

Dec/Jan **10/11**

The bi-monthly newsletter from the MS Society of Auckland & the North Shore Inc

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EDITORIAL

Our last Newsletter of the year is coming to you later than usual but I hope that you get the chance to read it before the Christmas festivities kick in at the end of the week.



This year has been full of challenges for your society and we have felt the full impact of the economic downturn. The consequences of this have been fairly dramatic over the year. In April Jake left to take up a new role and wasn't replaced, in August Anju left the society when she got married and moved to the USA, and then in mid October Nicola was headhunted into a role with the Foundation of the Blind. As part of our attempt to cut costs only one of those three roles was replaced.

This still wasn't enough to help us balance our books and more recently we have had to endure the quite painful process of reducing our Field Work team from six to four. During this last week we have said goodbye to both Bea Phillips and Allison Wheeler. Both Allison and Bea have contributed significantly to the work and development of the society over many years. Allison worked for the society for over twelve years and was very well known to most of the clients on the North shore, who we know will miss her terribly. The Committee and I wish both Allison and Bea the very best in their future endeavours and thank them for being part of our MS family.

In the New Year we hope to start introducing some new working practices that will improve the way that the society engages with all of you. There are some interesting possibilities that we are hoping to take full advantage of.

In the meantime, I'd like to take this opportunity to thank all our sponsors and supporters throughout the year and to wish you and your family well for this coming Christmas and New Year.

Cheers
Gary



YOUR EMAIL ADDRESSES

We would like to keep all members updated with upcoming events and information which we feel would be relevant to you. Please email editor@msakl.org.nz and we will update your contact details.

FIELD WORKERS UPDATE

The six of us would like to wish all of you and your family and friends a safe and Merry Christmas and Happy New Year, we hope you all get time to relax and unwind after a busy year.



CHRISTMAS CLOSURES

OFFICE CLOSURE CHRISTMAS / NEW YEAR 2010-11

The MS Auckland Region office will be closing at Midday on Friday 24th December and will re-open for 2011 on Wednesday 5th January

We would like to take this opportunity to thank you all for your support and to wish you a very Merry Christmas and best wishes for 2011.

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FUNDRAISING AND VOLUNTEER NEWS

FOOTLOOSE FUNWALK SUCCESS

The annual Footloose Funwalk event was held on Sunday 14th of November and as per previous years was a great fun event. The new venue of the Viaduct Harbour proved to be a success and was enjoyed by all.

A huge 'thanks' goes out to all the supporters who helped run the event and make it enjoyable for all those participating, especially to Tina French who took over the organisation of the event after Nicola's departure.

Also a big 'thank you' goes to our sponsors, Sky City Community Trust and Auckland City Council, who made the event possible. See you all next year.

FOOTLOOSE FUNWALK REVIEW

What a great day the MS Auckland Region Footloose Funwalk was on Sunday 14th November. Having an adult daughter with MS I was keen to do the walk and try and raise a bit of money to help out.

I must admit, it was not only for altruistic reasons that I was looking forward to the walk. My florist shop 'Fabulous Flowers' is situated in a mall and as I work Sundays, I was very happy to give myself the day off to get into the fresh air. My friend, who also works in a shopping mall was keen to come too. It was a happy morning, joining a group of people who were all there with a common aim. I remember thinking that although most of us were strangers to each other we were all strongly linked through our personal experiences with MS.

The Viaduct was a great location for the walk, nice to be close to the water and with a buzz of people to make it interesting. It was well organised with helpful guides in strategic places to ensure we couldn't possibly get lost!

We did the 'lap' a few times then treated ourselves to a lovely cafe lunch. Thanks to MS Auckland Region for organising such a fun event – I will definitely be there next year. It was a great experience.

Jane Hunter



DONATION FORM

I would like to subscribe to the MS Society of Auckland & the North Shore Inc (\$40 per annum)

I would like to donate: \$25 \$50 \$100 Other \$ _____

Payment method: Cheque Visa Mastercard
(please make cheques payable to the Multiple Sclerosis Society of Auckland & the North Shore Inc)

Card No: _____ Expiry: _____

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For details about leaving bequests or further information on how you can help MS Auckland Region, please contact the office on (09) 845 5921

PHONE 0900 YES 2 MS

Call 0900 93 726 to make an automatic \$20 donation.

Please ensure you have the account holder's permission.

FUNDRAISING GOT AN IDEA?

Do you have a great idea for fundraising? Know anyone who may be able to help out? Perhaps donating or subsidising an event or prize or just their time.

Contact the office or email gary@msakl.org.nz

NORDIC WALKING FOR ALL

Nordic walking is a fun effective fitness and rehabilitation activity. Nordic walking is proving to be beneficial to a wide range of people, including those with neurological conditions e.g. Parkinson Disease, Multiple Sclerosis and Stroke.

