trying to prove that you are a malingerer...and then if you do get better you are kind of proving that you were , so you don't."

Panorama response to FMA UK and Fibro Action

Two organisations representing sufferers of fibromyalgia syndrome have objected to how it was represented in Monday's programme, The Trauma Industry.

The film referred to it simply as a psychological condition, which is inaccurate. While some in the legal profession regard it as a controversial diagnosis - and it is listed under psychiatric disorders in the Judicial Studies Board Guidelines, the NHS terms it a physical condition which causes pain to sufferers.

Fibroaction and FMA UK say the syndrome should be termed a neurological-related condition or a "condition, with an increasing body of evidence to show that it is a Central Nervous System related disorder".

The programme questioned whether sufferers of PTSD and other conditions that are difficult to test for should sue for compensation and included an example of a fraudulent claim by someone claiming to have fibromyalgia syndrome.

However, it was not the programme makers' intention to imply that sufferers of any such condition are not genuine and they apologise if any distress was caused to anyone in pain.

Viewer's Comment

Below I have included one of the viewer's response to the programme

The Panorama programme on PTSD trauma last night mentioned in passing that fibromyalgia was glibly used as a way of getting benefits and cannot be proved and only is confirmed by patient. This isn't true, sufferers have to see a list of consultants for confirmation they have the condition, and testing is rigorous. For sufferers that have this chronic and debilitating illness it was mentioned in a way to make it sound like it was all in their mind. This is not correct. It is a real illness. I feel the reporter did a great injustice to sufferers by this comment. This illness comes with problems getting the medical profession to even knowledge it existed as much as PTSD did in the past. People suffer on their own with this condition undiagnosed for decades sometimes, still working, in terrible pain. It is a terrible thing to live with, his comments were unenlightening and experts should be brought in for both sides to be talked about when any medical condition is mentioned in an authoritative programme of this nature. I thought it was a badly researched documentary.

- Ms Ward

The programme can be seen on BBC iplayer

Something to share, a friend sent me this, I have already posted on the groups Facebook page but wanted to share it with those who don't have access to a computer too

"You could use this to explain the condition and how it makes you feel"

Please read this to understand and be informed about my illness!

I do NOT want sympathy only more understanding!

I received this from Denise of Fibro Worldwide group:

There are things I would like you to understand before you judge me...

Please know that being sick doesn't mean I'm not human. I may spend most of my day flat on my back and I might not seem like great company, but I'm still me stuck inside this body. I worry about school, work, family and friends and I'd still like to hear about yours.

Please understand the difference between "happy" and "healthy". When you've got the flu you probably feel miserable but it will pass. I've been sick for so long that I can't afford to be miserable all the time, in fact I work hard at not being miserable. So if I sound happy, it means that I'm happy, it does not mean that I am well. I may be in pain and sicker than ever.

Please, don't say, "Oh, you're sounding better!"

I am not sounding better, I am sounding happy. If you want to comment on that, you're welcome.

Please understand that being able to stand up for five minutes, doesn't mean that I can stand ten minutes, or an hour. It's likely that five minutes has exhausted my resources and I'll need to recover - imagine an athlete after a race. They couldn't repeat that feat right away either.

With a lot of diseases you're either paralysed or you can move, but with Fibromyalgia it gets more confusing.

Please repeat the above paragraph substituting, "sitting up", "walking", "thinking", "being sociable" and so on ... it applies to everything. That's what a fatigue-based illness does to you.

Please understand that chronic illnesses are variable. It's quite possible (for me, it's common) that one day I am able to walk to the park and back, and the next I'll struggle to reach the kitchen.

Please don't attack me when I'm ill by saying, "But you did it before!".

If you want me to do something, ask if I can and I'll tell you. In a similar vein, I may need to cancel an invitation at the last minute, if this happens please don't take it personally.

