



# WRSG Newsletter

WOLVERHAMPTON RHEUMATOLOGY SUPPORT GROUP

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CARING IS SHARING

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**Outings – Reminder**

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

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

Places in the pool are now fully booked.

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

**Information Session**

Our next Information Session will be a talk by Dr. Paul Newton, Consultant Rheumatologist at New Cross hospital. The subjects for the talk will be Rheumatoid Arthritis, Osteoarthritis and Fibromyalgia.

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

We will provide light refreshments and hold a raffle.

**Why not arrive early and treat yourselves to lunch!**

Admission slips are enclosed for members who have booked places.

**Concert - Reminder**

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

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

Light refreshments will be provided in the interval.

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

The tickets are now available

In line with the subjects for the Information Session by Dr. Newton I covered Rheumatoid Arthritis, Osteoarthritis and Fibromyalgia in the March Edition of the newsletter.

I am printing an article on Osteoporosis in this newsletter because it is one of the most common conditions affecting our members and also because I recently suffered a fracture.

## Osteoporosis

Dr Gill Jenkins

Dr Rob Hicks

Osteoporosis is a condition where the bones - particularly those of the spine, wrist and the hips - become thin and weak and break easily. Often there are no symptoms.

### In this article

What causes it?

Who is affected?

How do I know if I've got it?

What happens then?

Ways to prevent osteoporosis

Further help

Osteoporosis mainly affects women after the age of the menopause, although men can have it too. It can occur in younger people if they have other predisposing factors.

### What causes it?

The condition occurs because from around the age of 35 more bone cells are lost than replaced. This causes the bone density to decrease.

The first sign is commonly when a minor bump or fall causes a bone fracture. These may result in pain, disability, loss of independence, and death. Osteoporosis may cause people to 'shrink' as they get older. It causes the characteristic 'dowager's hump'.

### Who is affected?

About 3 million people in the UK have the condition, which is more common in women than men. Every year in the UK over 230,000 fractures occur because of osteoporosis. In the UK one in two women and one in five men over the age of 50 will suffer a fracture.

After the menopause bone loss speeds up making osteoporosis more likely. In women the risk is increased if they have an early menopause, have their ovaries removed before the menopause, or miss periods for six months or more as a result of over-exercising or over-dieting.

For men low levels of testosterone increase the risk. For men and women long-term use of corticosteroid medication, maternal osteoporosis, smoking, heavy drinking, sedentary lifestyle, low body weight, and medical conditions that affect absorption e.g. Coeliac disease, all increase the risk.

### How do I know if I've got it?

First, you need to consider if you're at higher than average risk for osteoporosis. Ask yourself the following questions:

If female, have you had the menopause?

Was it premature - earlier than 45?

Did you have an eating disorder severe enough to stop your periods?

Have you had low trauma or spontaneous fractures in the past?

Have you been told that previous x-rays suggest thinning of the bones?

Have you lost height in the past ten years?

Have you been on steroids for more than six months?

Is there a family history of osteoporosis, easy fractures or 'dowager's hump'?

Do you have chronic illness such as thyroid disease, arthritis or bone disease, renal disease or hormonal problems?

Have you been immobile for any reason?

Do you have a high cigarette or alcohol use?

### What happens then?

If you answer yes to two or more of these questions, you may have osteoporosis or be at risk of it. Go to see your GP who'll send you for specialist assessment.

As well as an examination and blood checks, there are a variety of tests which can give you a more definite density assessment. The commonest one is called a DEXA scan. This painless test involves a low dose of x-rays (less than a normal x-ray) usually across your spine, wrist or hip, which gives a specific picture of how dense your bones are.

The specialist will then tell you whether you have osteoporosis, or are at risk, and will suggest treatments.

Oestrogen, either naturally before the menopause or as HRT, is known to protect against bone loss. There are a number of treatment options if you're diagnosed with osteoporosis.

#### Ways to prevent osteoporosis

You can help yourself by taking general measures such as the following:

Increasing the calcium in your diet  
Increasing weight-bearing exercise as this helps maintain bone density.  
Reducing both alcohol intake and cigarette smoking

Medication may include:

Calcium and vitamin D supplements  
A variety of hormone-type treatments including HRT and SERMS  
Bisphosphonates are a group of drugs, which prevent bone breakdown and can be very effective in osteoporosis.

