

# Pathways

Price £ 4.00 (Free to members)

*The newsletter of Leger ME/CFS Supporting Myalgic Encephalopathy or Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS), Post Viral Fatigue Syndrome (PVFS), Fibromyalgia Syndrome (FMS), Patients & Carers*

## **Welcome to Pathways No 70. Winter 2021 Edition. The Covid Omicron Wave Emergency**



*An example of the Winter Illumination  
Light and Lantern Trail exhibition at  
Yorkshire Wildlife Park, Doncaster.*

## ***Covid Watch - 'Omicron' a new variant of Concern has emerged***

The SARS-CoV-2 Omicron variant, is a variant of SARS-CoV-2, the virus that causes COVID-19. The variant was first reported to the World Health Organization (WHO) from South Africa on 24<sup>th</sup> November 2021. On 26<sup>th</sup> November 2021, the WHO designated it as a variant of concern named it after, the fifteenth letter in the Greek alphabet. The variant has an unusually large number of mutations, several of which are novel and several of which affect the spike protein used for most vaccine targeting at the time of its discovery. This level of variation has led to concerns regarding transmissibility, immune system evasion, and vaccine resistance. As a result, the variant was quickly designated as being "of concern", and travel restrictions were introduced by several countries to limit or slow its international spread.

No unusual symptoms have yet been associated with the variant and, as with other variants, some individuals are asymptomatic. Angelique Coetzee, chair of the African Medical Association, said she had first encountered the variant in patients who had fatigue, aches and pains, but no cough or change in sense of smell or taste, which is different to other variants. South Africa has a young population and it is encouraging that doctors there are reporting that Omicron is causing mild symptoms with no increase in hospital admissions. But we need to see what happens when the variant moves into older age groups who are the most vulnerable to Covid. However, in an update on the variant, the Health Organization stated "Preliminary data suggests that there are increasing rates of hospitalization in South Africa", even if it has not been determined that this is attributed to this specific variant.

At the time of writing 12/12/21, Plan B has been actioned because of the concern the Omicron is many times more transmissible than the main delta variant. Predictions are that there could be a wave of Omicron around late December - January that is bigger than last year delta wave surge.

### **The following measures for England now apply:**

1) Face coverings are now compulsory in most indoor public venues, including theatres and cinemas - as well as on public transport and in places like shops and hairdressers. Masks won't be needed in pubs or restaurants, or venues like gyms where it's "not practical".

2) People should work from home "if they can", from Monday 13<sup>th</sup> December.

3) NHS Covid Passes - or a recent negative lateral flow test - will be needed to enter some venues from Wednesday 15<sup>th</sup> December, if approved by MPs.

4) People will need to demonstrate their Covid status to gain entry to:

Nightclubs

Indoor unseated venues with more than 500 people.

Unseated outdoor venues with more than 4,000 people.

Any venue with more than 10,000 people.

Lateral flow tests should be used before people enter "a high-risk setting", such as a crowded place, the government says.

5) Self-isolation for contacts of Covid cases applies for 10 days to those who are unvaccinated, test positive or develop symptoms, from Tuesday 14<sup>th</sup>. Daily lateral flow testing will also replace self-isolation for double jabbed contacts. Self-isolation will only apply if a test is positive.

Other rules include:

Pupils at secondary schools are "strongly advised" to wear face coverings in communal areas; as should staff and visitors at all schools and in childcare settings.

Anyone travelling to the UK has to take a PCR or lateral flow test no more than 48 hours before their departure, and a PCR test within 48 hours of arrival in the UK, self-isolating until they have a negative result

2 meter plus social distancing remains in places including hospitals and passport control

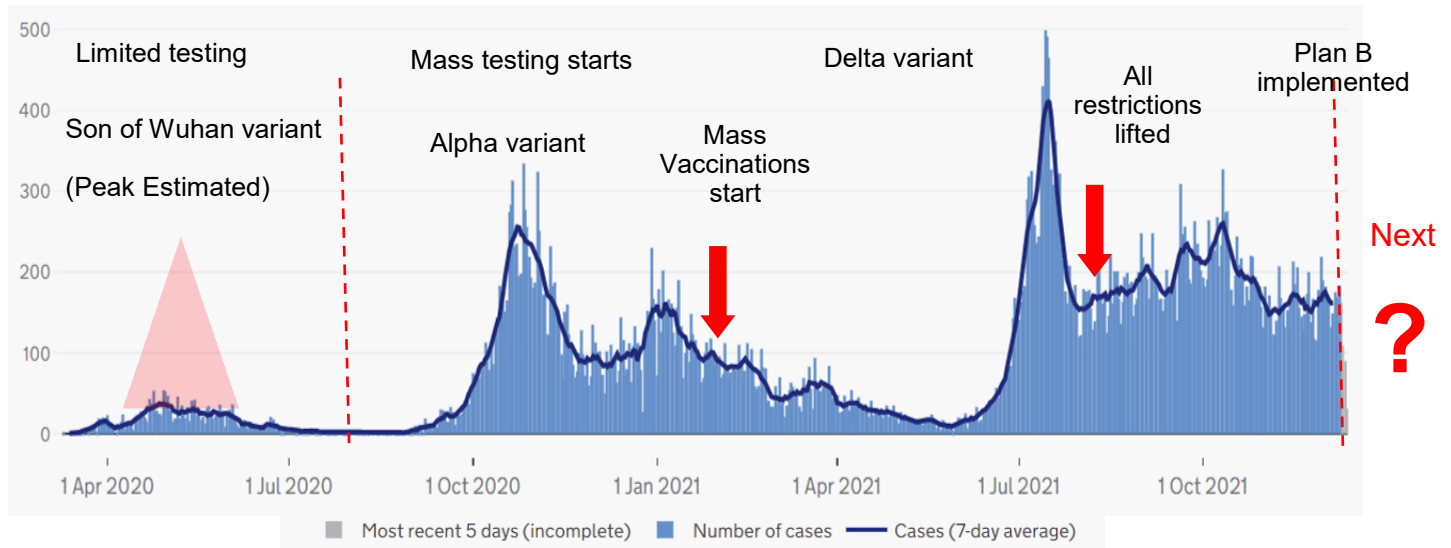
Anyone with Covid symptoms, or who tests positive, must self-isolate.



## More on the Omicron Variant

In the last Pathways I wrote : *There is a possibility that a new variant may arise and put the spanner in the works.* It has.

Since September the local cases in Doncaster have been more or less stable, if slightly decreasing.



At the time of writing, the Omicron variant of SARS-CoV2 is continuing rapid growth in all areas of England, new data from the Health Security Agency (UKHSA) shows. If Omicron continues to grow at the present rate, the variant will become the dominant strain, accounting for more than 50% of all COVID-19 infections in the UK by the middle of December 2021. Current projections could see more than a million infections by the end of the month.

Preliminary analysis suggests that the AstraZeneca/Oxford and Pfizer/BioNTech vaccines provide much lower levels of protection against symptomatic infection compared with protection against Delta. However, this early data suggests that in the early period after a booster dose, vaccine effectiveness could afford around 70% to 75% protection. On the 12/12/21, The Prime Minister declared **The Omicron Wave Emergency**. He raised the Covid threat level to Four. The number of cases are doubling every 2.4 days. Currently the average new case count for the delta variant is about 47,000 a day nationally. Because the Omicron variant is more infectious than the Delta variant, it will replace it as the major cause of Covid cases nationally. The cases are increasing at such a rate that by Christmas day unless something drastic is done immediately, we could see 80,000 to 90,000 cases a day. This could exceed 200,000 a day by the 27th December. The figures get frightening.

### The bad news: -

- At present we do not know if it is any more severe than the Delta variant for causing hospitalisation and Death. There are a lot of guesses, but no one is really sure, and only time will tell.
- People double jabbed can catch the Omicron variant – it is thought, but not proven, that they may have some protection from severe disease
- People who have received a booster jab are estimated to have a 76% of protection. So, 24 % of triple jabbed can be expected to suffer some form of mild disease.
- If you have had Covid before, it does not give any significant protection against Omicron.

### The good news: -

- Face masks, hand washing, distancing, as a well-ventilated environment will reduce the risk of capturing Omicron just as with the early previous variants as well as colds and flu.
- Rather than ordering a lockdown, the PM has decided to ramp up the booster vaccine doses. At present 500,000 jabs are being given a day. This needs to go as high as 1,000,000 a day if it is going to significantly suppress the Omicron wave.

As an ME/CFS community, I think we need to treat the time from now until well after Christmas as we did lockdown. Your best defence is to get your vaccine status as up to date as possible.

## You Write:

**Aileen Writes:** I had my Covid booster jab two weeks ago on the 15th November. My first two jabs were Pfizer, and my booster was Moderna. The first two jabs made me very tired for a couple of days, but the booster knocked me off my feet with what I would call flu like symptoms aching bones, feeling cold and shivering and of course the ubiquitous fatigue. I was a lot better after 48 hours but have not been feeling myself since then.

Last week I developed a Urinary Tract Infection (UTI) and have just finished a course of antibiotics and I now have a very painful ulcer under my tongue that has made it impossible to eat and even drinking water is very painful. I still feel unwell, and I want to ask you if it possible that these last weeks are the result of the booster jab and it effects on my immune system. I would still have had the booster even if I had now known about possible side effects.