Please understand that "getting out and doing things" does not make me feel better, and can often make me worse. Fibromyalgia may cause secondary depression (wouldn't you get depressed if you were no longer able to participate in life?) but it is not caused by depression. Telling me that I need exercise is not appreciated or correct - if I could do it, I would.

Please understand that if I say I have to sit down/lie down/take these pills now, that I do have to do it right now - it can't be put off or forgotten just because I'm doing something. Fibromyalgia does not forgive.

Please understand that I can't spend all of my energy trying to get well. With a short-term illness like the flu, you can afford to put life on hold for a week or two while you get well. But part of having a chronic illness is coming to the realization that you have to spend some energy on having a life now. This doesn't mean I'm not trying to get better. It doesn't mean I've given up. It's just how life is when you're dealing with a chronic illness.

If you want to suggest a cure, please don't. It's not because I don't appreciate the thought, and it's not because I don't want to get well. It's because every one of my friends has already suggested every theory known to man. I tried them all, but quickly realized I was using up so much energy trying new treatments I was making myself sicker, not better. If there was something that cured Fibromyalgia, all of us would know about it by now.

If you read this and still want to suggest a cure, submit it in writing but don't expect me to rush out and try it. If it is something new, with merit, I'll discuss it with my doctor.

Please understand that getting better can be a slow process. Fibromyalgia entails numerous symptoms and it can take a long time to sort them all out.

I depend on you - people who are not sick for many things but most importantly, I need you to understand me.

The above text may be printed freely, and shared as needed providing all content is kept intact. No other person shall ever publish this work citing themselves as the author

Swine Flu and Fibromyalgia Syndrome information

The Swine flu pandemic poses a particular challenge to the Fibro community. Sufferers may mistake flu symptoms for a Fibro flare, delaying diagnosis; they may feel more ill with the flu because of the overlap between swine flu and Fibro Symptoms; and some Fibro sufferers may be at higher risk of developing complications.

Many of our symptoms are the same as Swine Flu, So if in doubt call your GP or NhS Direct for more advice.

Symptoms to be aware of:

- a sudden fever (a high body temperature of 38°C/100.4°F or above), and
- a sudden cough.

Other symptoms may include:

- headache,
- tiredness,
- chills,
- aching muscles,
- limb or joint pain,
- diarrhea or stomach upset,
- sore throat,
- runny nose,
- sneezing, or
- loss of appetite.

If you are still concerned you may have swine flu, stay at home and check your symptoms using the online [National Pandemic Flu Service](#).

Call your GP directly if:

- you have a serious existing illness that weakens your immune system, such as cancer,
- you are pregnant,
- you have a sick child under one,
- your condition **suddenly** gets much worse, or
- your condition is still getting worse after seven days (five for a child).

Note: the National Pandemic Flu Service is a new online service that will assess your symptoms and, if needed, provide an authorisation number that can be used to collect antiviral medication from a local collection point. For those who do not have internet access, the same service can be accessed by telephone on:

- Telephone: 0800 151 3100
- Minicom: 0800 151 3200

Please note should you suspect or have confirmed diagnosis, someone else will need to collect your Tamiflu for you, they will need to take I.D. for you and themselves.

Precious

Jewellery, Gifts & Accessories all at affordable prices.

Host a party and choose goods to the value of 15% of sales achieved on the night.

Contact Kirsty Celik 07740 607360

Wanted:

Baby Monitors wanted. See Anne Hughes or call Anne on 07782154880

Try These

Recipes

Chicken surprise

Ingredients

Rice
Oil of some sort
Chicken (chopped breast)
Bacon (optional)
Mushrooms (optional)
Onion (optional)

Garlic (optional)
condensed chicken or
mushroom soup (cambells is
wicked for it)
Salt
Pepper

Method

Chop up chicken into cubes and bacon into small squares, chop mushroom and onion to a reasonable size and garlic thinly. Fry the chicken and bacon until thoroughly cooked - add the garlic, mushrooms and onions when the meat is about 2/3 done, also add salt and pepper as desired.

