

You are not alone

Polymyalgia Rheumatica and Giant Cell Arteritis

Newsletter Summer 2017

The Research & Development section of Queen Elizabeth Hospital Gateshead NHS Foundation Trust is to do qualitative research following the result of the basic survey which we did last year on 'Your Ears'.

In late May, we met with Dr Kelly and Susan Pugmire. They advised us that the NHS would now undertake qualitative research. We had donated £1,000 start-up costs. All future costs will now be paid by the NHS.

They need at the very least 300 people with GCA, GCA&PMR and PMR. It would be extremely useful if we could get more patients to participate.

YOU now need to contact the Queen Elizabeth Hospital Research and Development in one of the following ways:

E-mail: Susan.pugmire@ghnt.nhs.uk

Subject heading: Research: GCA&PMR

Post to: Sister Sue Pugmire

Co-Investigator/Research Nurse

Queen Elizabeth Hospital

Rheumatology Unit/Jubilee Hospital

Gateshead NE9 6SX

(Plus your postal address)

Once your initial enquiry has been received, research documentation will be sent to you and, if via the postal service, a prepaid envelope will be supplied for you to return the completed documentation.

We will also be placing the information on our own forum:

<http://pmrandgca.myfunforum.org>

and Patient info: **<https://patient.info/forums/discuss/browse/polymyalgia-rheumatica-and-gca>**

and **<https://healthunlocked.com/pmrgcauk>**

The first part of a long journey showed that qualitative research was essential and whilst we will be kept in the loop the hard work will now be done by our NHS. This sort of research is not undertaken by Pharmaceutical Companies as there is no new drug involved.

Without the NHS, this research would not be undertaken. The NHS works in a quiet sort of way and the important contribution it makes to research and development is often overlooked and just not known.



**GCA&PMR RESEARCH:
WE NEED
YOU**

Serendipity

In March 2016, I met two new patients within 24 hours whose symptoms were quite striking.

The first was admitted via her GP one evening to A and E, after presenting to him with severe headache and the onset of deafness in both ears at the same time. She had clinical features of GCA and was profoundly deaf. I started her on high-dose steroids, wondering if the deafness was linked to her GCA headache, which I'd not previously associated together. The next morning another GP phoned, this time about a man in his 70s who'd developed headache and jaw pain while chewing gum on his way back from Cheltenham. The GP raised the possibility of GCA himself, but was perplexed by the fact that his patient had also developed sudden deafness at the same time as his other symptoms, and on the same side. I saw the patient at the end of the clinic that morning and agreed the diagnosis of GCA, this time making a definite note of the likely association with deafness. Again I started the patient on high-dose steroids and arranged follow-up a week later.

In the same clinic seven days on, I reviewed both patients. The lady had noticed a steady improvement in both her headache and her hearing loss over the ensuing week on Prednisone 60mg daily. Her ESR was falling from a level of 96 and she felt better. Her hearing subsequently returned to normal over the next month as her other symptoms abated. The gent was even more dramatically improved. All symptoms, including deafness and jaw pain, had resolved within five days of the same dose of steroid. He remained well as the dose was reduced.

This coincidence led me to look at the literature where there was only one significant study of hearing loss in GCA, quoting an incidence of under 2% of cases. So when I subsequently talked to the PMR&GCA North East Support last Spring, I asked the audience for a show of hands about hearing loss as a feature of their illness, expecting a low response. Nearly half of all GCA sufferers, however, told me they'd had a variety of symptoms commensurate with their headache. These included deafness, dizziness, unsteadiness and tinnitus. In most cases, these had improved or resolved with steroid treatment, although those where treatment had been delayed had the least improvement.

We subsequently obtained funding from the group to undertake a questionnaire study of the incidence of ear-related symptoms in GCA patients, using PMR patients as comparisons. This confirmed a high overall incidence of ear symptoms, which was approximately doubled compared to that reported by patients with PMR. The differences were significant and the response to steroids was confirmed. Whilst not everyone with GCA could attribute their ear symptoms to this disease, many reported strong relationships in terms of both onset and response to treatment. Ben Bellamy (whose father has PMR) is an IT specialist who works in a Trade Union and he designed the complicated spreadsheet. We agreed to take this data to the BSR Conference in April at which they accepted the abstract. Margaret's (Vice Chair) niece, Annalize, helped with the analysis and preparation of the poster and she joined myself in presenting this at the BSR meeting in Birmingham.