It's better to prevent any condition than simply to manage it when it happens. Osteoporosis assessment and management is an important factor in maintaining the health of your bone structure as you enter middle age.

Further help

The National Osteoporosis Society

Camerton Bath BA2 0PJ

Helpline: 0845 450 0230

Tel: 01761 471771

Website: [www.nos.org.uk](http://www.nos.org.uk)

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

There is still time for us to get some cold weather so I have decided to print the following

### Raynaud's disease

Dr Rob Hicks

Remember the last time you put your hands in icy cold water and how painful your hands felt when they were warming up? This is what it feels like for someone with Raynaud's.

#### What is Raynaud's?

Raynaud's is a condition first described by Maurice Raynaud in 1862 and is thought to affect as many as 10 million people in the UK. It's either described as primary, the commonest form, where there is no apparent cause, or secondary, where it is associated with underlying diseases.

Raynaud's affects nine times as many women as it does men. It can be hereditary and, when this is the case, it tends to be a milder form. It's quite common in teenagers, however many of those affected are only troubled for a few years and then it disappears when they're in their early 20s.

#### Temperature change

A simple change in temperature or stress interrupts the blood supply to the extremities. It's usually the fingers and toes that are affected, but the ears or nose can be involved too.

When it happens, the skin turns deathly white, for some people it then turns blue, and then it becomes bright red. At this final stage, severe pain and sometimes numbness or tingling is the unpleasant consequence.

Unfortunately, having Raynaud's can mean people avoid doing everyday things for fear that exposure to the temperature change will trigger their symptoms.

Going out in cold weather is an obvious example and people with Raynaud's are usually prepared for attacks when they're outside.

However, it comes as a shock to learn the hard way that just popping the hands in the fridge or holding a cold drink is all it takes, since the temperature changes don't necessarily need to be outdoors.

#### Keeping warm

Try to avoid temperature changes

Wear warm clothing - gloves, extra socks

Use portable heating devices for gloves, socks or pockets

Pocket baked potatoes wrapped in foil

Take regular exercise

Have hot meals and drinks

Those who experience mild attacks usually only need to ensure they avoid temperature changes and wear warm clothing to protect them from the cold.

Many people find having portable heating devices such as warmers for gloves, socks or pockets invaluable.

Taking regular exercise is a good way of stimulating the circulation. Eating regularly throughout the day in particular hot meals and drinks helps. It goes without saying that not smoking is essential.

There are many simple and imaginative tips that make life easier for people with Raynaud's. Favourites include keeping a pair of oven gloves next to the fridge or freezer, and putting a baked potato wrapped in foil in each pocket when going out. These acts as warmers and can be eaten too.

In more severe cases, a variety of medicines are used to help improve the blood circulation, for example, when attacks are frequent, prolonged and stop people getting on with life. Sometimes more than one medication needs to be tried because what works for one person may not work for another.

Some people find benefit from taking evening primrose oil, ginger, garlic, and vitamins C and E.

#### Advice and support

Raynaud's and Scleroderma Association

Tel: 01270 872776

Email: [info@raynauds.org.uk](mailto:info@raynauds.org.uk)

Website: [www.raynauds.org.uk](http://www.raynauds.org.uk)

In the middle of February a lady rang me to say that her son had printed lots of information from our WRSB website.

I was very pleased about that because it shows that people can access the site. The lady had been diagnosed with Polymyalgia Rheumatica and because twenty years ago I was wrongly diagnosed with that by my GP I knew how to answer her questions. I feel it is another quite common problem that our members may encounter.

## Polymyalgia rheumatica (PMR)

Dr Rob Hicks

Polymyalgia rheumatica (PMR) is a debilitating condition where the muscles supporting the body - those of the neck, shoulders, hips and thighs - become inflamed.

### What is it?

One day you're mowing the lawn or walking the dog, the next the pain in your shoulders and hips means you can barely stand or lift anything at all. Everyday activities such as brushing your teeth become a challenge.

Nobody knows what causes the pain. However, PMR often develops quite suddenly after a 'flu-like' viral infection. The majority of people affected are over the age of 50 with women more likely than men to fall prey to the illness.