The Nordic walking technique is an "intensification" of normal walking using the rhythm of the arms, legs and body for a total body work out with the use of specialised poles. It is an effective and safe form of physical activity for all ages and abilities, easy to learn and fun to do. Nordic walking was originally developed in Europe for cross country skiers to maintain their fitness over the summer months.



Some of the benefits to be gained by Nordic Walking are:

- Total body work out – incorporating both the arms, trunk and legs
- Increased balance – 4 points of contact
- Lower perceived exertion
- Increased coordination – use of right and left hemispheres in brain
- Improved posture
- Decreased stress on joints
- 40% more calories burnt

The aim of Nordic walking is to develop the correct postural muscles, balance and coordination required to produce a "normal" walking pattern. Our clients are reporting not only the immediate benefits they feel from doing Nordic walking but also how it has reflected an improvement in their everyday walking without the poles in their home and community setting.

To gain the maximum potential from Nordic walking it is important that the initial steps are taught by a certified Nordic Walking Instructor. It takes approximately 3-4 one hour sessions to become competent with the technique.

Rope Neuro Rehabilitation is running a Nordic Walking Group Class every Tuesday at 11am at Lord Elsmore Park. For information on either a one-on-one session or the group class please contact: Gill Davy, Neurological Physiotherapist and Internationally Certified Nordic Walking Instructor on (09) 623 8433, Email gill@ropeneurorehab.co.nz or visit www.ropeneurorehab.co.nz

Testimonials from clients who have recently started Nordic Walking

"Pole walking has made me walk with a straight back so my breathing has also improved. I find that the poles give me confidence and I am walking further. I also get to speak to many people on my walks and there is so much interest. Thank you so much Gill"

Renee Beck – Parkinson Disease

"It is early days but Nordic Walking has improved my co ordination and walking style especially after the training sessions. I can see the potential for improved co ordination and fitness. It gets you outside and would be good especially when walking with others. As with every stroke repetition on a regular long term basis is the answer"

Mike Brown – Stroke

"After the first session it felt like it could be of real benefit, and it does seem to improve my walking. It seems to give a reasonable workout, without the impact on the joints"

Stephen Taylor – Spina Bifida

SNIPPETS AND WEBSITES

NOW AVAILABLE IN HARD COPY – CRIPIN PLACE

As mentioned in the last newsletter, Author David Ashton recently published *Cripin Place*. It is available to sample by visiting www.smashwords.com/books/view/27454, it has also recently been made available in hard copy format.

David's life story is not for the faint hearted, feeble minded or humourless. It exposes how life is for people with MS, dependant on the vagaries and mindless inconsistencies of State funded care and oft times compassionless bureaucracy. A gripping and roller-coaster read, you will be outraged, humbled, overwhelmed, angered, nourished and inspired in turn, sometimes on the same page.

Keep an eye out for a book review of *Cripin Place* in our first 2011 newsletter.

OPEN DOOR DOCUMENTARY – MULTIPLE SCLEROSIS

For anyone who missed the televised episode screening of our MS Open Door documentary earlier this year, parts of the full length documentary are now available to view by visiting www.nzonscreen.com.

In the Search Results field please enter Open Door – MS and the link to the episode will be available for you. Thanks again to all those who participated in the making of this documentary.

CHILDHOOD MS GUIDELINES ARE A "REAL STEP FORWARD"

10 August 2010

Consensus guidelines on the treatment of children with multiple sclerosis (MS) in Europe have been published in the journal *Multiple Sclerosis*.

The guidelines will be used to provide a common framework for healthcare professionals to work from when treating children with MS. They have been formed by experts in childhood MS from 11 European countries and one from Canada.

The guidelines:

- Provide information about how to manage relapses
- Provide information about dose and type of disease modifying drugs that should be given
- Propose a way forward to treat childhood MS in the future

Dr Evangeline Wassmer, a co-author of the guidelines, is leading a national study looking at the incidence of MS in children in the UK. The study, costing £379,444 (nearly NZ\$803,000 - ed), is co-funded by the MS Society (UK) and Action Medical Research and will look at how MS affects children and families in the short- and longer-term.

Commenting on the guidelines, Dr Wassmer said: "There is a real lack of awareness of childhood MS in the UK amongst healthcare professionals."

"These guidelines will give them tailored information about the specific issues that children with MS face and how best to deal with those issues."

The MS Society (UK) are now planning a series of events that will focus on giving healthcare professionals the latest information about childhood MS.

Rhona Maclean, Strategic Lead for Education at the MS Society (UK) said: "We know that MS can affect children and families in a profound way. We welcome these guidelines as a real step forward for the MS community."

