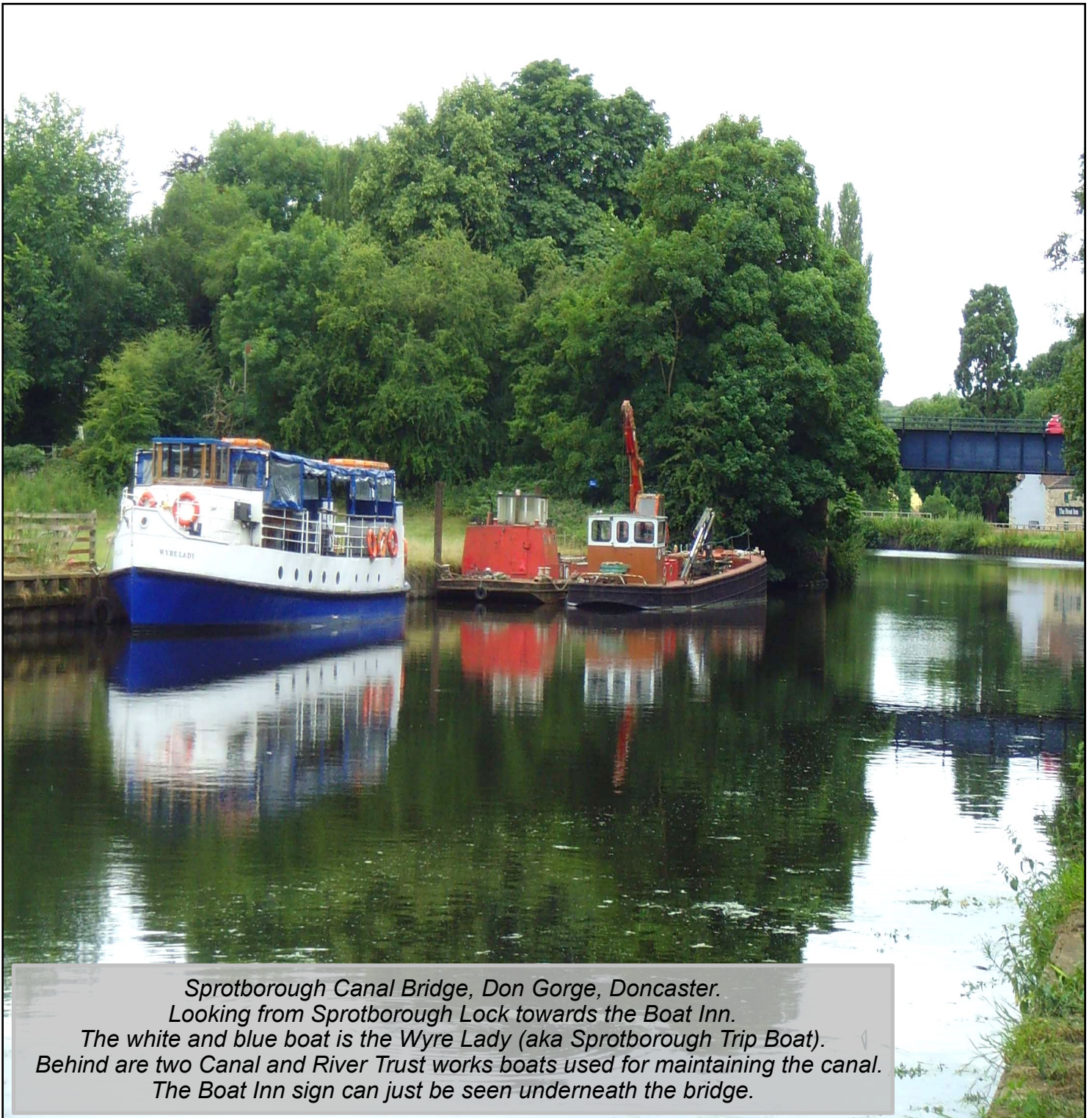


Pathways

Price £ 6.25 (Free to members)

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

Welcome to Pathways No 80. Summer Edition 2024



Sprotborough Canal Bridge, Don Gorge, Doncaster.

Looking from Sprotborough Lock towards the Boat Inn.

The white and blue boat is the Wyre Lady (aka Sprotborough Trip Boat).

Behind are two Canal and River Trust works boats used for maintaining the canal.

The Boat Inn sign can just be seen underneath the bridge.

You Write In: *A selection of letters from the office postbag.*

Tom Writes: What is the situation with Covid these days? I have heard that some hospitals have reintroduced mask wearing after a spike in patients being admitted with Covid-19, so should we be worried the virus is making a comeback?

You have to understand that the wearing of masks is necessary to protect patients, carers and hospital staff from risk of infection. There is really no community testing now, most of the testing is done of hospital patients when they are admitted. Some hospitals are seeing an increases in Covid cases.

Currently, hospitals are seeing a descendent of the Omicron variant, JN1, dominating things and in fact, there are even newer mutations of JN1, that are being kept an eye on collectively, called FlIRT. The name Flirt is another variant name to do with the locations of the mutations on the virus genome. It is too early to say if Flirt variants are driving this small increase in infection.

Covid-19 is now part of life. It's like the common cold virus, and frequently mutates. So, we will all be infected and re-infected time after time. For most of us, that is not likely to be a problem, but those that can, should keep getting boosted, and yes, in hospital mask wearing is something we might see more of now and again if infection rates peak.

Racheal writes: I've just moved back to the UK after living in Spain for several years. While I was out there, I lost my PIP award. I would to get it reinstated now I am back in the UK. I've also heard that there is a two-year waiting period before I can apply again. Is this true?

With PIP there is a 'past presence' test which means you need to have spent at least two out of the last three years – 104 out of the last 156 weeks - in Great Britain. However, the 2-year rule may not apply in some cases, including where you currently live, or have lived, in the European Economic Area or Switzerland. In some circumstances you may need to demonstrate 'a genuine and sufficient link to the UK social security system' which may include issues like having spent years living in the UK, worked here, or you or someone you depend upon is getting a benefit that can only be received through having paid UK national insurance contributions. As Spain is an EEC country, I don't think that the 2 years rule will apply to yourself. However, the only people that can give you a definitive answer are the DWP. My recommendation is that you contact the DWP as soon as possible. You have to have your relevant dates and other information to hand. If they agree that you can apply for PIP contact us in the office for assistance with your application.

We would also recommend that you contact the Pension office in Newcastle for a pension forecast, register with a UK doctors practice and if possibly get a copy of any medical records from your doctor in Spain which you may need to support your PIP claim.

Richard Writes: Now we have had the general election and a change in Government. How it will affect people with ME/CFS?

From what we are seeing in the news media, it is quite clear that the outgoing government was struggling with the country's finances. What neither of the major parties mentioned is to fix the NHS, Social Care, Energy and Education, more money would be needed. The Government has two main ways to raise money firstly either to increase tax revenue or borrow money. If money is borrowed, it has to be paid back at some point in time with interest –so it is less than an ideal situation.

We believe that avoidances of mentioning tax increases in the election campaign and making promises that certain taxes will not increase may turn out to be unviable. There needs to be more money coming into the treasury, and the easiest way is to collect it from tax. It is more likely that this tax revenue will be collected from indirect or stealth taxation rather than direct taxation like increases of income tax or value added tax.

For our members we think that there will be a revision of PIP which could make it harder to get. There will also be a rejigging of the working age benefits i.e. ESA and Universal Credit. It is not widely known that these benefits are already under review. Pathways will keep you posted of all developments.

Welfare Rights Matters*with thanks to Benefits and Work***PIP Changes And UC Migration – How Will The Election Affect Them?**

We've heard from lots of readers wanting to know if the announcement of the election will make any difference to the proposed changes to PIP or the new date for employment and support allowance to universal credit migration. The Disability Green Paper, published last month, suggested a range of alternatives to paying PIP as a cash benefit, including a catalogue or voucher system. If the Conservatives win a working majority, then it's likely that the Green Paper will be followed by a White Paper and legislation. If Labour win then that's probably the last we will hear of the Green Paper. However, that doesn't mean it's the last we will hear of some of the ideas it contains. It's entirely possible that Labour will also be looking to cut the cost of PIP. Or they may be aiming to twist it towards encouraging more recipients into work.

That's certainly the impression that Alison McGovern, on Labour's behalf to the publication of the Green Paper, gave:

"Labour will carefully review the detail of the Green Paper, because the country that we want is one where disabled people have the same right to a good job and help to get it as anyone else. . . . autonomy and routine of work is good for us all, for our mental and physical health—and more than that, for women, work is freedom, too."

