different Strokes
Support for Younger Stroke Survivors

Registered Charity No: 1092168
9 Canon Harnett Court, Wolverton Mill
Milton Keynes, MK12 5NF

TEL: 0845 130 7172
FAX: 01908 313 501

NEWSLETTER NO 19

www.differentstrokes.co.uk e- mail: info@differentstrokes.co.uk

CUT STROKE RISK

A daily pill which "dramatically" reduces the risk of suffering a stroke could save tens of thousands of lives in Britain each year, according to a new report. Doctors and patient groups have asked for Losartan to be prescribed to everyone suffering from high blood pressure after a study showed it reduced the risk of strokes significantly more than current treatments. Losartan has been available on the NHS for some years but as there was no evidence that it worked, doctors have been encouraged to prescribe beta-blockers instead. These cut the risk of stroke by 40%, but side effects include lethargy and impotence. Losartan has few side-effects and can also cut deaths from combined heart attacks and strokes by 13%. A report in the Lancet (2002-359/995-1000) describes the finding as "groundbreaking".

LOSARTAN HAS FEW SIDE EFFECTS . "GROUND BREAKING"

IMPROVE BRAIN POWER!

A little exercise can improve the mental capacity of patients according to researchers in the United States. Some people have problems digesting new information because of a shortage of oxygen to the brain. But doctors at Ohio State University have found that exercise , providing increased airflow to the lungs and brain, can improve patients' intake of information. The researchers tested 58 patients to evaluate the effects of one session of moderately intense exercise. The participants ranged in age from 56 to 85. Each was asked to ride an exercise bike for twenty minutes while being monitored for breathing rates. A week later, the patients were asked to watch a video on the benefits of exercise and were tested on their powers of recall and thought. They showed a marked improvement. Professor Charles Emery, co-author of the report, said exercise seemed to stimulate the nervous system and release hormones essential to brain function. Dr Emery believes the effects of exercise are cumulative. He said: "Physical endurance decreases when a person stops exercising and cognitive function is likely to follow a similar "use it or lose it" pattern".

The research was published in the American Journal of Respiratory and Critical Care Medicine.

Inside this issue:

***different*strokes offers "rehabilitation services", information and advice to those who have had a stroke. It is run by younger stroke survivors for younger stroke survivors.**

MASSIE POINTS TO DANGER OF EMPHASIS ON WORK

The government's emphasis on getting disabled people into work risks stigmatizing those who are not able to, warned Bert Massie, chair of the Disability Rights Commission. He told Different Strokes that, while much of the government's policy in getting disabled people into employment was "helpful", there was a danger that those who were unable to work would become stigmatized. He warned against elevating work to a "deity status", adding: "There is a contradiction in government policy because we need to be asking whether those disabled people who cannot work are getting enough money to have a decent life. "The whole issue about work is not just about the motivation of the individual disabled person, it is about the infrastructure that is available to help them into work," said Massie. Local authorities had completely different policies, which varied in quality and they often intervened far too late. Massie asked whether social services just encourage people to have low aspirations. Pointing to the closure of many day centres, he added "You do have to wonder what decade people are living in". **Council and social care providers should also be leading the way in employing disabled people, he said.**

Aspirin Taking aspirin could help to reduce by more than half the risk of developing the most common form of lung cancer, once smoking—the biggest threat of all, is removed from the equation. The promising findings come from a study of more than 14,000 women in New York and suggest the humble painkiller may give some protection against lung and bowel cancer. It is already credited with preventative powers for heart disease and stroke.

The prospect of retiring may seem beguiling. But it could be what finishes you off. The Institute of Actuaries has revealed that people who retire at 70 are likely to live to 83.5 — a year longer than those who retire at the usual age of 65.

