

Chocolate's vital ingredient, cocoa, contains flavonols which may increase blood levels of nitric oxide, a substance known to dilate the arteries and increase blood flow around the body. This had been known for years and the health benefit of this can be seen among the Puna Indians of South America, who eat large amounts of cocoa every day, but don't suffer from rising blood pressure as they get older. Plain chocolate has very high levels of powerful antioxidants. These are natural compounds also found in fruit and vegetables that mop up and protect the body from potentially cell-damaging free radicals. Cocoa solids contain antioxidants, in the form of polyphenols. But now new research with chocolate polyphenols suggests they may benefit the heart by blocking free-radical damage to bad cholesterol, making it less likely to furr up the arteries. They also seem to impart a mild aspirin-like effect that may help to thin the blood.

Chocolate contains a mild stimulant called phenylethylamine, which is reported to produce feelings similar to those experienced by people in love. A study from the Neuroscience Institute of San Diego found that chocolate also contains anandamine, a substance with cannabis-like effects. The unique combination of taste, texture and aroma of chocolate gives us an emotional boost that might be compared to listening to a moving piece of music, winning money or even falling in love, according to Dr. Adrian Owen of Cambridge University. In short, the chocolate tastes good, so we feel good. Chocolate's high fat and sugar content gives us that melt-in-the-mouth experience. It tastes so wonderful it may stimulate the brain to release endorphins. No wonder we want to go back for more.

And there's the rub. Despite its health benefits, chocolate is still high in sugar and fat. But chocolate calories are wrapped up with key nutrients that are often lacking in ordinary diets: for instance magnesium, needed to release energy from food: calcium for strong bones: and iron for healthy blood. Plain and milk chocolate also contain useful amounts of copper and potassium, crucial for nerve and muscle function.

## CHOCOLATE

At last...the  
news we've  
been waiting  
for!

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**DON'T JUST BIN THIS NEWSLETTER AFTER YOU HAVE READ IT— RECYCLE IT: TAKE IT TO YOUR DOCTORS' SURGERY, HOSPITAL WAITING ROOM, PHYSIO ETC**

## A Medical Emergency

The standards are being raised in stroke treatment all the time. In the past a suspicion of stroke did not spur ambulance crews into racing the patient to hospital. But better diagnosis by imaging technology, the promise of powerful new clot-busting drugs and the emergence of specialist stroke units will transform the outcome for many patients. It's not before time.

Strokes cost the NHS £2.3 billion a year to treat. Five people a day die unnecessarily and eight are sufficiently disabled to need institutional care because they have not been treated by specialist teams.

The NHS requires more acute units, where patients who are suspected of having suffered a stroke can be taken directly for immediate assessment rather than to Accident and Emergency departments where precious hours may be wasted. The new breed of drugs on the horizon all point to a very short time frame in which they can be effective - three hours or less.

In the past, our approach has been too slow. Diagnosis has been postponed for 24 hours to see whether systems persist - but neurologists have now renamed acute stroke 'brain attack' and emphasise the need for urgent action.

"The perception of a stroke has been that you couldn't do very much about it". Says Martin Brown, Professor of Stroke Medicine at the Institute of Neurology and University College, London. "But we are trying to reorganise and bring people in very quickly so that new treatment can be used more widely".

Very few centres in the UK are using the new clot-busting drugs (thrombolytic therapy). They are licensed for stroke treatment in the USA but have yet to be given a general European licence. These drugs quickly break up the blood clots which cause stroke, but they are not without dangers of their own in causing haemorrhage, and are suitable only for some strokes of the ischaemic type, where oxygen is blocked from the brain.

Professor Brown says that almost 33 per cent of suspected stroke patients do arrive at A&E departments within the three-hour 'window of opportunity' for drug treatment. But few are

examined or given brain scans within that time. A brain scan has to be done as soon as possible, to see what type of stroke it is. Scans also have to be analysed, to see if clot-busting drugs are suitable. The key benefit is in stroke units, having all the stroke team in one place. There is 10 years of research evidence to show more patients stay alive in a stroke unit and are less disabled, but only a quarter of admissions are to a unit.