It was very well received with many doctors interested in understanding the relationship and promising to bear it in mind when evaluating their own patients in future.



Dr Clive Kelly
Consultant Rheumatologist
Queen Elizabeth Hospital
Gateshead NHS Foundation Trust.

Editors Note: *In 1948 the NHS came into being. Before that my parents had paid 6d (old money) per week to the GP. When in hospital, it was 1 shilling per week. In 1940, my mother was in hospital for many months and at the end of her stay the Matron came and gave her 25 shillings – saying 'you need this for your new baby and family' and people donate to us to help out others. I never ever want the UK to lose the NHS.*



"Five frogs are sitting on a log. Four decide to jump off. How many are left? There are still five – because there's a difference between deciding and doing."

Mark L Feldman and Michael F Spratt

Prednisolone Reduction Plans

(Not yet approved by the Medical Profession but there is progress.)

History

Ragnar, on a visit from Sweden to the UK, attended a group meeting held on 26th September 2011, and his story is in the Autumn/Winter Newsletter 2011.

Ragnar (GCA and PMR) gave a very informative talk and explained he had developed a system for the reduction of steroids.

Included in the booklet, *Living with PMR&GCA*, written by patients for patients, is a chapter on 'The Slippery Slope of Reduction'.

Eileen Harrison (PMR) and the Chair (GCA) subsequently developed plans called 'Dead Slow and Nearly Stop' and 'Tortoise and Hare'. These two plans have been sent out, free of charge on request, to many patients over the past six years, and they have worked for many patients. Dr Sarah Mackie, Patron, was interested and the following is the outcome:

Progress

Dr Sarah Mackie, Consultant Rheumatologist, is a leading Researcher into GCA & PMR and has kindly allowed us to inform you of progress being made.

Dr Mackie emphasizes that you should always talk to your own Doctor. We have also stressed this whenever the plans have been sent to patients.

"We have been trying out the Dead Slow and Nearly Stop (DSNS) steroid reduction plan as part of the FACT study protocol.

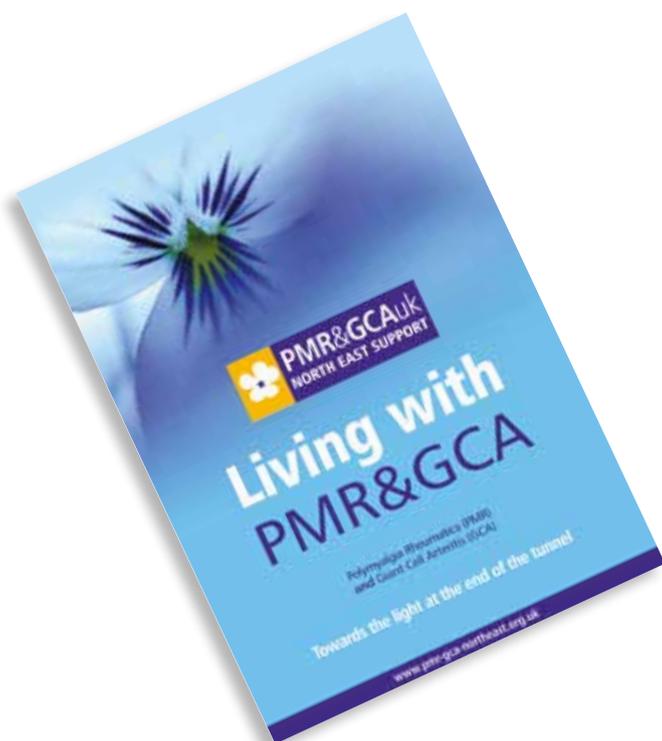
The FACT study is a very small pilot study, funded by Vasculitis UK and approved by a research ethics committee; this study isn't actually designed to test different steroid-reducing regimes, but is an exploration into causes of fatigue in people taking long-term steroids.

