

## APHASIA ALLIANCE

The Aphasia Alliance is an alliance of organisations that work in the field of aphasia. It's objective is 'to raise the general public's awareness of aphasia'.

The Aphasia Alliance is made up from: Aphasia User Groups; Association Internationale Aphasie; British Aphasiology Society; Connect; **Different Strokes**; Royal College of Speech and Language Therapists; Speakability; Speakeasy; Speechmatters; The Stroke Association; and Tavistock Trust for Aphasia.

The guiding principles for the Aphasia Alliance are:

- coming together to improve the quality of life of those with aphasia and their families
- enabling organisations to co-operate on projects that are mutually beneficial, thus minimising replication, maximising available resources and be more effective through the strength of working collectively
- seeing each organisation's uniqueness and diversity of approach as a strength, strengthening the group's collective voice.
- only acting when there is consensus from all its members.

**Aphasia**  
.... inability to express thought in words, or inability to understand thought as expressed in the spoken or written words of others, caused by brain disease or damage ....

1. People with aphasia, their families, friends and carers.

2. Health and social care professionals/ service providers

- Medical Profession/ General Practitioners
- Other health professionals
- Social care professionals within the disability movement where aphasia is under-represented
- Statutory health and social care providers
- research funding bodies.

3. General public

- Public and private service providers such as transport and commercial activities (especially covering areas where there are no established voluntary services such as Dysphasia Support Services or Speakability groups)
  - Children and schools (education about aphasia and disability)
  - Over 40s (more likely to have strokes and/or be in caring role).

The Aphasia Alliance was set up last year and it concentrates on 3 audiences:

We will keep you up to date about the work of the Aphasia Alliance.

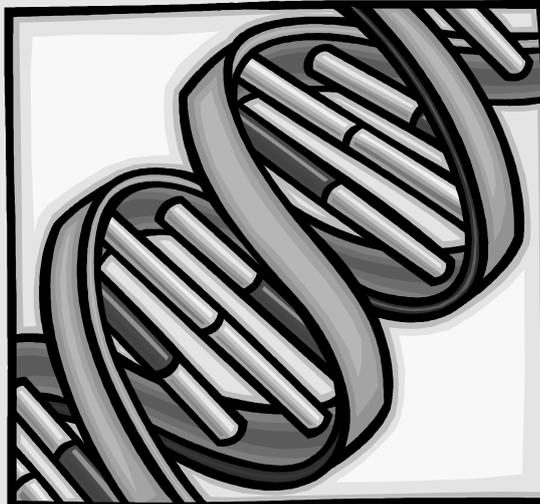
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## Stem cell therapy for stroke – a balanced review

**My name is Barney Tyrwhitt-Drake, and I am a 57 year-old stroke survivor, who has been fortunate enough to retain most of his cognitive skills.** From 1971 to 1995 I worked in development roles in the UK pharmaceutical industry and have a degree in Chemistry and Pharmacology. I have no experience of working with stem cells, but I do know how to read and understand most medical scientific papers.

When I read the lead article in issue 26 of the Different Strokes newsletter on stem cell therapy for stroke, I decided to investigate further. It turns out that the article was partly based on a press release from a stem cell research company, and that this press release was written more to raise finance for that company than to cover all aspects of stem cell therapy. I complained politely to Different Strokes, who sent me an article on stem cell therapy and asked me to summarise it for this issue of the newsletter.



The paper I received from Different Strokes is a review article 'The potential of human embryonic stem cells' by Dr. Achiya Urbach. (BTi, November 2004 pp 8-11). By a review article I mean that it looks at other people's work in the field of stem cell research rather than presenting any new experimental results. The summary is of a review, hopefully couched in terms that a non-scientific stroke survivor can follow. If you need a copy of Dr. Urbach's paper to read in full, please call Different Strokes on 0845 130 7172.