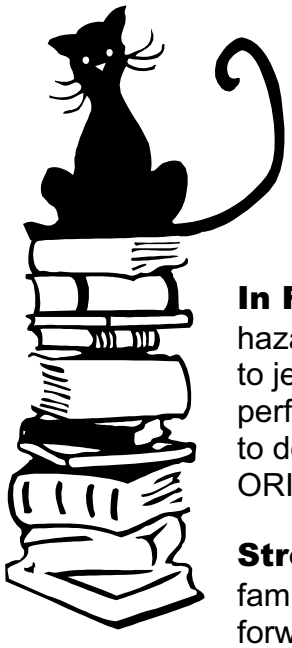
Consultants in your area
http://www.specialistinfo.com/index.html.Look up consultants and their specialties. You maybe able to see someone privately initially, to get assessed early and then switch back to NHS after the first appointment.

Bone Breathing — tapes to assist meditation and deep relaxation (eg for pain relief)
Joanna Goddard 01435 872 147

PAIN?

About five out of every hundred stroke patients develop central post-stroke pain (CPSP), which used to be called "thalamic syndrome". Although CPSP may come at the time of the stroke, it more frequently starts several months later—often at a time when movement returns. In most cases, the pain is burning, though it may be throbbing. It does not usually affect the whole area involved in the stroke, but is felt mainly in one part of it. About half the people afflicted with CPSP find that touching the painful area, or having something cold in contact with it, brings on a severe pain. A few unfortunates find that moving the affected part is very painful, but that there is very little if any pain when they keep perfectly still.
(Many CPSP patients find that the pain is worse when they are cold or upset and better when they are relaxed). **But now** scientists have located a gene whose absence can help reduce pain. Tests on genetically modified mice who lacked a particular gene showed a 'dramatic loss of sensitivity' appearing to feel up to 50% less pain that other mice. The located gene is called DREAM (downstream regulatory element antagonistic modulator). The Canadian researchers from the University of Toronto, the Hospital of Sick Children and the Amgen Institute, said that the success in reducing neuropathic pain, chronic pain resulting from nerve injury, was particularly significant because there are currently no widely effective treatments for this kind of pain. The research is published in the journal, Cell.

BOOKS



Understanding Stroke — Edited by one of our members, Rosemary Sassoon, this comprehensive book looks at stroke from different perspectives, professional and lay. It provides the patient with the information and motivation so vital for successful physical and psychological rehabilitation. The part written from the patient's point of view also gives health professionals a valuable insight into minds and complex needs of their patients. ISBN 1 - 897739 -16 - 8 £5.99

In Flight Fitness — Now more than ever we are aware of the potential health hazards of long-haul flights – from 'economy class syndrome' or deep vein thrombosis to jet lag. Helen Varley and Pilates expert Dreas Reyneke have put together the perfect guide which tells you everything you need to know — and everything you need to do — for a healthy flight:
ORION ISBN 0 -75284 - 458 - x (also by Dreas Reyneke -"The Ultimate Pilates")

Stroke BMA Family Doctor Series — Dr. Richard Lindley (also see www. familydoctor.co.uk). All you ever needed to know about stroke in a short and straight forward book. ***Available in most chemists***

The Man Who Lost His Language When the Renaissance historian Sir John Hale suffered a stroke that deprived him of his speech his wife Sheila took it upon herself to find out how he might be brought back to normal as far as possible. This is her story, but also an explanation of what aphasia can tell us about language. "An intimate account of what happens when the person you love and lived a lifetime with is cut down by stroke. It weaves the emotional, the practical and the technical into a highly readable book" - Jon Snow (Different Strokes patron). John was a regular exerciser at our West London group. Hardback UK £14.99 0-7139-9361-8

Stroke is a medical emergency:-

Once neurological symptoms have occurred as a result of an acute circulatory disorder, immediate treatment strategies must be implemented without delay. The tissue of the brain is able to tolerate inadequate perfusion only to a very limited extent, in fact, for only a few minutes. The admission of a stroke patient to a specially equipped hospital should on no account be delayed. Like myocardial infarction, stroke is an emergency no matter how mild it may seem. A large scale information campaign among the US population and systematic treatment of the risk factors have resulted in a **drastic reduction** in the incidence of stroke.

We need a change of thinking in the UK!

Christopher Reeve, whose career as a screen hero was cut short by a riding accident, is to direct a film based on the story of **Robert McCrum** founding trustee and now patron of Different Strokes. Robert's life was changed forever when he suffered a serious stroke at the age of 42.