We incorporated DSNS as an option on the basis that we know that DSNS, or something like it, is already used by many patients in the community and because we didn't necessarily want to taper steroids over-fast in people who were experiencing fatigue. The study is still ongoing.

So far, it seems that some patients find that DSNS suits them well, especially those whose symptoms tend to flare up when they step down their steroid dose.

However, DSNS will not suit everyone. DSNS is just one of various different approaches to tapering the steroid dose, and it has to be stressed that there's no one-size-fits-all to this – you should always talk to your own doctor about what might be best for you."

If anyone has not got copies of the two reduction plans and would like copies, send an email to pmrgcafightersne@gmail.com, Subject heading Reduction Plans, and they will be sent to you free of charge.



The Lighter Side: Janet and John PMR and

Janet and John were enjoying their secure, suburban retirement dream. Retired from their respective careers in Accounts Administration and Sales Management, their two children had long since grown up with four grand-children following eagerly in their family's professional and social footsteps.

So, now it was time for Janet and John to enjoy the Good Life at last – with the usual trappings of a nearly new Mercedes in the driveway, ample supplies of Vintage Claret and Gin in stock, VIP membership at the local Golf Club and a large house and garden to maintain and enjoy. Well, for John in the most part. For Janet, mainly the garden – but most of all her new-found circle of friends via the magic of the social media.

John hadn't been his normal, charming (if lugubrious) self for a while – even more since his increasing 'I'm awfully tired, darling' remarks, and complaining about not being able to lift his arms to even properly do up his normally immaculate silk necktie – a legacy from his salesman days – not to mention playing a round of golf. Janet had always complained about John not lifting a finger around the house, but this was now taking things a bit too far.

After a referral from their confused and ambivalent (nearly retired also) GP, John finally had his appointment with the 'new' Rheumatologist at the local hospital. He came home looking happier than she had seen him for a long time.

Janet (excitedly but sardonically): "So, how did you get on – old age creeping up on you at last?!" Janet was well known for her reliable sense of déjà vu, not to mention her subtle wit and gentle diplomacy.

John: "Actually, darling, there's more to it than that. I've got Polymyalgia Rheumatica. It's a serious immune-system illness where the body attacks itself, or something like that. It's complicated, apparently it's usually a women's thing, and quite rare in men".

Janet: "Trust YOU to get something exotic with a fancy name – as usual! How did you get it? Who was the Rheumatologist? Another graduate straight from medical school I suppose? What does HE know?"

John shifted uneasily, if slightly excitedly, in his favourite armchair. "Actually, darling, the Rheumatologist was a SHE. Samantha, er, 'Doctor French' was very nice. She was interested in me as a person, and really helpful. She's quite young but she knows her stuff and put her finger on it immediately. She gave me a good going-over, diagnosed something called 'PMR' and gave me this prescription for steroid tablets to treat it. She says I'll soon feel like a new man – I'll be able to get a firm grip on my morning stiffness and probably even feel quite euphoric!".

Janet (unable to contain her combined incredulity and suspicion): "She... Samantha... a young woman Rheumatologist?! I hope you didn't play the Sympathy Card and try to chat her up like you did with the new postal delivery lady? 'Good going-over'? What did THAT involve?" John had previous form for encouraging this kind of thing with younger women...

John (with a mischievous smirk): "Oh, nothing really, darling. Samantha, er, Doctor French just told me to lie down on the couch and lift my arms. Then, she held my hands and pushed them towards her. And then, the same with my thighs. She's quite petite but very, er, capable – I found it hard to resist her bedside manner. She has an amazing diagnostic technique." John's ensuing, deliberate silence left Janet's imagination to do its own work...