So, many readers may conclude that it is still worth taking part in the consultation send a strong message to whoever forms the next government, because the Green Paper consultation itself not be affected by the election.

Earlier this month, the government announced that it is now going to begin moving income-related ESA claimants onto UC from September 2024, with everyone being notified to make the move by December 2025. If the Conservatives win a majority at the election, there is no doubt the transfer will begin this year. If Labour win and take no action then the transfer will still begin this year, as it requires no legislation of any sort. Only if Labour choose to actively intervene and put the move on hold, will the process be stopped.

We know, from statements like the one above from Alison McGovern, that Labour's social security policy is likely to focus on moving more claimants into work. If they see transferring claimants from ESA onto UC as improving the chances of getting more people into work, then there's a strong possibility they will let the process continue. At this point we don't know which way Labour will jump and, we suspect, they will remain tight-lipped on the subject throughout the election campaign.

DWP Bank Surveillance Law Dropped

The DWP's plan to force banks to carry out surveillance on claimants' accounts has fallen at almost the last hurdle, as a result of the prime minister's decision to call a general election. The Protection and Digital Information Bill had passed all its stages in the House of Commons and got as far as the committee stage in the House of Lords. It was virtually certain to become law in the near future.

But, whilst many other bills were passed in a hurry in the last days of this parliament, there was sufficient opposition in the House of Lords to prevent the bank surveillance bill being nodded through. So, in the end it was not protestors who stopped the DWP getting new snooping powers, it was prime minister Rishi Sunak. It will still be open to a new government to revive some or all of the bill, however. Labour, the likely winners of the coming election, have yet to give any clues about what they will do.

DWP To Be Investigated By EHRC

The Equality and Human Rights Commission (EHRC) is launching an investigation into the DWP's treatment of claimants with mental health conditions or learning disabilities at WCA and PIP

assessments. However, there is considerable dissatisfaction about the narrow scope of the inquiry and the fact that individual claimants will not be allowed to provide evidence.

The investigation only will look at whether the DWP has failed to make reasonable adjustments for claimants. And the call for evidence only covers the period from January 2021, ignoring many earlier, high-profile, deaths. Shockingly, the EHRC will not accept evidence from individual claimants or from relatives or carers, only from charities, welfare rights workers and similar. Nonetheless, the DWP are clearly unhappy about the investigation.

DWP secretary of state Mel Stride told MPs

“While I do not believe an investigation is necessary, we at the department do of course take the EHRC’s concerns seriously.”

More seriously, we suspect, because a change of government may mean an incoming secretary of state is less inclined to provide cover for their predecessors.

NAO Launches New Investigation Into CA Overpayments

The National Audit Office (NAO) is launching a new investigation into the DWP’s handling of Carer’s Allowance (CA) overpayments, five years after being duped by the departments in the course of its previous inquiry.

In 2019, the NAO were assured by the DWP that a new alerts service provided by HMRC would virtually bring an end to large CA overpayments, because the DWP would be able to contact claimants as soon as they went above the earnings limit.

In fact, the DWP don’t bother to contact half of all the claimants about whom an alert is raised, meaning that hard-pressed carers’ lives are still shattered by sudden news of huge sums that they must repay to the DWP.

If a new party is in government by the time the report is concluded, carers may even see real change being introduced as a result.

Some PIP Claimants Owed Many Thousands Due To Mobility Error

The DWP has had to launch yet another review of PIP claims. this time, it’s because an error in drafting the law means some claimants may be owed many thousands of pounds in back payments of the mobility component. However, it appears the DWP will only look at your award again if you contact them and ask them to do so. Generally, claimants who have reached pension age can’t have an award of the standard rate of the PIP mobility award increased to enhanced. However, because the law in this regard was badly drafted, claimants who didn’t ask for an increase, but who had a PIP review at which a health assessor found they now met the criteria for an enhanced award, may be entitled to the higher rate. If you had your PIP claim reviewed between 8th April 2013 and 29th November 2020, this legal error may apply to you.

Claim Pip For Generalised Osteoarthritis

In May 2024, there were 192,509 claimants with generalised osteoarthritis listed as their main disabling condition. This makes it the second most common condition to get an award of PIP, for out of over 500 conditions listed by the DWP. Benefits and Work has now published a PIP Conditions page on claiming PIP for Generalised Osteoarthritis, to give PIP newcomers an understanding of how their condition might give rise to a claim to PIP. As always, we welcome comments from members with this condition who have been through the PIP claims process.

There is an ten-page supplementary guide to Claiming PIP for Generalised Osteoarthritis that Leger ME members can request a copy from the office.

***** Please remember to get the help of a welfare rights advisor to fill in all DWP forms.*****

Rogues Gallery: A Very Nasty Scam Email.

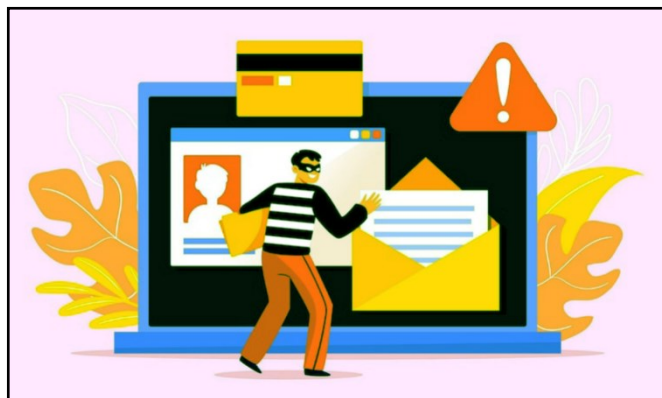
We received this nasty scam email in the leger ME office a couple of weeks ago.

Unfortunately, we haven't received payment for the services provided.

*From odorous@*****.****

Hi,

Ensure you settle your financial obligations promptly.



I've gained access to your devices due to your visits to certain websites. In fact, it was those sites that helped me. One of them contained my special code, which worked. This means that I can see everything happening on your screen and in front of it.

If you doubt this, do not read any further. I'm not wasting my time on you and will simply post all this information about you on every possible website and social network, and send it to all your contacts.

I've made copies of your most interesting files and also have the contact addresses you use most often.

I have your browsing history. I have everything I need.

Initially, I was going to delete all the content from your devices and forget about it. But I looked at the sites you regularly visit and changed my mind.

I'm talking about sites with all kinds of inappropriate content.

After some time, I had an idea. I took screenshots of the website pages where you spend your time alone.

Then I captured screenshots of you satisfying yourself using the cam of one of your device.

(By the way, I had to wait for you to successfully get in front of the camera lens.)

But it was worth it, and it will impress all your acquaintances and regular people on the Internet.

To make a long story short, I'm offering you a deal. You transfer the money to me, and I'll delete all this stuff about you, and we will forget about each other.

\$1199 USD is fine with me.

*Bitcoin wallet: ******

I give you - 46- hours from now to pay I've already mentioned what happens if you don't pay, I don't care, it's up to you. And don't hold a grudge. Everyone has a job to do.

And one piece of advice for the future. Don't leave your phone unattended.

Seriously think about it! The countdown has started...

This message is of course a scam. This is an example of 'Phishing', hoping the recipient will make a contact with the scammer in the hope that they can acquire more information to propagate their scam. If you check the text, it does not give any factual information about our account. It does not even give a name. It also assumes that the device has a camera attached which our office equipment does not have. We in the office think it was just one of many thousands of random emails sent out in the hope that someone will be fooled into taking it seriously.

If you receive a similar email just delete it and do not respond to it.

The PIP AR2 Form :A light touch PIP renewal form.

The DWP have finally created a light touch review form for claimants who have reached pension age or who have an ongoing PIP award. The AR2 form was first issued from August 2023. This form is a much shorter alternative to the AR1 PIP award review form, which most claimants who have an end date to their award receive. The AR2 form is being issued to claimants who have:

- very stable needs which are unlikely to change over time
- high level needs which will either stay the same or get worse
- a planned award review date due on or
- at State Pension age

PIP was first introduced in 2013. The new form is being brought out just as the earliest PIP claimants with ongoing (no end date) awards, have been claiming for 10 years and are thus due to have their first review.

The six-page form covers:

- Identity and contact details.
- Immigration status.
- Your main healthcare professional.
- Details of any changes to your health condition or disability.
- Details of any changes to your daily living needs.
- Details of any changes to your mobility needs.
- Your consent to allow the DWP to collect further information.

About the main healthcare professional that supports you
This may be your GP, hospital consultant or a specialist nurse. Please provide their details

09 What is their name?

10 What is their job?

11 What is their phone number?

12 What is the address where they work?

 Postcode

About your health condition or disability
PIP is assessed on how your condition affects you, not the condition itself.