Put all fried items into a proper pan and add the chicken or mushroom soup and about 1/2 a tin of water. Simmer (dont boil!) on around mark 3/4 on the hob and start to cook your rice as normal.

Once rice is done put it on a plate and put the soup on top.

Tadaaaa Chicken surprise (its not really a surprise after the first time though)

Chef gem

Chocolate orange

Ingredients

4 Oranges
2 bars of Tesco value chocolate (or any chocolate that will amount to the same quantity - no need to be totally precise!!)
A few cocktail sticks
Tinfoil

Method

- 1 - Cut the top off of the oranges
- 2 - Hollow out some of the orange (eat the scooped out bit now if you wish)
- 3 - Break chocolate into squares and add half a bar to the orange hollow (or as much as will go in)
- 4 - Put the cut off lid back on top and stick in place with the cocktail sticks
- 5 - Wrap in a bit of tinfoil so the orange is totally covered
- 6 - Place in a fire, barbeque, grill or oven and cook for a small while.
- 7 - BEING CAREFUL NOT TO BURN YOURSELF (especially when it's been in a fire or barbeque - we use this recipe of mine when my mates and me go camping!!) take the oranges out - open up the top, spoon out and eat the chocolate then squeeze the orange and drink out the juice - yum!! (and like I said - as good as Terry's!!)

Chef Barry Tasker

Puzzles and Jokes

Last months answers

Answer: Jimmy. "JIMMY'S MOTHER had 4 children"!

Answer: Two half-full barrels are dumped into one of the empty barrels. Two more half-full barrels are dumped into another one of the empty barrels. This results in nine full barrels, three half-full barrels, and nine empty barrels. Each son gets three full barrels, one half-full barrel, and three empty barrels.

Answer: White. The only place you can hike 3 miles south, then east for 3 miles, then north for 3 miles and end up back at your starting point is the North Pole. There are only polar bears in the north pole, and they are white!

Answer: They all do.

Answer: Many will get 5000. But the actual answer is 4100!

BREED OF DOG WORD SEARCH

Z	P	A	G	X	L	B	S	H	A	R	P	E	I	J
P	H	S	J	L	A	B	R	A	D	O	R	J	S	W
C	D	A	L	M	A	T	I	A	N	Z	E	G	P	S
O	N	A	M	R	E	B	O	D	A	H	T	W	A	Y
L	E	A	B	C	R	E	I	R	R	E	T	E	N	W
L	U	M	N	S	H	Z	E	L	A	D	E	R	I	A
I	G	Q	A	G	V	I	Y	M	U	I	S	O	E	F
E	Q	O	V	L	B	S	H	K	N	P	D	T	L	D
E	D	Q	D	O	A	K	H	U	S	R	D	A	G	N
N	Z	N	X	L	C	M	P	I	A	U	B	T	P	U
A	R	E	U	D	L	O	U	N	H	H	H	P	O	O
D	R	G	E	H	O	U	R	T	E	T	U	W	I	H
T	Z	X	U	D	S	E	B	G	E	Z	Z	A	N	Y
A	B	L	L	P	B	H	O	N	I	C	O	U	T	E
E	M	E	M	T	C	D	C	G	M	W	O	K	E	R
R	A	H	S	A	O	B	E	A	G	L	E	U	R	G
G	F	F	I	T	S	A	M	C	D	H	I	Y	A	O

AIREDALE – BEAGLE – BOXER – BULLDOG – CHIHUAHUA – COLLIE – CORGI – DACHSHUND
 DALMATIAN – DOBERMAN – GREAT DANE – GREYHOUND – HUSKY – LABRADOR – MALAMUTE
 MASTIFF – POINTER – POODLE – PUG – SETTER – SHARPEI – SHIHTZU – SPANIEL
 ST BERNARD – TERRIER