The film version of his acclaimed book, ***My Year Off,*** is to be shot this year in the United States. It will examine the devastating affect that sudden severe disability has on a man at the peak of his powers. Although Robert lives in London the story is likely to be relocated to America, and possibly may star Kevin Bacon.

PROFILE

My husband John had a TIA in July of 1990. He phoned me to say he was coming home as he felt strange. He collapsed as he got into the kitchen and his speech was slurred and difficult to follow. I telephoned the GP and was told to dial 999. In the A&E cubicle, John suffered a further TIA and I was ushered out unable to get any information for approximately two hours. I knew nothing of strokes or TIAs at this time. When I finally got to see a Doctor, I told her we were due to fly to Sri Lanka in three days as we were going there to adopt a baby daughter. The day before we were to fly the consultant said "I cannot tell you not to go" and John was discharged. We decided two negatives made a positive and went, not without some trepidation. He was fine in Sri Lanka, in fact he was the only person in our group of four who was not ill. The adoption went through without problems and we brought out daughter Susanthi home after ten days.

It took all his movement, all his sight from his left eye and virtually all sight from his right eye. He was dying.

Three happy years flew by, until late one evening in August John came from the bathroom saying he could not use his left hand properly. I wondered if it was a sprain, and telephoned our GP for advice. I was told advice was not given over the phone and did I actually want a doctor. We waited over two hours for him to come. He found John's blood pressure to be dangerously high and admitted him to the local infirmary again. Although John's left side remained impaired he worked hard to achieve his independence. With a young daughter he adored and his own business, he had every incentive. Doctors and his work colleagues were all impressed, but as an engineer, who had always enjoyed making and creating anything and everything, he sometimes found life very frustrating.

During the next three years, there continued to be slight improvements in John's condition but then at the beginning of 1997 he suffered a massive stroke followed by an epileptic fit. I was told he was dying. There is no stroke unit in our area and no specialist consultant. John had recovered consiousness but he had no speech. (I had spent ten years teaching profoundly mentally and physically handicapped children, all without speech, and so I was able to set up a system of hand squeezing communication. Two squeezes for yes. There was no doubt John understood). His intellect was intact but his expressive language had been destroyed.

A PEG for feeding was inserted. "Just sign here" I was told and a note was written across the medical records to indicate I was giving my consent. I gladly gave that consent but I was not informed of the implications of that consent, i.e. not being able to withdraw if the situation changed.

After about six weeks, John's care deteriorated. The staff at the hospital would not leave the nurse call buzzer within his reach; he was doubly incontinent; it was not policy to use incontinence pads on that ward; he was frequently soiled. I could tell by John's pleading, distressed eyes when I walked into the room that there was a problem. Being completely paralysed down the right side, and with some paralysis from the earlier stroke he was difficult to dress and pyjamas were frequently torn. I witnessed lack of care and sometimes lack of understanding of how such a patient should be dressed. Then John fell out of bed. He was terribly bruised down his right shoulder and arm. It was not until the consultant came back from holiday that he was taken for an x-ray. The right cot side was broken and tied up with string. My catalogue of complaints grew and grew and as I arrived at the nursing station with yet another request or complaint the staff would bristle and I knew that I was labelled "that woman". I tried to be reasonable, did not shout, helped in looking after John etc but the situation got worse. The number of mysterious accidents continued but there was always an explanation, which I usually went along with e.g. he was agitated and tried to pull the catheter out, his arm/leg got caught in cot side rails, biting his lip caused huge swelling of the upper lip. At this stage John started to make sounds in his throat for the first time. When I left him he would hook his arm round my neck and hold me by his face desperately trying to talk. A few days later I was told John had been found blue in the night and was ill. He looked dreadful. The following evening I got a phone call from the Ward Manager. She had been called in as John had been found with two cuts on his right side. When I arrived back on the ward, the security manager was waiting to see me and shortly afterward two CID officers interviewed me. It transpired that when a nurse had asked how it could have happened John tapped her on the wrist and pointed to a male auxiliary. This was from a patient who, for over six months, no-one would believe had any intellect!