13 Have there been any changes in your health condition or disability since we last awarded you PIP?
☐ No [Go to Question 14](#)
☐ Yes Tell us in the space below

Specimen only - Not for use

3 PIP AR2

14 Have your daily living needs changed since we last made a decision on your PIP?
By daily living we mean preparing food and cooking, eating and drinking, managing treatments and taking medication, washing and bathing, managing toilet needs, dressing and undressing, communicating, reading, mixing with other people and managing money.
☐ No [Go to Question 15](#)
☐ Yes Tell us in the space below

15 Have your mobility needs changed since we last made a decision on your PIP?
By mobility we mean getting around and planning and following a journey.
☐ No [Go to Declaration](#)
☐ Yes Tell us in the space below

Specimen only - Not for use

4 PIP AR2

Above: specimen pages from the AR2 form. Ticking 'No' is enough to say that are still the same.

If there has been no change, then in most cases an assessment with a health professional will not be needed.

Claimants receive the form along with a covering letter which the DWP say will:

- Confirm that you have a long-term health condition/disability or that you are over state pension age
- Confirm your current awards for daily living and/or mobility
- Set out the needs or difficulties that you have been assessed under for daily living and/or mobility for your current award
- Explain the reason for the review
- Give clear instructions about what you need to do next
- Explain what to do if you have problems completing the form
- Explain what the DWP will do once they receive the form
- Claimants are given a time limit in which to return the form. If you fail to meet this deadline your award may end, but this is a decision which can be appealed against.

It is likely that most forms returned will indicate there has been no change, or where the change could not make a difference to the award, will result in a decision being made in-house by the DWP without passing the case on to an assessment provider.

Beware, this are not quite as simple as it sounds.

It appears to be expected that people will answer 'No' to Questions 13, 14 and 15. If that is the case then in theory the PIP renewal should proceed. Answering 'No' indicates that the problems are more or less still the same. However, if you answer 'Yes' or write anything in the text boxes then things become more complicated. If there is any change or there is any text in the boxes, then the DWP will start to carry out a fully blown PIP review. One of our members wrote something in the text boxes, and this triggered a PIP1043 form which is the usual PIP review form of around 40 pages not six.

When the DWP receive any form, they will make their own enquiries. We know from experience that they look at the original PIP claim paperwork. It is certainly inevitable they will contact the patient's GP for a report.

There was a similar short form Disability Living Allowance, and earlier benefit which PIP replaced. This form was four pages long and several members at the time tried it. The problems was that the use of the form resulted in many benefit refusals. As with all Leger ME members benefit refusals, we hold an inquest as to the reason why there is a refusal. With this short DLA form the causes of refusal were multiple. There were some cases where the specialist ME doctor had retired or died so could not give a report. The DWP just issued a refusal without specifying the reason. We only got to find this out after a lot of paperwork was received in the appeals process. In another case one was that the patient had moved away, and had been allocated a new GP who the patient had never seen. Yet another case was when evidence from a previous ESA claim was checked. The bottom line was that the ESA form had not been properly checked. The patient had scored the maximum 15 points from the first question on the ESA form. The DWP had ignored the rest of the answers which were key to the claim. In other cases, incomplete or only partial information was given. I ended up strongly advising members **Not to use** this short form, but to insist on using the full DLA form. As to whether or not there will be similar problems with the AR2 remains to be seen.

At the time a writing one member submitted a AR 2 as a DIY job without the guidance of a welfare rights advisor because the member was intimidated by the short cutoff date. Our normal procedure with all DWP forms is to request an extension to the date, so form filled out without undue pressure.

If you received a DWP form of any kind, contact the office for further guidance. If you are a fully paid-up member, remember that you have access the Benefit and Work guides as part of the membership deal.

Research News: Long Covid: Full-Body Scans Reveal Long-Term Immune Effects

With thanks to Carly Cassella.

This feature is based in a research abstract, a precis version of an original research paper.

Carly starts with saying that Long Covid is a brutal illness without a known mechanism or cure. Far from being psychosomatic in nature, a new study adds weight to the idea that this misunderstood disease is very much biological.

The Abstract text

The lingering toll the SARS-CoV-2 virus exacts on the immune system is widespread hiding in plain sight, argue researchers at the University of California, San Francisco, Cell Sight Technologies, and Kaiser Permanente South San Francisco Medical Centre.

When 24 patients who had recovered from COVID-19 had their whole bodies scanned by a PET (positron emission tomography) imaging test, their insides lit up like Christmas trees.

A radioactive drug called a tracer revealed abnormal T cell activity in the brain stem, spinal cord, bone marrow, nose, throat, some lymph nodes, heart and lung tissue, wall of the gut, compared to whole-body scans from before the pandemic.

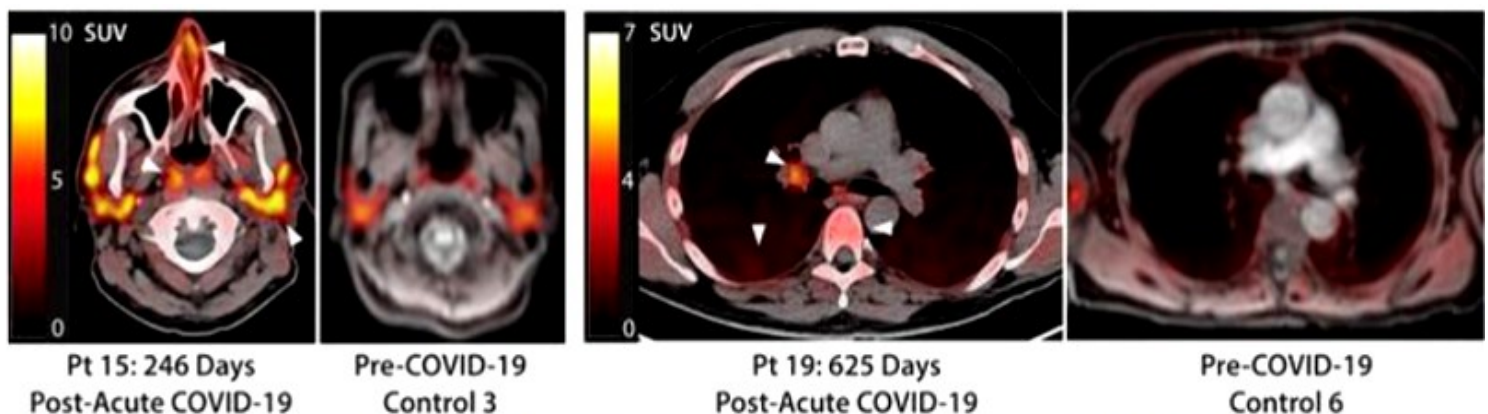
CFS/ME shares many of the same symptoms as Long Covid, and some scientists suspect they may be one and the same. Brain scans found that long COVID changes to the brain parallel the effects of CFS/ME, and recently, a landmark study confirmed that CFS/ME is “unambiguously biological” with multiple organ systems affected.

Today, Long Covid is increasingly having neurological underpinnings, and the recent discovery of T cell abnormalities in the spinal cord and brain stem suggest that these overactive immune cells are being ‘trafficked’ to tissues of the central nervous system.

The ME Association commented:

Although there is a lot of clinical/symptom and pathological overlap between Long Covid and ME/CFS one important difference may be that in some people with Long Covid there is evidence of persisting viral infection with Covid-19.

This new research from America, using a special type of neuroimaging called PET scanning, adds further support to the presence of persisting viral infection and immune system activation in Long Covid. The pictures below are an example of what the researchers saw. The white triangles on the point to a detected abnormality. For further information see <http://10.0.4.102/scitranslmed.adk3295>



PET tracer shows increased T cell activation across the body in those who contracted COVID-19 27 days before to as many as 654 days before. (UCSF)

Scan taken across the head at about the level of the ears.

Scan taken across the chest at about the level of the level the armpits.

Medicines Matters

Atorvastatin is still most commonly dispensed medication as prescriptions continue to rise. Cardiovascular medications accounted for 30% of all items dispensed in England in 2023-24. However, it is not a good option for people with ME/CFS. There are better options for people with ME/CFS.

Bempadoic acid now an option for cardiovascular protection. The lipid-lowering drug bempadoic acid can now be prescribed for both primary and secondary prevention of cardiovascular events, expanding its use beyond cholesterol lowering. Research evidence suggests that it is a better option for people with ME/CFS because it is devoid of the muscle side effects associated with statins.

