



June 2011

THE DERBY FIBRO

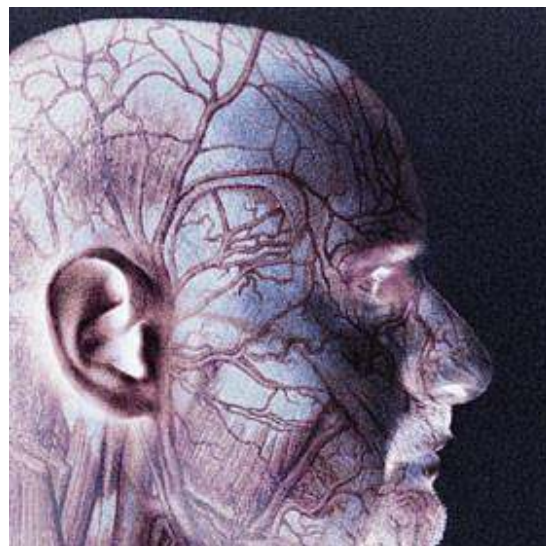
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Personal Independence Payment

DLA cuts – who will lose out?

**Serotonin & Blood Flow in
Fibromyalgia & Chronic Fatigue
Syndrome**

**SNRI - Serotonin-Norepinephrine
Reuptake Inhibitor**



Message from the Chairperson

Hi Fibro friends,

Well, we had an interesting Awareness Day in May at the Cathedral coffee shop. The lift had broken down, then the fire alarm went off, it went on for ages until they realised the water heater for the hot drinks in the basement had been turned up that had started it off.

Never mind, it was a fibro meeting!! :))

We have another event coming up on the 12th June, at Alvaston Park. There will be many events so it should be busy (weather permitting) it's these events we have a lot of interest in the awareness of the 'Fibromyalgia .

We have been notified that in the near future the 0845 number will be changing to a 0844 number. This is down to the arrangements of FMAUK.

Please do keep checking the new website for updated details of what's happening with the group and other information.

Best wishes

Jackie x

Disclaimer: The information given in this document does not necessarily imply endorsement by The Committee Members of Derby Fibromyalgia Support Group. The Committee Members or the Group cannot be held responsible for omissions and / or errors of detail in any information that is exchanged in a discussion session - whether it is in a formal or informal situation, delivered to the body of the meeting by a visiting speaker or produced in a printed document.

Any information or recommendation of a medical or legal nature must always be discussed with a qualified professional

Meeting Dates 2011

THERE ARE NO MEETINGS IN AUGUST

Thursday

July 14th

August No meeting..

September 8th

October 13th

November 10th

December 8th

10.30am – 12.30pm

Saturday

June 25th

July 23rd

August No meeting..

September 24th

October 29th

November 26th

December 17th

2.00pm – 4.00pm

Admission
£2.50

Free Car Park at Back of Church
Off Melbourne Street
Enter gate on the right after the last
terraced house

Contact Jackie on:

0845 345 2319 or Text: 07973285571

Email: derby.fibro@btinternet.com

Website: www.derbyfibro.co.uk

45 Magellan Way, Derby, DE24 1AD

Forthcoming Church Events

SPEAKERS			Regular Events	
June			Open Circle Every 2 nd and 4 th Thursday Of Each Month 7.30pm No Admission After 7.35pm	Healing Services Thursdays 2.00pm – 4.00pm
Sun 19 th	6.15pm	Pat Collett		
Mon 20 th	2.30pm	Dorne Hall		
Sun 26 th	6.15pm	Stuart Hamilton		
Mon 27 th	2.30pm	Florence Ward		
July				
Sun 3 rd	6.15pm	Lynette Foster		
Mon 4 th	2.30pm	Myrrha Hibbert		
Sun 10 th	6.15pm	Sarah McGarry		
Mon 11 th	2.30pm	Dianne & John Gent		

SPECIAL EVENTS

Saturday 18th June

10.00am - 1.00pm

&

Saturday 9th July

10.00am - 3.00pm

Private Readings

£12.00

For More Information

18 Charnwood Street, Derby. DE1 2GU.

Tel: **01332 386 204.**

www.snu-emdc.org.uk/charnwood

Personal Independence Payment

What is PIP?