Dr Urbach starts by explaining what human embryonic stem cells (HESCs) are and how they can be prepared and harvested in a laboratory. Urbach identifies that the main source of human embryonic stem cells at present is from 'spare' embryos that have not been implanted in IVF (In vitro fertilisation- or test-tube babies) techniques. Urbach does not delve into the ethics of this approach and neither will I. The key point is that we all begin life as a single cell (ovum) from our mother, which is fertilised by a single sperm from

our father. After fertilisation this cell divides into two, then 4, then 8, and so on until 9 months later nearly 30 trillion cells emerge as a baby. Not only do these cells divide and multiply but they also differentiate. Examples of differentiated cells are brain cells (such as the neurons we lose in a stroke) and skin cells. Both neurons and skin cells have a common ancestor in that first fertilised ovum, yet they behave very differently in adulthood. Destroy a neuron by having a stroke and it does not automatically replace itself. Scratch your skin on a rose thorn

and 6 weeks later the skin has completely repaired and replaced itself. Somewhere along the path from the original fertilised egg to a fully differentiated cell such as a neuron are intermediate cell types known as stem cells. One type of stem cell is called a neural stem cell, and it is this that holds the potential to treat stroke and other neurological disorders.

The aim of HESC therapy is to isolate these neural stem cells, treat them with substances that will make them differentiate into the correct sort of brain cells, and then implant those into the stroke-damaged brain. Urbach identifies two major problems that need to be overcome with HESC therapy:

1. How do you stop the cells multiplying uncontrollably after implantation and becoming a tumour? Strategies for doing this already exist but have not been widely used in clinical trials as yet.
2. How do you stop the body's immune system from rejecting these 'foreign' implanted cells? Again strategies for doing this have been developed over the years of clinical organ transplantation, but are not widely tested with HESC therapy.

One obvious way of avoiding the rejection problem is to use cells that you have donated

*(Continued on page 5)*

## A preliminary clinical study using RF BION<sup>®</sup> microstimulators to facilitate upper limb function in hemiplegia

Bion microstimulators are injected into the arm close to a nerve or muscle and produce small electrical pulses to activate the muscles. We are conducting a research project to develop ways of controlling these new devices so that they can be used to improve recovery of useful arm and hand movement such as reaching and grasping.

If you have suffered a stroke and despite having some recovery of movement in your hand and arm you still have functional problems you may be suitable to take part in this research project. If you are able to travel to Southampton easily and would like to know more please contact:

**Dr Jane Burridge**  
**School of Health Professions**  
**University of Southampton**  
**Southampton SO16 1BJ**  
**Tel 023 8059 8885/8928 or e-mail [re@soton.ac.uk](mailto:re@soton.ac.uk)**



The Bion<sup>®</sup> microstimulator has been approved by the MHRA, but clinical effectiveness has not yet been demonstrated

### Hemiplegia Rehabilitation Research Programme

The Clinical Neuroscience Research Team (CNRT) at the University of Surrey is conducting a 5 year study on constraint-induced movement therapy (CIT). CIT is a movement rehabilitation program designed to help people who have hemiparesis resulting from brain damage, such as stroke.

In its original form, the treatment is given for two weeks, during which participants wear a splint and sling device to restrict their unaffected arm during 90% of waking hours. This results in the forced use of their affected (weaker) arm.

Additionally, participants attend daily sessions whereby the affected arm is trained to perform movements for many hours each working day. Previous research conducted in both the US and Europe has shown that the treatment, given in this form, can help to improve movement ability and arm use even many years after the stroke.

The CNRT has received funding from the Medical Research Council to study variations on the original form of CIT designed for less well recovered patients. The affects of the therapy will be studied both with and without wearing the

constraint. Also shorter daily training sessions will be compared (1 ½, 3 and 6 hours each weekday for two weeks). In addition to movement tests and questionnaires, the study will also use brain recording measures to investigate any changes.

It is believed that CIT may work by encouraging flexible working of the brain, so the movement is taken over by another brain area from that damaged by the injury. By using MRI scans to measure functional brain activity and EEG recordings that measure localised brain activity we can investigate this possibility.