More about the childhood MS project:

It is estimated that 5 per cent of people with MS have symptoms before age 16. Although MS in children is being increasingly recognised it is not clear which children after their first demyelinating event (attack of the immune

cells on areas of brain and spine) will develop MS (a recurrent form of this attack). In children, there are a number of other conditions which share some symptoms with MS and, because these occur more frequently than in adults, neurologists can have some difficulty in deciding whether a child has MS, leading to delays in diagnosis.

This project aims to find out how many children are affected by demyelination (a first MS-like illness) and MS in the UK, and to identify which children are more likely to develop MS after an initial MS-like attack. The applicants also expect to create a group of paediatric MS cases that can be followed during the course of this project (5 years) and beyond into adulthood, providing the basis for an extremely valuable long-term study. Through this, it is hoped that there will be an increase in awareness of MS amongst Paediatricians. In addition, blood and/or cerebral spinal fluid samples will be taken and stored to provide a platform for the future to perform basic science studies of the immune system and genetic characteristics in children with demyelinating diseases.

This project is jointly funded with Action Medical Research – www.action.org.uk

Facts about childhood MS

- Nobody knows the number of children who have MS in the UK but between three and five per cent of people with MS experience symptoms before the age of 16.
- A new study, funded by the MS Society (UK) and Action Medical Research, will attempt to identify children with MS in the UK and find better ways to treat them.
- The study will also look at ways to combat the effects of MS on the lives of children and develop better services for children living with the condition.
- Beyond that, the study will also help researchers look at causes of childhood MS and how these could relate to MS in adults.

Source: www.mssociety.org.uk/research

FREE CHILDREN'S THEATRE TICKETS

We occasionally receive free theatre tickets to children's productions. Please contact us if you would like to be added to the mailing list. You can contact the office on (09) 845 5921 or email editor@msakl.org.nz to update your details.

BIONESS L300 FOOT DROP SYSTEM

Not quite the Loch Ness Monster but just as awesome the Bioness L300

Foot drop – something I've lived with for about 15 years, until six months ago my daughter gave me a piece of paper on which she had written – Kay with a phone number, an e-mail address, and MS lady (Ben's mum's friend) with leg thing.

For the next month I mulled over the idea of what this 'leg thing' could be, Then, after overcoming my natural caution of yet another 'helpful' idea I took the plunge and rang Kay. We chatted for about half an hour and she told about the Bioness L300 device that she had and how helpful she had found it in lifting her foot when walking. Kay gave me the number for Surgical Synergies, the supplier of the Bioness.

My next step was to Google Bioness. My curiosity satisfied I rang Surgical Synergies to make a time for me to call and see the equipment. Not so easy, I needed an appointment with Sharon Dodds, the National Sales Manager, who would come to my home and set me up with a unit.

Remembering how Kay had enthused about her Bioness I was very excited to try the Bioness and hear what Sharon had to say, however she quickly brought me back to earth by warning me that the device wasn't suitable for everyone. After explaining how the device worked she tried to move my foot then attached two electrodes below my knee. The electrodes were attached to a control panel which she uses to program the devices to suit each patient's individual needs. Initially there was no reaction in my foot then after the electrodes were moved slightly, my foot came to life. I looked at my foot, which hadn't moved by itself for 15 years, then smiled at Sharon and said 'magic'. With a little bit of additional adjusting to the positioning of the electrodes my foot seemed to be moving quite naturally.

The next test was to walk with it on. I quickly overcame the 'buzz' down my leg and noticed that my foot seemed to be performing the way it should. Walking with it on was so much easier as I wasn't having to think about lifting my foot every step I took – I was sold!



The Bioness came with a chart and a programme to progressively build up the daily usage from 15 minutes to a full day's usage over a 3 week period. I found that muscles which had been inactive for many years had suddenly been kick-started again and did tire from being used too much. I took this as a good sign that indicated the muscles were beginning to work again. I now wear my Bioness all day without any bad effects and miss the 'buzz' when it's switched off.

Sharon explained that the normal procedure was that customers rent the device for 2 months whilst they make up their minds as to whether the device suits their needs. During my two-month trial period Sharon visited me a couple of times to make minor adjustments to the placement of the electrodes. During this time I noticed (as did many others) an improvement in my walking.

I have now been using the Bioness for 4 months and every day I wonder how I managed without it. My gait is more even as my left leg can take a full step and not just a 'catch up' step, with the result I am walking more upright. Occasionally I have surprised myself by getting round the house and realising that I have left my stick behind.

On a lighter note, one benefit I have enjoyed is wearing some nice shoes in the correct size. My concern now is clearing out my wardrobe of several pairs of shoes which are a size too big due to my previous use of an AFO splint!