*I think that it may be that you were already under the weather, and the booster has challenged your immune system as it is intended to. Regarding the UTI, I would say that it may have been already present, and the booster has brought it to the surface. UTI's seem to be prominent with people with ME/CFS.*

*Mouth ulcers are common and should clear up on their own. They're rarely a sign of anything serious but are very uncomfortable to live with. Aphthous ulcers as they are called may be precipitated by triggers such as certain food and drinks, allergies, anxiety, or hormonal changes. They are usually very painful but are usually gone within 14-21 days. If one persists more than three weeks, bleeds, or you have more than one you need to see your doctor because it could indicate something more serious.*



Aphthous ulcers can occur inside the mouth or on the tongue.

*There are lots of household remedies around. What I used to find helped with these ulcers was a product called Orabase, which forms a protective coat or dressing over mucosal surfaces like ulcers. If you cannot get Orabase, there are plenty of supermarket products available like the 'Bonjela' range. These should give some pain relief until things settle down.*

**Vicky Writes:** During the pandemic I was completing a teacher training course via zoom. I had to teach how to make a craft item to the others on the course, so began looking around for something a bit different. I discovered that there was a growing fondness for gnomes (or gonks), not just for Christmas but for other occasions too. Of course, I do make Christmas ones, but have also made special orders for people of animal characters, and animal themes.

*If anyone wishes to contact Vicky regarding her Gnomes her email is [vickeyr@hotmail.co.uk](mailto:vickeyr@hotmail.co.uk) or via Facebook, using the same email address.*



**Beck writes:** Over the past months I have been driving in your estate and I notice that some roads are blocked off with bright yellow barriers. In fact I notice that they are almost in everyone's garden. Have you any idea what is going on?

*The culprits are Northern Gas Networks They are replacing the old cast iron gas pipes with up to date yellow plastic piping. The main gas pipe locally runs through the middle of peoples front gardens. They are digging deep holes in peoples front gardens. Gardens, Lawns and Driveways are being dug up where the Service pipe to the house meets the gas main pipe. Rather than digging up the all old gas pipes, they are just cutting the junctions out. They are then threading the new yellow plastic pipe though the old cast iron pipe and making a connection. Some people will have several other holes in the garden where the old pipe bends. In peoples houses or just outside they are putting in new gas meter boxes as required. There are several periods if gas cut off lasting several hours. Once the new pipes are in place, they are also doing a full restoration of where they have dug. It is likely that this will happen to all properties in Doncaster over 50 years old.*

## **Welfare Rights Matters**

*with thanks to Steve Donnison from Benefits and Work*

### **The DWP in Dodgy Dealings Over Secret Disability Benefits Report**

The DWP have refused our request for a copy of a report looking at 120 claimants experiences of receiving PIP, ESA and UC. We have now appealed to the Information Commissioner, a process that could take many months.

In the meantime, we have discovered that the DWP have also declined to let the work and pensions committee see a copy of the report, even under conditions of complete confidentiality.

We have also seen documents which show that either the interviewees were knowingly misled about the research being published or the Secretary of state was being dishonest when she told MPs Publication decisions are always taken upon completion of research. What is more the Disability News Service has been contacted by a whistleblower who told them that, after being shown the first draft of the report, the DWP ordered the authors to reduce the number of references to unmet needs and to delete some of its analysis. Yet even the watered down final version of the report is apparently too explosive to see the light of day.

A recently published a Green Paper in order to consult on how the welfare system can better meet the needs of disabled people and people with health conditions now and in the future. If the government is actually proposing to reduce financial support to some disabled claimants in its forthcoming white paper, then the last thing it would want publishing is evidence that there is already a high level of unmet needs.

### **Secret Algorithm Unfairly Targets Disabled Claimants for Fraud Investigation.**

The Greater Manchester Coalition of Disabled People (GMCDP) says disabled claimants are being unfairly targeted for fraud investigations by a secret algorithm. The group, supported by tech action organisation Foxglove, has issued a letter before action to the DWP asking how the algorithm works and what is done to eliminate bias so that disabled claimants are not unfairly investigated. GMCDP say that a huge percentage of their group has been hit by the investigations and forced to make long and frustrating calls to call centres. Some have to fill in forms of over 80 pages that ask the same questions again and again. The group says that disabled claimants are made to repeatedly explain why they need payments in an aggressive and humiliating process that can last up to a year. The Manchester coalition have so far crowdfunded just over £4,000 of a £5,000 target to help them meet the legal costs of challenging the DWP.

### **Reviewer Slams Continued Lack of Pip Transparency**

Paul Gray, who carried out two reviews of personal independence payment (PIP) in 2014 and 2017 has slammed the continued lack of transparency and trust in the PIP system. He singled out the failure on the part of the DWP to introduce automatic audio recording and automatic provision of assessment results. Gray was giving evidence to the commons work and pensions committee at the beginning of the month. He said that the central point he highlighted in his second review was the serious lack of trust in the system from those who were going through the process of being assessed for PIP.

Talking about the fact that the DWP had accepted most of his recommendations but then failed to actually implement them, Gray said:

*The areas I was most disappointed in were the reluctance to introduce much greater transparency through automatic audio recording of assessments and automatic provision of the assessment reports to claimants. In both cases there were processes where people can ask for that, but it seemed the Department's reluctance to embrace transparency was always going to hold back the development of trust. He contrasted the speed with which universal credit had gone digital with the extraordinary delays in anything being rolled out for PIP:*

**Benefits and Work**  
*Guides you can trust*   
**SUPPORTING CLAIMANTS SINCE 2002**

*Leger ME is subscribed to Benefits and Work publishing. Their guides are available to members as part of the membership deal. Contact the office for further details*



## ***Out and About in Doncaster***

*By Leger ME member Beth.*

Jack and I visited Yorkshire Wildlife Park Winter Illuminations to celebrate our 10th anniversary. I would definitely recommend it. The park is filled with music, lights and a very festive atmosphere. The trail took you through the animal enclosures, where if you were lucky you could see some residents peeping back at you.

The trail is largely well laid out for wheelchairs (other than around the dinosaurs where it became a little perilous). This was a perfect way to kick off the festive season. The walk is 1.5-2 miles if you are on foot, but lots of places to stop and refreshment kiosks..

If you have the chance to get to Yorkshire Wildlife Park for their winter illuminations do! It's really special. The park is built on a former riding school and small farm attraction, Yorkshire Wildlife Park has come along way since opening in April 2009. Now a dynamic centre for conservation and welfare, the park has over 400 animals with over 70 different species. The winter illuminations run through until 9th January 2022. Definately something not to be missed!. We hope you enjoy some of our pictures.



*Jack and I in front of Cinderella's coach.*



## ***At last - The 2021 NICE Guidelines for ME/CFS Published***

*With thanks for the Press release from Action for ME dated October 29, 2021*

Action for M.E. is delighted, as are the other members of Forward-ME, to see the long-awaited guideline on diagnosing and treating M.E. published by NICE. The publication follows a roundtable meeting held last week where Action for M.E. and other members of Forward-ME discussed the key issues. Doctors, and people with ME\* welcome the new NICE guideline on ME/CFS, which brings major improvements to the diagnosis, management, and support for people with ME.

The new guideline on ME/CFS was due to be published in August, but NICE 'paused' the release following intervention from some clinicians. After a round-table with representatives from the 'Royal Colleges' and ME charities, NICE is now confident that the guideline can be fully implemented.

The new guideline sets out a significant change in approach:-

- Recommending 'Energy Management' techniques to avoid 'Post-Exertional Malaise' and exacerbation of symptoms. This approach recommends people with ME plan their physical and cognitive activities to stay within their energy limits, incorporating rest where necessary. This is also known as 'Pacing'.
- Maintains the use of Cognitive Behavioural Therapy (CBT) only to help people cope with the distress which can accompany a long-term condition, but recognises that CBT cannot cure ME.
- Child safeguarding is significantly improved. Some parents of children with ME have been subjected to inappropriate child protection orders, and threatened with the removal of their children, in the belief that the parents had caused a 'fabricated or induced illness'.

The recommendations on 'Energy Management' will also help people with Long-Covid who experience Post-Exertional Malaise (PEM), many of whom have reported that 'Graded Exercise Therapy' worsened their condition, and their symptoms were dismissed as anxiety. This recommendation is a clear break from the past. Previously, people with ME were offered 'Graded Exercise Therapy' (GET), based on a hypothesis that they were deconditioned. NICE found the evidence for this to be poor quality, and many people with ME reported that GET caused serious harm.

Sonya Chowdhury, CEO, Action for ME) said *"The new NICE guideline is welcomed because it acknowledges the truth of people's experiences, and creates a foundation for hope that future children and adults with ME will not repeat the anguish of the past."*

Dr David Strain, Medical Advisor: Action for ME commented *"The Guideline should drive better acceptance of ME as serious medical condition and encourage doctors to personalise care based on individual needs. It is a real opportunity for doctors to transform the care patients receive."*

### **Background Notes**

- 1) ME/CFS, short for 'Myalgic Encephalomyelitis'/'Chronic Fatigue Syndrome', is a chronic disease characterised by long-term, debilitating loss of energy, often accompanied by pain.
- 2) The defining symptom of ME is 'Post-Exertional Malaise', the disproportionate worsening of symptoms after exertion that can last days, months or years.
- 3) People with ME often experience other symptoms such as cognitive dysfunction (known as 'brain fog'), heart rhythm disorders and neurological effects.
- 4) People with severe ME can be bed-bound for years, with hyper-sensitivity to light and sound.
- 5) Some patients require tube-feeding.
- 6) There is currently no cure for ME, but effective management can reduce symptoms.
- 7) ME charities avoid the phrase 'Chronic Fatigue Syndrome' because 'fatigue' under-represents the severity of the disease and ignores many of the symptoms.
- 8) Forward-ME represents national ME charities, co-ordinating activity to support people with ME.



