

Different Strokes' Conference 2005

This year the Different Strokes annual conference took place in Newcastle, and as usual it was both a learning and fun event for those who were there. The event was largely organised by Lisa Charlton who runs the Newcastle Different Strokes group – and she obtained a super location for us in the Gateshead Civic Centre.

Lisa had also invited those who arrived in town on Friday, ready for the conference early on Saturday, to meet at her Newcastle Group's exercise class, and to join in the exercise session. The exercise leader was an engaging, energetic and caring professional – or as Lisa said, "Rosie is lovely". Afterwards most of us went on to a fine Italian restaurant that Lisa had chosen.

The next morning the conference itself got under way in the Gateshead Civic Centre. It was a good location with reasonable and flexible facilities.

After a general welcome from Lisa Charlton, the Newcastle group coordinator, and Mike Druce, the new Different Strokes chairman, our new Chief Executive, Christina Meacham, who would lead the rest of the conference, was introduced. Christina ran through her history, her personal experience with stroke, some of the problems Different Strokes faces, how she intends to tackle those problems and what she has achieved so far.

Then John Horan spoke on: You can make a Difference. John, a stroke survivor, Different Strokes trustee and a practicing barrister gave examples of how disabled people are often treated as effectively invisible. He spoke of common misconceptions and their solutions. The first one is you are alone with stroke, no one understands, others make decisions for you. Wrong: if you've discovered Different Strokes you will know this is not so, and it's certainly not so if you've discovered the Different Strokes website. The second one is

we can do little ourselves; it's up to the State to intervene for us. Wrong: the State has a poor record of enforcing our rights, or even its own legislation in this discrimination area. We must complain individually and jointly – jointly is a much more powerful way. The third one is litigation is for someone else, not me. Not so: your rights are infringed; the law exists to protect you – even if it's inadequate. Go to a law centre, CAB or solicitor; ask them what help they can give you. You may be surprised.

Asked about the Disability Rights Commission, John said that the State has done a lot, but not enough. The Disability Rights Commission funds only 60 cases a year. He suggested trying them, you might be lucky.

The next speaker, Rosemary Sassoon, told us about communication. Rosemary is a researcher on handwriting and graphical communication and has written many books on those matters. After her own stroke she wrote a book called "Understanding Stroke". She told us that too often after a stroke we get talked about, talked over, rarely talked to. Hospital staffs sometimes say: "We can't do anything more; we don't talk, we look after them." This can lead to tremendous isolation, particularly for aphasic people. With a little effort even severely aphasic people can communicate effectively using icons, and most can understand what is said to them. Also, being able to make your mark, even if not in flowing cursive handwriting, is very empowering for stroke affected people and should be



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encouraged.

Stroke is not understood by the population at large. We all should aim to spread knowledge about it and change attitudes. It is best done by talking to people in groups like Rotary Clubs, Women's Institutes etc., and any special interest or professional groups with whom you have contact. All welcome speakers. Local papers and local radio, even television, are often only too willing to listen to what you have to say about experiences, philosophies, attitudes to or needs of the disabled. They are even more interested in the more unusual plight of young stroke patients.

The next speaker was Dr Tim Cassidy of the Sunderland Royal Hospital. He is a member of the Service Development Committee at the British Association of Stroke Physicians, and he ran a medical question and answer session for us. He gave answers that were clear, authoritative and sympathetic. The issues covered included: young stroke patients in A&E, normal looking brain scans, clot busting tissue plasminogen activator (tPA) treatment, the six month improvement cut off, hemianopia, transient ischemic attack (TIA), and epilepsy after an arteriovenous malformation (AVM).

After lunch Glyn Williams, a Tai Chi practitioner and

instructor, conducted a session entitled, You can use your Chi. We all took part in a mostly seated exercise of Tai Chi Chuan – as you see performed in the parks, in China, early in the morning. He introduced the concept of Qi (Chi) energy, and the smooth flow of this energy in co-ordination with relaxed, natural breathing and the focus of the mind to help keep the Qi moving. It worked well, leaving many of us feeling relaxed with the mind calm and focused. All ready for –

Dr Helen Rogers, Director of Patient Care within the UK Stroke Research Network, who presented a session entitled, you can affect policy. She gave a very business-like presentation of the thinking behind and the approach to the UK Stroke Research Network's Patient and Carer Participation Programme. This will be run to ensure that the views and perspectives of stroke patients and carers inform the UK Stroke Research Network strategy. It will be an exercise in partnership and two-way information flow. With this structured approach I am sure the work will get done very effectively.

When the conference ended there was a conference dinner at the Vermont Hotel for all those who did not need to travel home immediately. It was a super ending to a great and very "You Can" day.