The personal independence payment (PIP) replaces working age disability living allowance (DLA) from 2013-14.

Part 4 of the Welfare Reform Bill 2011 currently going through Parliament contains proposals to introduce PIP.

What are the rules?

To get the personal independence payment you must:

- Be age 16-65
- Satisfy the daily living and/or mobility activities test for 6 months prior to claiming and are likely to continue to satisfy this test for a period of at least 6 months after claiming.
- Pass the residence and presence test
- Pass the habitual residence test

As yet there are no plans to extend PIP to children under 16 or claimants who are over 65. However migration from DLA may apply to these groups at a later date.

Draft regulations on the daily living and mobility activities test have now been published.

How much is PIP?

Personal Independence Payment will have two components:

- Daily living component
- Mobility component

Each component has two rates.

Daily living component standard rate – If the person's ability to carry out daily living activities is limited by the person's physical or mental condition; and the person meets the required period condition.

Daily living component enhanced rate – if the person's ability to carry out daily living activities is severely limited by the person's physical or mental condition; and the person meets the required period condition.

Mobility component standard rate – if the person is of or over the age prescribed for the purposes of this subsection; the person's ability to carry out mobility activities is limited by the person's physical or mental condition; and the person meets the required period condition.

Mobility component enhanced rate - if the person is of or over the age prescribed for the purposes of this subsection; the person's ability to carry out mobility activities is severely limited by the person's physical or mental condition; and the person meets the required period condition.

As yet the amounts for these rates have not been set.

People with a terminal illness (same definition as for DLA) will automatically receive the daily living component enhanced rate and will not have to satisfy the period condition for the mobility component. People in care homes, hospitals or prison will not receive PIP.

The Activities tests

In order to qualify for any component of PIP you will have score a certain number of points in relation to certain activities.

The activities for daily living are:

1. planning and buying food and drink
2. preparing and cooking
3. taking nutrition
4. managing medication and monitoring health conditions
5. managing prescribed therapies other than medication
6. washing, bathing and grooming
7. managing toilet needs or incontinence
8. dressing and undressing
9. communicating with others

The mobility activities are:

1. planning and following a journey
2. moving around

Each activity has a set of descriptors. If you cannot complete an activity descriptor reliably, in a timely fashion, repeatedly and safely, and where appropriate using suitable aids and appliances you can score points for that descriptor.

The choice of which descriptor applies will be based on consideration of a 12 month period. If you cannot carry out the descriptor for an activity for more than 6 months, aggregated over the 12 month period, you will be awarded the appropriate points.

If you have a fluctuating condition the most appropriate descriptor will be considered to be the one which is likely to apply for the greatest proportion of that time.

If you are waiting for further treatment, descriptor choices will be based on the likely continuing impact of the health condition or impairment as if any treatment or further intervention has not occurred.

Depending on how many points you score from the daily living activities you may be considered to have either "limited ability to carry out daily living activities" or "severely limited ability to carry out daily living activities". You will then be paid either the standard or enhanced rate of the Daily Living component respectively.

Depending on how many points you score from the mobility activities you may be considered to have either "limited ability to carry out mobility activities" or "severely limited ability to carry out mobility activities". You will then be paid either the standard or enhanced rate of the Mobility component respectively.

As yet we do not know the points awarded for each task within these activities or how many points are required to satisfy a particular component. These will probably be decided over the summer. A revised set of assessment regulations will then be published in October 2011.

However it is intended that daily living activities 4 and 5 will be low scoring, activities 1, 2, 3, 6, 7 and 8 will be medium scoring and activity 9 will be high scoring. Both mobility activities will be high scoring.

Each descriptor in the assessment criteria will have a point score attached to it, reflecting both the level of ability it represents and the overall importance of the activity.