The North East Ambulance Service has trained its paramedics to recognize stroke symptoms and take patients directly to the Freeman Hospital, Newcastle, where there is a specialist unit using clot-busting drugs. "Our paramedics do a 'fast test', says Colin Cessford, director of clinical standards and quality for the North Eastern service. "They look for signs of paralysis or weakness, and check speech. If symptoms are there, they bypass A&E and go straight to the stroke unit." With so much more money now coming into the NHS after the budget, can we expect to see these developments across the country? The recent National Service Framework for Older People has made stroke a key target for service improvement, requiring all hospitals caring for stroke patients to develop specialist units. But only a quarter of stroke patients were being admitted to a special unit and only 3 per cent of patients saw a doctor with an interest in stroke.

*Brain Research Trust, Bloomsbury House,  
74-77 Great Russell Street,  
London WC1B3DA.*

**Exercise** is the key to a long life, say scientists. Their ten-year study of 6,000 middle-aged men revealed that people who keep fit live longer than those who do not, regardless of whether they have heart problems, smoke or are overweight. "You are better being fat and fit than skinny and sedentary," said fitness expert Ken Cooper. "And you are better off smoking a pack a day and exercising regularly than being a (non-exercising) non smoker."

## BRITAIN'S "FILTHY" HOSPITALS

Britain's hospitals are in such a shocking state that you would find fewer germs on a busy urban road than in many wards. In an investigation conducted by The Sunday Times in January '03, undercover reporters detected eight different types of potentially dangerous bacteria in samples taken from common contact points, including around beds, in showers and on door handles. Out of 25 swabs taken, 20 were found to contain pathogenic bacteria which could cause blood poisoning and infections. Nine samples had "heavy growth" of such bacteria. The findings, said The Sunday Times, suggest that hospital staff are failing to clean wards properly and follow basic hygiene rules, including washing hands between treating patients. They may also help explain why one in six intensive-care patients become infected with the so-called super-bug MRSA. "Hospital-acquired infections are killing someone every two hours and costing more than £1bn a year," said Sharon Holder of the GMB union.

## Alzheimer's update

**Diagnosis:** One in ten Britons will suffer from Alzheimer's disease in their old age, but a new test will be able to diagnose the disease 40 years before symptoms occur. Researchers at the Massachusetts General Hospital are conducting clinical trials of a special eye test which can detect a hidden cataract associated with Alzheimer's. Doctors say that patients who test positive at a young age could modify their lifestyles and take drugs at an earlier stage to help delay the onset of the disease.

**Treatment:** Psychiatrists at Manchester University recently conducted a three-year trial on elderly patients suffering from dementia, replacing their traditional sedatives with lemon balm and lavender oil. Not only was the aromatherapy more effective in reducing aggressive behavior, but the treatment had no side-effects. Patients slept better, were less restless during the day, and were far less likely to suffer from falls - a common hazard with traditional psychoactive drugs.

## Probing a prodigy's brain

The death of a one-time child prodigy who spent seven decades in a trance-like state could help unravel one of the great mysteries of modern medicine. Philip Leather, who died in September aged 82, was the last known survivor of the encephalitis lethargica (EL) epidemic which struck in the Twenties, leaving thousands of people 'locked' in their own worlds. Despite research by scientists including Oliver Sacks - whose work was portrayed in the film *Awakenings* - the cause of the disease remains unknown. Now Leather's sister has agreed to allow his brain to be analysed, raising hopes of solving the mystery, and preventing any further outbreaks. "His life (was) so awful," she told The Times. "I don't want other people to suffer as he did." Philip Leather was a bright child who astounded his family by his ability to play the piano by ear. But he began to withdraw from the world at the age of six, and by 11 was a near-zombie. In 1932 he was diagnosed with EL, and he spent the rest of his life in hospital, becoming the NHS's longest-serving in-patient. The tests will be conducted by Professor John Oxford, a virologist who has spent many years investigating a possible link between EL and the Spanish Flu epidemic of 1918. "Philip Leather's brain represents a wonderful opportunity to extend our knowledge of the disease," he said. "There could well be another flu epidemic, so if there is a link with EL we need to know."