## ***The new NICE Guideline on ME/CFS***

*By Dr Charles Shepherd) who was a member of the committee that prepared the new guideline.*

NICE have now published the final version of the new guideline. People with ME have had to live with a NICE guideline for almost 15 years that was unfit for purpose - because it recommended treatments that were either ineffective or harmful. After a very thorough review of all the evidence - from clinical trials, experts, and patients - we now have a new guideline that has reversed these recommendations and should be widely welcomed by people with ME.

### **In particular the new guideline ...**

- 1: Recognises that ME is serious and complex medical disease.
- 2: Emphasises the need for early and accurate diagnosis - preferably within 3 months of the onset of symptoms, which normally follow an acute viral infection, and where there are important overlaps with Long Covid.
- 3: Provides sensible guidance on activity and energy management in order to avoid symptom exacerbation and no longer recommends GET.
- 4: Recognises the special problems faced by children and those with severe ME.

The next challenge involves educating and training all health professionals on how to diagnose and manage ME and setting up a full network of hospital-based referral services where GPs can refer for further help.

NICE's final guideline on the diagnosis and management of myalgic encephalomyelitis (or encephalopathy)/chronic fatigue syndrome (ME/CFS) has recommended that patients receive a 'personalised care and support plan'.

Today's publication of the final guideline comes as NICE halted the publication of the long anticipated update in August because of 'strong views' around management of the condition.

Much of the debate appeared to be around recommendations to not use graded exercise therapy (GET) and CBT as treatments for the condition. It was reported that several members of the guideline committee had walked out over the fallout and the delay prompted heavy criticism from patient groups and charities. After a 'successful' roundtable discussion to address concerns that had been raised by some professional bodies, NICE said it was now confident that the guidelines, which cover children, young people and adults could be effectively implemented across the system. ME/CFS is a complex, multi-system, chronic medical condition where there is no 'one size fits all' approach to managing symptoms, the NICE guidelines stress.

It outlines the condition as debilitating fatigue that is worsened by activity, post exertional malaise, unrefreshing sleep or sleep disturbance, and cognitive difficulties described as 'brain fog'. People with all four symptoms that have lasted three months or more should be referred to a specialist team and a range of management approaches should be offered depending on an individuals' preferences and priorities, the guidelines state. But any programme based on fixed incremental increases in physical activity or exercise such as GET, should not be used,

NICE said. No therapy based on exercise or physical activity should be given as a 'cure'. Personalised exercise programmes can be offered in people with ME/CFS who want the option, but it should be overseen by a specialist physiotherapist and reviewed regularly.

NICE said discussions during the guideline pause highlighted that the term 'GET' is understood in different ways and they have set out clear definitions.

The committee recommend that person-centered energy management can be offered as a key component of a personalised management plan. Reviewed regularly, it can help people understand their energy limits so they can reduce the risk of overexertion worsening their symptoms.

NICE also said that although CBT has sometimes been assumed to be a cure for ME/CFS, it should only be offered to support people who live with ME/CFS to manage their symptoms, improve their functioning, and reduce the distress associated with having a chronic illness.



Paul Chrisp, director of the Centre for Guidelines at NICE, said: 'As well as bringing together the best available scientific evidence, we've also listened to the real, lived experience and testimony of people with ME/CFS to produce a balanced guideline which has their wellbeing at its heart.'

Peter Barry, consultant clinical advisor for NICE and chair of the guideline committee, said the guideline would provide clear support for people living with ME/CFS, their families and carers, and clinicians. 'We know that people with ME/ CFS have had difficulty in getting their illness acknowledged, and the guideline provides guidance for suspecting and diagnosing the condition, recognising that there is no specific test for it.

'The guideline emphasises the importance of a personalised management plan for areas such as energy management - including the importance of rest and staying within the individual's energy limits - the treatment of specific symptoms, and guidance on managing flares and exacerbations.'

Dr Charles Shepherd, medical advisor to the ME Association and one of the committee members from 2019 until he stood down this year, said: 'This is a very special day for people with ME - publication of a new evidence-based NICE guideline which confirms that this is a serious and very debilitating medical disease.

I particularly welcome the emphasis on early and accurate diagnosis and the need to provide early guidance on symptom management when people are not recovering from a viral infection and a diagnosis of me/CFS is suspected.

This new guideline will have a big impact on care for people , with ME, and draws a line under damaging therapies of the past.

### **A few of the NICE Guideline highlights:**

Be aware that ME/CFS:

- ME/CFS a complex, chronic medical condition affecting multiple body systems and its pathophysiology is still being investigated
- affects everyone differently and its impact varies widely
- is a fluctuating condition in which a person's symptoms can change unpredictably in nature and severity

### **Healthcare professionals should recognise that people with ME/CFS need:**

- timely and accurate diagnosis so they get appropriate care for their symptoms
- regular monitoring and review, particularly when their symptoms are worsening, changing or are severe

### **Suspect ME/CFS if:**

- the person has had all of the persistent symptoms in box for a minimum of six weeks in adults and four weeks in children and young people and
- the person's ability to engage in occupational, educational, social, or personal activities is significantly reduced
- symptoms are not explained by another condition

### **Do not offer people with ME/ CFS:**

- any therapy based on physical activity or exercise as a cure for ME/CFS
- generalised physical activity or exercise programmes - this includes programmes developed for healthy people or people with other illnesses
- any programme that does not follow the approach in recommendation 1.11.13 or that uses fixed incremental increases in physical activity or exercise, for example, graded exercise therapy

## Food labelling: nutrition information

Checking the nutrition label is a good way to compare products, make healthier choices and eat a balanced diet. This fact sheet aims to help you understand and use the nutrition information presented on the food label.



Nutrition label information will appear on the food label, alongside other information including:

1. Name of the Food
2. Weight of the food
3. Ingredients, listed in order of quantity used
4. Nutrition Information

A nutrition declaration is required on all packaging larger than 10cm<sup>2</sup> (with specific exemptions for some foods). This is usually shown on the back or side of pack as a table and can also be repeated to appear on the front of pack (e.g Traffic Lights).

1.

Chicken & Vegetable Broth

A soup made with vegetables, cooked chicken and pearl barley.

2.

600g e

3.

Ingredients

Water, Carrot (10%), Onion, Chicken (6%), Potato (5%), Spinach (2%), Peas (2%), Cabbage (2%), **Celery** (2%), Chicken stock (chicken skin, water, chicken extract, chicken, sugar, salt, cornflour, chicken fat, onion concentrate), Potato starch, Pearl **barley**, Rapeseed oil, Garlic puree, Salt, Black pepper.

! **ALLERGY ADVICE**

For allergens, including cereals containing gluten, see ingredients in bold.

! **Warning**

Although every care has been taken to remove bones, some may remain.

4.

Nutrition

Typical values (as consumed)	per 100g	per 1/2 pot (300g)	%RI	your RI*
Energy	167kJ 40kcal	501kJ 119kcal		8400kJ 2000kcal
Fat	1.2g	3.6g	6%	70g
of which saturates	0.2g	0.6g	3%	20g
Carbohydrate	4.2g	12.6g		
of which sugars	1.2g	3.6g	4%	90g
Fibre	1.1g	3.3g		
Protein	2.5g	7.5g		
Salt	0.5g	1.5g	25%	6g

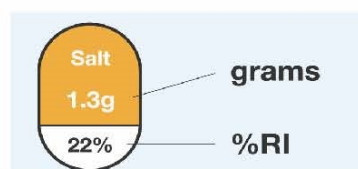
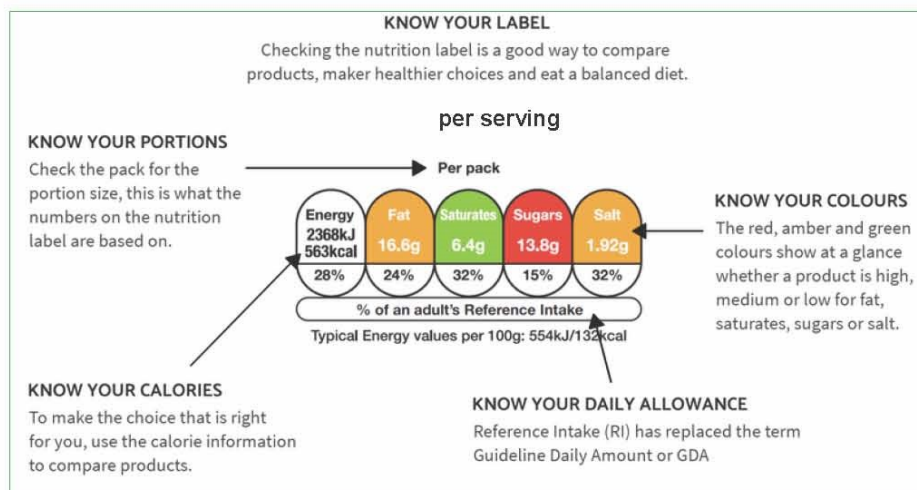
\*Reference intake of an average adult (8400kJ/2000kcal) (RI). Contains 2 portions.

\*Reference intake of an average adult (8400kJ/2000kcal) (RI). Contains 2 portions.