The team is currently looking to recruit participants for the CIT study. We are also looking for healthy volunteers for other projects designed to further increase our knowledge of brain injury. If you would like further information please contact **Amy Saunders (Research Officer)** on **01483 682877** or email **[cit@surrey.ac.uk](mailto:cit@surrey.ac.uk)**.

Our Team website address is **[www.surrey.ac.uk/CNRT/](http://www.surrey.ac.uk/CNRT/)**

I was working as a computer programmer in Liverpool where I live. At the time I had lived alone with my dog Charlie for 3 years after both of my parents had died within two years of one another. Working full-time wasn't really fair on Charlie with me being out most of the day so a neighbour and fellow dog owner looked after him and took him for walks about 3 times a day with his own dogs. It was this arrangement that was to end up saving my life.

It was my 30<sup>th</sup> birthday and I had arranged to go to my closest relative's house (my cousin Jeanette) for my tea after work and then out to the pub for a few drinks. After a few drinks I started to get my usual irritating headache and we all decided to go back to Jeanette's house for a few whiskies so I could pick up my presents on the way home. I wasn't feeling particularly well so decided to head off a bit earlier than normal as I was in work the following day and my family had arranged a proper party for me on the Saturday (my birthday being on the Wednesday).

On arriving home I headed straight to bed and didn't think there was anything untoward about to happen, the next thing I remember is being woken up by the alarm clock the following morning at the usual time of 7.30am, and reaching over and switching it off. While doing this I thought how funny it was that my left arm felt really heavy then was very confused when I couldn't stretch my left leg to pull the covers off me. Not having any experience of stroke in my family prior to this I thought it was just something silly and didn't feel panicked. The telephone was downstairs so my first thought was how melodramatic it was going to sound when I rang in sick saying that I couldn't move the left side of my body. Again, the idea that I'd had a stroke was inconceivable, surely it only happened to "old" people? So then my first instinct was to get to the top of the stairs so I could call down to my neighbour George who would be taking Charlie on his first walk of the day at around 9.30. And that's where my plan failed miserably. I couldn't understand why my left side wasn't responding to the instruction to move so I tried to sit up (no chance) so my next plan of action was to get my left



side out over the edge of the bed to rotate myself into a sitting position. It's amazing how a logical person's thought process goes awry when faced with a totally new situation. There I was thinking that if I could just get my left leg over the side of the bed I could use the movement of that to give me a bit of momentum and spring up into a sitting position. In reality what happened was as I was using my right leg to push myself over towards the left, my inanimate left side dangled over the edge of the bed and like one of those slot machines you see in the amusement arcades where the coin is pushed just that little bit too far and down it topples, well that happened to me. My left side dragged the rest of me to the floor (thanks gravity!) and there I stayed. I tried pushing myself over to the wardrobe as I had a great idea – pull myself up by pulling on one of the drawer handles. That was the second stupidest idea! My masterpiece was to push myself over toward the chest of drawers and try to pull myself up by pulling on the power lead coming out of my portable television. Now, a big bloke is not going to pull himself up by doing that – what he is going to do is pull the portable crashing down onto the floor inches from his head, screen first.

I had no idea of the time by this point as my watch was on my immovable left arm (aren't they heavy??) I remember drifting in and out of consciousness, waking up to hear George talking to Charlie downstairs. I tried to shout him but couldn't manage much. This was the Thursday.... On Friday morning I was still lying on my bedroom floor when the front door opened and George came in. He said to me that what aroused his suspicions was that everything was exactly how he had left it the night before so he wandered upstairs and found me lying there and immediately called an ambulance. What shook me up the most was the fact that I had to be taken in a chair to the ambulance with just my underwear on! This doesn't do much for your 'street cred' in a place like Liverpool!

Next thing I remember is lying in a bed in the Royal Liverpool Hospital being asked to sign the authorization documents to let them operate on me to remove a massive clot forming in my brain, I

signed straight away, “either sign it or you’ll die” were the options....

