



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.

The content of this months newsletter is virtually the same as last month because very few people saw last months newsletter and there are a lot of interesting points of news within it. If you have anything you think may be of interest to others let us know and we can add it in to the newsletter.

Be positive. *I know it's difficult sometimes when you're not feeling so good, plan to treat yourself when you're having a better day, give yourself something to look forward to. Or better still, come and see us at one of our meetings and have a good chat. We know how you feel.*

"Just a reminder: Red Cross are having a PAMPER day, Monday 28th September. 11am – 2pm, Liversage Street. Derby." "Go on, treat yourself!"

Jackie

Meeting Dates

Thursday

8th October
12th November
10th December
10.15 – 12.30

Saturday

24th October
21st November
5th December
2PM – 4PM

Admission

Members £2.50

Non – Members £3.50

Membership £5.00 Per Annum

Free Car Park at Back of Church

Off Melbourne Street

Forthcoming Church Events

SPEAKERS

September

October

DATE	TIME	SPEAKER	DATE	TIME	SPEAKER
Sun 27 th	6.15pm	Emily Baker	Sun 4 th	6.15pm	Betty Milich
Mon 28 th	2.30pm	Graham Lymer	Mon 5 th	2.30pm	Sue Presley

Special Events

Saturday 3rd October
Healing and Reading
Day
10am - 4pm

Open Circle

Every 2nd and 4th Thursday
Of Each Month

7.30pm

No Admission After 7.35pm

Healing Services

Thursdays

2.00pm – 6.00pm

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 summary 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 observe 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

Tips For Preventing Fibromyalgia Pain

ChronicPainConnection.com

By Karen Lee Richards

While there is no foolproof way to prevent fibromyalgia pain, there are things you can do to educate yourself that may help you avoid painful situations.

Understanding the Pain Cycle:

With fibromyalgia, what should be a mild, localized short term pain becomes a stronger, widespread, long term pain. Aches and pains that should be mild, like stubbing a toe, instead can be intense and last for days in a fibromyalgia patient.

The Uncertainty of it All:

Usually we don't know what triggers our pain cycles – why we hurt more some days than others. Often it's tiny, unnoticeable things. Our central nervous systems become so hypersensitive that we react to things like changes in barometric pressure brought on by weather fronts. I'm not suggesting you spend a lot of time trying to figure out what causes every pain flare. Focusing that much attention on your pain will only serve to make it hurt worse. But being aware of how the pain cycle works can help us make changes in what we do or the way we do it so we can try to reduce our pain levels.

Heading Pain Off at the Pass:

First and foremost, fibromyalgia patients need to understand that it does not help them to try to tough it out when it comes to pain. Once the pain cycle has begun, it will only get worse. That is why it's important for fibromyalgia patients to take their medications on a regular schedule to help prevent the pain cycle from getting foothold.

Other prevention techniques stem from common sense things. If you tend to overdo when you're having a good day, force yourself to scale back or do less strenuous activities so you don't spend the next week paying for one day's enthusiasm. Just try to be more aware of what you do and how you do it. You might try keeping a pain journal for a month to see if you can pinpoint things that may be increasing your pain levels.

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 KEBABS ON JEWELLED RICE

Ingredients

Marinade

- 2 tablespoons light soy sauce
- 1 tablespoon rice or wine vinegar
- 1 tablespoon oyster sauce

Kebabs

- 550g (1 1/4lb) chicken breast, skin removed and cubed
- 1 small red pepper, seeds removed and cut into pieces
- 1 green pepper, seeds removed and cut into pieces
- 1 onion, cut into wedges
- 25g (1oz) Butter or buttery spread

Rice

- 350g (12oz) long grain rice
- 1 small red onion, finely chopped
- 1 tablespoon chopped fresh parsley and/or celery leaves
- Lemon juice



Preparation

1. Combine all ingredients for the marinade in a large bowl, stir in the chicken, cover and marinate for at least 1 hour, stirring occasionally.
2. Thread the chicken pieces onto 8 skewers with alternate pieces of red and green peppers and onion.
3. Melt 15g (1/2oz) butter and use to brush the kebabs before cooking under the grill for 12-15 minutes, turning frequently until cooked through.
4. Meanwhile, cook the rice according to packet directions and drain.
5. Heat the remaining butter in a saucepan, add the red onion and cook for 3-5 minutes, stirring occasionally, until soft but not brown. Add the cooked rice and stir to heat through.
6. Mix in the chopped parsley or celery leaves into the rice mixture and add a little lemon juice to taste.
7. Serve the kebabs on a bed of rice.