Christmas is coming and we have a **gift for all newsletter readers**



Order Different Strokes Christmas cards and we promise that we will send them to you by first class post - at NO extra cost - within 3 days of receiving your order.

Ordering is easy, just use the form we've already sent you. If you haven't got one log on to www.differentstrokes.co.uk/cards, choose the cards you want and print out an order form, or email giving@differentstrokes.co.uk with Xmas in the subject line and we will email details of the cards and an order form, or ring 0845 130 7172 and we'll post details to you.

IMPORTANT When you complete the order form write "newsletter" next to postage and packing - like this →
so that we know you're a **newsletter special offer customer**.

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Support younger stroke survivors this Christmas

Send Different Strokes Christmas cards.



A happy and peaceful Christmas to all our readers.

Thermal Therapy Speeds Limb Recovery After Stroke

Thermal stimulation comprised of alternating application of heat and cold to the hand and wrist seems to help rehabilitate stroke survivors' paralyzed upper limbs, investigators from Taiwan report.

In what may be the first study to look at the effects of thermal therapy on stroke rehabilitation, researchers found that cycles of heat and cold significantly enhanced the sensory and motor functions in the arms and hands of stroke patients after just a few weeks of therapy.

The vast majority (85 percent) of stroke survivors experience some degree of impairment in an upper limb and recovery is often poor, Dr. Fu-Zen Shaw and associates explain in their article, to be published in the December issue of *Stroke*.

Previous studies have shown that thermal stimulation can simultaneously activate many areas of the brain -- a process believed to help stroke patients recover function, and, compared to other treatments, it represents a low-cost, simple intervention. Thermal stimulation is common in orthopedic rehabilitation and is sometimes used to treat muscle-skeletal pain or spasticity in stroke patients.

For their study, Shaw, from National Chiao Tung University in Hsinchu, and associates administered thermal stimulation using hot

packs (heated to roughly 75 degrees C) and cold packs (chilled to less than 0 degrees C) wrapped in towels to buffer the thermal conduction. Duration of direct heating and cooling stimulation was limited to 15 to 30 seconds, repeated 10 times with 30-second pauses.

Patients were encouraged to actively move their hands away from the stimulus when it became uncomfortable. The treatment was applied in 20- to 30-minute sessions five times per week for 6 weeks. Fifteen patients in the experimental group and 14 in the control group completed the treatment protocol.

According to the team, thermal therapy was associated with significant improvement in sensation, wrist extension, and motor function, compared with the control group, with greatest change observed between weeks 4 and 6.

These results indicate that thermal stimulation is a "good, useful and convenient technique" to speed the recovery of sensory-motor function in upper limbs of stroke patients, Shaw stated.

"Although an ongoing improvement after the 6-week thermal stimulation may be expected," the investigators note, "whether the facilitation seen in the intervention period is continuous at follow-up, and what the optimal intensity is of thermal stimulation remain to be studied."

Nov 07 (Reuters Health)

Eating Fruit Reduces Stroke

Eating fruit may reduce the risk of stroke, according to an article published in the Oct. 25 issue of *Neurology*.

The article cited a meta-analysis of seven prospective studies, five from the US, one from Europe, and one from Japan. The study involved a total of 232,049 subjects - 90,513 men and 141,536 women - aged 25 to 103 years. The seven studies covered the period from 1970 to 2004.

For each serving of fruit consumed each day, the stroke risk was reduced by 11

percent. When fruits and vegetables were considered together, each serving consumed each day was associated with a 5 percent reduced risk of stroke. However, the risk reduction was not significantly associated with vegetable consumption.

Researchers believe the risk may be reduced through the effects of fruit on blood pressure and high cholesterol. Previous studies have associated the stroke risk with high blood pressure and cholesterol.

By David Liu, Ph.D. (Oct 25, 2005)

Shelley Godfrey

Update September 2005

When I wrote my story for the Different Strokes website four and a half years ago it was a hard story to write. I could not see how my life would return to the life I was living before I had my brain haemorrhage. Now here I am four and a half years on and I feel great, my life has returned and is as good as it was.

I mentioned in my original story how amazing my family, partner and friends have been. Their love and support has never stopped, I couldn't have got better without them around me...I know sometimes they must be frustrated when I have my dark moments...but they are always there to listen and encourage me.

Since my original brain operation in 2001, I had another operation in 2003 and a number of angiograms since then. At one stage I was told that I had two very small bifurcations (forks) but these are of no consequence and do not require any treatment. In May of this year I was signed off by my Consultant which was a big step forward.