I remember the ambulance journey to the Walton Neurological Centre, then the next thing I remember was waking up with these big staples in the side of my head. Apparently I’d been unconscious for 14 days. I initially loathed the physiotherapy. I couldn’t see why I needed to be forced to sit up and just breathe – I was still convinced that I could stand up and even told my cousin’s daughter that I’d be out in time to see her representing the city at football a mere 6 weeks later. On the high dependency unit I was convinced that they were trying to kill me. Every morning they rotated me then scrubbed me and all not very gently! I asked for a transfer to a more caring hospital – how wrong I was! After the initial 6 week period there I was moved over to the rehab unit. I was told that the physiotherapist I had been assigned to was the best in Liverpool so while I was motoring about in my electric wheelchair I stopped her and asked her how soon therapy was going to start as I wanted to get back on my feet as soon as possible, she hit me with the totally unexpected news that I may never walk again. I was obviously devastated and completely inconsolable. After regaining my composure I think that one sentence helped me more than anything as I was doubly determined to walk out of that hospital when the time came to leave.

As it turned out I wasn’t assigned to her and my proper physiotherapist helped me so much, giving me great encouragement and telling me off when I did something wrong.

I am extremely fortunate in that my speech has returned to about 99% normal – I find it difficult to talk really quickly so am useless in arguments. I find I have to think about what I am about to say so it makes

me look like I’m intelligent and I think before I speak (that’s my wish anyway). It’s only the quick words I have difficulty with. I didn’t have any speech therapy but gradually the left side of my tongue moved like the right side and now feels back to 100%.

Little by little I gradually improved my walking to the level where I can now go for 4+ mile walks but take about 50% longer than I used to but I just think back to that one sentence. I was constantly told that the level you improve to is in relation to the determination you have and I can definitely say it’s true, but obviously you can only improve what your brain will permit – I have no use of my left arm (apart from storing my watch on there) but I’ve seen people who can only move one toe, I am so thankful that I’ve improved to the level I have done. After 5 years of being a stroke survivor, in many ways it’s improved my life – I’m a lot more tolerant of others and I get little victories in accomplishing things I couldn’t do 2 years ago. Unfortunately I’m now out of work after being made redundant but I’ve got irons in the fire and no matter what happens to me I’ll always think about lying on my bedroom floor for 24 hours, so close to death and only for the fact that Charlie was there I would be dead now.

Even though quite a few of my “friends” have deserted me, I have been lucky in finding that I have several proper friends and they are worth their weight in gold. Even in the bleakest of situations, things get better. Sometimes it might take years to get there but it’s where you end up that’s important and not always the journey.

**Phil Holt**

*(Continued from page 2)*

yourself, since these will not appear to be foreign to your immune system. This is the field of autologous stem cell therapy, which many scientists (myself included) consider is the best way forward. All of us continuously produce neural stem cells in our bone marrow, and it is probably the migration of these cells to your brain that has been the cause of the recovery you have made so far. Autologous stem cell therapy essentially seeks to amplify this natural process.

The title of Dr. Urbach's review article contains the important word 'potential'. Some early clinical

trials in treating Parkinson's Disease with cell implants have not been entirely successful, and it will be a long road from growing stem cells in a laboratory to having a cure for stroke. How long is long? About as long as a piece of string. We cannot say today when stem cell therapy for stroke will become routine, or even if it will do. Personally I doubt that it will happen in my lifetime, but I may be wrong. Stem cell therapy, whether from HESCs or autologous stem cells, has enormous potential to treat stroke and other neurological disorders, but converting this potential into routine treatments will take a long time.



### What would you like Parliament to know about stroke services?

The National Audit Office is investigating stroke services in England. The study will focus on whether the NHS effectively uses its resources to:

- Prevent stroke
- Provide acute care
- Manage rehabilitation of stroke patients, and
- Integrate health and social care services for people who have suffered a stroke

The report for Parliament may lead to a hearing of the Public Accounts Committee (PAC) at which the Chief Executive of the NHS will be examined. What would you like the PAC members to know about stroke care in England? This is your opportunity to influence the political will of the nation's decision makers, by going to their website - [www.nao.org.uk/stroke](http://www.nao.org.uk/stroke) - and completing the online questionnaire. If you don't have access to the Internet, give them a call on 020 7798 7264 and ask them to send you a copy by post.