The police and security were wonderful. The hospital staff seemed to be trying to disappear into the woodwork. In my presence the CID officers interviewed John using the hand squeezing technique. The male officer became quite emotional briefly and had to stand in another part of the room until he composed himself. The staff who had been on duty at the time of the "incident" were all suspended; a

security officer walked through the ward every hour "just checking". The following day I had to give a very detailed statement at the local police station. It proved to be very emotional for me and I had to answer the question "if you were so concerned, why did you not do more?"- that question will haunt me for the rest of my life. The same evening police arrested the male auxiliary nurse and charged him with grievous bodily harm. Plea-bargaining then began and finally he admitted a lesser charge of actual bodily harm, cutting John with a stitch cutter and all other charges were dropped. The Crown Court Judge was later to say it was a "chilling case" and a sentence of three years was imposed.

I had, through the help of the family solicitor got a specialist in rehabilitation from Newcastle to assess John. I had appealed against the decision that John was not entitled to continued nursing care and won a review. In the specialist's opinion, John should have rehabilitation in a specialist unit. The hospital did not agree – and I naively thought that after all the adverse publicity they would help. Only three units in the country were suitable. London was out of the question. I very much wanted Newcastle as its main strength for John was it's expertise in communication skills but the waiting list was long and it was for a minimum three month stay and the specialist said, privately, he was sure the health authority would not agree to fund John. The third unit was relatively nearby in Leeds. I went to look around and was very impressed. I rang the consultant and she spoke to the specialist. Much to my surprise, a few days later two nurses came to assess John. When John's consultant found out he was furious and demanded of me who had "given me permission to go there". I was no longer afraid of upsetting anyone and finally got the necessary authority for John to be transferred for a one month assessment.

In the ambulance I was reassuring him throughout the journey and he received a warm welcome from the two nurses he had already met. He was transferred from stretcher to bed and then his named nurse came across to be introduced. But it was a male nurse and since that summer John had been terrified of any man who came near him. I saw the fear in his eyes and he gripped my hand. Here was a problem and we had only been on the ward a few minutes. Names were exchanged and I realized he was from the north east. I commented on his accent and said John was originally from the north east too. The nurse leaned close to John and whispered something, John smiled at him. That was the first time I had seen John smile for 15 months. I was not let into the secret of what had been said. That set the tone for the next four weeks. John was dressed, again this was a first. I went in one day and three staff had him standing with a walking frame. When I spoke to him, he looked up at me and smiled. That was smile number two. The place was wonderful, even the tea lady and the cleaners were carers. My daughter and I were also cared for – "its all part of the rehab, to look after the whole family" I was told.

Immediately I saw John settled I made an appointment to see the registrar. I told him I was going to refuse to let John go back to the original hospital. I repeated this very simply but emphatically time after time. I wanted John transferred to a very local hospital until I could locate a nursing home, which could provide the facilities I now knew he needed. My bottom line was that if the Health Authority would not co-operate I would telephone the local TV station and press telling them I would be laying on the road in front of an ambulance and the reasons why.

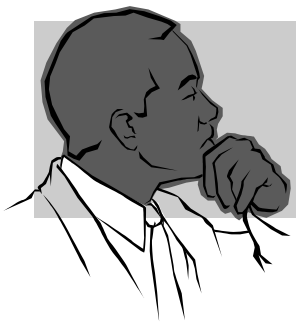
I found a nursing home, in another health authority, about 20 miles from my home. John was discharged and moved just before his birthday. The home had a physiotherapist, was set in lovely grounds and from John's bedside he could look up the drive and see the entrance. Birds and squirrels came to feed outside his room and in the lounge he was placed by a window, which overlooked a lake. We introduced him to Geoff, the home handy man and they became friends. The fear of

males had gone and if Geoff was working in John's corridor he would go in and chat to him. With regular physiotherapy and working with the speech therapist with sign cards plus visits to the hospital for botulinum toxin injection releasing some of the spasm, life improved greatly for John. I discovered AbilityNet had opened and office in York and promptly saw the manager, he was very positive. He was not interested in how bad the scans appeared, he just needed to see John. He took along a computer, some keyboards and software. John co-operated wonderfully. I was really excited about the use of the computer if we could communicate, John's quality of life would be greatly improved. Then John had another stroke.