## Front of pack nutrition labels

To help you make a quick decision, this label clearly shows the nutrients that are important to keep an eye on for health. It is not mandatory for products to display this label.

If shown, this label will contain the amount of energy in calories (kcal) or kilojoules (KJ), per serving and per 100g. It can also display the amount of fat, saturates (saturated fat), sugars and salt in a serving.



The numbers on the label show you how many calories and how much fat, saturates, sugars and salt a serving of the food or drink contains, both in number of grams (g) and as a share (%) of your daily allowance (RI).

The average woman needs 2,000 calories (kcal) per day, the average man 2,500 and children fewer than 2,000 depending on their age. The RI on a front of pack label is based on the RI for an average woman.



## How to use the front of pack nutrition label

- For a healthier choice choose products with more greens and fewer reds.
- If a food contains a red label try to limit the number of times you eat this food.
- Comparing products in this way can help you select healthier choices.
- Use the percentages on the nutrition label to track whether you're under or over your daily allowance.
- Some front of pack labels are not colour coded, so you will need to look at the percentage of RI in a portion to compare foods or drink.

## Nutrition information on the back or side of the pack

Nutrition information on the back or side of a food packet is mandatory. As shown below, the highlighted elements must be included on all packaging.

Nutrition	1.	2.		
Typical values	100g Each slice (typically contains	44g) contains	% RI*	RI* for an average adult
Energy	985kJ 235kcal	435kJ 105kcal		8400kJ 2000kcal
Fat	1.5g	0.7g	1%	70g
of which saturates	0.3g	0.1g	1%	20g
Carbohydrate	45.5g	20.0g		
of which sugars	3.8g	1.7g	2%	90g
Fibre	2.8g	1.2g		
Protein	7.7g	3.4g		
Salt	1.0g	0.4g	7%	6g

3. This pack contains 16 servings

\*Reference intake of an average adult (8400kJ / 2000kcal)

Key:

1. nutrients per 100grams
2. nutrients per serving or portion
3. number of portions/serving per pack (below the nutrition table)

Voluntary information can also be given on other nutrients including; unsaturated fats, fibre, and vitamins and minerals. If a claim is made about a nutrient, the amount in the product must be given in the nutrition label i.e. the amount of calcium for a "source of calcium" claim.

## How to use the back of pack nutrition label

- Use the nutrition information per 100g to make comparisons between foods.
- Labels may refer to a serving size that is different to the portion you consume, i.e. the serving size may refer to one biscuit, but if you are eating two you will need to double it.
- Use the percentages on the nutrition label to track whether you're under or over your daily allowance.

## Nutrition and health claims

Two types of claims can appear on labels.

- Nutrition claims such as "low fat" or "high fibre"
- Health claims such as "Vitamin D is needed for normal bone health".

Both types of claim may only be made when the product meets specific conditions for use, given in food labelling legislation. This ensures that any claim made on a label can be substantiated, is clear and not misleading for consumers.

Any claim will only refer to one nutrient or aspect of the product so it is important to read the nutrition label information to get a picture of what is also provided by that product.

## Further information

Further information on food labelling can be found on BDA fact sheets including Fat, Carbohydrates, Sugars, and Food Allergy which are available at [bda.uk.com/foodfacts](http://bda.uk.com/foodfacts)



*\*Some imagery and content within this fact sheet has been kindly supplied to the BDA by the Institute of Grocery Distribution (IGD) from its Nutrition Labelling Guides. Website link: [www.IGD.com](http://www.IGD.com)*

This Food Factsheet is a public service of The British Dietetic Association (BDA) intended for information only. It is not a substitute for proper medical diagnosis or dietary advice given by a dietitian. If you need to see a dietitian, visit your GP for a referral or: [www.freelancedietitians.org](http://www.freelancedietitians.org) for a private dietitian.

To check your dietitian is registered check [www.hcpc-uk.org](http://www.hcpc-uk.org)

This Food Fact Sheet and others are available to download free of charge at [www.bda.uk.com/foodfacts](http://www.bda.uk.com/foodfacts)

Written by Sally Moore, Ruth Breese and Lisa Baker of behalf of the Public Health Specialist Group.

The information sources used to develop this fact sheet are available at [www.bda.uk.com/foodfacts](http://www.bda.uk.com/foodfacts)

© BDA August 2018. Review date August 2021.



## A Look at the Historical Traditions of Christmas.

*With thanks to Jane from the Linney Centre.*

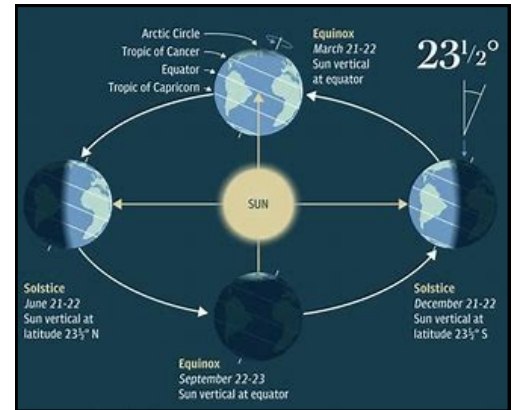
The origins of Christmas stretch back thousands of years to prehistoric celebrations around the midwinter solstice. Centuries of changing beliefs, politics, technology, taste and commerce have shaped many of the traditions we cherish today.

### Neolithic



The shortest day of the year is the 'midwinter solstice' on 21st December. It was very important to the people who built and used, with its tallest stone lining up with sunrise on that day. Archaeologists working nearby have discovered that 'Neolithic' people held feasts at around this time of year. They ate

huge quantities of pork and beef, some of it from animals driven hundreds of miles. They also enjoyed dairy products like fermented milk and cheese, and probably drank barley beer or mead (made from honey) from decorated pottery beakers, a late Neolithic 'must-have' accessory.



### Romans

The Romans celebrated midwinter with at least five days of feasting and partying called the Saturnalia, which began on 17 December. It was a time when all the usual rules about rank and etiquette were overturned to honour Saturn, chief of the Roman Gods. Slaves were served at meals by their masters and everyone wore a conical 'cap of liberty' presented to slaves when they were freed. Usually forbidden, it was a time which permitted gambling with dice and instead of white Togas, everyone wore bright party clothes. Following the public feasts were celebrations at home and people exchanged small gifts, especially little figures made of wax or pottery (Saturnalia), or jokily satirical presents, songs or poems.



### Medieval Times

After fasting right up until 24 December, medieval people really celebrated with twelve full days of Christmas festivities, reaching a crescendo when presents were exchanged on 6th January, 'Twelfth Night'. These celebrations commemorated Christ's birth and recorded in England, for the first time, the name Christmas (Christ's Mass) in 1038. Medieval celebrations also combined the servants-as-masters antics and the giving of gifts, with customs left over from the pagan Saxon Midwinter feast of Yule. These included the Yule Log (kept burning throughout the season), decorating houses with evergreens and eating richly decorated boar's heads, sometimes washed down with mulled ale with honey and cinnamon, spiked with brandy.



### Tudor Times

Christmases were even more full-on than medieval, but were a little less boisterous, at least at Court. On Twelfth Night (6th January) a bean was baked into a cake. The person who got it in their slice became 'King of the Bean', or if it was a woman, she chose her 'King' and everyone had to imitate him. When he drank, they drank; if he coughed, they coughed. This was also a time for plays (like Shakespeare's 'Twelfth Night')





## Victorian Times

The Christmas we know today took shape in Victorian times, diluted down from when the rowdier celebrations of earlier periods into a quieter family-focused festival. Queen Victoria and her beloved Albert, with their nine children, played a big part in these changes. The Christmas trees Albert popularised from his native Germany in 1840 rapidly caught on, as did decking them with lights and presents, by now given on Christmas Day itself. Victorian children's presents were usually quite modest, such as sweets, nuts or oranges, although wealthier kids might hope for a gift echoing the latest technology, such as a toy train. Given out to servants and tradesmen until 26th December were 'Christmas Box' tips, hence called 'Boxing Day'.

Most Victorian families went to church at Christmas and the words (if not always the tunes) of many popular carols (including 'Good King Wenceslas', 'Once in Royal David's City' and 'O Come All Ye Faithful') are Victorian. Better-off people also provided gifts or Christmas feasts for poorer neighbours (a tradition promoted by Charles Dickens' 1843 'Christmas Carol' Scrooge story) and parties for tenants' children were an annual Christmas event.



Many other now-familiar elements of Christmas also originated in this period, including printed Christmas cards, Christmas crackers, and eating turkey (instead of the traditional goose) and Christmas pudding. Even 'Santa Claus' and his reindeer sleigh first came here from America in the 1870s.

## Christmas Cards

As we know them today, sending Christmas cards began in the 1843 by Sir Henry Cole. He was a senior civil servant (Government worker) who had helped set-up the new 'Public Record Office' (now called the Post Office), where he was an Assistant Keeper, and wondered how it could be used more by ordinary people.

The first postal service that ordinary people could use was started in 1840 when the first 'Penny Post' public postal deliveries began (Sir Henry Cole helped to introduce the Penny Post). Before that, only very rich people could afford to send anything in the post. The new Post Office was able to offer a Penny stamp because new railways and could carry much more post than the horse and carriage that had been used before. Cards became even more popular in the UK when posted in an unsealed envelope for one halfpenny - half the price of an ordinary letter.