I am now working in the City of London, as I did before I was ill. My life has returned and I feel like the old Shelley has returned. I wanted to update my story to show newcomers to Different Strokes that over time you can find the 'lost you', you will get stronger and your old life will return.

Original story:

I was at work, it was a normal Monday, I was getting ready to go shopping at lunchtime when the events that followed changed my life. I was in the bathroom when I suddenly developed a horrendous headache. My neck became very stiff and my hearing muffled. I didn't know what was wrong but I knew that I

had to find someone to help me. The first aider took me into an office where I sat on the floor, drank water and waited for the symptoms to subside. I stayed there for about an hour feeling very unwell and then my boyfriend came to take me home.

I spent the rest of the day and the following morning in bed. A doctor came out to see me. She looked in my eyes and ears, and took my blood pressure, but didn't seem to know what the problem was. The doctor told me to look out for the rash associated with

meningitis and to take paracetamol every four hours.

The symptoms continued for a week, during which time I rested and continued to take painkillers. I visited the doctor again, but, as on the previous occasion, was not given any answers. I went back to work for the next three weeks, but was coming home early and continuing to see the doctor. I even moved to a new flat. My headaches continued. I was told by the doctor that the problem could be viral meningitis or a brain infection.

On Good Friday, my mum and sister came to visit for the day and we decided to go to a local pub for lunch. Within 30 minutes of arriving I was taken away in an ambulance. I had lost all use in the left side of my body, the bad headache returned, as did the muffling in my ears and stiff neck. As I was ushered out of the pub by the paramedics, I remember thinking I hope people don't think I'm drunk. I was very frightened in the ambulance, but the paramedics were fantastic at making me feel calm. I was taken to the local hospital where they carried out various tests. After spending eight hours in casualty I was sent home.

The next morning I woke up to find my mum and sister had stayed the night. I was very disorientated. I had trouble walking and



found it difficult to speak. I was taken back to casualty where my mum demanded a brain scan. This was carried out and the next thing I remember is being taken to Atkinson Morley's hospital where I was given an angiogram. I was scared and kept seeking reassurance from the nurses.

The next thing I recall is a nurse or consultant coming to give the results of the angiogram. My mum, sister and boyfriend were with me. I was told that I'd had a subarachnoid haemorrhage and that I needed surgery to stop the bleeding. Being told this was the most awful shock.

I had been told that my dad was travelling from the States to be with me. The nurse informed me that surgery would be carried out in the next couple of days and that I had to sign a consent form. I asked the nurse if I could wait until my dad arrived, thinking that once he was with me he would make everything OK. The nurse told me that there wasn't time and that I had to sign the form before he arrived. So I signed it.

After surgery I spent five days in intensive care. I don't remember at what stage I started to come round. I had slight paralysis down the left side of my body. I had to learn to walk again unaided. I liked showing off my

progress to my family and friends and felt so proud the day I could walk completely on my own.

During my stay at hospital, my dad spoilt me each day with meals he'd prepared at home. I was the envy of the ward. Even the nurses were impressed.

The encouragement of my family and friends was amazing. Every day during my rehabilitation, I had a stream of visitors. It must have been so hard for my family to see me go through this. I cannot imagine how they must have felt. The nurses also were absolutely fantastic in their support.

I was discharged after two weeks and felt very intimidated at the prospect of going home. I felt secure in hospital. The day I left the hospital, it was amazing to feel the fresh air and smell the outside.

It is now a year since the operation and I have been back at work for four months. I am slowly getting back into the swing of things but I miss the old me. I still find it difficult to believe that this has happened. Even writing it down, it doesn't feel as though it is my story.

NEW WRISTBANDS - NOW YOU CAN WEAR 2!

We are delighted to report that the 1000 mid blue 'Limited Edition Wristbands' have now sold out. NEW wristbands will be available - hopefully in 2-3 weeks - in a paler blue. We have ordered only 500 this time, so get your orders in quickly!

GET YOUR ORDERS IN NOW! - Price is £1 each plus 50p for postage. (Sorry postage has gone up a bit - we are now including the cost of envelopes and stationery. Still a bargain!) Please include a donation as well if you can afford one.

You can order by sending a cheque to the Different Strokes office, or through the website using a credit card (click on 'Different Strokes Wristbands' on the front page.) Credit card payments are processed through a secure server.

Websites bolster chronically ill

Using interactive websites can help people with long-term conditions that include depression, heart disease and HIV/Aids, a study has found.

A review by University College London found sites with information alone were of little use. They said people benefited from sites which also linked them to people with the same condition, or supported them in other ways. The conclusions were backed by doctor-patient groups.

The UCL researchers looked at 24 studies involving 3,739 participants who all had chronic (long-term) health conditions.