Janet (disapprovingly, but reconciled to John's clumsy account of his appointment): "Mmmm... well, I hope those pills make you a bit less grumpy than you have been recently. Euphoria? – Ha! – that would be a turn-up for the books. The last time was in 1998 when you were Sales Manager of the Year for your old firm. And, as for your 'stiffness'...". Janet stopped short and, for some reason, recalled her first sweetheart from her teenage years. "Anyway, I thought steroids were meant for Body Builders and Celebrity 'Hunks'." Again, her thoughts turned to her very first Love – a now, equally ageing, former local Radio DJ with these physical attributes, and who she had recently reconnected with via the Internet – unknown to John...

John shrugged his shoulders in a resigned but quietly triumphant way. "Well, darling, at least I've got a

John' the New Rheumatologist...

diagnosis and some treatment from a supportive specialist. And Samantha has said to Bang Hard on her door anytime and not hold back if I have any more problems – especially with any kind of stiffness or if I am finding things frustrating. She said I can look forward to 'playing a round' again, and also that there's a very good social website forum for people like me ,where I can get lots of support and make some good friends. It's called PMRGCAuk, and she's on it too. I might try it later today... how do you sign up to these kinds of websites?"

John suddenly had a new sense of energy in his previously tired voice.

Despite their overall successful marriage of 40 years, Janet kept her own counsel over her secret romantic interest via the Internet, despite John having clumsily let-slip about his obvious affection for his own 'new' one in real life. But better to have a few innocent secrets than declared ones?

But Janet knew the score in their relationship – John's 'new' but hopelessly implausible romantic interest would soon move on. Hers would still be there – and John too. Result or what? John was good at Closing the Deal – but Janet knew more about Managing Contingencies.

After the day's exciting events, Janet and John agreed that, after a significant day for them both in their retirement relationship with John's newly diagnosed PMR, and despite uncertainty in the air, it was all the same time to open the Claret – and the Gin – as usual. It was 3 pm in the afternoon after all. Business as Usual...



Happy Days!

Disclaimer: all characters and events depicted in this story are entirely fictional .. or are they..?

Mark

About the Author

Mark Benjamin is a PMR 'survivor' who has written a series of popular articles on *The Lighter Side of PMR* on the Health Unlocked PMRGCA forum during a break from his main work as an international management consultant. His philosophy is '*Sometimes, Laughter is the Best Medicine*'.

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Catie's response:

The following morning Janet awoke terrified as an unfamiliar projectile shot across the bedroom and began running up the wall. Groggily (one too many sherries), she pulled the duvet round her as the projectile landed on the bed and became – for a moment – John. She put out her hand but John could only stop for a minute. Next thing, he was up and running down the stairs.

Janet had to get up as she could hear crockery being thrown around the kitchen. Downstairs, half their best dinner service lay in pieces on the kitchen floor. John looked at her in amazement as she surveyed the ruins 'Look, look,' he said, 'I can't hold anything, I just drop it. It's no good, you'll have to get my breakfast ready.'

Just as Janet opened her mouth to say 'B*****s', John caught sight of the new postwoman through the window. He shot out of the door, using his newfound ability to move quickly, seized the postwoman in both arms, swept her off her feet – and then dropped her.

'I'll sue you for GBH,' she squeaked as Janet arrived to help her to her feet. Janet, beginning to feel rather frayed round the edges, managed to get a grip on John's arm and wasn't prepared for the accidental left hook to the jaw as John evaded her grasp and shot off down the driveway.

To be continued... hopefully:

Mark Benjamin and Catie have never met, both have PMR... Catie does not do photos.



"I keep six honest serving-men
(They taught me all I knew);
Their names are What and Why and When
And How and Where and Who."

***The Elephant's Child* by Rudyard Kipling**

The HPA axis or the TRIO

Why you should ask to have a *Synacthen* test done when you have been on long-term Prednisolone and have reduced down to 7.5mg and below.

Adrenal insufficiency can be due to a whole range of things and can also range from total through to just a bit slow to react.

The production of cortisol, which is essential for life, by the adrenal glands is the result of a very complex set of interacting factors which work on both positive and negative feedback and involves the hypothalamus, the pituitary and the adrenal glands, what is called the **HPA axis**. The thyroid and parathyroid glands also play a part in that the whole range of organs and hormones interact with each other in some way.