Throughout this process I have found Sharon's assistance and support invaluable. When she set me up initially she gave me her card and said 'just call me any time', how many times have I heard that and when I do ring there's no answer. Anytime that I have left a message Sharon always returns my calls promptly. I am happy to talk to anyone about using the Bioness, any technical issues would have to be referred to Sharon.

For more information please visit www.bioness.com or email info@surgicalsynergies.co.nz

By Judith Herbert



ARTA CHANGE

On 1st November 2010, as part of the 'Supercity' restructure of local government, ARTA became part of an Auckland Council organisation called Auckland Transport.

This means the Total Mobility Scheme is now administered by Auckland Transport (although TM application forms and ID cards with the ARTA logo will continue to be valid until they are replaced).

Submission of Total Mobility applications

Phone calls, post and email sent to the old ARTA contact details will continue to reach us at Auckland Transport (until we advise of alternative details), however, please note the following in relation to submission of Total Mobility applications:

- Application forms should be posted to: Total Mobility, Auckland Transport, Private Bag 92 250, Auckland 1142 (if you forget to clearly write 'Total Mobility' on the envelope, there is the possibility that delivery of your application to the Total Mobility team will be delayed by a few days due to getting mixed up in the general mail).
- Application Forms may continue to be hand delivered to Reception, Level 3, 21 Pitt Street, CBD (until we move to another office in mid-December) but should be contained in a sealed envelope that says 'Total Mobility' on the outside (so that cheques or cash are not lost).
- Cheques for Total Mobility cards should be addressed to Auckland Transport (not ARTA and not Auckland Regional Transport Authority). It is safe for you to assume that any cheques addressed to ARTA that have already been posted will be accepted by the bank in the next week or two unless we contact you to say that they have been rejected.

Customer feedback and application queries regarding Total Mobility

TM assessment agency staff and TM clients should continue to call the MAXX Contact Centre, phone (09) 366 6400 (or phone 0800 10 30 80 for those within the Auckland Region but outside the Auckland free calling area, eg, Hibiscus Coast, Pukekohe) or email maxxenquiry@maxx.co.nz for TM application queries or customer feedback on TM transport services. These details have not changed.

MRI FACTS & INFORMATION

What is it?

Magnetic resonance imaging (or MRI) is a technique used by doctors and researchers to visualise many parts of the body. It is widely used in the diagnosis and monitoring of MS, because it can detect lesions (areas of myelin damage) in the brain and spinal cord of people with MS.

Who is it for?

MRI is often used for people during the diagnosis of MS. It can detect lesions in people with all types of MS. It is also used to measure the effectiveness of therapies during clinical trials.

How does it work?

MRI is a technique that involves the use of a powerful magnet and radio-frequency signals. People undergoing an MRI scan are asked to lie inside the magnet whilst radiofrequency signals are pulsed on and off. This technique allows water to be detected more readily in tissue (such as brain) than solid mass (such as bone). MRI can also distinguish between different areas of tissue depending on how much water is in them. Lesions (areas of myelin damage) tend to have more water in them, and, therefore, they can be readily detected by MRI. Lesions are best seen on what are called T2-weighted scans. Some lesions with the most tissue damage and highest water content are referred to as T1 hypointense lesions (or black holes).

Is MRI safe?

MRI is known to be as safe as long as you do not have a pacemaker and any metal implants, which sometimes are not MRI compatible. MRI has not been shown to specifically harm the developing foetus, but it is recommended that MRI is only performed on pregnant women when essential. MRI involves lying in a small space for up to 30 minutes and occasionally longer. Some people can become claustrophobic and may find this uncomfortable. It is recommended that people who tend to become claustrophobic speak to their doctor before having an MRI scan.

How does it compare to other techniques used to visualise the brain?

There are several advantages that MRI holds over other methods, such as CT scans, including;

- taking a clearer picture of different components of the brain
- taking images of the brain and spinal cord at any angle and make 3D images
- readily detecting abnormalities in the brain and spinal cord
- It's safe – it does not expose people to harmful ionising radiation.

Source: www.mssociety.org.uk

MEDICINAL CANNABIS

NZ patients cleared to get medicinal cannabis

New Zealand medicines regulators have approved a cannabis-based spray for use by Multiple Sclerosis (MS) patients in this country, says a big manufacturer, GW Pharmaceuticals.

Its Sativex treatment for the relief of spasticity in MS patients contains two cannabinoids or active ingredients – THC and CBD, and is the first cannabinoid medicine derived from whole plant extracts from the cannabis sativa plant.

New Zealand's was the fourth approval for Sativex following positive decisions in the UK, Spain and Canada, GW research director Stephen Wright said in a statement.

"We are delighted that Sativex has received positive endorsement from another of the world's most highly regarded regulatory authorities".