As printing methods improved, it meant that Christmas cards became much more popular and produced in large numbers from about 1860. In 1870 the cost of sending a post card and Christmas cards, dropped to half a penny. This meant even more people were able to send cards.

The first cards usually had pictures of the Nativity scene on them. In late Victorian times, robins and snow-scenes became popular. The Postmen were nicknamed 'Robin Postmen' because of the red uniforms they wore.



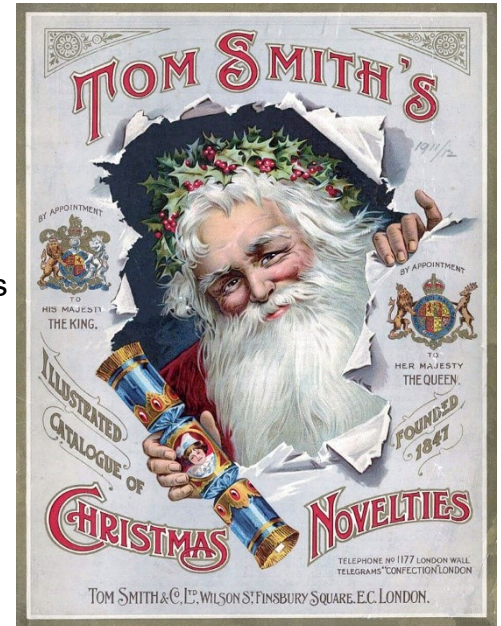
## Christmas Crackers

These are a traditional Christmas favourite in the UK. First made in about 1845-1850 by a London sweet maker called Tom Smith. He had seen the French 'bon bon' sweets (almonds wrapped in pretty paper) on a visit to Paris and came back to London and tried selling sweets like that in England; also including a small motto or riddle in with the sweet, but they didn't sell very well.

In 1861, Tom Smith launched his new range of what he called 'Bangs of Expectation'. A fun idea whereby with a crack, sweets and toys were revealed when their fancy wrappers were pulled in half.

When Tom died, his expanding cracker business was inherited by his three sons; Tom, Walter and Henry. Walter introduced the hats into crackers and travelled around the world looking for new ideas for gifts to put in the crackers.

The company built up a big range of 'themed' crackers. There were ones for Bachelors and Spinsters, where the gifts were things like false teeth and wedding rings. There were also crackers for Suffragettes, war heroes and even Charlie Chaplain. Crackers designed especially for special occasions like Coronations, the British Royal Family still has special crackers made for them today!



## Christmas Trees

At first, edible things, such as gingerbread and gold covered apples were adornments to decorate the trees. Then glassmakers made special small ornaments similar to some of the decorations used today.

A figure of the Baby Jesus was placed on the top of the tree, but after time it changed into a star like the Wise Men saw, or an angel/fairy that told the shepherds about Jesus. In Victorian times, the tree would have been decorated with candles to represent stars and in many parts of Europe candles are still used to decorate Christmas trees.



Christmas tree 'skirts' started as Christmas tree 'carpets'. They were made in heavy fabric, put either on the floor, or on tables, and went under the trees and their stands - rather than 'around' them. They were used to catch the needles from the trees and protect the floor or table tops from dripping wax coming from the candles on the trees.

In Germany it was also 'fashionable' to have a forest scene and/or a nativity scene under trees (especially if the trees were placed on tables); and so these scenes, also stood on the Tree carpets. At this point trees were either normally put in pots (if they still had roots on them), or they were attached to a larger piece of wood if cut; so the scenes help to hide these. here are a few different claims as to who invented popularised the first strings of 'electric' Christmas tree lights. In 1880, the famous inventor Thomas Edison put some of his new electric light bulbs around his office. In 1890, the Edison Company published a brochure offering lighting services for Christmas. In 1900, another Edison advert offered bulbs, which you could rent, along with their lighting system, for use over Christmas



Many towns and villages have their own Christmas Trees. One of the most famous is the tree in Trafalgar Square in London, a tradition started in 1947 and given to the year as a 'thank you' present for the help the UK gave Norway in World War II.



**Recipe Corner** by Carolyn**Sweet Winter Chicken***Serves 2. Prep time :25 mins. Cook: 30 mins: calories 438*

1 Bring a pan of water to the boil, cut the potatoes, swede and parsnips into 2cm chunks and simmer for 15-20mins until tender.

2) Meanwhile, generously coat a frying pan with the oil spray and put on a high heat. Add the chicken, peppers and onion and stir fry for 5 mins.

3) Stir together the remaining ingredients except the sugar snap peas and milk. Add to the frying pan, bring to the boil and simmer for 10 mins.

4) Add the sugar snap peas. Cook for a further 5 mins.

5 Drain the potatoes. Mash until smooth, stir in the milk, divide between plates and serve with the chicken.

**Ingredients**

400g mixed peeled potato, swede and parsnips  
 1 oil spray  
 2 chicken breasts  
 ½ red pepper  
 ½ yellow pepper  
 ½ green pepper  
 ½ onion, finely chopped  
 200 ml vegetable stock  
 60ml passata  
 2 tablespoonful tomato puree  
 1 garlic clove, crushed  
 1 teaspoonful sweet smoked paprika  
 ½ teaspoonful ground cinnamon  
 1 teaspoonful Worcestershire sauce  
 1 tablespoonful mango chutney  
 100g sugar snap peas or mangetout  
 3 tablespoonfuls semi-skimmed milk

**Veggie Brunch Wraps***Serves 2. Prep time 8 mins. Cooking: 10 mins. Calories 216*

1) Heat a small frying pan and spray with 2 pumps of oil. Add ¼ of the beaten egg and tilt the pan so that the egg spreads to form a 15cm circle. Cook for 30 secs, carefully turn over and cook for a further 30 secs. Lift onto a plate and repeat to make 4 wraps in total.



2) Stir the chives and cheese together. Put the mushrooms on a plate, drizzle each with 1

teaspoonful vinegar, cover with clingfilm, pierce and microwave on full power for 2 mins. Thinly slice.

3) Spread the wraps with the cheese, arrange the mushrooms on top, scatter over the chopped tomatoes and onion, roll up loosely and serve. Delicious hot or cold.

**Ingredients**

1 spray sunflower oil  
 4 eggs, beaten  
 1 tablespoonful chopped fresh chives  
 75g light soft cheese  
 2 large portobello or field mushrooms  
 2teasponnful balsamic vinegar  
 2 plum tomatoes, seeds discarded and finely diced  
 ¼ red onion, very thinly sliced

## Understanding and Managing Long-Term Pain in ME/CFS and Fibromyalgia.

*Adapted from a Presentation in 21/10/21 at the Linney Centre*

We all know what pain is. We have all suffered from it. Sometimes we hardly notice it. Sometimes it may be unbearable. Usually, it goes away on its own but, at other times, it may need treatment. Unfortunately, there are times when it doesn't go away at all, becoming long-term pain. This is known as 'chronic pain' or 'persistent pain'.

Pain is defined by the International Association for the Study of Pain (IASP) as:-

*"An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage"*

The definition is important because it links emotion and past experience to the sensory event.

This means that the only way of deciding whether someone has pain is by asking them or picking up clues from the way they behave.

### The Different Sorts of Pain

- Short-term pain, such as when you suffer a sprained ankle, is called 'acute' pain.
- Long-term pain, such as back pain that persists for months or years, is called 'chronic' pain.
- Recurrent pain is Pain that comes and goes, like a headache.

Many acute pains are a useful alarm signal that something is wrong. Most minor pains get better on their own or with simple treatment. Others may be a sign of something more serious, as with a broken leg. This pain is helpful because it means that you get treatment and rest your leg until the break has had a chance to heal. Long-term pain, on the other hand, appears to serve no useful purpose and has a huge impact on the lives of many people.

### Why does pain persist?

Pain can be experienced in any part of your body and involve a number of different mechanisms:-

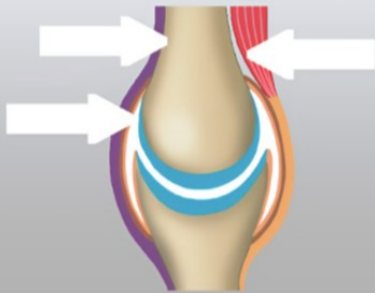
- Nociceptive. The pain most commonly felt when pain mechanisms are 'switched on' is technically known as 'nociceptive pain'.
- Inflammatory: When body tissues are injured, inflammatory changes can occur leading to 'inflammatory pain'.
- Neuropathic: If sensory nerves are damaged and malfunction the result is nerve pain or 'neuropathic pain'.
- Visceral pain: When our internal organs are affected we may experience 'visceral pain'.
- Mixed pain: It is possible to have pains involving more than one mechanism. These are referred to as 'mixed pains'.





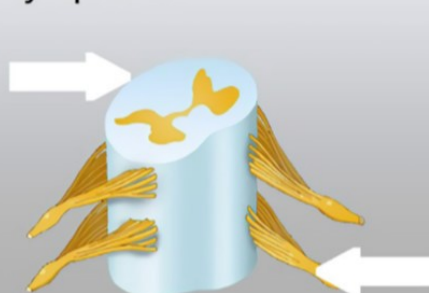
## Nociceptive pain:

Nociceptors in tissues send pain signals to the CNS.



## Neuropathic pain:

Damage to the nerve itself causes typical pain symptoms.