Prednisolone therapy can cause total failure of the adrenal glands, but usually if you reduce the dose of artificial prednisolone slowly enough they will start to function again in the majority of people, although it may take a year or more. As long as you are taking prednisolone they are not required to do much, just as your central heating boiler doesn't do a lot in the summer because it is warm enough. The presence of any corticosteroid substances in the blood leads the body to think it is well supplied and in some ways it is; prednisolone does the job too, the body isn't that fussy whether it is natural or synthetic steroids that are there. But if you were to stop taking that prednisolone suddenly the body wouldn't immediately be able to produce natural cortisol because of the state of hibernation the glands are in.

There are various causes of adrenal failure and they are classified as primary or secondary. Secondary failure is due to something other than the adrenal glands themselves causing the problem: there is no ACTH from the pituitary gland for example, or there is already plenty of corticosteroid present in the blood as is the case for people needing to take prednisolone. Primary failure is the total lack of function of the adrenal glands due to their destruction or inability to function at all, perhaps due to genetic causes where the genetic code is incorrect, or illness or infection such as TB or surgical removal/damage for various reasons. However, the most common cause of primary adrenal failure is autoimmune disease, which attacks the glands and damages them so badly they don't work.

Autoimmune disease is a strange thing. Sometimes it is very specific – Type 1 diabetes only attacks the pancreas so it is unable to produce insulin. In other cases, there may be a lot of different tissues that are attacked by the immune system – cells in the joints, the gut, the muscles, the nerves or the blood vessels – and in turn this can affect various organs such as the lungs, the kidneys and so on. In the past, links were made between specific signs and symptoms and someone gave them a name – but sometimes people have the signs of one disease and some of the symptoms of another, which causes some confusion as a mongrel disease is created – like a dog that has lots of features of one breed but the ears of another and a tail that doesn't look anything else's and new names that describe the findings are used instead. Or it is said to be a “non-specific autoimmune disease”.

For some people who have PMR and need to be on prednisolone, it is possible that the underlying autoimmune cause may also be attacking the adrenal glands – but no-one really knows there is a problem until they have problems reducing the dose of prednisolone and stopping. Or the adrenal glands may not have been functioning terribly well anyway – they do degenerate with age, like many other things. But it isn't a certainty.

There are probably no accurate figures about how many people with PMR are unable to get off prednisolone altogether for whatever reason – but figures do suggest that about a quarter will be on prednisolone for a long time and some of them will need it for life. Whether they will eventually get off prednisolone depends on a lot of factors, and it may be the PMR is taking a long time to go into remission or the adrenals are just sluggish about waking up – or it might be a lack of adrenal or pituitary function that is to blame. To identify which it might be would be a research project in itself and require a lot of complex testing – and in most cases all you would end up with is the decision “This patient needs a low dose of prednisolone”. But if you do a simple synacthen test, you will know whether a given patient should be able to produce enough cortisol to function and remain well once their dose is low or stopped. If that isn't likely to happen – they stay at a dose that is enough to keep them well, maybe 5mg or 10mg.

The ACTH test (also called the cosyntropin, tetracosactide, or **Synacthen test**) is a medical test usually ordered and interpreted by endocrinologists to assess the functioning of the adrenal glands' stress response by measuring the adrenal response to adrenocorticotrophic hormone (ACTH; corticotropin).

To do the test you usually attend a hospital clinic – it is more convenient for the medical staff and they can keep an eye on you after the injection, although there are very rarely any problems. You should not take any prednisolone in the 24 hours before the test – so you simply don't take your dose that morning until after the test which is done at 9am. They take a sample of blood to get a baseline level of cortisol and then give an injection which should stimulate the adrenal glands to produce more. Another blood sample shows if that has happened. Then you can take your usual dose of prednisolone as normal. It can be done even though you

are still taking prednisolone every day, the test just has to be interpreted differently, but some doctors are unaware of this.

The above explanation has been written in language that we can all understand, medical jargon has been excluded. The information has been medically checked out.