### What are the symptoms?

#### PMR facts

It's a debilitating inflammatory condition.

Is of unknown cause

Often follows 'flu-like' illness.

Usually affects over 50s.

Men are affected less often than women.

Steroid medication treats symptoms quickly.

Eventually burns itself out.

The pain and stiffness builds up over a week or two making it difficult to function properly. Climbing stairs, walking, and getting in and out of the bath all become uncomfortable and many previously active people suddenly find themselves housebound.

Sometimes lifting a fork or spoon becomes impossible and in severe cases of PMR the pain may mean that someone becomes bed-bound.

The symptoms are worse first thing in the morning, which means it's often hard for someone to get out of bed. The pain also tends to be worse after sitting down for a prolonged period of time, which again makes it difficult to perform simple tasks such as getting out of a chair.

In addition to the pain and stiffness, many people also suffer extreme tiredness, feel very unwell, and sometimes lose weight too.

#### What treatment is available?

PMR is a miserable condition that appears out of the blue, with no known cause, and can't be prevented. Fortunately, however, there is light at the end of the tunnel - the symptoms are easily and simply treated with medication.

Steroid medication in tablet form, usually as prednisolone, brings a rapid and dramatic improvement. This reduces inflammation and the benefits are felt often within 48 hours of starting treatment. It's important that a doctor regularly monitors a blood test called the ESR, which measures the level of inflammation in the body. By monitoring this test, and reviewing the severity of symptoms, it's possible to get an idea of how well the treatment is working, enabling the doctor to adjust the dose as necessary.

Some medicines such as non-steroidal anti-inflammatory medicines (e.g. ibuprofen) may also help, as can physiotherapy to improve the function of the muscles once the pain and stiffness is relieved. Arnica, ginger, and cod liver oil are all natural ways of reducing inflammation. However, always remember to let your doctor know if you're taking these kinds of treatments.

#### How long does it last?

Often people need to remain on medication for about two years. During this time the dose is kept to the absolute minimum required. One of the possible problems of being on oral steroid medication for a long time is that it can thin the bones and cause osteoporosis to develop.

For this reason it's important to have plenty of calcium and vitamin D in the diet and when able, to do weight bearing exercises such as brisk walking. The doctor may also suggest taking a calcium and vitamin D supplement or medication to help prevent osteoporosis.

PMR eventually burns itself out and once this happens then medication is no longer needed and can be stopped. However, this must always be done under supervision of the doctor. Nobody should ever reduce or stop their steroid medication without consulting their doctor first.

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

The dates for our outings have now been arranged as follows:-

#### Carvery meal

Tuesday 15<sup>th</sup> May has been booked for the carvery meal at the Mill Farm Restaurant Cannock.

We will leave Falkland Street coach station at 11.00 a.m. and leave Cannock for the return journey at 2.00 p.m.

There will be a £3 per head charge for the coach with members paying for their own meal as usual. We will hold a raffle.

#### London Eye

Joyce is booking the trip to the London Eye for Tuesday 12<sup>th</sup> June. We will leave Wolverhampton at 9.00 a.m. and return from London at approximately 6.30 p.m.

The price for the coach and the trip on the London eye will be £15 per person

#### Holiday in Malta

The WRSB Committee has chosen the Plevna Hotel in Sliema, Malta for our holiday. The date is from Thursday 4th October for 7 days

The price is £404 plus single room supplements etc.

My February/March Diary – Just to show that life can be good whatever the circumstances

5<sup>th</sup> February – As I mentioned in the March newsletter I had a fall in Willenhall. Two men phoned for an ambulance and got a chair for me. A lady fetched water and a cloth to clean me up and another man posted my letters!

The paramedics took me to A & E at New Cross where my cuts and bruises were treated and my thumb/hand/arm was put in plaster. I had to stay there until I was seen by a Social Worker as I live on my own. That evening I received a call from the Community Intermediate Care Nursing Team to ask if I needed help getting to bed. I think this is “Care Closer to Home” I said I was in bed with my clothes on and didn’t feel well enough to come down and open the door.