They looked at these people's use of interactive computer websites and programmes, which contained information services plus online support groups, chatrooms, or tailored advice based on a person's details, affected people with such chronic diseases. Interactive sites were of greater benefit to people than those with information alone, or not using sites at all.

The researchers found such sites have largely positive effects on users, making them feel better informed and more socially supported. Overall, people who used such sites appeared to see improvements in the way they looked after their health and in their clinical condition.

They also had improved self-efficacy - a person's belief in their ability to carry out potentially-beneficial actions.

'Website guide'

Dr Elizabeth Murray, who led the Cochrane Review team, said: "People with chronic disease often want more information about their illness and the various treatment options available.

"They may also seek advice and support to help them make behaviour changes necessary to manage and live with the disease, such as changes in diet or exercise.

"Computer-based programs which combine health information with, for example, online peer support may be one way of meeting these needs and of helping people to achieve better health."



She said many of the sites which had been studied had been set up by academics for the duration of the research. But she said her team's findings offered people a guide as to what kinds of sites to use.

Larger studies needed

"If the site includes support, such as chat rooms, that's what you're looking for."

"Who runs it is also important - is it a respectable body? And if there is advertising, that can be a warning sign, because then you wouldn't know whether or not the support being offered was biased or not."

But she said larger scale studies were needed to confirm her team's findings.

A spokeswoman for Developing Patient Partnerships said interactive sites were a weapon in the armoury that helped people with chronic health problems manage their conditions.

The UCL group were looking at the potential benefits of interactive websites for the second time. Their first review, published last year, which found websites did not have benefits, was withdrawn after it was found a statistical error had been made in its preparation.

People with chronic disease often want more information about their illness and the various treatment options

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

Experience of stroke? Help others by telling your story

Have you experienced a stroke? What was it like for you? Your experiences could help other people understand and come to terms with having a stroke and what it might mean for them. Different Strokes is supporting the work of the charity DIPEX. DIPEX are interviewing people about their experience of stroke to be included on a website of people's experiences of health and illness (www.dipex.org).

DIPEX is a national charity that produces this unique, award winning website. On the website there are interviews with ordinary people, of all ages and backgrounds, who have faced the challenges of living with different illnesses or health problems. The website also includes reliable information about each illness and its treatment, frequently asked questions and answers and links to other sources of support including websites, books and videos.

The DIPEX website on stroke will help provide information and support to people who have had a stroke and their families and friends. It will also be used in the training of health professionals to help them understand more about the experiences of having a stroke and how a stroke can affect peoples' lives.

Taking part in this research would involve talking to a researcher about your stroke and about your experiences of health care and life after a stroke. The interviews are carried out at home and there are different options for how the interview is recorded (video or audio).

The research is being carried out by researchers at the University of Stirling together with the DIPEX charity. If you think you might be interested in taking part in an interview and would like some more information then please contact Dr Clare Dow on telephone 01786 466106 or e-mail: clare.dow@stir.ac.uk You can view other conditions that have been covered on the DIPEX website on www.dipex.org

DIPEX is a registered charity, co-founded by Dr Ann McPherson an Oxford based GP and Dr Andrew Herxheimer, after their own experiences of illness. The charity is funded by the NHS, charities, trusts and foundations and has an ethical funding policy. DIPEX funds a research group based in the Department of Primary Care, Oxford University but also works in collaboration with other institutions.

DIPEX produces a unique award winning website, www.dipex.org. Since its launched in July 2001 it has won the BUPA Communication Award 2004, 'Social Innovations Award 2001 - Winner in the Medical category and the 'Healthcare IT Effectiveness Awards 2002' - Finalist in the Best Publicly Accessible Health Related Information System.

The website will cover the 100 main illnesses and conditions over the next 5 years including cancers, screening, mental health, heart disease, chronic illnesses and a new site designed especially for young people and their health needs.

For further information on The DIPEX Charity contact: **Jane Williams**, Director of DIPEX on 01865 487176

Stem Cell Diary

The last face I saw before collapsing and the first face I saw after waking was that of Margaret, the girl at the centre of my life. She was and continues to be a great motivation to me. As the weeks and days went by I realised more and more just how much she really meant to me. After a very unhappy marriage which ended in divorce I was lucky to find love again with Margaret. The feeling of unconditional love was new to me and I just wanted to end my days with Margaret. I had asked her to marry me and she agreed; we returned from Gretna Green where we had made the arrangements to marry when I just unexpectedly collapsed and almost ended my days with Margaret.