**STICH UP!** Professor David Mendelow, Head of Neurosurgery at Newcastle General, has almost completed an 8 year research project, the 'Surgical Trial in Intracerebral Haemorrhage' (STICH). Over 1000 patients with spontaneous intra cerebral haemorrhage have been randomised in 105 centres in 27 different countries to 'early surgery' or 'initial conservative treatment' in order to discover whether an operation is the right thing to do. 20% of all strokes are haemorrhage and they are much more common in the young. We'll keep you posted on the results as they come through.

## Caribbean Medicine

The Centre for Caribbean Medicine is a joint initiative between the Guy's, Kings College and St. Thomas Hospitals and the University of the West Indies, to work together to promote, through collaborative programmes, research and teaching in order to improve the health and welfare of the people of West Indian ancestry living in the UK.

Health trends in West Indian islands and the UK show many similarities with an increased

incidence of a number of major diseases in West Indians living at home or overseas. These include hypertension, stroke, diabetes, and sickle cell disease. The control of these conditions has proved difficult in the West Indies and in the UK, and one of the major research tasks of the centre is to develop more effective management and a better understanding of the genetic and environmental interactions which lead to the increased incidence of these diverse conditions in these population groups.

website: [www.kcl.ac.uk/ccm](http://www.kcl.ac.uk/ccm). For further information call Una O'Rawe on 020 7848 3103

## VAMPIRES!

A substance taken from bats' saliva contains a powerful clot buster and may be used up to three times longer than the current stroke treatment and without additional risk for brain damage side effects, according to a study on mice in Stroke, published by the American Heart Association, 9/01/03. "When the vampire bat bites its victim, it secretes this powerful clot-dissolving substance so that the victim's blood will keep flowing, allowing the bat to feed," said Robert Medcalf, senior author of the study and researcher at Box Hill Hospital in Victoria, Australia, in a statement. This bat enzyme is genetically related to current stroke medicines that break up clots, but it's more potent. The bat saliva-derived clot buster is called desmoteplase, or DSPA. It targets and destroys the structural scaffold of blood clots. Because the bat saliva clot-buster has no detrimental effect on brain cells, the time window of when it could be administered has greater potential for stroke treatment, the study says.



## The healing power of laughter

Laughter is such good medicine that even anticipating it can be good for your health. Researchers at the University of California promised eight men that they'd be shown an extremely funny video within a few days. As soon as the men got the news, the levels of three stress - producing hormones fell by 70%. At the same time, the levels of two stress-fighting hormones increased by 27% and 87%. There were no changes in the hormone levels in a control group of eight men who hadn't been promised any laughs. "The anticipation of a funny event changes mood states, which appears to trigger profound physiological changes," said Dr Berk, who led the study. "This suggests there may be a biological basis to the concept of hope."

### Research results from your dedicated DS team

The Japanese eat very little fat and suffer fewer strokes than the British or Americans. The French eat a lot of fat and also suffer fewer strokes than the British or Americans. The Japanese drink very little red wine and suffer fewer strokes than the British or Americans. The Italians drink excessive amounts of red wine and also suffer fewer strokes than the British or Americans. The Germans drink a lot of beer and eat lots of sausages and fats and suffer fewer strokes than the British or Americans.

Conclusion: eat and drink what you like. Speaking English is what kills you!



## FUNDING

It costs £130,000 a year for Different Strokes to provide its current services - the telephone helpline, the information pack, this newsletter, new exercise groups, the interactive website, and publicising the needs of younger stroke survivors to health care professionals, employers and the wider public.

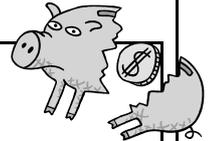
Different Strokes is a lifeline for younger stroke survivors and we are looking for people who understand this to help us continue to provide our unique services in the future.