Our thanks to our medical science translator:

Eileen Harrison
Physiology BSc (Hons), St Andrews
Medical Science Translator
Member of OMERACT

However, if you do want to read more, use these links:

www.endocrinology.org/policy/docs/11-03_adrenal%20insufficiency.pdf
www.nadf.us/adrenal-diseases/secondary-adrenal-insufficiency



The First of the Seven

Not the 'Wonders of the World' or the 'The Magnificent Seven', just the Trustees of PMR&GCAuk North East Support.

Alan joined Northumberland County Constabulary in 1968 and retired from Northumbria Police in 1999.

Alan served mostly north of the Tyne but ventured over the river twice. Firstly, as a Instructor at the Police Training Centre at RAF Dishforth from 1980 to 1982 and then as an Inspector at Gateshead in the mid 80s. He also had a period involved with military liaison, which brought overnight stays in command bunkers throughout the North of England!!



In the photo (left), Sergeant Alan, in his youth looking after President Jimmy Carter on his visit to Newcastle in 6 May 1977.

President Carter's first words were: "Howay the lads," he called to the thousands hoping to catch a glimpse of him outside Newcastle Civic Centre.

The President's Secret Service Agents need not have worried, Alan was there.

Following the 1991 urban riots, Alan went to Meadow Well to head up the policing unit formed to improve links with the community. Margaret had been previously deployed to the Meadow Well as deputy head of the Multi Agency Crime Prevention Initiative. They worked together for nearly two years.

In 2009, Margaret had cause to contact Alan on another matter, and true to her objective that no one should have a quiet life, she guided him into the role of Trustee and Treasurer that he holds with us today. Their friendship is ongoing.

Alan is now a proud and caring Grandfather and has come a long way from his birthplace in a remote part of Northumberland. Alan has cared about people all his life and is still doing so his in retirement.

Alan is the ultimate 'Treasurer' and we are fortunate to have him as he not only keeps our accounts with perfection and advises us on using our money in the best interest of the members, but his main talent is keeping the Chair, in particular, in order.

A Story from A Stranger

who visited our website and read: The legend of the pansy tells that the flower was originally white and blushed purple when pierced by cupid's arrow. As a symbol of love to others the pansy now brings hope to sufferers of GCA and their families – *subsequently, this happened:*



This is Eva Brettell on her wedding day, aged just 16, my amazing nan.

My nan met my grandad at 15 and fell desperately in love. They married in August 1954, in Dudley, and shortly after that the first of their five children were born.

60 years later, and I am one of 11 of her grandchildren, and she has a further six great grandchildren with one on the way.

Nan has been such an important part of my life as a child, I'd so hoped she would carry on being there as I became a mother myself. I remember many days after school when she would walk to meet me at the gates. When I went to university and my parents lived abroad, her and grandad would drive over to take me for Sunday lunch.

Nan was diagnosed with GCA only a few months before she died. The diagnosis took a long time because it's such a rare disease, one that her GP had not come across before.

She managed her condition with treatment and lived a happy and normal life.

Fathers' Day in June 2013 was also my Grandad's birthday. We had a lovely roast dinner, one of Nan's specials to celebrate.

I remember sitting in the garden that afternoon telling her about the new man in my life. We had met only two weeks before and after two dates I knew that he was special. She was so excited for me, desperate for me to settle down and meet someone.

I was also excited for her to meet him.

The next day she died suddenly and she never did get to meet Leighton.

Three years later when we married, I was so sad that my nan wouldn't be there. I looked back at the photos from my sister's wedding of how much she enjoyed it.

I decided that I wanted a way to remember her on my special day. Something that would make me feel like she was there and so that all my guests would know what a special part of my life she had been.

That is when I came across Margaret at PMR&GCA UK North East.

I searched for information about Nan's illness and for charities that supported research, patients and their families but there is so little for this rare disease.