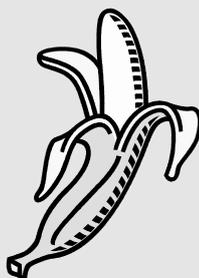
If you mention Different Strokes on the form it will raise our profile. Perhaps Parliament would then be willing to fund us. (We can hope!)

**Closing date for the survey is Friday 22 April 2005.**

### **Bananas and more**

**It would seem that maintaining a good level of potassium in the diet would create a better chance of successful post-stroke rehabilitation. But a word of caution is in order: In this case, supplements are probably not the answer.**

Potassium is a mineral that helps maintain muscle tone, as well as fluid and electrolyte balance. The National Academy of Sciences suggests that adult men and women should get at least 2,000 milligrams of potassium every day. In most cases this is easily achieved from a normally healthy diet, without supplements.



High potassium content can be found in fruits such as bananas, apricots, cantaloupe, honeydew melon and citrus fruits. Vegetables with good amounts of potassium include asparagus, potatoes, green beans, lima beans, and cauliflower. Other foods that are also high in potassium: grain products, red meat, poultry, seafood and dry beans, such as peas and lentils.

It would be difficult to get too much potassium from dietary sources alone. The problem with supplements in this case is that they can send potassium levels soaring, and an imbalance of potassium and sodium can result in kidney damage and other serious complications. So even those who are at high risk of a stroke would probably do best to get their potassium strictly from food sources.

## Peanuts rich in 'good chemicals'

**Peanuts, often derided as unhealthy party food, contain the same amount of beneficial chemicals as strawberries, researchers have found.**

A University of Florida team says peanuts are rich in antioxidants which protect cells from damage linked to heart disease and cancer. Peanuts also contain high levels of protein and "good" monounsaturated fat. But a spokeswoman for the British Dietetic Association said people should steer clear of salted peanuts.

The US researchers tested the antioxidant content of a dozen different varieties of peanuts.

Antioxidants are the naturally occurring substances in plants that protect the body from free radicals - 'bad' chemicals in the blood. Free radicals alter cholesterol in a process known as oxidation, which is thought to speed up the hardening of the arteries.

Red and orange fruits and vegetables are already known to be particularly high in antioxidants. But the US researchers found peanuts were also high in the beneficial chemicals. They found peanuts contain high levels of polyphenols, a family of chemicals

commonly found in foods, which have strong antioxidant properties.

### Roasting benefits

The nuts contain a high level of one particular polyphenol called p-coumaric acid.

The researchers discovered that roasting peanuts can increase the level of the acid in nuts, thereby increasing their overall antioxidant content by up to 22%. The study will be published in the journal Food Chemistry later this year.

### ANTIOXIDANT LEVELS - HOW PEANUTS COMPARE

High - Pomegranate  
Medium- Peanuts,  
Blackberries, Strawberries  
Low - Apples, Carrots

Dr Frankie Phillips of the British Dietetic Association, told the BBC News Website:

**'The best way to eat them is when they are combined with mixed fruits'**

"Peanuts do contain high levels of chemicals known to act as antioxidants." But she said there were several reasons why people should not replace

their five fruit and vegetables a day with peanuts. "Peanuts are high in monounsaturated or 'good' fats. But, regardless of the type of fat, that means they are high in calories. "So if you're trying to be careful about your weight, having handfuls of peanuts isn't the best way of losing weight."

Dr Phillips, a registered dietician, added: "In addition, in this country we tend to eat salted peanuts, and it's not good for you to have high levels of salt. Probably the best way to eat them is when they are combined with mixed fruits so they aren't covered in salt, and you're also getting the health benefits of the fruit."