We need the support of people like you who understand the need for our work. If you don't already give regularly to Different Strokes we have enclosed a direct debit form. Please use it to start a regular gift of whatever you can spare to secure Different Strokes' future.

If everyone who receives this newsletter gives just £2 a month (that's just 6½ pence a day) not only will Different Strokes' future be safe but we will be able to expand our services for those who need them.

It's easy too. Once you've filled in the form (which you can cancel if you ever need to) your gift goes direct from your bank account into ours. This is convenient for you, while for us it provides a steady income to secure our future.

### Your money goes a long way.



It pays for:

- ◆ answering 4,500 calls to the Strokeline
- ◆ the website - visited by a staggering 775 people a day
- ◆ 3,500 information packs
- ◆ 24,000 newsletters
- ◆ support for exercise group coordinators

## My Stroke Of Luck by Kirk Douglas — by Claire Stuffins

The 83 year old Kirk Douglas has written a "*heartfelt, passionate and inspiring account*" of how suffering a stroke has changed his life. I loved the simplicity of the book and the feeling that Kirk was actually sitting chatting with me as I read. I also learnt a lot: I knew that Roald Dahl, author of *Charlie & The Chocolate Factory* had experienced strokes in his family. I didn't however know that his wife was movie star Patricia Neal, starring opposite Gary Cooper in *The Fountainhead*. Kirk reveals how he dated Patricia, much to the envy of Gary Cooper who was in love with her. Kirk and Patricia remained friends and he tells of his admiration of her after she suffered not one, but three near-fatal strokes and in five years overcame them and started working again. One of my other favourite parts of the book is where Kirk talks about Anne, his wife, and her role in his recovery. He recounts "My strongest safety blanket is my wife. It's comforting to know that there is always someone to look after you. I feel better knowing she is in the next room. When we argue, I end it by saying, 'If you ever leave me, I'm going with you'.



"The book was written to try and help people understand a stroke. It ends with an Operator's Manual that is Kirk Douglas' guide for recovering from a stroke:

- ◆ When things go bad, always remember it could be worse.
- ◆ Never, never give up. Keep working on your speech and on your life.
- ◆ Never lose your sense of humour. Laugh at yourself, laugh with others.
- ◆ Stem depression by thinking of, reaching out to, and helping others.
- ◆ Do unto others as you would have them do unto you.
- ◆ Pray. Not for God to cure you, but to help you help yourself.

## features

### THE EVIDENCE AGAINST SALT CAN NO LONGER BE IGNORED



The Government first issued its warnings about salt back in 1994, stating the fact known for a while that too much salt increases the risk of heart disease and stroke, mostly by its effect on raising blood pressure. But the recommendations were then ignored for a number of reasons, mainly due to pressure from the industry. It was because experts in the field felt that evidence was too strong to be ignored that an action group was started. Now experts on the Scientific Advisory Committee Nutrition committee, having studied the science, have decided that the evidence against salt is now stronger than in 1994 and the current adult (9-14g) intake is too high. They have recommended that the intake be reduced to no more than 6g a day for adults and proportionally less for children.

The committee conclude : As well as individual action by consumers, the food industry can also help people reduce their salt intake by reducing the level of salt in processed foods. CASH welcomes this draft report and, as 80% of salt in the UK diet comes from processed food and food bought outside the home, it hopes that it will pave the way for gradual but blanket reductions by the food industry, retailers, caterers and any organization involved with food provision.

#### Further information:

Gaynor Bussell, CASH (Consensus Action on Salt and Health) project Co-ordinator: 0208 725 2409, Mobile 078999 95092, email: [cash@sghms.ac.uk](mailto:cash@sghms.ac.uk)



**SHOWERS:** If you struggle to use your bath after your stroke, maybe you should think about having a shower installed. A fact sheet prepared by the Disability Equipment Assessment Centre is available from Different Strokes – send a stamped addressed envelope to Different Strokes, 9 Canon Harnett Court, Wolverton Mill, Milton Keynes, MK12 5NF.