Normally, when we feel pain, signals travel from part of the body along particular nerve fibers via the spinal cord to the brain. However, in some cases (for example, pain after a stroke) damage to the brain or to the spinal cord can cause pain to be felt in parts of the body which are not actually damaged. This type of neuropathic pain (see above) can be likened to a faulty burglar alarm—the alarm is sounding but there is no intruder. Pain signals are initially processed in the

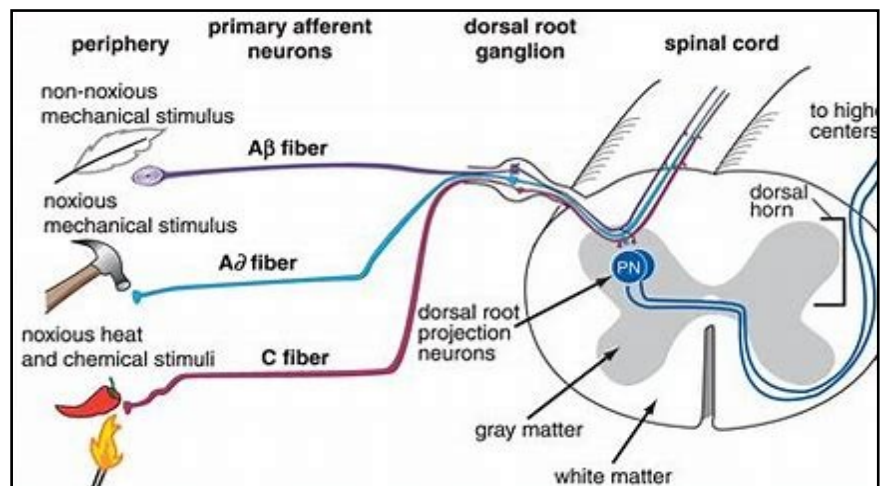
spinal cord and then in the brain where there are connections with centres associated with anxiety, emotions, sleep, appetite and memory. This creates a very personal experience of pain for each person.

The brain sends signals back to the spinal cord which can, in turn, reduce or increase the pain further. Nerve endings and parts of the spinal cord and brain can become over-sensitised as a result of constant pain input.

## Why doesn't my pain go away?

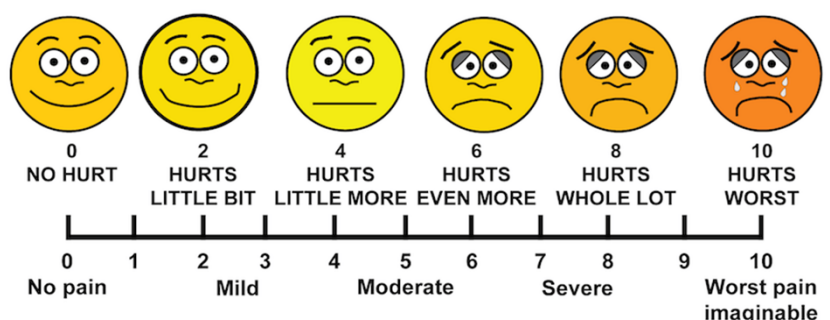
One reason is a process called 'central sensitization'. This is a type of 'learning' by nerve cells in your spinal cord and brain which means that the pain does not go away even if the original cause is discovered and treated. It may result in pain experience that seems out of proportion to the initial injury. In simple terms the body's warning system becomes more sensitive, producing an increased feeling of pain even though there may no longer be any continuing damage to the body. This can lead to a long-term and challenging problem. You and the healthcare professionals need to work together with skill, time and patience to improve things. Although medical technology is improving all the time, some pain is very complicated. It may involve so many factors that we may never be able to find the precise cause with X-rays, scans or laboratory tests. However, not knowing the cause of the pain does not mean it does not exist and the problems it creates are also very real.

Only the person in pain can really say how painful something is. Because pain is always personal, no two people experience it the same way. This can make it very difficult to define and to treat.



Nociceptive Pain	Inflammatory Pain	Neuropathic Pain	Dysfunctional Pain
Noxious stimuli	Inflammation	Neuronal damage	No noxious stimulus No inflammation No neuronal damage
Protective	Healing/Repair/ Pathological	Pathological	Pathological
High pain threshold		Low pain threshold	

## PAIN MEASUREMENT SCALE



## Pain Treatments

### TENS

Transcutaneous electrical nerve stimulation (TENS) aims to block, or partially block, pain signals as they pass through the spinal cord on the way to the brain. It does this by passing a mild electrical current through the skin via sticky pads. The sensation of vibration produced by the TENS machine makes it more difficult for nerves in the spine to pass pain messages up to the brain. It is a similar although more reliable way of reducing pain by 'rubbing it better'. A TENS machine is often available through your GP, pharmacy, physiotherapy department or pain clinic. They are not expensive to buy from larger pharmacy stores. It is important to take time to learn how to use TENS and you may wish to seek professional advice. Some people find it a useful alternative to taking medicines, which do not work for everyone or which may have side effects. Some people find the benefit from TENS continues for as long as the device is used, others find it diminishes over time.



### Acupuncture

Acupuncture may be available in some GP surgeries, NHS pain clinics and physiotherapy departments as well as from private practitioners. The effect is very variable between patients and may depend on the type of pain condition. The benefits are often short-term rather than long-lasting. You may need to have 'top-up' treatments to maintain the benefits. You should check that your acupuncturist is trained and registered with a recognised professional organisation.



### Medicines (Drugs)

'Painkillers' are probably the treatment that most people expect to be given when they have pain. Many find, however, that 'painkillers' don't 'kill' the pain either in the short or long term. That can be disappointing and frustrating. You should discuss with your doctor what you expect from the treatment.

"Why don't my pain medicines work?" This is a commonly asked question, and often one without simple answers. Persistent pain can arise through several different mechanisms, and most individual drugs only work on one mechanism. Some pains do not seem to respond to any pain relieving drug.

You can also develop a tolerance to some pain medicines, so that you need more and more to have the same effect. The correct dose of any medicine is the minimum dose that produces the maximum benefit.

Deciding whether to continue with a drug depends on balancing the benefits (in this case relief of pain) against the drawbacks (for example, unpleasant side-effects). It is very helpful to keep a record of which medicines you have used, the dose, for how long, how you responded to it and why you stopped it. This can prevent you being prescribed the same drug a second time or alert the doctor to recommend changes to the way you use it.

Any medicine can have side effects or interact with other medicines you are taking. This will vary from one patient to another. Many side effects reduce with time or can be treated effectively. Some problems are common to many drugs, such as feeling sleepy, feeling dizzy, getting a rash or feeling sick. Other problems may be more specific, such as indigestion from NSAIDs (non-steroidal anti-inflammatory drugs), weight gain from anti-epileptics and constipation from opioids. Some medicines can be linked to more serious side effects such as bleeding of the stomach lining or breathlessness. This is why many medicines are only available on prescription.





The list of possible side-effects that are included on patient information leaflets is often quite long but each side-effect will normally only apply to a few patients. You may be fortunate and have none of the side-effects or you may be unfortunate and have a number of them. Similarly, if a medicine needs to be stopped, some people are able to do so easily with no withdrawal symptoms. Others, however, can find it difficult even when cutting down slowly.

Decisions about pain medicines are important and, often, not simple and straightforward. These decisions need to be shared, between you and your doctor or prescriber. You are the only one who can report on the benefits and the side-effects. If you have concerns about the side effects of your medicine, particularly when you start a new one, contact your doctor or pharmacist as soon as possible.

Medications with Few Side Effects (for Mild to Moderate Pain)			
Name	Active Ingredient	Side Effects	Administration
Tylenol	Paracetamol	None	Pills, liquid or IV
Motrin	Ibuprofen	Some stomach discomfort	Pills, liquid or IV
Aleve	Naproxen	Some stomach discomfort	Pills
Medications with Some Side Effects (for Mild, Moderate or Severe Pain)			
Toradol	Ketorolac	Mild bleeding risk	Pills or IV
Neurontin	Gabapentin	Sedation	Pills
Lyrica	Pregabalin	Sedation	Pills
Local Anesthetics	Lidocaine, bupivacaine, ropivacaine	Numbness	Injection or patch
Steroids	Dexamethasone, hydrocortisone	Can increase glucose levels in diabetics	Pills or IV
Aspirin	Acetylsalicylic acid	Some stomach discomfort, easy bruising or bleeding	Pills
Medications with More Side Effects (for Severe Pain)			
Morphine	Morphine	Constipation, dizziness, sleepiness, nervousness, nausea	Pills, liquid, IV or IV patient controlled
Dilaudid	Hydromorphone	Constipation, dizziness, sleepiness, nervousness, nausea	Pills, liquid, IV or IV patient controlled
Fentanyl	Fentanyl	Constipation, dizziness, sleepiness, nervousness, nausea, problems breathing	IV or patch
Vicodin/Lortab/Norco	Hydrocodone/acetaminophen	Constipation, dizziness, sleepiness, nervousness, nausea	Pills
Percocet	Oxycodone/acetaminophen	Constipation, dizziness, sleepiness, nervousness, nausea	Pills

## STANDARD PAIN MEDICINES

We are all familiar with using paracetamol for everyday aches and pains. Far from being just a weak pain medicine that can be bought from pharmacies or supermarkets, it can be very effective in controlling pain for many patients. Taken regularly in the short term and when prescribed (usually one or two 500mg tablets four times a day), it is a safe and useful drug. However, as with other pain medicines, only take it if you are confident that it is contributing to your pain relief.