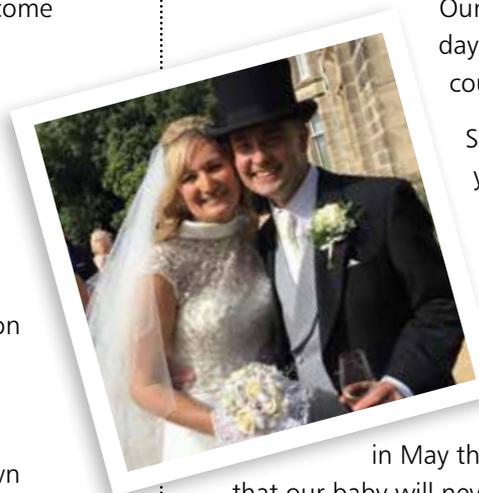


I was so pleased when I came across this group and the beautiful pansy pin badge. This made the perfect favour for our wedding. The perfect way to remember Nan and raise awareness of the rare illness that she battled silently.

Our wedding day was an amazing day and I wish so much that she could have been there to enjoy it.

She has been gone nearly four years now and I still think about her all the time. My pansy badge from the wedding sits next to my bed and helps me to remember all the happy memories with Nan.

We are expecting a baby in May this year and it makes me sad that our baby will never meet their great Nan, my amazing Nan.



Anne Crowe

This year will be my second Great North Run and I want to raise awareness for a North East Charity, PMR & GCA uk North East Support, registered charity No 1138409.

Funding is needed to help this charity produce information packs, run support groups, facilitate a helpline and fund research to find a cause, better treatment and a cure.

Polymyalgia Rheumatica (PMR) and Giant Cell Arteritis (GCA) are debilitating, life-changing conditions. If not diagnosed quickly, GCA can cause irreversible sight loss. The only treatment for these conditions is steroids, which have to be taken for years to come. This treatment in itself causes many problems, including weight gain, diabetes, depression and cataracts to name but a few. The correct management of these steroids is vital.

This amazing charity offers support and information for people who are diagnosed with PMR and/or GCA and their carers as they face the challenge of managing a new lifestyle brought about by these conditions. It bridges the gap between GP and Consultant appointments.

My Mam, Thelma, was diagnosed with GCA after suffering from several debilitating symptoms. She visited the doctors on numerous occasions, but nothing was diagnosed until she suffered from temporary blindness which could have turned into permanent blindness overnight. A number of years later, my partner Ivan started suffering with similar symptoms. He was also diagnosed with GCA after suffering from temporary blindness. Both Ivan and my Mam would have lost their sight forever without quick intervention.

There's now a standing joke between Ivan and my Mam: "I got this from cuddling you, Thelma!" Ivan often says. It's a good job they both have a sense of humour after all they have gone through together battling GCA.

Without the treatment and support in managing these conditions, my family, together with hundreds of others, would have struggled to understand and cope over the years.

Early diagnosis and treatment is essential. More information on these conditions can be found online at www.pmr-gca-northeast.org.uk the website for PMR&GCA UK North East Support.

Editors Note: *If any one wants to support either Anne or Jim, please let us know.*



Supporting Anne...

Anne Elizabeth's fundraising page can be accessed from the following link:

[https://mydonate.
bt.com/fundraisers/
anneelizabethcrowe1](https://mydonate.bt.com/fundraisers/anneelizabethcrowe1)



2017 CHALLENGE; SVALBARD 10K RACE



I had thought that last year's fund raising challenge would be my last. I was dispirited after injury forced me to abandon the Pembrokeshire Way trek and adopt the position of team driver and bag man. However, another fund raising opportunity that is too good to pass up has come my way.



LINDA (LEFT) & ALY (RIGHT) AFTER A RECENT EVENT

Many of you know my wife Aly, who for as long as I have known her has been a keen runner. She's done the London Marathon a couple of times. For some reason she has always fancied running what was the world's most Northerly 1/2 marathon in Svalbard, Norway. Indeed, it has now made it onto her "bucket list" and after running her first half marathon in years she has entered for Svalbard.



THE TEAM MINUS JIM AT THE START IN MILFORD HAVEN LAST YEAR

Now Aly won't run for charitable causes, but I don't have that issue and when she pointed out that there was a 10K race on the Island at the same race meeting, I was persuaded to enter.