### Different Strokes have a vacancy for a **GROUP DEVELOPMENT MANAGER**

to recruit, manage, train and support a team of regional representatives, promote positive images of younger stroke survivors and to expand and strengthen the network of exercise classes.

#### You must have:

- ◆ Drive and enthusiasm
- ◆ Excellent verbal and written communication skills
- ◆ People management/leadership skills
- ◆ The ability to motivate a team to achieve objectives
- ◆ Experience of managing projects either in the statutory or voluntary sector

#### You will be responsible for:

- ◆ Managing a budget and keeping accounts
- ◆ Creating positive relationships with other agencies
- ◆ Arranging and delivering training for regional representatives

This is a full time position based in the Milton Keynes office. Salary circa £25,000 (closing date 25th April '03)

For further information write or email to Anne Barby, Different Strokes, 9 Canon Harnett Court, Wolverton Mill, Milton Keynes MK12 5NF email: [info@differentstrokes.co.uk](mailto:info@differentstrokes.co.uk)

## work after stroke

### Our research shows:-

The focus groups identified 4 main themes as barriers to or enablers of work after stroke:

- ◆ PERSONAL FACTORS eg difficulties caused by stroke, determination
- ◆ REHABILITATION PROCESS FACTORS eg not enough rehabilitation, sound advice
- ◆ EMPLOYER AGENCY FACTORS eg attitudes, concern for profit, voluntary work
- ◆ SOCIAL STRUCTURAL FACTORS eg benefit problems, transport provision

### Key project findings:

Work is an important issue for many working-age stroke survivors

- ◆ Many different factors enable/hinder work after stroke
- ◆ There is a complex interplay among factors
- ◆ Services vary considerably from one geographical area to another
- ◆ There are a number of policy implications arising from the findings

### SOME POLICY IMPLICATIONS

#### Rehabilitation system needs:

- ◆ Education for health and social care professionals re existence of stroke in younger people and its impact
- ◆ More and longer term rehabilitation to tackle individuals' ongoing functional problems and psychosocial wellbeing
- ◆ Rehabilitation staff designated to deal with vocational matters (returning to work does not currently seem to be perceived as a "rehab goal"!)
- ◆ Liaison between health/care professionals and employers
- ◆ Recognition that job centre staff targets lead to gap in/and inappropriate provision for disabled people with complex/hidden impairments.

#### Stroke Survivors need:

- ◆ Government and society to become more aware of stroke in younger people and its impact

- ◆ Co-ordination of provision for information on benefits, employment and training initiatives - preferably a 'one-stop' service
- ◆ Measures to reduce benefits traps
- ◆ Reduced and easier application forms
- ◆ Expansion across the UK of case management services that include employment.

#### Employer / workplace needs:

- ◆ Employer strategies for long-term sick leave
- ◆ Timely information about stroke, its impact and how to help
- ◆ Financial and practical support for 'adjustments'
- ◆ Worker representation
- ◆ Access for stroke survivors to work-focused case management services also assist employers.

### WHAT ARE WE DOING ABOUT THIS?

- ◆ We have prepared a comprehensive guide for stroke survivors about work issues which was launched at the Different Strokes conference in October 2002 and is available free from Different Strokes.
- ◆ We are preparing a guide for friends and family which members are currently commenting on. This will be available via Different Strokes also
- ◆ We are preparing a guide for employers in consultation with the Employers' Forum on Disability
- ◆ We are writing a full project report and policy recommendations
- ◆ We are developing a dissemination strategy aiming to get influential bodies to take notice of the findings. We are writing articles, attending relevant meetings, seeking sponsorship for the guides and looking for opportunities to distribute the