I lay in the bedroom on the floor, however, God was determined that I would not be allowed to die, and so it was that I survived a very large haemorrhagic stroke and the surgery that followed and was now in re-hab. I always looked forward to my Margaret visiting me and she often spent hours at the hospital late into the evening. On many occasions I think the love we shared was the driving force that made me want to recover and regain my life. The damage to my brain was quite extensive and recovery very slow. The neurologist explained it was unlikely that I would recover any use of my arm and could only expect limited function, if any, from my leg. He also said my desire to walk was an unreasonable expectation. I became quite depressed and distressed by it all.

However, my little brother came to visit one evening and told me of the amazing things which were talking place in the USA, where a rat in a lab had been induced with stroke then transfused with stem cells and had shown remarkable recovery. This held out a hope to

many people with serious conditions including stroke.

After many months I was discharged home in my wheelchair to live a life of a disabled person. As I sat all day doing nothing I decided to pursue by means of the Internet the use of stem cells in humans. After many weeks and much money spent on the telephone etc., I decided I must try this treatment. There were clinics trying to sell me pig cells etc - however I decided on a clinic in the Ukraine.



I booked a treatment and decided to fund raise, which, despite coverage in local and national newspapers, raised very little. If I'd appealed for donations for Geronimo's birthday party I might have got some help! If this was to be done, I would have to fund it myself. At long last I have got the money together and I'm ready to go and receive treatment on the 19th September 2005. I shall write

an update regardless of a favourable outcome or not.

I know quite a lot of questions are raised by this issue, so I have set up a web site to try and answer some of them and offer some help and advice to people considering this treatment, at www.stemcellhelpandadvice.co.uk

Hopefully things will improve for me. The BBC have been filming my progress for a documentary called 'A Cure for Ian', which is hoped to be screened later in the year. Do not let fear stand in the way of your dreams: doctors are not always correct - sometimes they are as much use as an umbrella in a coffin!

Thank you for reading this article and I hope you enjoyed it - **Ian McBride**

Stem Cell Therapy International Announces the Successful Treatment of Stroke Survivor Who Received Stem Cell Transplantation Therapy

Company Posts Video Clip on Web Site Demonstrating Results

TAMPA, FL--(MARKET WIRE)--Oct 27, 2005 – Stem Cell Therapy International, Inc. (OTC: [SCIL.PK](#) - [News](#)), a leading company in the field of research and development of stem cell transplantation (SCT) therapy and regenerative medicine, announced today the successful results of a case of stem cell transplantation recently concluded in Kiev, Ukraine, on Ian McBride, 49, a stroke survivor from Belfast, Northern Ireland.

Mr. McBride, a former porter in the City Hospital in Belfast, whose left arm and left leg were paralyzed as a result of a stroke 18 months ago, had undergone traditional treatment for stroke survivors in various clinics and hospitals in Ireland. His doctors held out no hope that Mr. McBride could recover mobility in these limbs.

Calvin Cao, CEO of Stem Cell Therapy International, said that after his disappointing diagnosis, Mr. McBride began searching for alternative medical procedures. Mr. McBride visited our website and decided that the use of stem cells to treat his condition may be the solution he was looking for. SCTI arranged for Mr. McBride to travel to Kiev to be treated with injections of embryonic stem cells at the Institute of Cell Therapy in September. As a result of the transplantation of stem cells into his body, Mr. McBride can now lift and bend his left leg and can move his left arm, as well as grip the side of the bed or someone's hand with his left hand and was able to sit up on his own. Something he was unable to do since he suffered the stroke.

SCTI has posted a Video Clip on its web site made in Kiev by Mr. Cao himself, after Mr. McBride's treatment that shows his remarkable improvement. In the Video Clip, listeners can clearly see Mr. McBride demonstrate his left side mobility and hear him testify as to the results of the therapy.

Mr. Cao said, "We are very excited about the improvement in Ian McBride's condition as a result of the stem cell therapy he received at the clinic. The procedure is based on the technology of the biological solution used, which is part of the exclusive license agreement SCTI has for the use of the 26 patents related to stem cells from the Institute of Cell Therapy (ICT). This is the first case we have conducted since arranging our exclusive licensing agreement to distribute and use stem cell solutions to treat human patients and the results exceeded our expectations.

"In addition to posting the Video Clip demonstrating Mr. McBride's improvement on the Web site," Mr. Cao said, "we have asked Dr. Weiwen Deng, MD., Ph.D., an expert in stem cell therapy from Tulane University and a member of the

SCTI Medical Advisory Board, to prepare a scientific abstract on the case and submit it to an appropriate scientific journal for publication. This case, we believe, will encourage stem cell researchers around the world to strengthen their efforts to gain acceptance for the widespread use of stem cell therapy."

Mr. McBride raised the funds needed to pay for the procedure with the help of donations from a fund set up by the Irish Sunday World newspaper.