It is likely that all of the a. descriptors will have no points attached to them. Points for the remaining descriptors are likely to broadly increase as you move up the alphabet – for example, descriptor d. is likely to receive more points than descriptor b. but less than descriptor f. In some cases, descriptors may receive the same points. The highest number of points possible in each activity may vary.

For the full report go to: <http://www.disabilityalliance.org/f60.htm>

DLA cuts – who will lose out?

The DWP have now published much more detail about how they intend to assess people for personal independence payment (PIP), the replacement for disability living allowance (DLA) for working age claimants. And it's already clear who some of the people most likely to face DLA cuts are.

Current claimants aren't actually due to be forced off DLA and assessed for PIP until 2013, but the DWP is in a hurry to get the regulations in place and let Atos start creating new software and preparing for the mass migration. So they have now published a list of the activities and descriptors that will be used to decide who gets an award of PIP and at what rates.

PIP awards will be based on the number of points you score for the different daily living and mobility activities. The assessment procedure is very similar to the one used for employment and support allowance. Unfortunately this will include filling out a questionnaire and then, for most claimants, having to attend a medical at an Atos examination centre where a doctor or nurse will use a computer programme to assess you.

We don't yet know the scores for descriptors - except for details of which activities will be high, medium or low scoring - but then neither does the DWP. First they have to try out the new system on 'volunteers' who already get DLA, so they can fiddle with the scores until they can be sure that their target of a 20% reduction in payments is going to be achieved.

But we do know enough to be able to say which current DLA claimants are most likely to lose out under PIP, simply from knowing which activities will and won't be taken into account. For example, it's clear that claims where problems moving around indoors are a major factor will be less likely to succeed under PIP. The same looks to be true of claims that rely heavily on night-time care needs, claims where supervision is the main issue and many others.

It's important to make it clear that these are only draft assessment criteria. But given that the DWP have already started testing them and intend to have the whole system worked out and published by October, it seems unlikely that they will be keen to make any dramatic changes.



Serotonin & Blood Flow in Fibromyalgia & Chronic Fatigue Syndrome

By [Adrienne Dellwo](#), About.com Guide May 21, 2011

Serotonin Series

We hear a lot about low serotonin in fibromyalgia (FMS) and chronic fatigue syndrome (ME/CFS), and it's usually in relation to its function as a neurotransmitter (chemical messenger in the brain.) However, serotonin is also busy in the rest of your body as a hormone, and body-wide serotonin dysregulation is believed to contribute to many of our symptoms and co morbid conditions.

The name serotonin is derived from its earliest discovered function, which is to narrow the blood vessels -- sero means *serum*, which is a component of blood. Blood flow irregularities have been noted in both of these conditions:

In FMS, research shows abnormal blood-flow patterns in the brain, with more than normal in some areas and less than normal in others. We don't know the specific effects of this, but researchers do know that blood flow has a significant impact on brain function.



Also in FMS, some researchers theorize that the horrible burning pains we get are due to ischemia (impaired blood flow), which basically means the area "falls asleep" and then gets those painful pins and needles as the blood, and therefore feeling, returns.

In ME/CFS and to a lesser degree in FMS, some research has shown low blood volume, which results in cells that are starving for oxygen and nutrients. Picture being at a high altitude and struggling to catch your breath after not eating all day. That's what every cell in your body may be going through.

I feel like a broken record saying this, but at this point we don't have specific research on the possible relationship between serotonin dysfunction and these irregularities, but it's certainly a connection that seems logical.

The relationship of serotonin to fibromyalgia isn't fully understood but appears to be fairly straight forward. Not so for ME/CFS. This is one area where we have to look at the conditions separately.

Fibromyalgia & Serotonin

One of the most consistent findings in FMS is low serotonin. It's possible that our bodies don't produce enough, that they don't use it properly, or both. Many of us are helped by the supplement 5-HTP (tryptophan), which our bodies use to create serotonin. Some of us are helped by serotonin-increasing foods. Most of the drugs used to treat us change the way our brains use serotonin in order to make more of it available. (For a detailed look at this see *Understanding Reuptake*.)