Medsafe spent nearly two years considering whether to allow the marketing and sale of the cannabis spray. The Government faced increasing pressure from some patients and scientists to legalise cannabis use to alleviate chronic pain for accident victims, and some sufferers of multiple sclerosis and cancer.

Cannabis is a class C drug and cannabis preparations are class B drugs, but the Medicines Act allows the drug to be used with ministerial approval.

In 2008, the Health Ministry said approval to use Sativex had been granted for three patients, and a further application was pending.

Criteria for the trial said patients had to have either nausea, anorexia and wasting associated to cancer and AIDS, or chronic pain for which other pain relief treatments were unsuited, neuropathic pain associated with MS, stroke, cancer, spinal cord injury, severe physical trauma or peripheral neuropathy resulting from diabetes, or muscle spasm and spasticity associated with MS or spinal cord injuries.

The spray is administered under the tongue and has been legal in Canada since 2005.

In a briefing paper to the previous Labour government, officials said there was "sufficient evidence of safety and efficacy of cannabis in some medical conditions" to support consideration of compassionate, controlled use.

One lobbyist, Billy McKee, complained that patients who used cannabis medicinally faced many risks in buying it on the black market.

He smoked cannabis to control chronic nerve pain dating from car crash injuries sustained 15 years ago and said he would welcome Sativex if he could "easily access and afford it". But he believed users could face costs of \$150 to \$300 weekly if it was not subsidised by Pharmac.

Mr McKee said users faced obstacles growing their own, illicit, drug: his home had been burgled 20 times by thieves trying to remove plants.

According to an Otago University pharmacology professor Paul Smith, the THC and cannabidiol in the spray will not work for all chronic pain sufferers but initial results in Multiple Sclerosis patients showed about 30 percent success, including reducing symptoms in some patients.

In its application to Medsafe, GW Pharmaceuticals said that in therapeutic doses, Sativex may produce side-effects "interpreted as a euphoria or cannabis-like high".

Source: Otago Daily Times (4 November 2010)

DISABILITY ARTS FESTIVAL

CALL FOR EXPRESSIONS OF INTEREST

Acting Up is a Disability Arts Festival being organised by Interacting Trust, and being held in Auckland from the 28th until the 30th October 2011. Interacting are seeking Expressions of Interest from artists, performers, speakers, and interested parties.

The Festival will take place at Corban's Art Estate in Waitakere and the Play House Theatre in Glen Eden, and "virtually" via the Interacting website.

Opportunity exists to for involvement in both the physical festival in West Auckland and or in the virtual festival online.

Through this festival Interacting Trust will strive for a 'community' feel to the event, where all audience, performers and participants come together to celebrate the creativity and achievements of disabled people in the arts.

Please email Janette at 'Acting Up' interacting@ihug.co.nz for the Expression of Interest document if you would like to get involved.

STEM CELL RESEARCH INFO

What are they/is it?

Stem cells are cells that can both reproduce themselves and develop into many different cell types. There is a potential to use stem cells to grow different types of cell on demand (i.e. grow new nerve cells); however research into stem cells is still at the very early stages.

Who are they/is it for?

There is currently research looking into the potential for stem cell treatments for people with relapsing remitting and progressive forms of MS, but these are at a very early stage of development. There is currently no stem cell therapy proven to work for people with MS.

How does stem cell therapy work?

There are several ways in which stem cells may be useful in treating MS (but none are yet proven. Clinical trials are ongoing to test this.

- **Resetting the immune system** People with relapsing remitting MS are thought to have an over-active immune system. One type of stem cell therapy involves using adult bone marrow stem cells (stem cells from the immune system) to reset the immune system so it 'forgets' to attack myelin in the brain (thus preventing damage to myelin – which occurs in MS). This type of stem cell therapy was shown to be relatively safe and effective in an early phase I trial involving 20 people with relapsing remitting MS. Other trials are underway involving more people and results are not expected for several years.
- **Repairing myelin damage in the brain** Another possible way of using stem cells to treat MS is to use nerve stem cells to repair damage to myelin that has already occurred in the brain. This work is still at very early stages of development in the laboratory and it is therefore difficult to be specific about whether this therapy would be beneficial for people with MS or to put a time frame on when it would become available (if found to be beneficial). In theory, this type of therapy could be beneficial to people with progressive forms of MS – but more work needs to be done to confirm this.
- **Drugs that act on existing stem cells** A third area of stem cell research is looking at ways of controlling existing stem cells in the brain to repair damaged myelin. This research is currently at early stages but is looking at developing drugs to stimulate the body's own stem cells to repair damage in myelin and nerve fibres that occurs in MS.