## Non-Steroidal Anti-Inflammatory Drugs (NSAIDs)

Non-steroidal anti-inflammatory drugs (NSAIDs) are also widely used. Examples of there re Aspirin, Ibuprofen (Brufen), Diclofenac (Voltarol), Naproxen (Naprosyn) and Celecoxib (aka called a Cox II inhibitor). NSAIDs such as aspirin, ibuprofen and naproxen are available without a prescription and some NSAIDs are available as creams or gels to rub on the painful part, which is a very safe way of using them. When taken by mouth or as a suppository (inserted in the bottom), NSAIDs may help with joint and muscle pain. However, they do need to be used carefully – especially if you have had a stomach ulcer or asthma, heart, liver or kidney problems. Kidney damage due to Ibuprofen is one of the commonist problems I see. In order to minimise the risk of serious side effects you should take the lowest dose for the shortest time. It is important to be aware that you can get 'overuse' headaches from taking analgesics on a regular basis, particularly if you are a migraine sufferer. This includes over-the-counter medicines such as paracetamol and aspirin. Do discuss any concerns with your doctor.



## STRONGER PAIN MEDICINES

These are normally drugs related to morphine and are, as a group, known as 'opioids'. Many people are uneasy about taking medicines from this group and doctors only recommend them when other drugs or pain relief methods have proved inadequate. However, if you follow specialist advice, you may find that the benefits are greater than any risks. Problems can occur if you take more than the prescribed dose or if you use the medicine to manage problems other than pain. An example might be taking strong opioids to reduce anxiety. If you have pain most of the time, you are likely to be prescribed stronger pain medicines in a slow-release form. This can help ensure that you have fewer ups and downs in your pain. These medicines are commonly divided into weak and strong opioids.

Codeine is the commonest weak opioid and you can buy this in a low dose, combined with paracetamol, without a prescription. Stronger doses of codeine can only be prescribed by your doctor. Codeine works by your liver changing it into a smaller dose of morphine. Dihydrocodeine is a relative of codeine though normally considered to be somewhat stronger. It can be prescribed as slow release, 12-hour, tablets. Tramadol, which is widely used as an intermediate-strength opioid, has recently been reclassified in the UK as a strong opioid. It is also available in a slow-release form.

Strong opioids, such as morphine and oxycodone, are often used to treat the pain from cancer but are now being used to treat other forms of pains. All of the drugs in this group are available in a slow release format. Some of them (such as fentanyl and buprenorphine) are available as a patch to wear on the skin over a period of several days.

**Weaker opioids:** Codeine & Dihydrocodeine

**Stronger opioids:** Tramadol, Morphine, Oxycodone, Fentanyl, Buprenorphine

If you have used opioids for more than a few weeks and wish to stop taking them, you should reduce your dose gradually and follow a carefully supervised programme. You may experience withdrawal symptoms if you stop using them suddenly. If you take them for a long time they may affect some of your body's hormones, your sex drive or your immune system. Taking strong opioids on a long-term basis is not a decision to be taken lightly. It may be the right thing to do if they help you to live a more active and better quality of life. When making the decision to take strong opioids, it is important to set yourself goals to help you measure the benefits of the medicine. If they enable you to be more active or return to work, for example, you may well decide that they've done a good job. If they do not help you to live a fuller life, it may be appropriate to talk with your doctor about reducing and stopping them.

## OPIOID SIDE EFFECTS

SOURCE: CDC

Addiction

Overdose

Nausea

Vomiting

Dry mouth

Sleepiness

Itching

Sweating

Depression

Low levels of testosterone

Constipation

Sensitivity to pain

Constipation

Physical Dependence



## COMBINATION PAIN MEDICINES

Sometimes combining two pain medicines that work in different ways can be more effective. Paracetamol is frequently combined with codeine, dihydrocodeine or tramadol. You should be careful if you add paracetamol to the drugs already prescribed or you may accidentally take too much paracetamol over the day. For example, paracetamol is a common ingredient of cold and flu remedies. Examples of combination pain medicines are: Co-Codamol (Paracetamol and codeine), Co-Dydramol (Paracetamol and dihydrocodeine) and TramacetR (Paracetamol and tramadol)

## NON-STANDARD MEDICINES FOR PAIN

Some pains, such as nerve damage (neuropathic) pain, may not respond to 'normal' pain medicines. In these cases, other drugs may be used instead of or as well as standard pain medicines. These medicines were originally developed to treat depression or epilepsy but now they are often used to treat some types of pain. One drug may be effective in treating more than one illness. Anti-depressant drugs are commonly used to manage neuropathic pain. They act to

Anti-depressants	Anti-epileptics
Amitriptyline	Gabapentin
Nortriptyline (Allergon)	Pregabalin
Imipramine	Carbamazepine (Tegretol)
Venlafaxine	Sodium valproate (Epilim) (deforms unborn babies)
Duloxetine	Topiramate
Trimipramine	Clonazepam

improve the effects of some of the chemicals in the brain and spinal cord that reduce when you suffer from either depression or long-term pain. It does not mean your doctor thinks you are depressed but it is not uncommon when you live with long-term pain). The doses used for pain are usually much less than those needed to treat depression. Many of these drugs can cause drowsiness and, when used at night, can help you to sleep. But not all antidepressant drugs have a sedating effect. Anti-epileptic drugs are also often used for nerve-damage pain and for other pains where the nerves involved have become over-sensitive. They can reduce the pain produced by overactive pain nerves in the same way that they reduce over activity of the brain cells in patients with epilepsy.

## TOPICAL MEDICINES

Some medicines for pain are available as creams, gels or patches. These can be as effective as tablets and may have fewer side effects. Many creams, gels and sprays are widely available from pharmacies without prescription. Some act by producing warmth and some by producing a cooling effect. Some contain active anti-inflammatory swallowed as a pill. How effective these products are varies considerably medicines such as ibuprofen and diclofenac, which you would normally from one patient to another. Other creams are only available on prescription, such as stronger anti-inflammatory creams or gels and capsaicin cream.




## Injections

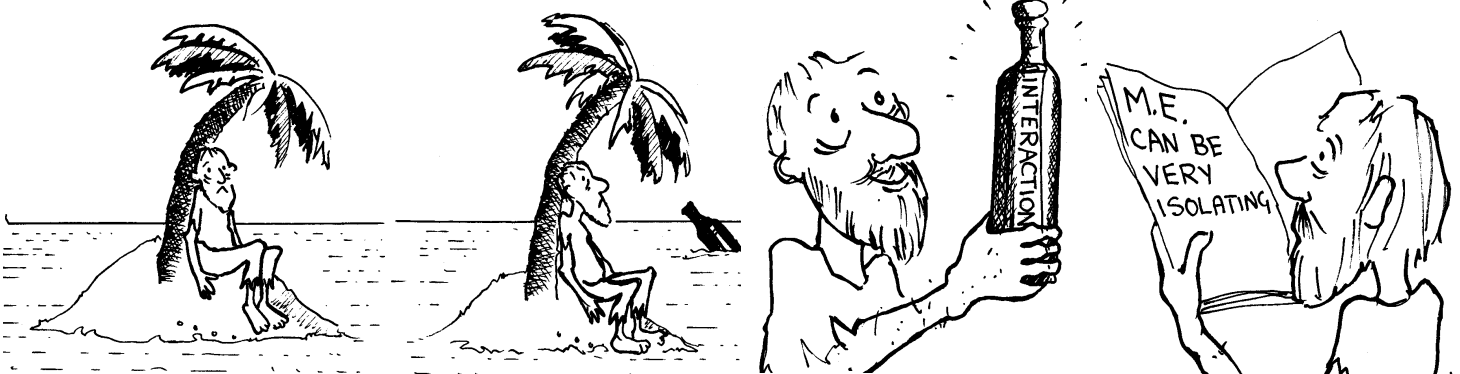
Many people hope that there is a simple injection that will cure their pain, but sadly this is rarely true. However, injection treatment can be helpful in some cases and may mean you can manage some physiotherapy that may otherwise have been too painful. Short-term injections of a local anaesthetic (often mixed with a steroid) are commonly used. These injections may be given directly into a painful joint or area (trigger spot), or may be used to temporarily deaden the nerves supplying the painful area. Epidural (spinal) injections of steroids may be used when there is pressure on a nerve root in your back that is giving you severe leg pain (sciatica). These injections may help for just a few days or even for several months. In some cases it is possible for the injections to be repeated. It may be possible to achieve longer-term results by using special injections that partially destroy the nerves involved. These treatments are called 'denervation'.