Low serotonin is also linked to migraine, which is considered a related condition. In migraines, low serotonin causes the blood vessels to dilate (open wide,) which causes inflammation in surrounding tissues. That makes for a lot of pressure and results in throbbing pain. FMS pain isn't exactly the same as migraine pain, but it's theorized that similar mechanisms may be involved.

Then consider this -- we all have a secondary set of nerves on our blood vessels and sweat glands that primarily deals with blood volume and sweat. Research published in late 2009 revealed that, at least in some people, these nerves also appear to transmit information about temperature. Researchers hypothesize that these often-ignored nerves may play a role in pain conditions including FMS and migraine. It makes a lot of sense, since we have blood flow problems and excessive sweating in addition to temperature sensitivity and heightened pain response. Hypersensitivity in those nerves could also help explain why ischemia could lead to such intense pain.

Chronic Fatigue Syndrome & Serotonin

Then there's ME/CFS. The common belief is that it, like FMS, involves low serotonin. The symptoms are consistent. The fact that serotonin-impacting treatments work for some people with this condition also lends support. However, it's not that simple. In fact, researching the role of serotonin in this condition is enough to short circuit your every brain cell.

We have some evidence showing that the serotonin-creation system is in overdrive, and some showing two serotonin-based subgroups -- one with high levels, one with normal levels. You'd think that would mean that, at least for the first subgroup, we'd need to *lower* serotonin levels. Like usual, ME/CFS is determined to defy logic.

That's because we also have evidence showing weak serotonin-related signal transmission in the central nervous system. The condition appears to feature hyperactive *production* but low *function*.

Is the body producing extra to compensate for an impairment in how it's used, like a type-2 diabetic who needs extra insulin to continue normal function? If so, are some areas getting flooded with too much serotonin while others are deprived? Is too much serotonin constricting blood vessels so the blood can't get around properly? We don't have answers yet, and research could well be muddled by the lack of proper, consistent sub grouping, in spite of research suggesting that several subgroups

exist and are vastly different from each other. This could certainly explain the differences in how people with ME/CFS react to serotonin-affecting treatments (which I'll cover later in this series.)

What Does It All Mean?

The bottom line is that, in some way, most of us have serotonin dysregulation of some kind, and it seems likely that it contributes to blood-flow abnormalities that may cause a variety of our symptoms. This is something to keep in mind as you gauge the effects of treatments, which is really the only way for us to learn our individual degrees of serotonin dysregulation. (It's not something doctors test for outside of a research setting.)

SNRI - Serotonin-Norepinephrine Reuptake Inhibitor

Definition:

Serotonin-Norepinephrine Reuptake Inhibitors (SNRI's) are a type of antidepressant drug.

Normally, the [neurotransmitters serotonin](#) and [norepinephrine](#) are released by a nerve cell, and then reabsorbed back in to the same cell. The re-absorption is called "reuptake." SNRI's slow down reuptake, which makes the neurotransmitters available to your brain for a longer period of time.

Studies show some people with [fibromyalgia](#) and [chronic fatigue syndrome](#) have low levels of serotonin and norepinephrine, and SNRI's have been shown to help ease some [symptoms](#) of fibromyalgia and may be helpful for chronic fatigue syndrome.

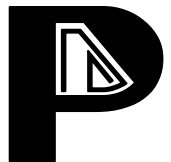
Examples of SNRI's are:

- [Cymbalta](#) (duloxetine), FDA approved for fibromyalgia
 - [Savella](#) (milnacipran), FDA approved for fibromyalgia
 - [Effexor](#) (venlafaxine)
 - [Pristiq](#) (desvenlafaxine)
-

For more information and to follow the Serotonin series go to;

<http://chronicfatigue.about.com/b/2011/05/21/serotonin-blood-flow-in-fibromyalgia-chronic-fatigue-syndrome.htm>