Mr. Cao reported that at the suggestion of the SCTI Medical Advisory Board, Mr. McBride is scheduled to return to the clinic in Kiev in six months for additional stem cell transplantation therapy to help speed up the healing process of his entire body.

Stem cell transplantation therapy is a field of medicine which uses techniques and technologies that rely on replacing diseased, damaged or dysfunctional cells with healthy, functioning ones. This therapy is similar to the process of organ transplantation, only the treatment consists of the transplantation of stem cells into the body rather than entire organs, thus eliminating any chance of rejection or the need for expensive and potentially dangerous immunosuppression drug therapy. These new techniques are being applied to find a cure for a wide range of human disorders, including neurological diseases such as Alzheimer's, Parkinson's Disease, ALS, (also commonly known as Lou Gehrig's disease), leukaemia, muscular dystrophy, multiple sclerosis, arthritis, spinal cord injuries, brain injury, stroke, heart disease, liver and retinal disease, diabetes as well as certain types of cancer and can be used to alleviate the side effects of chemotherapy.

With the enactment of Proposition 71 in California in November 2004, a fund of \$3 billion was created to fund stem cell research. Since then four other states, New Jersey, Connecticut, Illinois and Wisconsin, have allocated funds for stem cell research. Among the leading public companies in the U.S. in the field of stem cell technology are Advanced Cell Technology, Inc.; ViaCel; Geron; StemCells, Inc.; and Aastrom Biosciences Inc. For additional information about SCTI's stem cell treatment procedures, you can visit their website @ www.scticorp.com.

About Stem Cell Therapy International (SCTI)

Stem Cell Therapy International, Inc. is a leader in the research and development field of regenerative medicine. SCTI provides stem cell solutions that are currently being used in the treatment of patients suffering from degenerative disorders of the human body. The Company has established agreements with highly specialized, professional medical treatment facilities around the world in locations where stem cell transplantation therapy is approved by the appropriate local government agencies. SCTI intends to provide these biological solutions

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THE PILL AND STROKE

One of our subscribers asked us to remind you all that taking the contraceptive pill has been found, in some studies, to increase the risk of stroke for the general population of women. There have also been some studies that show that women who suffer from certain types of migraine should not take oral contraceptives, as their risk of stroke is increased.

If you search the Internet for further information on oral contraceptives and stroke, you will find a wealth of information. A few helpful quotes are given below:

'Some women who have migraine, in particular those with migraine with aura, should not take the combined contraceptive pill ('the pill'). This is because of a small increased risk of having a stroke. The pill can also trigger migraines in some women.' (Source: Patient UK).

'The general advice is that smokers should think about stopping the pill after

the age of 30, and must change to another method at 35. Looking at it another way, 15 years of accumulated use of the pill should be the absolute maximum for a smoker (and they should stop earlier if they have developed other risk factors for stroke such as high blood pressure).' (Source: BBC Health website). 'Other risks of the pill include an increased risk of stroke in women who have certain types of severe migraine.' (BUPA website.)

In contrast, a study reported in 'Stroke' (published online before print June 12, 2003), concludes that there was no evidence for an association between ischaemic stroke and use of the oral contraceptive pill in low doses in young Australian women. The authors consider that other modifiable risk factors such as hypertension, diabetes mellitus, and smoking are important. If you have already had an ischaemic stroke, or suffer from migraine, we would recommend that you remind the doctor or health professional of this fact when you are discussing contraception.

(Continued from page 9)

containing stem cell products in the United States as well, to universities, institutes and privately funded laboratory facilities for research purposes and clinical trials. Their products, which are available now, include biological solutions containing embryonic stem cells, adult stem cells and stem cells which are extracted from umbilical cord blood.

Forward-Looking Statements

This report includes 'forward-looking statements' within the meaning of Section 27A of the Securities Act of 1933, as amended, and Section 21E of the Securities Exchange

Act of 1934. The information in this news release includes certain forward-looking statements that are based upon assumptions that in the future may prove not to have been accurate and are subject to significant risks and uncertainties, including statements as to the future performance of the company. Although the company believes that the expectations reflected in its forward-looking statements are reasonable, it can give no assurance that such expectations or any of its forward-looking statements will prove to be correct. Factors that could cause results to differ include, but are not limited to, successful performance of internal plans, product development acceptance, and the impact of competitive services and pricing and general economic risks and uncertainties.



The Roald Dahl Foundation provides assistance to children and young adults up to 25 years (and their families) in the form of grants. These grants are governed by medical criteria - neurology and haematology (including stroke) - but very specific within these areas. Qualifying families must be in receipt of one of the following state benefits: Income Support, Housing Benefit or Working Tax Credit. An exception would be considered if the family are not in receipt of any one of these benefits but has an earned income of less than £16,000 per annum.