A lot of publicity has surrounded stem cell clinics that are selling treatments to people in the UK. There have been reports of people travelling to clinics in China and Europe to receive treatment – these are unproven therapies not conducted in an official clinical trial environment and with no clinical proof that they can successfully treat people. The MS Society does not recommend people with MS consider these types of 'therapies' as effective treatment for MS.

There are currently no approved stem cell therapies available for people with MS in the world. The only way to receive legitimate stem cell treatments are to take part in clinical trials by contacting your neurologist.

Source: www.mssociety.org.uk

VITAMIN D HAS EVEN STRONGER BENEFICIAL IMMUNE EFFECTS IN MS FOR WOMEN

20th September 2010

Scientists from Buenos Aires in Argentina have provided yet more evidence of beneficial immune effects of vitamin D3 in people with MS. This group has a good track record in vitamin D research in MS, previously showing the connection between low vitamin D levels and relapses. The current research, published in the Journal of Immunology, shows a strikingly stronger beneficial immune effect of vitamin D in women than in men, probably related to interaction with female oestrogen-type hormones. The authors note that it is likely that high blood levels will be required in people with MS to achieve optimal immune effects, rather higher than the levels needed for optimal bone health.

A number of suggestions come from this study. Certainly for post-menopausal women with MS, there is accumulating evidence that there may well be beneficial effects from hormone-replacement therapy. But in particular, it appears to be very important to maintain high blood levels of vitamin D. Of course, this is best obtained through regular small amounts of sun exposure, but in many parts of the world, supplementation with vitamin D is necessary. The doses discussed on this website – www.overcomingmultiplesclerosis.org are likely to raise levels to offer some protective immune effects without the risk of side effects.

Source: www.overcomingmultiplesclerosis.org

OCRELIZUMAB STUDY

Phase II study with Ocrelizumab shows significant reduction in disease activity for Multiple Sclerosis patients

Roche and Biogen Idec today announced 24 week results from a Phase II study of Ocrelizumab in patients with Relapsing-Remitting Multiple Sclerosis (RRMS), the most common form of the disease. Ocrelizumab demonstrated a significant reduction in disease activity as measured by brain lesions and relapse rate. Patients with RRMS suffer from relapses and disabling symptoms caused by nerve damage which can significantly affect their quality of life.

Reductions in total number of brain lesions detected by MRI scans (the primary endpoint of the study) were highly significant at 96% for 2000mg Ocrelizumab and 89% for 600mg Ocrelizumab compared to placebo. Disease activity was also measured by reduction in Annualised Relapse Rate (ARR), the rate of attacks or flare-ups per patient per year. At week 24, ARR was significantly lowered versus placebo with a reduction of 73% for Ocrelizumab 2000mg and 80% for Ocrelizumab 600mg.

“These efficacy results are amongst the most remarkable seen in a Phase II RRMS study, and show that Ocrelizumab may have the potential to offer benefits to patients with this disease”, said Professor Ludwig Kappos, lead investigator of the study, from the Department of Neurology, University Hospital Basel, Switzerland.

“We are strongly encouraged by this data and the possibility that Ocrelizumab could become a new option for patients with MS”, commented Hal Barron, M.D, Head of Global Development and Chief Medical Officer for Roche. “We believe in the potential of Ocrelizumab and look forward to exploring it further in the final phase of clinical development”.

Both Ocrelizumab doses were generally well tolerated and no infections were reported. Serious adverse events (SAEs) were similar in all treatment groups. Infusion-related events during first infusion, predominantly mild to moderate, were more common with Ocrelizumab (34.5% and 43.6%) than placebo (9.3%). However, these reports decreased during the second Ocrelizumab infusion and were comparable to those initially reported with placebo.

About the study

- A Phase II randomised, multicenter, 220 patient study investigating Ocrelizumab compared to placebo in patients with RRMS. Open-label, rater-blinded, interferon beta-1a (30 mcg IM) was also included as a study arm.

- Efficacy and safety profile of two dose regimens of Ocrelizumab (600mg and 2000mg) were evaluated. Patients were treated for 24 weeks and received two Ocrelizumab intravenous infusions of 300mg or two intravenous infusions of 1000mg given at day 1 and day 15.
- Primary endpoint was efficacy measured by gadolinium-enhancing T1 lesions observed by MRI scans of the brain at weeks 12, 16, 20 and 24 compared with placebo.
- Secondary endpoints included ARR at week 24; total number of new gadolinium-enhancing T1 lesions at four-weekly intervals; safety and tolerability of the two Ocrelizumab dose regimens compared to placebo and interferon beta-1a.
- Patients will be treated according to study protocol for up to 96 weeks, receiving Ocrelizumab infusions every 24 weeks.

About Ocrelizumab

Ocrelizumab is an investigational humanised monoclonal antibody designed to selectively target CD20-positive B-cells, which are believed to play a critical role in Multiple Sclerosis (MS). It then interacts with the body's immune system to eliminate CD20-positive B-cells.