## regional news

### HERTS

Andy Smith was a fit 29 year-old when he suffered a stroke as he worked at his desk in Hatfield, in April 2002. He was rushed to the Queen Elizabeth II Hospital in Welwyn where he found his left side paralysed. Fortunately he started to make a rapid recovery, and as he sat in bed he watched the 2002 London Marathon on television. He resolved that he too would run in that race if he recovered. A week later he had made sufficient recovery to be allowed home and shortly after began his training. Now that promise he made himself is about to come true. On 13 April 2003 Andy will be running in the London Marathon to raise money for Different Strokes. Although he plans to recruit sponsors from his friends, family and work colleagues, we thought that you too might like to salute Andy's generous offer to donate his sponsorship proceeds to Different Strokes by supporting his charity run. Please send us your sponsorship in the form of a cheque made payable to Different Strokes. Andy, who does a daily training run, will be warming up by running in the Watford half marathon in February 2003, and will be wearing his Different Strokes T-shirt as he pounds the streets of London. Watch out for him on TV and cheer him on towards the finishing line! We will report on his run in a later issue of this newsletter.



### CAMBS

I had a brain haemorrhage/stroke at the age of 19 (nearly 10 years ago now) I am developing a campaign with the aim of changing the word disability to diffability. The word disability appears essentially negative and suggests that people with a disability are somehow at a disadvantage. Changing the word to diffability gives a whole new concept and suggests people with disabilities merely have a different way of doing things, for example communicating or getting around. I believe diffability has a much greater positive impact. What I am therefore proposing is to sail around the UK promoting diffability and stroke awareness. This project requires four experienced sailors with disabilities and a skipper. It should take two months, and I'm hoping to start in May or June but may have to postpone till next year.



If anyone is interested in joining me or sponsoring me contact me through Different Strokes (0845 130 7172).

### SHEFFIELD



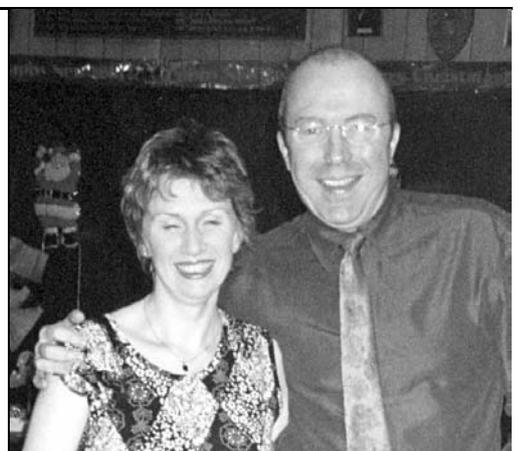
George, Alan and Sam

**These guys** ran a tuck shop at their school to raise money for Different Strokes. They collected a shed load of money for which we are most grateful — **thank!**

### GLASGOW

#### Congratulations

to Loraine and James who recently got engaged to be married. They are pictured here at the Glasgow Christmas bash.



**If you have any news about your group let us know and we will try to include it.**

# children



This picture is one of the winners from a competition organised for European Day of Disabled People. Across Europe almost 9000 children have drawn what they want to change for disabled people in 2003. 15 winners were selected - one for each EU Member State and their drawings are now the official EYPD e-cards that feature on the website [www.eypd2003.org](http://www.eypd2003.org)



## **CHILDREN FIRST!** The Stroke Association and Different Strokes are working in partnership to improve services for children and families affected by stroke.

Every year around 650 children in the UK have a stroke. Their needs differ markedly from those of the majority of older stroke survivors. In children with sickle cell disease, stroke is as common as it is in the elderly. 1 in 10 children with sickle cell disease will have a stroke under the age of 20 years. Around half of all children with stroke will have another medical diagnosis and so are already vulnerable to the consequences of chronic illness prior to their stroke. Two thirds of children who have had a stroke will have permanent problems with movement; in addition, many other areas of functioning such as language, learning and behaviour are also affected. Many of these disabilities are not readily recognised by professionals, as it is a common myth that children recover completely after stroke. In addition, there are physical and emotional health consequences for other family members. Given that the peak age affected is pre-school, the potential personal, social and economic consequences of childhood stroke are considerable.