Small Grants must be applied for by a social worker or a healthcare professional i.e. health visitor or specialist nurse. This person must be willing to see an application through to its completion and be prepared to supply and confirm information required for the grant to be processed.

For more information would you please ask your representative to contact the Small Grants Manager at the Roald Dahl Foundation, 81a High Street, Great Missenden, Bucks HP16 0AL. Tel: 01494 890465. E-mail: admin@roalddahlfoundation.org

DISABLED FACILITIES GRANT MEANS TESTING TO BE SCRAPPED

Families in England needing to adapt their homes to care for a disabled child will no longer be subject to means testing from December 2005. The Government's decision makes it easier for families to apply for a Disabled Facilities Grant (DFG) to get funding for help to provide access ramps, stair lifts, level access showers and home extensions.

The change, which ensures families are entitled to apply for the maximum grant available without having to go through a means test, will mean they can now apply for up to £25,000 for disability improvements to their home.

Housing Minister Baroness Andrews said the current DFG means test prevented some families from getting the help they needed, in what were often difficult and distressing circumstances.

"The ending of the means test is an important change which will be warmly welcomed by all

those who have been pressing for a change. This includes MPs, disabled persons lobby groups such as Mencap and the Joseph Rowntree Trust, and of course the families themselves."

"But there is no doubt the Disabled Facilities Grant has been very successful. Since 1997, more than 250,000 disabled people have been helped by grants that can be used for a range of housing adaptations which are needed to ensure a disabled occupant can remain living an independent life at home"

The Government's Review of the Disabled Facilities Grant will continue following the publication today of the independent Bristol University report into the operation of the programme. This report recommended the change for families that we are now implementing. Its other recommendations will be considered further with a consultation paper being issued during the early part of 2006, setting out any additional proposals for change.

Press release from the Office of the Deputy Prime Minister 27 October 2005

Siblings with Ischaemic Stroke Study

The Department of Clinical Neurosciences at St George's, University of London is performing a UK-wide study about siblings pairs who both suffered a stroke. We are searching for patients under the age of 65 with ischaemic stroke who have an affected sibling with ischaemic stroke also younger than 65 at the time of his/her stroke. In families with large sibships, we also include healthy family members and parents.

Risk factors such as high blood pressure, diabetes, and smoking increase the risk of suffering a stroke. However much of the risk of stroke is not explained by these factors. Genetic factors also appear to be important. The exact basis of this is uncertain. We are interested in looking at this in more detail and we hope that this study will allow us a better insight into

the genetics of stroke.

Participation in this study involves a single visit to St George's for collecting blood and answering questions about your family history. We will refund all travel expenses and can also arrange to see you at your home if this is more convenient for you. For any further information please go to www.strokegenetics.co.uk. If you feel you might be suitable for this study, please contact via e-mail or telephone:

Dr Pauline Patak
Clinical Research Fellow
Dep of Clinical Neuroscience
St George's University of London
Cranmer Terrace
London
SW17 ORE
Telephone: 0208 725 2461
E-mail: ppatak@sgul.ac.uk

Have you had a stroke?



Do you speak more than one language?

The Institute of Neurology is looking for volunteers to take part in a brain imaging study on bilingual aphasia who:

- Are right handed
- Speak more than one language
- Have had a stroke

If interested, please contact Alice Grogan on: **020 7679 1095**, or by email at: a.grogan@ucl.ac.uk

Nine go to Exmoor!

In September, a team of Different Strokes Coordinators took part in a very successful teambuilding training at the Calvert Trust in Devon. The picture shows the nine intrepid adventurers, from left to right, Irene, Rima, Steve, Denise, Lisa, Yvette (the trainer) Anne, Jeffy, Darren and Louise. The team took part in a variety of tasks that tested their problem solving, communication and leadership skills, and which all lead neatly to the final task.

Activities included a night navigation task which required the team to navigate their way around the woodlands surrounding the hostel, armed only with head torches and a map. The aim was to locate markers which were often well hidden, and to make a note of the letter on them — once completed the letters collected were used to solve an anagram.

There were also problem solving exercises such as filling a tube with water—sounds easy until you realise that the tube was full of holes, the team members were only allowed to use one finger each, and the 'filler' had only a small container to carry water from a butt, several metres away!

The final task of the weekend involved each team member learning a particular

process involved in abseiling down the climbing wall, and teaching their process to other members of the team so that they could deputise in the absence of the process 'owner'.



The weekend was demanding, tiring, and pushed the trainees' limits, nevertheless everyone had an excellent time and they're looking forward to the reunion!