Unfortunately I haven't done any running for years as it was aggravating my back. I started training with the Wymeswold Running Club and became known as a "coucher". We were following the national "Couch to 5" programme, which takes one from the couch, to a 5K park run in 12 weeks.

The training, especially in the early weeks, was tough. Bear in mind I'm now a very middle aged fairly podgy bloke with a bad back. However, I've stuck at it and am now progressing to my 10K target with an 8K race under my belt in mid-May. Now we only have the polar bears to worry about.

Best wishes,
Jim



**JIM & FELLOW
"COUCHERS" ON
A PARK RUN**



**LAST YEARS
EVENT AT SVAL-
BARD**



**OTHER FORMS
OF TRANSPORT
USED LOCALLY**



**PART OF NORWAY, SVALBARD IS WELL ON THE
WAY TO THE NORTH POLE**

Editors Note: Jim Aitkenhead, who has raised thousands for us over the past few years, normally writes an article to tell us after he has completed his project. This year, we asked Jim to tell us what he was doing during the year. Jim has never asked any of us to donate to his efforts in the past and this time we asked him to send us the details.

2017 CHALLENGE; SVALBARD 10K RACE

Jim Aitkenhead c/o The Orchard House, 73A Brook St, Wymeswold, Leic's, LE12 6TT, is attempting the 10K Svalbard race. All proceeds are being donated to the Parkinson's UK and PMR-GCA UK North East Support.

NAME

ADDRESS

CHEQUE AMOUNT £ _____ (Please make cheques payable to JC Aitkenhead)

OR AMOUNT DONATED ON-LINE £ _____

I confirm that I am a tax-payer for the purposes of gift aid

SIGNED
DATE

On-line donations can be made at:
uk.virginmoneygiving.com/JimAitkenhead



**Thank you
for your
generous
support**

Passwords

!?!#?!*!#!

A SENIOR TRYING TO SET A PASSWORD

WINDOWS: Please enter your new password.

USER: cabbage

WINDOWS: Sorry, the password must be more than 8 characters.

USER: boiled cabbage

WINDOWS: Sorry, the password must contain 1 numerical character.

USER: 1 boiled cabbage

WINDOWS: Sorry, the password cannot have blank spaces.

USER: 50boiledcabbages

WINDOWS: Sorry, the password must contain at least one upper case character.

USER: 50BOILEDcabbages

WINDOWS: Sorry, the password cannot use more than one upper case character consecutively.

USER: 50BoiledCabbagesShovedUpYourAss IfYouDon'tGiveMeAccessNow!

WINDOWS: Sorry, the password cannot contain punctuation.

USER: Really P****DOff50BoiledCabbages ShovedUpYourAssIfYouDontGiveMe AccessNow

WINDOWS: Sorry, that password is already in use.

Dates for your Diary

Group Meetings: Members can attend all meetings at either venue:

Gateshead meetings 2017

Gateshead Central Library, Prince Consort Road, Gateshead NE8 4LN

1–3pm Monday 18 September

Guest Speaker: Umair Hamid: Government Yellow Card Scheme.

Middlesbrough meetings 2017

Marton Country Club, Stokesley Road, Marton-in-Cleveland, Middlesbrough TS7 8DS

1.30pm Wednesday 27 September

Guest Speaker: John Prowse (Optician): Side effects of treatment on eyes.

Guest Speakers:

We wish to say thank you to our Guest speakers, who gave us their time, imparted their knowledge and, more importantly, listened:

Dr Sarah Mackie; Dr Clive Kelly; Dr V Saravan, Consultant Rheumatologists; Dr Helen Twohig, GP and Research; Northumbria Blood Bikers; Umair Hamid, Govt Yellow Card Scheme; Helen Long, Lead Dietician QE Hospital; and John Prowse, Optician.

Thinking about joining?

People wishing to join are welcome to attend their initial meeting free of charge with a family member, friend or carer. There is no obligation to join. Come along and see what we offer.

Need help? Want to join?

Please get in touch:

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