It took all his movement, all his sight from his left eye and virtually all sight from his right eye. He was dying. For the next ten months John hung onto life artificially through a PEG, that PEG that I had consented to what seemed like ages previously. He was put onto Hyperidol which led to terrible fits lasting up to 90 minutes. He was very very sick. I eventually persuaded the Health Trust to provide a special bed which would alleviate John's vomiting. They ordered the bed, but not the mattress! I was hoping to sort this out with the nurse. As I got in the car to go to the home I turned on my mobile phone, there was a message asking me to go to John as quickly as possible. John died before I arrived.

If you are a carer, friend, spouse or parent or child of someone who has had a stroke and you feel sure some aspect of their care is not right please, find the courage to speak out. The time afterwards when you may regret not doing so, lasts forever.

June Backhouse



COGNITION...

The majority of people who suffer a stroke will notice they have changed in a number of ways; the most obvious of these are the physical and speech difficulties. However, many people will also notice problems with their cognitive skills. Cognition is anything to do with thinking and learning, it allows us to make sense of the world. It falls into five main areas:-

Attention

This is the foundation of all the other cognitive skills. Without good control of our attention we will definitely have difficulties with all other aspects of our cognition. You may experience the following problems if you have attention problems:

- Difficulties concentrating
- Difficulties with ignoring background distractions
- Difficulties in picking out the most important thing on which to attend at any given time
- Difficulties in moving your attention fluidly between different ideas or tasks
- Difficulty in doing more than one thing at the same time

COGNITION

Visual Processing

This includes our ability to move our eyes, to focus on things, to match patterns, visual fields (the amount we can see around us without moving our heads), as well as visual perception (making sense of the visual information). If you have problems with visual processing you may experience the following difficulties in your everyday life:

- Bumping into furniture, doors or people
- Difficulty with reading
- Difficulty watching TV
- Double vision
- Blurred vision

Information Processing

This is a general term that covers most aspects of cognition as defined above. However, after stroke there appear to be three major aspects that require rehabilitation: speed of thinking, capacity of thinking and control of organisation processes. If you have any of the following problems they may indicate difficulties within information processing:

- Finding you get lost in conversations with more than one person
- Finding you cannot think of things to say, particularly in busy environments
- Feeling that you think more slowly or less clearly
- Finding that you seem to "get hold of the wrong end of the stick" a lot of the time

Memory

This is the cognitive skill that most people complain about. However problems with memory are often due to difficulties with attention or information processing skills. By successfully working on and improving these areas memory complaints may then subside. The most disabling aspects of memory failures are:

- Difficulty in remembering things that have happened recently (episodic memory)
- Difficulty remembering to do things in the future e.g. keeping appointments, what to buy at the shop etc (prospective memory)

Executive Functions

These can be likened to the conductor of the orchestra; they co-ordinate all the other cognitive functions. If there are problems with executive functions then problems can occur with any aspect of cognition. Problems in this area tend to be more subtle to define, although the effects of them are very disabling. You may experience any of the following:-

- Difficulties with planning
- Difficulties with setting appropriate goals
- Difficulties with self monitoring
- Difficulties with awareness
- Difficulties with getting started on things

Cognitive rehabilitation therapy aims to maximise or optimise these skills. It is an element of rehabilitation that will be discussed at our conference in Coventry on Saturday 5th October 2002.

Kit Malia and Anne Brannigan, authors of the above article spoke at last years conference. They have a website discussing therapies for improving cognitive skills: www.braintreetraining.co.uk or phone01276 472369

LINGUIST – WITH HALF A BRAIN

A seven year old girl with only half a brain has astonished doctors in Holland by becoming fluent in two languages reports the Daily Telegraph. The child was diagnosed with a rare progressive brain disorder when she was three. To treat the condition, surgeons had to remove the left hemisphere of her brain – which contains the speech centre – and fill the gap with marrow fluid. But when the girl was admitted to hospital earlier this year with tonsillitis doctors discovered that she is now bilingual in Dutch and Turkish. "It was amazing," said Dr Johannes Borgstein. "I had to tell my students to forget all the neurophysiolocial theory they were learning. If this little girl could achieve so much with only half a brain, what could we not do with a complete one".