**Oddballs: Magnesium.** Some say it works, other say it has no effect.

## Most Common Forms of Magnesium



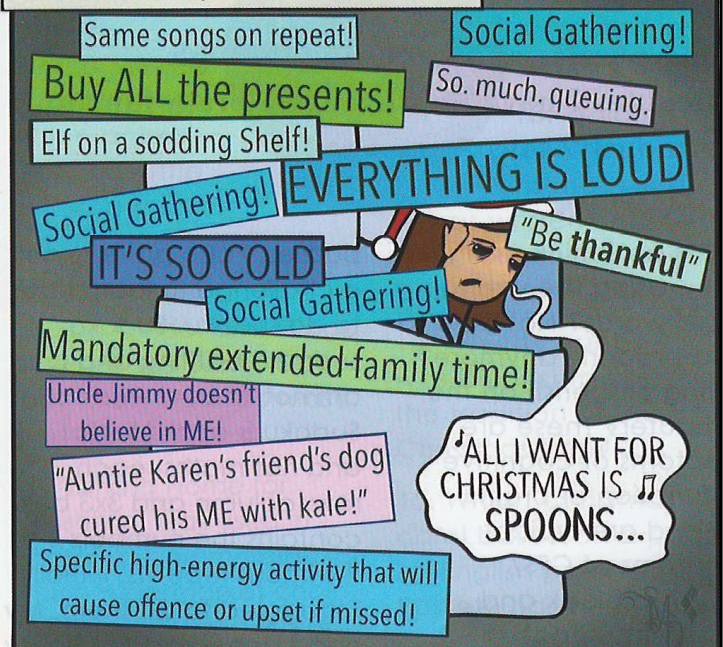
Inferior Types	Best Types
<p><i>These have poor absorption in the gut and are mostly laxative in nature.</i></p> <p><b>Oxide</b></p> <hr/> <p><b>Dihydroxide</b> (milk of magnesia)</p> <hr/> <p><b>Sulfate</b> (Epsom Salts - good in a bath but not to consume)</p> <hr/> <p><b>Aspartate</b></p> <hr/> <p><b>Carbonate</b></p>	<p><i>These all have very good absorption rates and are the best for producing cellular energy in the mitochondria. L-threonate is the best for crossing the blood brain barrier and reducing stress, anxiety and improving learning, memory and sleep.</i></p> <p><b>Malate</b> <b>Glycinate</b> <b>Chloride</b> <b>Taurate</b> <b>Orotate</b> <b>Citrate</b> <b>L-Threonate</b></p>



Christmas, according to popular media:



...Meanwhile, in Chronic Illness:





## Research Corner: *Passive transfer of fibromyalgia symptoms from patients to mice – (Is FMS in the blood ?)*

A recent publication by Goebel et al. with research carried out at King's College London has challenged the widely held opinion that fibromyalgia may in fact be a condition of the immune system and not the brain. This study has brought much excitement and promise to the ME/CFS community and those with long Covid and may help to lead the way for new treatments. The authors suspected that fibromyalgia (FM) may have an autoimmune basis due to previously reported altered levels of cytokines suggesting immune processes are dysregulated in FM. As well as this FM is higher among those with autoimmune rheumatological conditions caused by autoantibodies.

**Brief Abstract.** Fibromyalgia syndrome (FMS) is characterized by widespread pain and tenderness, and patients typically experience fatigue and emotional distress. The aetiology (origin/cause) and pathophysiology of fibromyalgia are not fully explained and there are no effective drug treatments.

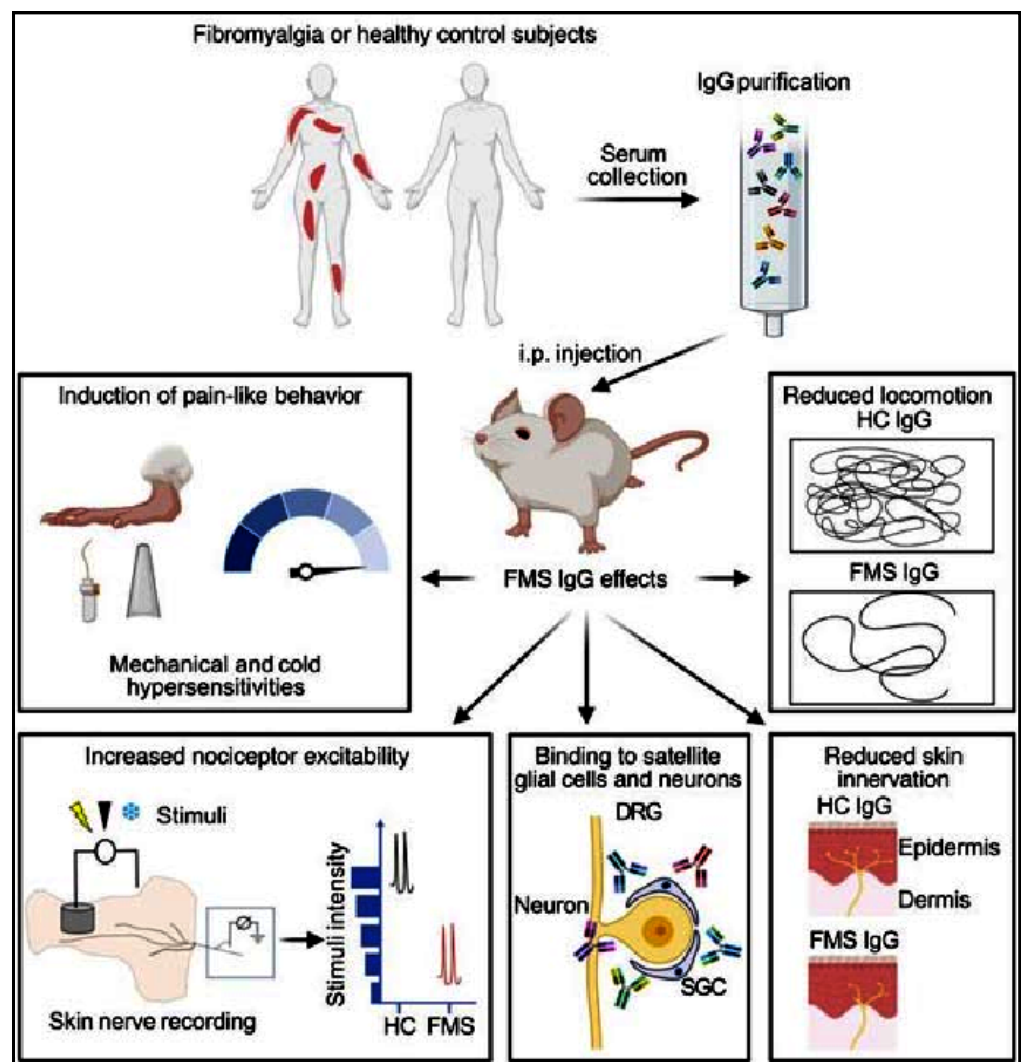
Here we show that IgG from FMS patients produced sensory hypersensitivity by sensitizing nociceptive neurons (nerves that detect pain). Mice treated with IgG from FMS patients displayed increased

sensitivity to noxious mechanical and cold stimulation, and nociceptive fibers in skin-nerve preparations from mice treated with FMS IgG displayed an increased responsiveness to cold and mechanical stimulation.

These mice also displayed reduced locomotor activity, reduced paw grip strength, and a loss of intraepidermal innervation. In contrast, transfer of IgG-depleted serum from FMS patients or IgG from healthy control subjects had no effect. Patient IgG did not activate naive sensory neurons directly. IgG from FMS patients labelled satellite glial cells in the brain and neurons in vivo and in vitro, as well as myelinated fiber tracts and a small number of macrophages and endothelial cells in mouse dorsal root ganglia (DRG) part of the brain, but no cells in the spinal cord. Furthermore, FMS IgG bound to human DRG. The results demonstrate that IgG

from FMS patients produces painful sensory hypersensitivities by sensitizing peripheral nociceptive afferents and suggest that therapies reducing patient IgG levels may be effective for fibromyalgia.

*IgG is Immunoglobulin G (IgG) is a type of antibody. Representing approximately 75% of blood serum (plasma) antibodies in humans, IgG is the most common type of antibody found in blood circulation. IgG molecules are created and released by plasma B cells. Perhaps one of the big drug companies could make a monoclonal antibody to target IgG*



The full reference can be seen on <https://www.jci.org/articles/view/144201>.

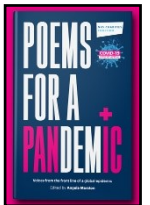
**North of Doncaster***Personal from Trevor Wainwright***Lockdown Poetry**

It is well known that every April I go to Texas for National Poetry Month taking in various festivals and open mics, there is also NaPoWriMo, (National Poetry Writing Month), an annual project started in 2003 in America and through the internet is now global in which participating poets attempt to write a poem a day for the month of April. I am usually in Texas so any of my poems which would fit the project are usually part of my tour poems. However in 2020 and 2021 it was not to be so I did it for both years as a standalone project, writing about daily events some sad some funny, but all relevant to what was going on had I been on tour.



*A face to a name.  
Trevor has supported every Pathways to date since the first issue.*

During 2020 there were requests for poems for anthologies to raise funding for various charities so I got on board. The first was for NHS charities, called Poems for a Pandemic edited by, Angela Marston and described as an anthology dedicated to all the NHS, health and social care staff and other keyworkers that have lost their lives in this pandemic. Written by those making a difference, all in some way related to it with their actions, poems from contributors from 10 to 92, from pharmacist, journalists, child protection officers, volunteers and established poets, over 100 people contributed from around the world sharing messages of hope, understanding, grief and love with the world. Here is a sample.

**A day in the life of a volunteer.**

The news showed the beaches clear, people had stopped away,  
It seemed like common sense had won the day, let's hope it stays that way  
But I've got to nip out to help out those that can't get out  
Not very nice stuck inside on Government advice  
So I'm on my way to brighten someone's day  
Let them know somewhere here are those that care  
The bloke that makes a joke, an' stops a while to make them smile  
When life seems so rotten, let 'em know they've not been forgotten  
Tell 'em the score, about ordinary people once more coming to the fore  
Giving of what they've got it all counts, be it a little or a lot  
Then at the end of this morning's roam, this afternoon at home  
My own lockdown an' I'm gonna sit out back in the sun  
And think how nice it is to do nothing an' rest when it is done.