Story from BBC NEWS

## Dangers of drinking

Most people are aware that the weekly alcohol limit is twenty one units for men, and fourteen for women, however many people who drink less than this a week are still endangering their health by binge drinking. A binge drinking session is one which exceeds the consumption of eight units of alcohol for a man, or six units, if you are a woman.

A unit equates to half a pint of beer, a standard pub measure of spirits, or a small glass of wine, so a man who drinks more than four pints of beer in an evening, or a woman that drinks more than three large vodkas is taking a risk with their health. Binge drinking is primarily dangerous because it leads to a greatly increased risk of falling over, being involved in a road traffic accident or being injured in a fight.

Longer term risks from binge drinking could be far more serious however. There is growing evidence that drinking large amounts of alcohol over a short period increases the risk of stroke, kidney disease, memory loss and an increased

breast cancer risk in women.

A small amount of alcohol - one or two units a day - is known to have a beneficial effect on health and the benefits of drinking this amount of red wine have been reported in previous issues of the Different Strokes Newsletter. The Government wants to encourage this and

would like us to be more like our continental neighbours, who may drink as much alcohol as us in many cases, but spread it out over the whole week rather than in a single session. The difference is put down to the laid-back atmosphere associated with alcohol on the continent, where they are more

likely to drink with a meal or whilst sitting at a table rather than standing up in a pub.

To drink sensibly, men should keep to no more than four units of alcohol a day and for women, three units is the sensible limit. Two to three alcohol-free days a week are also recommended.



### NEWSLETTER BY E-MAIL

Would you like to receive future issues of the Newsletter by e-mail?

If so, send an email to: [newsletter@differentstrokes.co.uk](mailto:newsletter@differentstrokes.co.uk) and we'll put you on the electronic mailing list. If for any reason you change your mind in the future we will happily revert to using 'snail-mail'.



### To stroke casualties from a stroke casualty

Not for us the ravages of war.

Here we were, pushed from ambulances in wheelchairs - our battle had just begun ... we were lost and frightened. Was this our future - in a wheelchair?

That was before we met the stroke team - the physiotherapists who, caringly and with the odd therapeutic slap, put life back into our limbs and the Occupational Therapists who gave us mind games and puzzles to determine if various senses were functioning - the occasional shake of the head would tell us if we were confusing the system.

And also the lovely nurses who dedicate so much time and patience to us. Most of the nurses took stick and some were given name changes such as "Big Numpty" and "Toerag" - they had their revenge though. These people receive a wage that demonstrates the fact that neither the NHS or Forth Valley Health Board are motivated to improve. Maybe it is time we patients put forward some ideas. Who in FVHB would listen?

Equally important are our loved ones - wives, children and grandchildren who visit us daily and shower us with love and affection, both handed out naturally and without fuss, not

prescribed with tablets. One cannot forget the doctors who don't discharge us out of this safe cocoon until they are absolutely certain we cannot still benefit from this excellent care and attention.

The catering staff must also be mentioned for the variety and quality of the food they prepare. Hospital food, at least in Stirling Royal Infirmary, sets new standards.

And last, but by no means least, we have each other - a group of guys thrown together. Motto of the 3 musketeers - "one for all and all for one"

Shall we walk out ... at least part of the way? Yes if the stroke team have their way.

There are many guides for stroke patients - this is our experience. **Don't dwell on what you were able to do prior to your stroke - think about what you were able to do today but couldn't do yesterday.** That way you have made progress.

To all of the people who have touched our lives - THANK YOU!