Try These



Chicken and Mushroom Pasta Bake (Spaghetti Tetrazzini)

Ingredients

- 20g/a small handful of dried porcini mushrooms
- olive oil
- 4 chicken thighs, boned, skinned and cut into bite-sized pieces
- sea salt and freshly ground black pepper
- 2 cloves of garlic, peeled and finely sliced
- 350g/2 handfuls of mixed fresh mushrooms, cleaned and torn
- 200ml oz white wine
- 455g dried spaghetti
- 500ml double cream
- 200g Parmesan cheese, grated
- a sprig of fresh basil, leaves picked



Method

Preheat the oven to 200°C/400°F/gas 6. Put your porcini mushrooms in a bowl and pour over just enough boiling water to cover them (approx. 150ml/5½fl oz). Put to one side to soak for a few minutes. Heat a saucepan big enough to hold all the ingredients, and pour in a splash of olive oil. Season the chicken pieces with salt and pepper and brown them gently in the oil. Strain the porcini, reserving the soaking water, and add them to the pan with the garlic and fresh mushrooms. Add the wine, with the strained porcini soaking water, and turn the heat down. Simmer gently until the chicken pieces are cooked through and the wine has reduced a little.

Meanwhile, cook the spaghetti in plenty of boiling salted water according to the packet instructions and drain well. Add the cream to the pan of chicken, then bring to the boil and turn the heat off. Season well with salt and freshly ground black pepper. Add the drained spaghetti to the creamy chicken sauce and toss well. Add three-quarters of the Parmesan and all of the basil and stir well. Transfer to an ovenproof baking dish or non-stick pan, sprinkle with half the remaining cheese and bake in the oven until golden brown, bubbling and crisp. Divide between your plates, drizzle with extra virgin olive oil and sprinkle with the rest of the cheese before serving.

Apple Crumble

Ingredients

For the crumble:

- 35g rolled oats
- 35g wholemeal flour
- 20g caster sugar
- 35g margarine or butter

For the filling:

- 400g cooking apples, peeled, cored and quartered
- 50g sugar, to sweeten
- 1 tablespoon water



Method

Preheat the oven to 190°C/375°F/gas 5. Peel and core the apples, quarter and cut in to chunks.

Put the apples in to a pan with the sugar and water. Cook over a low heat for 5 minutes and place in a small oven proof dish.

Place the flour and oats in a bowl and mix well. Cut the margarine or butter in to small cubes and add this to the oats and flour. Mix with your fingertips until it resembles an even crumb texture. Add the sugar and mix through.

Cover the fruit with the crumble mixture. Bake for approximately 20 minutes until the crumble is golden and the apple hot.

From www.jamioliver.com

Puzzle page

Each letter equals the number under it . to solve the computer related quote just fill the blank spaces.

Cryptoquote

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May's Answers

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N	O	P	Q	R	S	T	U	V	W	X	Y	Z
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6	22	19	21	14	7	12	17	10	5	20	25	13

Did you know?

Funny Facts

If you yelled for 8 years, 7 months and 6 days you would have produced enough sound energy to heat one cup of coffee.

If you f**ted consistently for 6 years and 9 months, enough gas is produced to create the energy of an atomic bomb.

The human heart creates enough pressure when it pumps out of the body to squirt blood 30 feet.

A cockroach will live nine days without its head before it starves to death. (*Creepy.*)

Banging your head against a wall uses 150 calories an hour.

(Do not try this)

The male praying mantis cannot copulate while its head is attached to its body. The female initiates sex by ripping the male's head off.

The flea can jump 350 times its body length. It's like a human jumping the length of a football field.

The catfish has over 27,000 taste buds.

Some lions mate over 50 times a day.

Butterflies taste with their feet.

The strongest muscle in the body is the tongue.

Elephants are the only animals that cannot jump.

A cat's urine glows under a black UV light.

An ostrich's eye is bigger than its brain.

Starfish have no brains.

Polar bears are left-handed.

Humans and dolphins are the only species that have sex for pleasure.