Semaglutide . This has been linked to risk of rare eye condition. Originally this medicine was intended for treating Diabetes, but now more well known for its side effect of reducing weight. An observational US study suggests a potential risk of nonarthritic anterior ischaemic optic neuropathy (NAION) associated with prescriptions for the GLP-1 agonist semaglutide.

Tripeptide is another diabetic medicine that has a side effect of causing weight loss. This could be made available outside of specialist weight management services to treat people living with significant levels of obesity, according to draft NICE guidance. This paves way for weight loss drug to be prescribed in primary care (doctors' surgeries).

Topiramate is a medicine used to treat epilepsy and prevent migraines. It has a problem similar to Epilim also known as Valproate in that it causes thalidomide type birth defects in babies if the mother is treated with these medicines while pregnant. Also with valproate, new topiramate pregnancy safety measures have been implemented announced which restrict its prescribing.

Asthma inhalers: For some time now it has been known that salbutamol inhalers alone are linked with a poor outcome for asthma treatment. A new joint asthma guidance initiative promises 'significant changes to practice. From routine use of objective diagnostic tests, to prescribing ICS/formoterol combination inhalers for newly diagnosed asthma, the new draft NICE/BTS/SIGN recommendations are likely to have a big impact on clinicians, the health bodies suggest.

Also, recently more than 18,500 inhalers recycled over six months in pioneering pharmacist-led pilot scheme.

Medicines shortages: about 17% go without prescription drugs and 36% blame Brexit for this. One in six UK adults have reported going without prescription medicines over the past two years due to ongoing supply issues, with more than a third believing Brexit is responsible, new polling has revealed.

Respiratory syncytial virus (RSV) vaccination programme. RSV is a common virus that causes coughs and colds in winter, especially in infants and the elderly in a similar way to Covid. From 1st September 2024 the new respiratory syncytial virus vaccination programmes will be implemented: People aged over 75 and women who are at least 28 weeks pregnant will be eligible to receive the RSV vaccine. The programme will start with older adults aged 75 to 79 years old. This programme will begin in GP practices and pharmacies

Varenicline is a medicine used to help people stop smoking. A generic version is now available, and a number of new products are expected to be available later this year.

In vitro diagnostic tests. These need to be better regulated, say statisticians. These are tests which typically test samples of fluids such as blood, urine, or saliva need to be better regulated to ensure that they are statistically sound and fit for purpose. In recent years there has been an increase in tests available over the internet. There is really no easy way to check the accuracy of these tests.



Nice Guidelines on ME/CFS and Management of Neuropathic Pain

The new (2021) NICE guideline on ME/CFS only contains a very brief summary on pain management in sections 1.12.12 – 1.12.14 and refers doctors to the NICE guideline on neuropathic pain. It is important to note that the ME/CFS guideline does not refer doctors to the NICE guideline on the management of chronic primary pain, which is where there is no obvious cause for the pain.

This guideline recommends exercise and CBT but does not recommend the use of commonly used pain medications such as NSAIDs and paracetamol. It does however recommend that consideration can be given to the use of an antidepressant such as amitriptyline.

There are some important and helpful recommendations in the NICE guideline on neuropathic pain (NG 173) on the general management of pain – as well as a list of drugs that are not recommended. These are as follows:

Key principles of care

Section 1.1.1: When agreeing a treatment plan with the person, take into account their concerns and expectations, and discuss:

- The severity of the pain, and its impact on lifestyle, daily activities (including sleep disturbance) and participation
- The underlying cause of the pain and whether this condition has deteriorated
- Why a particular pharmacological treatment is being offered
- The benefits and possible adverse effects of pharmacological treatments, taking into account any physical or psychological problems, and concurrent medications
- The importance of dosage titration and the titration process, providing the person with individualised information and advice
- Coping strategies for pain and for possible adverse effects of treatment
- Non-pharmacological treatments, for example, physical and psychological therapies (which may be offered through a rehabilitation service) and surgery (which may be offered through specialist services). For more information about involving people in decisions and supporting adherence, see the NICE guideline on medicines adherence.

Section 1.1.2: Consider referring the person to a specialist pain service/or a condition-specific service any stage, including at initial presentation and at the regular clinical reviews (see recommendation 1.1.6), if:

- they have severe pain OR
- their pain significantly limits their lifestyle, daily activities (including sleep disturbance) and participation **or**
- their underlying health condition has deteriorated.

Section 1.1.3: Continue existing treatments for people whose neuropathic pain is already effectively managed, taking into account the need for regular clinical reviews (see recommendation 1.1.6).

Section 1.1.4: When introducing a new treatment, take into account any overlap with the old treatments to avoid deterioration in pain control.

Section 1.1.5: After starting or changing a treatment, carry out an early clinical review of dosage titration, tolerability and adverse effects to assess the suitability of the chosen treatment.

Section 1.1.6: Carry out regular clinical reviews to assess and monitor the effectiveness of the treatment. Each review should include an assessment of:

- pain control
- impact on lifestyle, daily activities (including sleep disturbance) and participation
- physical and psychological wellbeing
- adverse effects
- continued need for treatment.

Section 1.1.7: When withdrawing or switching treatment, taper the withdrawal regimen to take account of dosage and any discontinuation symptoms.

Treatment

All neuropathic pain (except trigeminal neuralgia)

For guidance on safe prescribing and managing withdrawal of antidepressants and dependence-forming medicines, see NICE's guideline on medicines associated with dependence or withdrawal symptoms. For advice on treating sciatica, see the NICE guideline on low back pain and sciatica the September 2020 update information.

Section 1.1.8: Offer a choice of amitriptyline, duloxetine, gabapentin or pregabalin as initial treatment for neuropathic pain (except trigeminal neuralgia). See additional information more on duloxetine, gabapentin and pregabalin.

Section 1.1.9: If the initial treatment is not effective or is not tolerated, offer one of the remaining 3 drugs, and consider switching again if the second and third drugs tried are also not effective or not tolerated.

Section 1.1.10: Consider tramadol only if acute rescue therapy is needed (see recommendation 1.1.12 about long-term use).

Section 1.1.11: Consider capsaicin cream for people with localised neuropathic pain who wish to avoid, or who cannot tolerate, oral treatments. See [additional information](#) more on capsaicin cream. Treatments that should not be used

Section 1.1.12: Do not start the following to treat neuropathic pain in non-specialist settings, unless advised by a specialist to do so:

cannabis sativa extract, capsaicin patch, lacosamide, lamotrigine, levetiracetam, morphine, oxcarbazepine, topiramate, tramadol (this is referring to long-term use; see recommendation 1.1.10 for short-term use), venlafaxine, sodium valproate (follow the MHRA safety advice on valproate use by women and girls' antiepileptic drugs in pregnancy). [amended 2018]

December 2022:MHRA has issued new safety advice on risks associated with valproate for anyone under 55.

Trigeminal neuralgia

Section 1.1.13: Offer carbamazepine as initial treatment for trigeminal neuralgia. Follow the MHRA safety advice on antiepileptic drugs in pregnancy. [amended 2021]

Section 1.1.14: If initial treatment with carbamazepine is not effective, is not tolerated or is contraindicated, consider seeking expert advice from a specialist and consider early referral to a specialist pain service or a condition-specific service.

Garden Watch: The Summer Garden

By Carolyn

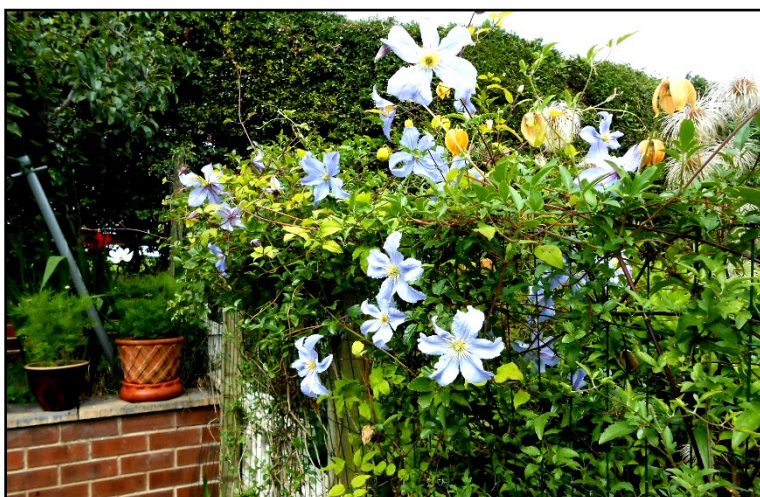
Down in the border two salvias in full bloom are proof that sometimes you must be patient! For the first couple of years both the peach Salvia `Sierra San Antonio` and the purple Salvia `Nemerosa Caradonna` struggled but now they have grown and matured it has been worth the three year wait to enjoy them as they look today. They are both hardy unless the temperature drops to cause a severe frost and so far, I haven't needed to put garden fleece around either during Winter.