About the Calvert Trust

The Calvert Trust have three sites in the UK—Exmoor, Kielder and Keswick—and they specialise in outdoor adventure holidays and courses for people with disabilities together with their families and friends.

All the facilities are accessible to people with all kinds of disabilities and they are excellent at making sure everyone has a good experience.

If you'd like to find out more about what the Calvert Trust have to offer, check out their website or call them for



a brochure.

Web: <http://www.calvert-trust.org.uk/>

Telephone numbers:

Keswick: 01434 250232

Kielder: 01434 250232

Exmoor: 01598 763221

GLASGOW



These group of women who ran in the 'Glasgow Women's 10k on 15 May 2005. As a result of sponsorship they raised a total of £1,404 for the group. Well Done!!

Their names are: Agnes McNally, Rose Smith, Jan Clydesdale, Debbie Muir, Maureen Campell, Karen Anne Neish, Liz Neish, Margaret Wallace and Sharon Wallace.
(A special mention to Lisa May Ross and her family for doing so much for Different Strokes.)

IN MEMORY OF MIKE McCAUGHERTY



It is with great sadness that we announce that Mike McCaugherty had a brain haemorrhage and died while he was on holiday recently. Mike was the founder and Coordinator of the Swindon Different Strokes group. He was an enthusiastic and energetic person so his death has come as a huge shock to his partner, family, friends and fellow stroke survivors in Wiltshire, to whom we send our sincere condolences. He will be greatly missed.

different Strokes

Support for Younger Stroke Survivors

A REGIONAL COORDINATOR is required to support and coordinate Different Strokes local groups/exercise classes in the South East Region. Fixed term contract to August 2006.

The person must have:

- knowledge of issues concerning stroke survivors
- knowledge of setting up new projects
- personal experience or knowledge of stroke
- skills in managing a team
- the ability to project a corporate identity.

Responsibilities will include:

- Supervising Volunteer Group Coordinators
- arranging and presenting training for Volunteer Group Coordinators
- collating local statistical information as required by head office.

If you have these qualities and experience gained from either the statutory or charity sector, further information and a job description can be obtained from www.differentstrokes.co.uk or alternatively contact: Anne Barby at 9 Canon Harnett Court, Wolverton Mill, Milton Keynes, MK12 5NF, telephone 0845 130 7172, or email: anne@differentstrokes.co.uk.

Supported by



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We particularly welcome applications from younger stroke survivors.

This is a part time post (7.5 hours per week) to be fulfilled by working from home. Candidates should live within the SE region*. Salary: £3,198 p.a. (It can be permissible to earn this amount and still claim incapacity benefit.). Closing date 6th January 2006. Interviews will be held on 11th January, and the successful applicant will be required to start their employment at the beginning of February.

* South East region postcodes: AL, BN, CM, CT, GU, HP, ME, OX, RG, RH, SG, SL, SS, TN.

REGIONAL REPRESENTATIVES

REGION	COORDINATOR	E-MAIL	TEL NO:
Anglia	Mike Ripley	mike@differentstrokes.co.uk	01206 241 100
Central	Sarah Cooper	sarah@differentstrokes.co.uk	0116 210 0868
Greater London	Jeffy Wong	jeffy@differentstrokes.co.uk	020 7924 9775
North East	Arthur Cookson	arthur@differentstrokes.co.uk	0191 271 3141
North West	Denise Morrice	denise@differentstrokes.co.uk	01325 287 296
Northern Ireland (North)	Gary McCann	gary@differentstrokes.co.uk	02838 326540
Northern Ireland (South)	Jessica Perry	jessica@differentstrokes.co.uk	07890 288604
Scotland	Loraine Boyle	loraine@differentstrokes.co.uk	0141 942 4556
South East	Karen Bartleet	karen@differentstrokes.co.uk	01256 880146
South West	Carl Martin	carl@differentstrokes.co.uk	01460 57094
Wales	Diane Parrish	diane@differentstrokes.co.uk	01686 420 365

WOULD YOU LIKE TO HELP DIFFERENT STROKES KEEP COSTS DOWN?

We can send the Newsletter by email

If you would like to receive future issues 'virtually' please send a note to newsletters@differentstrokes.co.uk

CLASSES AND CONTACTS

REGION	COORDINATOR	E-MAIL	TEL NO:
Aberystwyth	Elizabeth Baggott	aberystwyth@differentstrokes.co.uk	01654 781396
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Woking	David & Edna Balcombe	woking@differentstrokes.co.uk	01483 729 291
Wycombe	Tony Grass	wycombe@differentstrokes.co.uk	01494 728 537