6<sup>th</sup> February – I should have been going to a funeral that day but I returned to Fracture Clinic where my plaster was changed for a thumb spike. The Nurses came and took my blood pressure, pulse etc and I was quite impressed!

7<sup>th</sup> February – I went back to A & E for the dressings on my small cuts to be changed.

9<sup>th</sup> February – My friend Sandra and I had arranged to go out for lunch but Sandra came here instead and had to drive home in the snow.

11<sup>th</sup> February – Liz came to visit and took me to the bank because you cannot ask people to do your shopping without any money.

13<sup>th</sup> February – Gwen a neighbour did my food shopping for which I was very grateful.

14<sup>th</sup> February – One of my colleagues from the BCLSN picked me up for a meeting. These first days after my fall were a bit of a nightmare because getting washed and dressed was very difficult.

I soon learned how to wash my hair with one hand and use my fingers instead of a thumb and finger.

I have had my hand in plaster before after surgery as I am sure a lot of you have but I hadn’t got all the little sore places then. My biggest asset was my bath buddy because I could still have a bath every morning with my arm up in the air.

My biggest problem was getting my Lymphoedema stocking on and I didn’t manage that for ten days by which time I was quite worried about my swollen legs.

15<sup>th</sup> February – Pauline (another neighbour) took me to Staples for the stamps for the WRSG newsletters.

18<sup>th</sup> February – Caroline has given me my Sunday lunches and I do know how lucky we all are to be such good friends as well as neighbours.

The other days I managed very well with my electric can opener. I had big soup with bread and butter for lunch and macaroni pudding for my tea because you can eat them without using a knife and fork.

The only other job I hadn’t managed to do was the ironing and between them Iris, (another neighbour) Kath and Caroline did that. Fortunately as I have said previously after Christmas I decided to pay to have my housework done so I didn’t have to worry about that.

19<sup>th</sup> February – I had a taxi to the Patients’ Forum meeting in the Civic Centre. This was the most annoying part about the accident that my car was standing there and I couldn’t drive.

20<sup>th</sup> February – June Osborne and Joan another friend came to visit. June took me to the bank and to get a birthday card for Ashley and we all went to a local pub for lunch.

22<sup>nd</sup> February – Liz came and took me to Rheumatology for my appointment with Dr. Newton.

24<sup>th</sup> February – This was Ashley’s birthday and normally I would have taken them out to lunch.

They are busy arranging their wedding and Ashley rang on his birthday to say that they are taking me and Alison’s Mom to lunch at the hotel they have booked for the wedding as a Mothers Day treat. That will give me something to look forward to.

On the 24<sup>th</sup> February the Express & Star printed a thank you letter for me and I received a lot of lovely phone calls over the next few days asking what I had done and how I was feeling. I really feel lucky that I have so many friends,

During this time I had managed to type the newsletters, put the labels and stamps on the envelopes and do the photocopying because I was told to use my fingers.

But, however I tried I couldn't staple and fold them so Liz and my friend Sandra came and did them on the 26<sup>th</sup> February. Liz posted the newsletters.

When I was struggling with buttons, shoe laces, jars and packaging in general which I am sure many of you struggle with everyday I thought of the little children who have lost limbs to meningitis and I thought "Come on Dorothy, you can find a way" I wasn't able to pick Jessica and Jack up from school because I couldn't drive. They called at weekends but then Jack rang to ask if they could come and sleep over if they looked after me. I agreed and they came on the 3<sup>rd</sup> March. Jack and I made pancakes using one of his hands and one of mine! Jessica changed my hearing aid batteries which is a really difficult job to do with this plaster on because they have sticky little orange bits on them which I could only get off with my teeth!

On the 5<sup>th</sup> March, Liz, Sheila and I attended the launch of the 2007 Carver Wolverhampton Marathon in the Mayor's Parlour at the Civic Centre. We were asked to distribute the names of the sponsors for the marathon and I am enclosing a flyer as requested. See photograph opposite, I then went back to Fracture Clinic in the afternoon and my plaster was taken off. I drove myself to the Primary Care Trust Board meeting on 6<sup>th</sup> March and I was more or less back to normal!