About Biogen Idec

Biogen Idec creates new standards of care in therapeutic areas with high unmet medical needs. Founded in 1978, Biogen Idec is a global leader in the discovery, development, manufacturing, and commercialisation of innovative therapies. Patients worldwide benefit from Biogen Idec's significant products that address diseases such as lymphoma, multiple sclerosis, and rheumatoid arthritis. For product labeling, press releases and additional information about the company, please visit www.biogenidec.com

About Roche

Headquartered in Basel, Switzerland, Roche is a leader in research-focused healthcare with strengths in pharmaceuticals and diagnostics. Roche is the world's largest biotech company with truly differentiated medicines in oncology, virology, inflammation, metabolism and CNS. Roche is also the world leader in in-vitro diagnostics, tissue-based cancer diagnostics and a pioneer in diabetes management. In 2009, Roche had over 80,000 employees and invested almost 10 billion Swiss francs into Research & Development. Genentech, United States, is a wholly owned member of the Roche Group. Roche has a majority stake in Chugai Pharmaceutical, Japan. For more information: www.roche.com

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Source: Media Release by Roche Switzerland, Basel, 15 October 2010

BOOK REVIEW

THE FIRST YEAR: MULTIPLE SCLEROSIS

An Essential Guide for the Newly Diagnosed

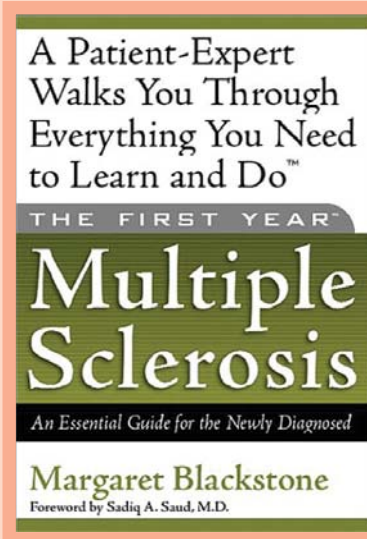
By Margaret Blackstone

Medical writer Margaret Blackstone began her personal research of Multiple Sclerosis when she was first diagnosed with MS in 2000. Now, acting as a "patient-expert," she shares what she has learned in her new book. Margaret walks patients through the first year of their diagnosis, first on a day-to-day basis, then week-to-week, and finally month-to-month. At first, she sticks to advice that will help people cope emotionally, gradually adding the information that will help them understand and participate in their own personal treatment program.

Each chapter is divided into two parts, Living and Learning. The Living section helps people understand how MS may influence their daily routines, stress levels, relationships, families and workplaces. The Learning section presents hard facts about the disease, including information on treatments and medications available. Drawing from her own personal experiences, months of research and interviews with other patients with MS, Margaret Blackstone offers straightforward advice on everything related to MS.

Review by Jacob Bish

This book is available for purchase from the office for \$40 (+ \$4 p&p or you can pick it up). Payment can be made by credit card, cheque or cash. Ph (09) 845 5921



RECIPE CORNER

GLUTEN-FREE CHRISTMAS PUDDING

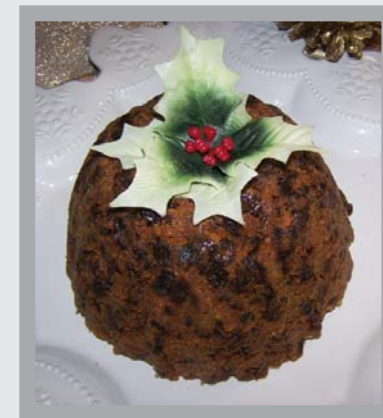
Serves 8. This is a rich golden pudding and the colour is different from traditional puddings

Ingredients

- 15g dried yeast granules
- 2 tablespoons lukewarm water
- 1/4 litre orange juice
- 50g raw cane sugar
- 25g soya flour
- 125g ground brown rice
- 25g yellow split pea flour
- 1/2 tablespoon each of cinnamon & nutmeg
- 50g polyunsaturated soft margarine
- 1 small apple
- 1 small carrot
- 325g dried mixed fruit
- grated rind of 1 lemon and 1 Orange

Method

1. Put the yeast into a small basin with the lukewarm water and leave for 3 or 4 hours to soften
2. Stir to a cream and put the yeast into a large mixing bowl
3. Heat the fruit juice until lukewarm, using a small saucepan
4. Pour the juice over the dissolved yeast and mix well
5. Add sugar, soya flour, ground rice, yellow split pea flour and spices and mix
6. Put in the margarine and grate in the apple and carrot
7. Add the fruit and rinds and mix well
8. Grease a medium sized pudding basin (2.5pts or 1.25 ltrs or 1.5 US quarts) and spoon the mixture into this.
9. Tie on a double greaseproof paper lid and make a string handle (see pic)
10. Place a grid or three metal spoons in the bottom of a large saucepan, to keep the pudding off the bottom, and fill about 3/4 full with boiling water.
11. Lower the pudding into the saucepan, put the lid on and steam for at least 1.5 hours (top up with boiling water if the level goes down)
12. Put a warm serving plate on top of the pudding and remove by turning the pudding upside down and tapping the basin.