**John Watson**  
**Forth Valley Different Strokes**

### AN ATTEMPT TO BE TRUTHFUL

There must be those that wonder why I make such light of things,  
When all the time I'm fearful of what the future'll bring.  
For most folk can't appreciate ( whilst no wish to patronise)  
There'll be some of you who wonder why I've pushed things from my life.  
Those groups and social causes (and whilst selfish it might be)  
the reason that I've joined these things has sometimes been 'for me'.  
'cos boredom is a parasite that *worms* it's way - unfair -  
into lives more used to juggling six or more balls in the air.  
But as I've said ad infinitum, I'm much luckier than some -  
I've so much to be thankful for, 'spite what my life's become.  
There're some things that I'd never trade, even if the 'profits' showed  
I'd have all my brain, my left side back, be the 'old Sue' I miss so.  
But before you rush with 'cups of tea', my need's not to see your tears,  
just some empathy for what it's like to live daily with my fears.  
To be scared of what now lies ahead, to be scared of how I'll 'be',  
I dread to be a burden to everyone I see.  
So, instead, I write daft poems, the reason why? Because -  
I'd like to show my newer friends the person I once was.

## DO YOU WANT TO BE IN THE PICTURE?



## RAISE MONEY FOR DIFFERENT STROKES?



## FOR FREE?

In 10 years time will you **really** remember 2005, or will it be just like another 2004?

### **MAKE 2005 A YEAR TO REMEMBER.**

Cycle through the Vietnamese countryside, walk in the footsteps of the Incas in Peru, cycle between two exciting capital cities - London and Paris, or jump out of a plane at 10,000 feet, *and* help **Different Strokes** raise the £175,000 it needs this year to continue to provide information, advice and rehabilitation services for younger stroke survivors.

No experience is needed for any of these challenges. All you have to do is raise the minimum amount of sponsorship and you go free.

Take **your** first step towards your trip of a lifetime by asking for more information. Email [giving@differentstrokes.co.uk](mailto:giving@differentstrokes.co.uk) or ring 0845 130 7172.

## FAT LADS DIP 2005

On 1 January 2005 at 12 noon the "Fat Lads" of Whitehaven RUFC ran into the sea, fully submerged themselves and raised £620 for Different Strokes.

Thanks Lads, not only for raising the money, but also for sending the photograph to bring a smile to the faces of all our readers.



Thanks to The Fat Lads - Alex Twinn, Callum Jennings, Michael Parkinson, John Bond, Ian Reid, Steven McConnell, Brian Bennett, Craig Jolly and David Gibson.

## JOB OPPORTUNITIES with Different Strokes

**REGIONAL COORDINATORS** are required to establish, support and coordinate Different Strokes local groups/exercise classes. Fixed term contract to August 2006.

**Current vacancies: South East, Central and Scotland.**

### 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:

- setting up local exercise groups throughout the area
- recruitment, induction and management of 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](http://www.differentstrokes.co.uk) or alternatively contact: Anne Barby at the address on the front cover, or email: [anne@differentstrokes.co.uk](mailto:anne@differentstrokes.co.uk)

**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 region\* applied for. Salary: £3,198 per annum. Closing date for immediate vacancies **30 April 2005**. Interviews will be held in May 2005.

\* Central region postcodes: B, CV, DE, DY, HR, LE, MK, NG, NN, S, TP, WR, WS, WV.  
South East region postcodes: AL, BN, CM, CT, GU, HP, ME, OX, RG, RH, SG, SL, SS, TN.



# CLASSES AND CONTACTS

REGION	COORDINATOR	E-MAIL	TEL NO:
Anglia Reg Coord	Mike Ripley	mike@differentstrokes.co.uk	01206 241 100
Ayrshire	Diane Carlin	ayrshire@differentstrokes.co.uk	01560 485 114
Bath	Helen Tate	bath@differentstrokes.co.uk	01225 424 978
Banbury	Sue Lovelock	banbury@differentstrokes.co.uk	01295 750 344
Belfast	Joanne Elliott (temporary)	belfast@differentstrokes.co.uk	028 9061 3226
Blyth Valley	Emma Smart	blythvalley@differentstrokes.co.uk	01670 820 294
Bournemouth	Sonia Hobbs	bournemouth@differentstrokes.co.uk	01202 769 950
Bradford	Jan Bloor	bradford@differentstrokes.co.uk	01274 495 442
Bristol	Geraldine Lambert	bristol@differentstrokes.co.uk	01454 881 042
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