Sheila Fardoe has asked me to advertise a Concert which her daughter Nicky is playing in on Wednesday 18<sup>th</sup> April 2007 Civic Hall, Wolverhampton 7.30 p.m  
The Band of Her Majesty's Royal Marines Scotland is performing with Wolverhampton Secondary School Children. The programme will include dancers and a choir from Coppice School of Performing Arts. Soloists and instrumental artists from both the Wolverhampton Youth Orchestra and Youth Wind Orchestra will also be performing. Tickets can be purchased from the Midland Box Office in Queen Square at £8 and Concessionary £5.

#### Hydrotherapy

I am feeling confident that this service will at last be up and running this year!



MARATHON4 caption Taking their turn to carve the marathon's tenth birthday cake with the Mayor, Councillor John Davis, were charity beneficiaries (left to right) Rosemary Willetts, of St. Anthony's Cheshire Homes, Dorothy Darby, of Wolverhampton Rheumatology Support Group, and Joan Pilsbury, of the Eye Infirmary League of Friends. ENDS

#### Mothers Day

What could they give me? What do I want?  
I like my cards. They know they cannot give me flowers. I cannot breathe with cut flowers in the house.

Greg gave me chocolates.  
They could give me wine but I only like sparkling wine and once you open the bottle you have to drink the lot. Not a good idea!

What I really like is their time.  
Well as arranged I drove to Wales on Mothers Day and we went for a meal with Alison's' Mom at the hotel where Ashley and Alison have booked their wedding in May 2008. What shall I wear with these orthopaedic shoes? Panic! I shall get a light, spring trousers suit and of course a hat!

The following Saturday I spent with Greg and his family so I got what I wanted!  
I hope you did!!!

### SALLY

Sally came to live next door,  
When I was nearly nine,  
She had long black hair and big blue eyes,  
A prettier girl you wouldn't find.

I wanted to look like Sally,  
And not have straight mousey hair,  
And a really weird looking nose,  
Life was just unfair.

For Sally had dimples in her cheeks,  
And eyelashes long and curly,  
I was just a tomboy,  
But wanted to be pretty and girly

As we grew older Sally blossomed more,  
Whilst I grew lanky and thin,  
I would wear a peg on my nose at night,  
And spot cream on my chin.

I would use a face pack every week,  
And pin my ears back with sticky tape,  
But nothing seemed to work for me,  
My face was still a funny shape.

Sally left when I was sixteen,  
I felt a little sad,  
But after she had gone I realised,  
I didn't look that bad.

My face by now had changed a lot,  
And my nose really wasn't that bad,  
And by the time I was twenty one,  
I had married the most handsome lad.

*Brenda Mullaney*

### Pills and Ills

Well I have tried all the tablets  
And swallowed all the pills  
But nothing they give me  
Can cure all my ills

I've had herbal remedies  
Acupuncture too  
And a potion from the Health shop  
That turned my water blue

I tried Homeopathy  
And came out in spots  
And Colonic irrigation  
which gave me the trots

I tried distant healing  
Which cured the cat  
And the seaweed baths  
Made me look like a rat

So now I've decided  
To Hell with the lot  
I'll live with my bunion  
And not give a jot  
*Brenda Mullaney*  
*Thank you Brenda – Keep up the good work!*

I have received a note as follows:  
“Dear Dorothy  
I am sending you my little poem about my  
childhood for the next newsletter.

It is in an Indian village home I spent my  
childhood. I think you will like it.  
Usha Ghia.  
*Thank you Usha*

### My childhood

My huge big house, trees all around,  
Middle of the house,  
There was a Well and a playground.

Big rubber tree in a side,  
We used to swing on it and play seeks and  
hides

On the other side, a nicely built Temple,  
Every evening I used to sing,  
Holy songs with my uncle

Ladies of our street used to come to get,  
Sweet and cold water from our Well  
Every morning when preacher  
Of our Temple rang the bell

I enjoyed every bit of Nature's scene  
Don't want to miss any chance  
I always waiting for to see  
Lovely colourful peacock's dance

I used to eat freshly cooked food under the  
tree  
That was my childhood, peaceful and  
tension free.

Disclaimer: The views expressed in this  
newsletter are taken in good faith and are not  
necessarily endorsed by the editor or the  
WRSG. The use of a product name does not  
constitute an endorsement or a recommendation  
by the WRSG