The above recipe has been taken from the Multiple Sclerosis Resource Centre website – www.msrc.co.uk

MORE SNIPPETS AND WEBSITES

PARAFED AUCKLAND

The primary ambition of Parafed Auckland is to provide sporting and recreational opportunities for all people who are living with physical disabilities. Regular involvement in any form of sporting activity increases people's overall quality of life. For more information please visit www.parafedauckland.co.nz or phone (09) 270 2503 between 9am - 3pm Monday to Friday, or email info@parafedauckland.co.nz

MS GROUPS

For more information on these groups contact the MS Auckland Region Office on (09) 845 5921 or email info@msaki.org.nz

RODNEY

HIBISCUS COAST BUDDIES

3rd Tuesday of each month, 10.30am
At the Pohutakawa Room in the Whangaparaoa Library. All welcome.

UNDER 45s GROUP

Six weekly at each others homes.
If you have MS and are under 45 you are welcome to attend. Contact the office for more information.

NORTH SHORE

NORTH SHORE CAFÉ GROUP

1st Saturday of each month, 12.30pm
Kings Garden Café, Kings Plant Barn, Porana Rd, Glenfield. Contact Christine Ball (09) 444 6945 or 021 071 6752 after 4pm.

MAIRANGI BAY WATER-WALKING

Wednesdays 10.30am to 11.30am
At the Millennium Sports Institute with a Physiotherapist, Margo Angland. Contact the office for more information. Starts again 2nd February 2011.

MAYFIELD COFFEE MORNING

1st Thursday of each month, 10.30am
At the Mayfield Centre, Glenfield. Starts again 3rd February 2011.

AUT PHYSIOTHERAPY MS CLASS

Classes are held at AUT, Akoranga Campus, Northcote. Contact the clinic for details on (09) 921 9161.

CENTRAL

AQUA EXERCISE GROUP

Thursdays 10.30am to 11.30am
A hydrotherapy group is held at Epsom Girls' Grammar School Aquatic Centre. Contact the office for more information.

WAIHEKE GROUP

Meets several Sundays per year.
Contact the office for more information.

GREENLANE COFFEE GROUP

2nd Saturday of each month, 11.00am
Zinc Café, 205 Great South Road, Greenlane (by Autel Kitchen Appliances Showroom).

WEST

WEST AUCKLAND WATERWALKING

Fridays 11.00am to midday
West Wave Aquatic Centre, Henderson, with with a trained Physiotherapist.

PT CHEVALIER SUPPORT GROUP

2nd Wednesday of every 2nd month, from 10.30am to 12.30pm
Contact Judith Linton, Ph (09) 846 4783.

SOUTH

BEACHLANDS AQUA EXERCISE

Contact Margaret Strachan,
Ph (09) 536 6663.

PAPATOETOE HYDROTHERAPY GROUP

Wednesdays 11.00am to midday
At the Papatoetoe Pool, Sutton Cres. Contact Gordon Baker, Ph (09) 275 5729.

PAPAKURA-TAKANINI SUPPORT GROUP

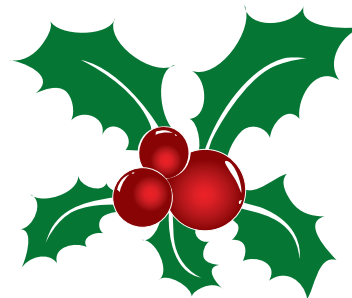
Last Tuesday of each month from 10.30am
Contact Lesley Shortland, Ph (09) 263 8132.

PUKEKOHE CAFÉ GROUP

1st Thursday of each month at 11.30am
Contact Sarah Toft, Ph (09) 232 2796.

BOTANY CAFÉ GROUP

3rd Thursday of each month
Whitcoulls Coffee Lounge, Botany Downs Town Centre. Contact Elaine Jones (09) 533 4160.



MS Groups are a great way for members to get together for friendship and support, whether it is simply for a chat or for some light exercise, make it your goal to go along to a group. All people with MS are welcome to attend any of the above groups in any area. If you have an idea for a group or would like to start one contact the office on (09) 845 5921.

Our thanks goes to the following organisations for their support.



Opinions expressed in this newsletter are not necessarily those of the MS Society or the editors.