Puzzles and Jokes

My Favourite (Senior) Things

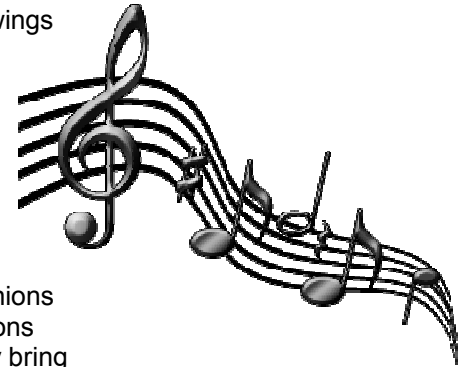
(To the music of "My Favourite Things" from The Sound of Music)

Crosswords and jigsaws and needles for knitting
Walkers and handrails and new dental fittings
Bundles of magazines tied up with string
These are a few of my favourite things



Cadillacs and cataracts and hearing aids and glasses
Polident and Fixodent and false teeth in glasses
Pacemakers, golf carts and porches with swings
These are a few of my favourite things

When the voice squeaks
When the bones creak
When the knees go bad
I simply remember my favourite things
And then I don't feel so bad

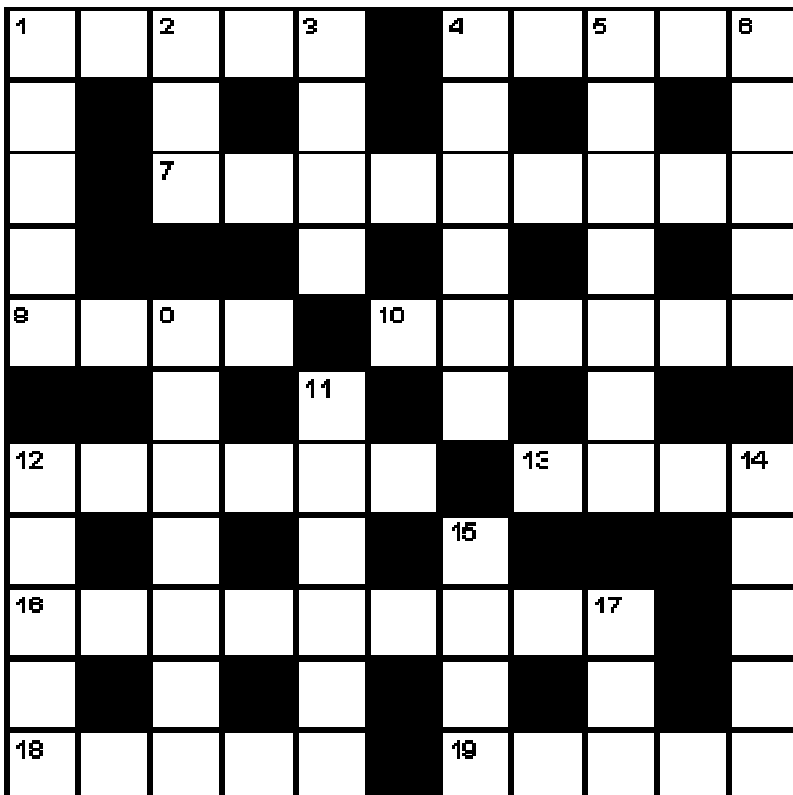


Hot tea and crumpets and corn pads for bunions
No spicy hot food or food cooked with onions
Bathrobes and heat pads and hot meals they bring
These are a few of my favourite things

Back pains, confused brains and no fear of sinning
Thin bones and fractures and hair that is thinning
And we won't mention our short shrunken frames
When we remember our favourite things

When the joints ache
When the hips break
When the eyes go dim
Then I remember the great life I've had
And then I don't feel so bad.

Taken from the Alzheimer's Society June 2009 News Letter



Across

1. Twelve (5)
4. Hoard (5)
7. Unaware (9)
8. Gape (4)
10. Wore away (6)
12. Birds of prey (6)
13. Notion (4)
16. Large spider (9)
18. The lowest point of anything (5)
19. Implied (5)

Down

1. Journal (5)
2. Menagerie (3)
3. World's longest river (4)
4. Secret or hidden (6)
5. Bustling (7)
6. Abated (5)
9. Placed a bet (7)
11. Thinner (6)
12. Consumed (5)
14. Proficient (5)
15. Female relative (4)
17. Part of a circle (3)

DID YOU KNOW

The tongue of a blue whale is as long as an elephant.

Our eyes are always the same size from birth.

The Earth is not round, it is slightly pear-shaped.

On average, people move house every 7 years.

Mel Blanc, who played the voice of Bugs Bunny, was allergic to carrots.

The 16th century Escorial palace of King Phillip II of Spain had 1,200 doors.

The world's first travel agencies were Cox & Kings, founded in 1758, and Thomas Cook, founded in 1850.

A dog was the first in space and a sheep, a duck and a rooster the first to fly in a hot air balloon.

Music was sent down a telephone line for the first time in 1876, the year the phone was invented.

Beer was the first trademarked product - British beer Bass Pale Ale received its trademark in 1876.

Playing-cards were known in Persia and India as far back as the 12th century. A pack then consisted of 48 instead of 52 cards.

Excavations from Egyptian tombs dating to 5,000 BC show that the ancient Egyptian kids played with toy hedgehogs.

Accounts from Holland and Spain suggest that during the 1500s and 1600s urine was commonly used as a tooth-cleaning agent.

Julius Caesar was the first to encode communications, using what has become known as the Caesar Cipher.

The first mention of soap was on Sumerian clay tablets dating about 2,500 BC. The soap was made of water, alkali and cassia oil.

The first animal in space was the female Samoyed husky named Laika, launched by the Soviets in 1957.

Great Britain was the first county to issue postage stamps, on 1 May 1840. Hence, UK stamps are the only stamps in the world not to bear the name of the country of origin.