Phlox white Panicula

`Paniculata` is such an easy perennial to grow and always looks lovely in early July. Deadheading will ensure it flowers for many months until the autumn.

It's the first year for the Asters `Frikartii Monch` to flower having been planted last Autumn. They are just beginning to produce their bluey/lavender flowers with deep yellow centres and seem very happy growing in the back of the border. They will flower from July to October and make good cut flowers for the house.



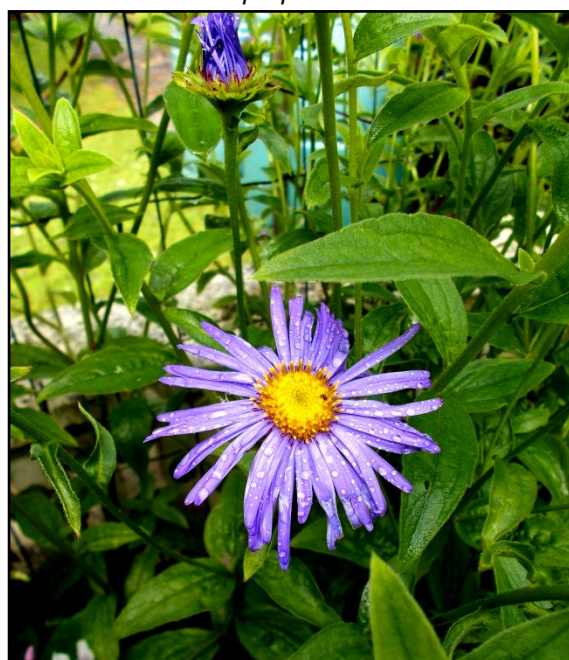
Prince Charles Clematis

The yellow bell like flowers in the back ground are a winter flowering clematis which is definitely out of season. Clematis seed heads are very hairy and you need to remove to extend the flowering season.



Peach and the purple salvias

The white Phlox



Asters Frikartii Monch

Climbing above all else within the border

are the pretty blue flowers of Clematis `Prince Charles` (perhaps in need of a rename now) which always needs pruning in late Spring, cutting back to a pair of strong buds 6-8 ins above ground level, then applying a slow-release fertilizer to ensure another year of these lovely blooms.

The yellow bell like flowers in the back ground are a winter flowering clematis which is definitely out of season. Clematis seed heads are very hairy and you need to remove to extend the flowering season.

Pots and containers

The various pots and containers around the garden are doing well after an early battle with all the cold, rain and generally dull weather.

A large shallow container filled with Calibrachoa 'Cabaret Early Orange' along with the lovely Verbena 'Enchanted Purple' is making a real statement; they will flower until the frosts come and sometimes the Verbena will get through a mild Winter which when it happens is a bonus!



Calibrachoa Double Provence Blue



Purple sunshine container

A small container of Calibrachoa 'Double Provence Blue' is doing well though I am still waiting for the white geraniums in with them to flower. I think the weather has held the geraniums back this year.



Yellow and Cream Viola

The simple pot of yellow and cream Viola make a cheerful display along with containers of mixed trailing Petunia.

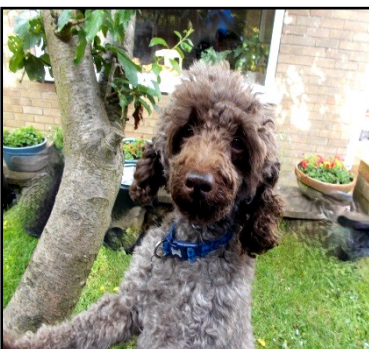


Cox's Apples

Along the orchard strip it is the young Apple Tree who is the star of this year, growing for the first time, some delicious Cox's apples – yum yum...

Last but never least a mention to my three-faithful gardening 'helpers' namely 'Milo poodle' who keeps the lawn watered, 'Spikey hedgehog' who solves the slug problem and of course 'Peter rabbit' who munches everything in sight.

I couldn't possibly manage without them!



Tips for safer footcare

with Thanks to the local Foot care team at the RDASH NHS Trust.

Good footcare can mean painless, healthy feet. If you get into a daily routine, your feet are more likely to stay healthy.

Wash your feet daily in warm water, using a moisturising wash. Don't soak them for more than ten minutes as this can reduce the natural oils of the foot, causing dry skin.

Make sure that you thoroughly dry your feet. Use tissues to dry between the toes by gently dabbing the area if your skin is fragile. This prevents grazing the skin and reduces the risk of fungal or bacterial infections.

If the skin between your toes appears white and moist use surgical spirit or witch hazel daily.

Remove hard skin by gently rubbing with a pumice stone or foot file. Avoid doing this if the hard skin is over a joint or bony area. If your skin is dry, use a moisturising cream daily. Do not apply between the toes. Keep your feet warm and take regular exercise. This helps with the circulation.

Do Not

- Use sharp instruments such as razor blades to cut corns or hard skin
- Use corn paints/corn plasters which contain acid
- Use in growing toenail paints as these contain acid.

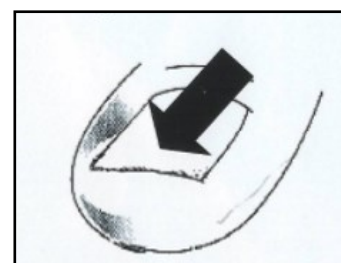
Care of the toenails: Correct nail care is important. Follow these steps to reduce the risk of problems. When you cut your nails, use proper nail clippers. Cut straight across and not too short or down the corners, as this can lead to ingrowing nails.

A safer way is to file them. Use a foot file approximately twice a week and gently file in one direction down the end of your nails (away from yourself). This is particularly useful if your nails tend to be thickened. Long-handled emery board files are ideal and can be purchased from many high street stores.

If you get discomfort from the sides of your nails due to build-up of dead skin, use a toothbrush or soft nailbrush to gently brush up the side (away from yourself). Rubbing in a little moisturising cream and brushing away can also help to keep the sides clear.

The safest way to reach your foot is to be seated on a chair, with your foot on a towel-covered chair, opposite you. If you are able, bend your knee upwards, as this allows the foot to be closer to the body.

Footwear: It is important for good foot health to wear well-fitting shoes. The ideal shoe should fit the foot properly and be the correct width and length. It should have a broad heel and have a fastening (lace, buckle or Velcro). Slippers offer little support or protection to the foot and become worn very quickly, and therefore can be dangerous. They are made from man-made materials, which encourage perspiration and do not stretch to fit the foot. They should never be tight fitting but, if worn, ideally should be of the bootie type with zip or Velcro fastening. Always change your hosiery (tights or socks) daily. Cotton or wool are better than man-made fabrics as they allow for swelling and absorb perspiration.



Extra care foot care information diabetics and people with circulation problems.

Diabetes is a lifelong condition, which can cause foot problems. Your foot screening has shown that you do not have nerve or blood vessel damage at present and so you are currently at low risk of developing complications in your feet because of your diabetes. The advice and information in this leaflet aims to reduce problems in the future. Some of these problems can occur because the nerves and blood vessels supplying the feet are damaged. This can effect:

- Feeling in your feet; this is called peripheral neuropathy
- Circulation in your feet; this is called ischaemia
- This can be gradual and unnoticeable.

It is essential that you have an annual foot assessment from a health professional every year. Following the simple advice in this leaflet will help you to look after your feet yourself. Maintaining good levels of blood glucose, cholesterol and blood pressure helps reduce the risk of developing further complications in the leg and foot. Smoking affects circulation and can lead to amputation - seek advice on how to quit.

Advice to keeping your feet healthy: Check your feet daily for any blisters, breaks in the skin, pain or any signs of infection such as swelling, heat or redness. If you are unable to do this, ask your partner, friend or carer to help you or use a mirror. Wash your feet every day in warm water and with a moisturising wash. Rinse and dry thoroughly, specially between the toes. Do not soak your feet as this can dry the skin. If you develop nerve damage, you may be unable to feel differences in temperature. Bath water should be tested with a bath thermometer, or ask someone else to test it.

Moisturise your feet every day: If your skin is dry, apply a moisturising cream daily, avoiding the areas between your toes. Avoid scented creams as these cause dryness.

Toenails: File toenails twice weekly away from you. Follow the curve of the nail. Make sure that there are no sharp edges. Do not cut down the sides of your nails as you may create a 'spike' of nail which could result in an ingrown toenail.