Children are now believed to be eating as much salt as adults (9—12g a day), although their requirement is proportionally less than that of adults. This is because the fast food preferred by children is very high in salt. For example a burger and fries provides just over 5g of salt, exceeding the recommended intake of 4g a day for children aged 11—14 years.

There is now plenty of evidence to show that salt is harmful in children, affecting their health now, as well as predisposing them to ill health in later life, For example it has been shown that in populations that do not suffer from high blood pressure, salt intakes are low in both childhood and adult life. **An increased blood pressure is a risk factor for stroke and heart disease.**

HELPING US TO FIND OUT MORE

If you're a younger stroke survivor the Institute of Neurology in London would like to invite you and your family to take part in a postal questionnaire study that could really make a difference.

When a parent suffers a stroke it can affect not just them, but the rest of the family too. Little is currently known about the impact of parental stroke on children. The aims of this research are to investigate what problems there are, and how best we can help. We would like to invite the whole family to take part, including young people aged 11 and above, as well as adult children of early stroke patients who may have left home.

If you and your family would be willing to help please contact David Morley by Email at D.Morley@ion.ucl.ac.uk, or by phone on 0207 8373611, ext 4114.

Sobell Research Department, Institute of Neurology, University College London, 8-11 Queen Square, London WC1N 3BG

LETTERS

BOBATH & ME

I had my stroke seven years ago and was left with a useless left side. I could get about unaided but felt my left arm pulling on my shoulder. I even considered amputation – luckily I was talked out of it. I was referred back to physiotherapy and luckily my therapist referred me to a Neuro Physiotherapist and she introduced me to BOBATH. In simple English it means telling the stronger side of the body to take a holiday and encouraging the weak side to get back to work.

After the first session I could move my toes. After the second session I could move my arm, I am now starting to move my fingers!!

I could not believe it myself but I am proof that it works. I am lucky that I am having my treatment on the NHS, because heaven only knows what it would cost to go private. But it would be worth every penny - *TRUST ME!!*

SUSAN JOHN

What a good *idea* to give your readers the opportunity to give regular support by direct debit. I'm sure that lots of us hadn't realised that you aren't funded by the health service and that you have to raise your money from people like us.

I really appreciate all you do - the information pack, newsletters and your telephone help line. It would be terrible if you ran out of money and they all stopped. I hope that all your readers sent back their direct debit forms - there can't be many people who really can't afford to give anything. Its an easy way of donating an affordable amount.

Best wishes. JC.HARROW

I remember a discussion at last year's conference when some of us wanted to introduce membership fees but others thought that most people wouldn't be prepared to pay for their newsletters and the other benefits of Different Strokes.

I was pleased to see that you sent out direct debit forms with the newsletter so that those of us who think a membership fee should be charged can pay in this way. I hope that all those who were in favour of membership fees have returned their forms.

Yours sincerely, MT , Birmingham

***As* one of your senior members** I thought I'd let your readers know how it was for us.

We were born before television, before penicillin, polio shots, frozen foods, Xerox, plastic contact lenses, videos, Frisbees and the Pill. We were born before radar, credit cards, split atoms, laser beams and ballpoint pens; before dishwashers, tumble driers, electric blankets, air conditioners, drip-dry clothes …

We got married first and then lived together. We thought "fast food" was what you ate in Lent, a "Big Mac" was an oversized raincoat, and "crumpet" was what you had for tea. We existed before house husbands, computer dating, dual careers, when a "meaningful relationship" meant getting along with your cousins, and "sheltered accommodation" was where you waited for a bus. We had never heard of FM radio, tape decks, word processors, pizzas, or young men wearing earrings. For us a "chip" was a piece of wood or fried potato, "hardware" meant nuts and bolts and "software" wasn't a word. The term "making out" referred to how you did in your exams, "stud" was something that fastened your clothes and "going all the way" meant staying on a double decker bus to the depot …

In our day, cigarette smoking was fashionable, "grass" was mown, "coke" was kept in the coal house, and a "joint" was a piece of meat you ate on Sundays. "Rock music" was a lullaby and a "gay person" was the life and soul of the party.