Although a sizeable number of children are affected, an individual clinician's experience of stroke in children is generally rather limited. This means that recognition of stroke is often delayed and there is uncertainty about what to do once the diagnosis has been made. Although there has been a strong research interest in childhood stroke over the last 15 years, this has not been synthesised into a format to guide practical management issues. Anecdotal evidence suggests that affected children and families are frustrated by a lack of information not only for

themselves, but also for the doctors and other professionals involved in their care. The Royal College of Paediatricians has convened a working party to develop guidelines for clinicians dealing with stroke in children.

As members of that working party, The Stroke Association and Different Strokes are collaborating in gathering information from children and families affected by stroke. There are a number of ways we could do this, but an approach which has been used in soliciting child and family input into development of Clinical Guidelines in other areas (e.g. Paediatric Pain guidelines) is to use professional consultants to undertake a qualitative workshop exercise in which children and their families can participate. We would like to adopt this approach for our consultation. In order to allow as many children and families as possible to participate, our long-term plan is to run workshops throughout the UK. The attendant publicity will greatly raise the level of awareness of stroke in children. It will enable us to reach out to those families in need and create a network within which they can be encouraged to help themselves.

We have decided to start slowly and modestly. We shall have the first conference in London in April, and with the results from that we will be in a better position to spark more interest and funding for further conferences/workshops later in the year, in different regions round the country. See pages 11 and 12 for details of our first conference — its for children who have suffered stroke between 2—16 and their families.

**“Disabled — education and disability — a parent's guide to rights from nursery to university”.**  
A new publication from Contact a family, for a free copy ring: 0808 808 355

**children**

## The Stroke Association and Different Strokes

**If you have something to say**

WE WANT TO HEAR YOU!

There is a Special Conference for Children (0 — 16)  
who have suffered stroke and their families

On Saturday the 26th of April in  
the Band Room at Coram's Field,  
93 Guildford St, London WCN 1DN

**Sat 26th April '03**

From 11 am until 4 pm

AT YOUR CONFERENCE WE WANT TO GET YOUR VIEWS ON HOW YOU WOULD LIKE  
TO BE TREATED

**Following a Grand Opening there will be**

Coram's fields are opposite the Institute of Child Health—just round the  
corner from Great Ormond St Hospital

FUN FOOD ART VIDEO AND DRAMA WORKSHOPS

**If you want to join in, telephone Different Strokes**

**0845 130 7172**

or write to Different Strokes, 9 Canon Harnett Court,  
Wolverton Mill, Milton Keynes MK12 5NF



# We want to know about you

Please complete the following sentences and send them to us

The best thing about my life is

The things I worry about are:

My favourite food is:

I would like to know:

My time at school is:

The thing I need most is:

## *Amazing Prize Competition*

Please complete the following story:

There was a boy called Boris who had to go to hospital because his doctor said  
he had had a stroke ...

Tell us what happened to Boris. Please illustrate your story, if you can.  
There will be a Prize for the Best Story and a Special Reward for all those who  
enter the competition.

Send your answers and completed sentences to Different Strokes

# CLASSES AND CONTACTS

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Bath	Helen Tate	bath@differentstrokes.co.uk	01225 424 978
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London East	Steve George	londoneast@differentstrokes.co.uk	020 8491 7693
London North	Felicia Kyei	londonnorth@differentstrokes.co.uk	020 8493 9218
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Newcastle	Tommy Allen	newcastle@differentstrokes.co.uk	0191 285 6931
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North Somerset	Bob Watson	northsomerset@differentstrokes.co.uk	01275 844 607
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Romford	M O'Shaughnessey	romford@differentstrokes.co.uk	01708 765 178
Southend	Russell Holt	southend@differentstrokes.co.uk	01702 540 008
Sussex West	Gordon Smith	sussexwest@differentstrokes.co.uk	01903 740 055
Swansea	Jackie Coates	swansea@differentstrokes.co.uk	01792 203 551
Swindon	M McCaugherty	swindon@differentstrokes.co.uk	01793 533 805
Windsor	Terry Hounsom	windsor@differentstrokes.co.uk	01628 771 968

**CHRISTMAS CARDS** – we hope to have cards available from August. We will advertise them in the next newsletter (end July) so you can place your orders then