Socks, stockings and tights: Change your socks, stockings or tights every day. Avoid bulky seams and wear inside out as this prevents pressure. The hosiery top should not be too tight.

Avoid walking barefoot: Walking barefoot increases the risk of injury to feet by stubbing toes or standing on sharp objects, which can damage the skin.

Check your shoes: Check the bottom of your shoes before putting them on to make sure that nothing sharp such as a pin, nail or glass has pierced the outer sole. Also check inside each shoe for small objects and signs of wear or creased linings.

Badly-fitting shoes: Are the main cause of irritation or damage to feet. Avoiding slip on shoes and slippers will benefit your feet, resulting in less friction.

Minor cuts and blisters: Check your feet daily using a mirror if needed. Any breaks in the skin, minor cuts or blisters should be covered with a sterile dressing. Do not burst blisters. Contact a health professional if you have concerns.

Hard skin and corns: A HCPC podiatrist can provide treatment and advice on self-care where necessary. Never use over-the-counter treatments e.g. corn, verruca treatments, as they contain acid which can damage the skin and create wounds.

Avoid high or low temperatures: Wear socks if your feet are cold. Never sit with your feet in front of heaters. Always remove hot water bottles or heating pads from your bed before getting in. If you discover any problems with your feet, contact a HCPC Registered podiatrist or GP practice immediately.

Remember, any delay in getting advice or treatment can lead to serious problems later.

Chronic Pain: Tricks of the Trade. *With thanks to Action On Pain*

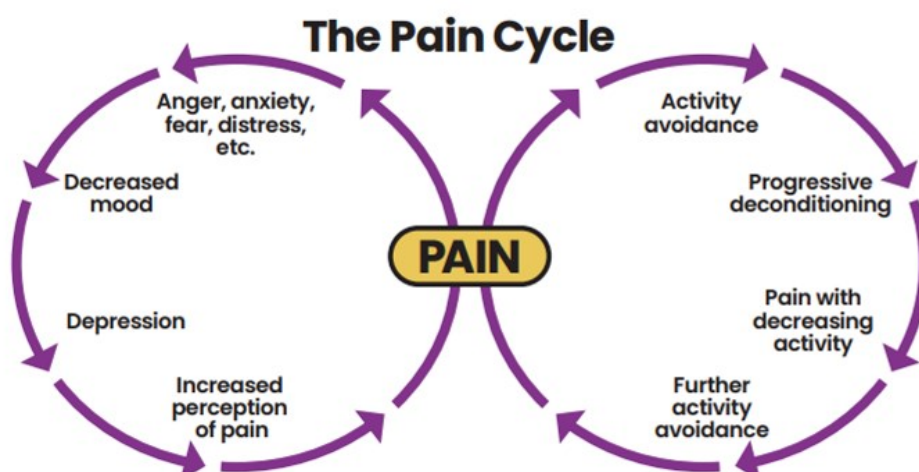
Some people with ME/CFS suffer from Chronic pain. I came across this feature on the Action For Pain website. There is a lot of common ground with Fatigue management so I thought it would be worth including in Pathways.

Tricks of the Trade

What we have done here is to put together some good ideas for dealing with your chronic pain. They all come from people affected by chronic pain who have found innovative ways to improve their quality of life. As time goes by, we shall refresh this page with new ideas as we seek to develop our "box of tricks". If you have a good idea or handy tip we would love to know about it- please send an e-mail to aopisat@btinternet.com.

- How can I do this differently?
- I set boundaries for the day that are realistic.
- I find things I can do, making them the focus of the day, rather than the pain.
- I have a pair of long-handled grippers in each room.
- My pain is more controlled when I stick to pacing and my limits.
- I try to understand the mechanics of my pain and discomfort - it helps me to stay calmer and relaxed.
- I always try to feel in charge of the situation - some say I am stubborn but it works! Our family life has really improved.
- Having a nice hot bath helps - try lavender oil or sea salt in it.
- Each day I have a 30-minute relaxation spot - I just stop everything – It is wonderful.
- I am always on the lookout for new ideas to manage my pain and the lifestyle that goes with it.
- I read a lot.
- Getting deep into the plot and characters can be a great distraction from my pain - a sort of fantasy world.
- The more distracted I am the better for me and my pain.
- I joke about having to use a mobility aid, I call it a monster truck! Humour has been a godsend to me!
- I used to wake in the morning thinking "What hurts today?" Now I do the opposite and check what does not hurt - I now feel much more positive.
- Believing in yourself - that you can do things.
- Thinking. While I am doing this, I will enjoy it. Do this - it might even be fun.

The image to the right is entitled the pain cycle. The theory goes that if you avoid activity, you enter a vicious cycle whereby you make the pain worse. Also, the pain causes mental health problems which make people more depressed. This in turn makes people more sensitive to pain, i.e. turns up the pain volume. By doing things, the theory goes that the pain goes further into the background, where it is not as prominent. The trouble is that some type of pain e.g. arthritic joint pain are too severe and have to be treated with pain control medicines or even a joint replacement.



With thanks to NRAS together.

Motoring: New Speed limiters to be fitted to new cars

With Thanks to Parkers.

Car drivers could be caught out with the introduction of new Intelligent Speed Assistant (ISA) limiters on UK roads. Speed limiters are already fitted to many commercial vehicles.

The new technology is being fitted to vehicles across Europe as a result of a European Union driving law. It is set to impact UK models with many manufacturers already installing some ISA tech into their vehicles. Although expected to boost road safety, many drivers may be unaware of the new development and how it could impact them.



What are Intelligent Speed Assist (ISA) limiters?

Intelligent Speed Assist (ISA) tools must be fitted to all cars sold in Europe from July 7th 2024. Although the UK has left the EU, manufacturers are likely to roll out the tools to standardise production, with many top brands already having the tech installed. ISA technology can range from a simple audio or visual warning to more direct software that can take control of vehicles when a speed limit is crossed. ISA tools use local GPS data and front-facing camera technology to determine local restrictions. This will then prompt a driver to slow down with some vehicles and even take action if the warning is ignored.

Can the speed limiters be deactivated?

The tools can be manually deactivated by road users with a simple switch of a button or through the infotainment system. But, many of the ISA tools are programmed to be automatically reactivated every time the ignition is switched on.

Could motorists be fined for turning off speed limiters?

British motorists could fall foul of the law if they turn off speed limiter devices introduced on UK roads, one legal expert has warned. Future cases could "take into account" whether the new tools were turned off at the time of an incident. This could be important in case involving injuries and deaths caused by excessive speed in new vehicles take account of whether limiters were switched off too."

Are ISA speed limiter tools safer?

An EU-funded study found that ISA technology on the roads could reduce fatalities by between 19 and 28 percent. According to the European Commission, an earlier study in the Netherlands showed ISA tools could reduce the number of hospital admissions by 15 percent. The report found that the number of deaths would fall by a whopping 21 percent if introduced. The EU says the benefits are generally larger on urban roads and when more intervening forms of ISA are applied. 33% of road fatalities are caused by excessive speed, and the limiters should help reduce collisions. However, it will be possible to deactivate them, meaning it could have little impact on injuries and fatalities caused by speeding.

My car is around ten years old. I have had the satnav and drivers aids system updated. On my car information display I get a road speed limit sign displayed similar to the one in the top right picture. If I exceed the speed limit, the sign goes red, so there is no doubt about the speed limit. There is one country road locally near Doncaster which has a 60 mph speed limit. About halfway along the road is a turnoff which has a 30 mph speed limit. If I drive along that road as I pass the junction a voice comes on saying "The speed limit is 30 mph". The actual 30 signs are about 10 yards in on the side road. There is a map within the Satnav system which has an error on it. I just wonder how many more errors there will be in the satnavs system on the new cars ? Ed.

A Summary of Alternative and Complementary Treatments

With thanks to Action On Pain

With alternative and complementary therapies, it is the individual's attention, time and treatment by the therapist that counts most. While they are not curative of a condition, they increase the patient's wellbeing. Most are not readily available on the NHS, but have to be paid for privately. Most of the therapists are qualified in their particular skill and have recognised qualifications by their national governing organisation.