I'm 60. No wonder I'm confused. Still, mustn't let yesterday use up too much of today. Keep up the good work. ***D.F.* South Wales**

WEEKLY EXERCISE CLASSES

REGION	COORDINATOR	E-MAIL	TEL NO:
Bath	Bob Watson	bath@differentstrokes.co.uk	01275 844 607
Banbury	Sue Lovelock	banbury@differentstrokes.co.uk	01295 750 344
Bristol	Bob Watson	bristol@differentstrokes.co.uk	01275 844 607
Cambridge	Paul Hussey	cambridge@differentstrokes.co.uk	01223 356 998
Coventry	Irene Shannon	coventry@differentstrokes.co.uk	024 7660 1628
Cumbria	Janet Rockliffe	cumbria@differentstrokes.co.uk	01524 762 292
Glasgow	Kathleen Molloy	glasgow@differentstrokes.co.uk	0141 569 3200
High Wycombe	Tony Grass	highwycombe@differentstrokes.co.uk	01494 728 537
Horsham	Bonnie Hartley	horsham@differentstrokes.co.uk	01403 732 508
Isle of Wight	Martin Dunstan	isleofwight@differentstrokes.co.uk	01983 552 070
Kettering	Pauline Timms	kettering@differentstrokes.co.uk	01536 522 079
Leeds	Heini McGowan	leeds@differentstrokes.co.uk	0113 230 1978
London Central	Manny Okwabi	londoncentral@differentstrokes.co.uk	020 8521 2690
London East	Steve George	londoneast@differentstrokes.co.uk	020 8491 7693
London North	Felcia Kyei	londonnorth@differentstrokes.co.uk	020 8493 9218
London West	Sylvia Smith	londonwest@differentstrokes.co.uk	020 8940 5468
Middlesex	Gerrie Norcross	middlesex@differentstrokes.co.uk	020 8361 0247
Milton Keynes	Terry McGowan	miltonkeynes@differentstrokes.co.uk	01908 566 541
Newcastle	Tommy Allen	newcastle@differentstrokes.co.uk	0191 285 6931
Newport	Bob Watson	newport@differentstrokes.co.uk	0845 130 7172
Northampton	Bonnie Blake	northampton@differentstrokes.co.uk	01604 890 253
Norwich	Helen Baker	norwich@differentstrokes.co.uk	01603 705 148
Portsmouth	Alison Collins	portsmouth@differentstrokes.co.uk	023 9225 0761
Redhill/Croydon	Penny Stevens	redhill@differentstrokes.co.uk	01737 779 979
Romford	M O'Shaunessey	romford@differentstrokes.co.uk	01708 386 519
Southend	Russell Holt	southend@differentstrokes.co.uk	01702 540 008
Sussex West	Gordon Smith	sussexwest@differentstrokes.co.uk	01903 740 055
Swindon	M McCaugherty	swindon@differentstrokes.co.uk	01793 533 805
Windsor	Terry Hounsom	windsor@differentstrokes.co.uk	01628 771 968
Wolverhampton	Malcolm Byers	wolverhampton@differentstrokes.co.uk	01902 374 938

The Coventry and Warwickshire Group

Invites you to the

6th Annual Different Strokes Conference

and the

1st Different Strokes Annual Dinner

Saturday 5th October 2002
10.00am-5.00pm
The Welcome Centre
Parkside, Coventry
6 Guest Speakers

An opportunity to meet other members, carers and professionals

Exchange ideas and experiences
Share information
Learn how to improve your quality of life
Aids to rehabilitation
Positive help and advice
Update on latest procedures and treatments
Q&A with the Doctor.

Fun

Children of all ages are very welcome and well provided for
Crèche available
Conference £10.00 each (includes 3 Course lunch)
Annual Dinner £12.50 each at 7.30pm at The Hotel Leofric, Broadgate.
RSVP
Places are limited, so please book early with Irene Shannon
Á Ring Coventry 024 7660 1628
Á Write: 269 Holyhead Road, Coventry CV5 8JR
Á email: irene.brunoshannon@ukonline.co.uk

COVENTRY **inspires**