Acupressure. This treatment considers the body as an energy system and serves to relieve a person's specific symptoms by detecting and releasing 'blocked', or 'congested' energy centres in the body. As with acupuncture, the energy centres, or acupoints lie on energy 'pathways' called meridians, and their 'condition' is perceived to be key to all treatments. Physical pain or discomfort is considered to be due to the blockage of these acupoints or meridians which can also affect an individual's emotions which may be exhibited as anything from anger to frustration, or irritability. Once a problem has been identified for treatment the practitioner will apply deep, but gentle finger pressure on specific acupoints. The action of pressure on the 'blocked energy centres' will start to release the energy and alleviate the symptoms. Most patients find this 'gentle pressure' quite pleasant, allowing their bodies and minds to relax. Acupressure is claimed to be effective for: Stress Relief, Headaches, Migraines, Neck Pain, Shoulder Pain, General Aches and Pains, Chronic conditions & Back Strain.

Acupuncture is founded on Chinese and Japanese healing methods developed over 1000 years ago and is being increasingly acknowledged as an 'effective' therapy by Western health professionals and patients. A treatment plan is determined by asking questions about presenting symptoms, life style, sleeping patterns, emotions, and feelings, as well as examining the tongue and obtaining a series of pulses on both wrists. A traditional diagnosis can then be made and treatment involving the insertion of fine needles into carefully chosen points then takes place. Typical conditions which have been shown to respond to acupuncture include, allergies and hay fever, anxiety/depression, arthritis, asthma, eczema, migraine, pain and sports injuries. It is also used in a preventative manner to keep the body in tune. The benefits of acupuncture frequently include more than just relief from a particular condition. Many people find that it can also lead to increased energy levels, better appetite and sleep as well as an enhanced sense of overall wellbeing. It can also be used alongside conventional medicine in the treatment of both acute and chronic disease. As with any therapy, the response to acupuncture can vary from one person to another.

Alexander Technique is a taught and applied system developed by FM Alexander aimed at adjusting the way we 'utilize' our bodies in daily life activities, be they at home, work, or during sporting activities. The technique is based on the principle that we each function as a whole unit and in order to prompt improvements to wellbeing, one must consciously learn to avoid the undesirable and harmful habits that cause pain and poor health i.e. muscular tension and stress. Through a sequence of lessons, one is taught the basic ideas of the Alexander Technique and can experience the difference that the technique can make to your body. Once learned, the technique is a skill for life. Many people embark on the Technique due to unresolved physical problems: back, neck or shoulder pain, RSI, stress and tension or breathing disorders. Many learn the Technique through a desire to discover more about themselves and to enhance personal development. It is seen as an essential element in the training of top sportspeople by giving them the awareness in activity they require to perform to a high standard. The effectiveness of the Alexander Technique is well documented and has been the subject of several scientific studies.-conducted research has shown that 24 lessons in the technique showed significant long -term benefit in both reduction in pain and back-pain associated disability (i.e. after one year). As a result, it is increasingly being acknowledged and recommended by doctors.

Aromatherapy is a holistic form of treatment aimed at improving physical wellbeing through the systematic use of essential oils extracted from plants which possess distinctive remedial qualities that can facilitate health improvements and prevent disease. Aromatherapy combines gentle, healing massage with the therapeutic properties of the plant extracts which through the physiological and psychological effects combine well to promote positive health. Aromatherapy is an especially effective treatment for stress-related problems and a variety of chronic conditions where both physical and emotional relief is needed to treat the problem. It is successfully used for arthritis, bronchitis, digestive

problems, muscular aches and pains, tension, skin complaints and stress. Seen as a classic holistic treatment which can have an immense effect on body, mind and emotions, aromatherapy is now offered in hospitals, nursing homes, health centres, as well as private practice. It is usual for the aromatherapist to ask a number of questions about your medical history; general health and lifestyle in order to provide them with a good understanding of the essential oils which are most appropriate for you as an individual.

Bowen Technique

is a gentle, subtle, relaxing method of 'hands-on' treatment which can have notable results. The technique encourages the body to reset and heal itself, prompting relief of pain and revival of energy levels. Using the thumbs and forefingers, the therapist adopts a unique set of gentle, rolling-type movements which are then altered, between which the client is left to rest for a few minutes to allow the body to make the subtle and fine adjustments needed for healing. Most of the work can be performed through light clothing. Two to four sessions of treatment, at weekly intervals will often be enough to provide lasting relief from long-standing pain and complaints. Bowens technique can be used for a variety of conditions including back and neck pain, sports injuries, fibromyalgia, frozen shoulder, high blood pressure, headache, chronic fatigue, stress and respiratory conditions.

Chiropractic specialises in the diagnosis and treatment of conditions which arise due to mechanical dysfunction of the joints and their effects on the nervous system. Poor, inadequate or incorrect activity of the spine causes irritation of the nerves that control posture and movement. Stress placed on the nerves of the spine by factors such as accident, poor diet, insufficient exercise, poor posture and anxiety can lead to symptoms of discomfort, pain and disease which act as a warning that the body is not functioning properly. Since the irritation of the nerve in one area can sometimes lead to 'referred' pain in other parts of the body, painful symptoms are often a warning sign which should not be ignored. The chiropractor is trained to diagnose the cause by working on the joints which stimulate the joint movement receptors that provide feedback to the brain on how the joints are aligned. This alignment can affect the way your nervous system works and lead to nerve irritation which can result in symptoms like: headaches or migraines, neck, back, chest and abdominal pain, shoulder, wrist and hand problems, leg, knee, ankle and foot problems. Through the use of manipulation, chiropractors seek to improve mobility and relieve pain by adjusting the joints of the spine and extremities where signs of restricted movement are found. This type of treatment enables the body's own healing processes to get on with the task of improving health and wellbeing.

Craniosacral Therapy is an extremely gentle, non-invasive form of treatment which supports the body's natural capacity for self-repair. Using gentle touch over the cranium and spine, the therapist tunes in or "listens" to what is happening within the body with their hands. The therapy is client-led and it is your own body's healing process that sets the pace of work ensuring that no harm can be done and you remain relaxed, in control and able to assimilate the changes that occur. There may be a sense of deep relaxation, heat, tingling and pulsation during the treatment. Using the body's natural rhythms, this therapy works with the fluids in the body, particularly those flowing from the head to the base of the spine. If local pain makes it difficult to directly treat a specific area of the body, the problem can be treated remotely. e.g. a condition in the pelvis can be treated from the cranium. This makes it possible to automatically correct problems in one area of the body whilst treating apparently unrelated conditions elsewhere. Craniosacral therapy is so gentle that it is suitable for babies, children, and the elderly, as well as adults and people in fragile or acutely painful conditions. Treatment can aid almost any condition, raising vitality and improving the body's capacity for self-repair. Some of the conditions successfully worked with are: arthritis, back pain, drug withdrawal, exhaustion, fall or injury, frozen shoulder, insomnia, migraine, post-operative conditions, sciatica, spinal curvatures, sports injuries, stress related illnesses, whiplash injuries

Homoeopathy: The Beliefs of HOMEOPATHY – literally meaning 'like cures like' from Greek – have been recognised since ancient times. It is a gentle and effective system of medicine, based on an holistic view of health and illness. It is commonly thought that there needs to be a belief in the remedies for them to work. This is not necessary, although as with all therapies, and open frame of mind with enhance their effects. Homeopaths view ill-health as an imbalance in the body, so they treat the underlying causes and not merely symptoms, by stimulating the body's own healing ability and inducing recovery of the balance that has been lost. Whereas conventional medicine treats symptoms

of health problems by giving a drug which causes the symptoms to be counteracted and temporarily alleviated, the homoeopathic approach uses minute dose of a substance which in large doses would cause the initial symptoms but in small doses induces a natural rebalancing of the body. Homoeopathic remedies cannot cause side effects and you cannot become addicted to them. This is because only a very minute amount of the active ingredient is used in a specially prepared form. Homeopathy treats the person rather than the disease, so there is not a standard remedy for each illness. The homoeopath uses a homoeopathic medicine or remedy which matches the symptoms as they are experienced, taking into account of you as a person your individual characteristics emotionally as well as physically. Homeopathy can sometimes be provided on the NHS but is locally regarded as a waste of money.

Hypnotherapy: Whilst hypnosis is not in itself, a therapy, it can be an effective process when used by a professional therapist to help with the control of pain and is increasingly being used by doctors and dentists, as an alternative to drugs for analgesia, to support better recovery and relieve stress. It is clear that the mind and body work together, when one is under stress, then the other suffers. The power of the mind has been shown to be a key factor in treating many diseases, even cancer. The methods used in hypnotherapy can provide one with the techniques to mentally manage, reduce and modify the way in which different pain sensations are experienced. During hypnotherapy you sit in a comfortable and relaxed position whilst the therapist encourages you into a natural, restful state that allows the sub-conscious mind to become more open and receptive to the therapy that then takes place. Once in a relaxed and receptive state, the therapist can then use carefully selected techniques to encourage a positive state of mind and give you the coping strategies to change the way you perceive and cope with the pain, and to manage the underlying emotions that are linked to the pain. Pain control can work in three ways.

1. Relaxation

When people are in pain, their muscles tense up exacerbating the pain and causing fatigue, deep relaxation can cause a lessening in the intensity of the pain.

2. Sensory Alteration

The signals sent by our body are actually interpreted and perceived as pain within in the mind. Through various techniques it is possible to change that interpretation, so that the resulting perception of the pain is also altered to a point where the pain can be turned off or reduced.

3. Distraction

By encouraging the mind to simply focuses on something else which is pleasant and reassuring can reduce the conscious awareness of the pain. During hypnotherapy the use of mental images which have a pleasant and re-assuring significance to you enables strong, positive emotional associations to be developed which can be recalled when needing to manage pain on a daily basis outside of the therapeutic session.

Indian Head Massage is a wonderfully relaxing therapy which is centred on old Ayurvedic techniques. Indian Head Massage or Champi which has been practised in India for over 1000 years is safe and simple and involves specialised massage movements on the upper back, shoulders, neck, scalp and face which helps to rebalance energy flow. The therapy is used to help relieve accumulated tension and stress, stimulate circulation and restore joint movement. Indian Head Massage provides relief from aches and pains, promotes a healthy scalp and hair, and helps induce relaxation and a feeling of well-being.

Massage Therapy is the oldest form of physical medicine known to man and was approved of by Hippocrates, who was known as 'the father of medicine'. Today, massage therapy is amongst the fastest growing forces in the field of health care. It is simply the manipulation of the muscles, tendons and ligaments which make up the soft tissues of the body. In order to determine the correct programme of remedial treatment the massage therapist gently palpates the patient's body to ascertain the condition of the tissues and pinpoint likely source of any pain. Massage works through the various body systems in one of two ways, a mechanical action, which is created by moving the muscles and soft tissues of the body using pressure and stretching movement in order to break up fibrous tissue and loosen stiff joints, and a reflex action whereby the treatment of one part of the body affects another part of the body due to the flowing of energy within nerve pathways or "meridians".

The therapist treats the patient through four stages of healing – relief, correction, strengthening and

maintenance. For relief, the therapist aims to ease any pain by numbing the sensory nerves, encouraging blood flow and reducing muscle tension. To facilitate correction, the therapist needs to alleviate the underlying cause by rebalancing the muscles, clearing away blocking of the lymphatic system and loosening any connective tissue fibres through various massage techniques. To enable the strengthening of weak joints and tissues a programme of continuing treatment is needed to avoid repeated or additional injury. Finally, the massage therapist will recommend a monthly or bi-monthly maintenance programme so as to keep the tissues and ligaments healthy.

Meditation There are many different forms of meditation, such as Transcendental Meditation and Zen, and whilst some are associated with particular religions others require no faith at all. Meditation usually involves concentrating on something simple like a word (or Mantra), a candle, or one's breath, which has the effect of changing the process of thinking or feeling into an effortless awareness of one's thoughts or feelings, thus calming the mind and relaxing the body. The body and mind in this state is said to be in a deeper state of relaxation than during dreamless sleep and this allows pain, stress and anxiety to be reduced.

Naturopathy is founded on the principle that everyone has a healing force within them that will heal all diseases but this healing force requires particular conditions like nutritious food, pure water, exercise, sunshine, fresh air and rest without which the body falls vulnerable to a state of disease. The aim of naturopathy is to encourage health by making the individual more resilient, and the immune system stronger. The first stage being to prevent the development, or further development of disease through a variety of natural health care methods. The three basic principles of naturopathy state that:

- Every patient is unique and their body has its own natural drive to maintain equilibrium and therefore symptoms of disease are viewed as an indication that the body is striving to heal itself.
- The root cause of all disease is the accumulation of waste products and toxins due to poor lifestyle habits so to overcome any disease we must treat the causes not just the symptoms
- The whole of a person must be treated NOT just a part.

In order for this to happen the Naturopath makes a detailed study of your medical history and lifestyle and will then recommend a regime which incorporates dietary guidelines and other natural healing techniques e.g. hydrotherapy, herbalism, massage and reflexology. There is no doubt that the Naturopathic principles are a sound prescription for creating health, however treatment is often dictated by the patient's willingness to change or participate.

Nutritional Therapy. What we eat is important to our wellbeing as it provides the energy and vital nutrients needed to remain healthy and aid us should we become ill. Nutritional Therapy is not just about healthy eating, it is a branch of complementary medicine whereby a practitioner works with a patient or client to help them rid their body of stressful substances, and improving their digestion of food in order to aid physical repair. People who are taking regular strong medication for pain are often prone to stomach irritation and digestive problems which can cause an imbalance of the important nutrients needed to maintain the body's powers of recuperation and to provide the energy to manage pain in an effective and positive manner. Nutritional therapists aim to improve your body's efficiency by identifying and then dealing with problems using a number of different types of diets, herbs and dietary supplements, according to individual need. An efficiently functioning body finds it easier to repair itself and heal itself. General health and energy levels can be significantly improved and some pain relief can be gained as the gut becomes less sensitive to foods and is able to absorb the nutrients required to build the bodies resilience to pain.

Osteopathy is an established, accepted system of diagnosis and treatment that is distinguished by the fact it recognises that much of the pain and disability we suffer comes about from abnormalities in the function of the body structure as well as damage caused to it by disease. Osteopathy is based on the theory that many of the body's health problems are due to misplaced vertebrae which hinder the body's own self-healing process. In the report *Complementary Medicine: New Approaches to Good Practice*, The British Medical Association describes osteopathy as a 'discrete clinical discipline'. Osteopathy adopts many of the diagnostic and assessment procedures used in conventional medicine, however its core strength lies in the unique way in which the patient is assessed from a mechanical, functional and postural perspective and the wide variety of approaches to treatment which are applied to match the

individual needs of the patient. Fundamental to the osteopath's skills in making a differential diagnosis and their ability to distinguish conditions which are amenable to osteopathic treatment from those which are not is the thorough knowledge of basic medical sciences and the extended period of clinical training they undergo. As with other holistic therapies, osteopathy works on the premise that good health requires proper equilibrium and careful account is taken of all the details of a patient's lifestyle, such as environment, nutrition, posture, and so on. There are several techniques that the osteopath may use to treat the patient's condition, such as soft tissue techniques similar to massage, osteopathic manipulative therapy to restore movement in the Musculo-skeletal system, or movement of the joints to restore muscle alignment.

Physiotherapy is a science-based healthcare profession which considers movement central to health and wellbeing. Physiotherapists aim to restore balance and facilitate the body's own healing responses rather than to target individual disease processes or stop troublesome symptoms. This links directly with the areas of complementary medicine. Standard physiotherapy usually requires physiotherapists to be trained in and practice, massage and manipulation, exercise and movement, and electrotherapy. Increasingly, Chartered physiotherapists believe this is important and will look at the 'whole' person taking into account previous medical history, work and lifestyle before making a diagnosis and devising a treatment programme that is tailored to an individual's needs. Chartered physiotherapists use the contribution that alternative therapies such as acupuncture, Alexander Technique, aromatherapy, craniosacral therapy, Pilates, reflexology and shiatsu massage can provide alongside traditional physiotherapy treatments.

Pilates. This method focuses on strengthening the primary postural muscles and developing balance and alignment through the use of slow, controlled movements and breathing. It has eight major principles: Centering; Alignment; Co-ordination; Concentration; Relaxation; Breathing; Stamina and Flowing Movements.

With the growth of mind/body awareness, interest in Pilates has developed amongst people from many walks of life. The benefits to the body of Pilates have been well researched, and it is often recommended by the medical profession for chronic backache and RSI injuries. Pilates is also seen as ideal exercise for first time exercisers, the elderly, those suffering from ME and people who in general wish to improve their physical and mental wellbeing.

Psychotherapy. The use of techniques that depend heavily on verbal and emotional communication and other distinctive behaviour, psychotherapy seeks to provide help in understanding why you experience difficulties, and is useful for addressing such things as recurring anxiety states, lack of confidence and depression. Since communication is the primary means of healing in most forms of psychotherapy, the relationship between the therapist and patient, or client, is much more important than in other medical treatments. Psychotherapy is guided by theories about the sources of distress and the methods needed to alleviate it. Recently, more attention has been given to the influence that thought has on behaviour, Cognitive behaviour therapy uses the behavioural approach to change negative beliefs and habits of thought that appear to be the source of the client's distress.

Reflexology is a therapy in which the nerve endings, primarily in the feet, are stimulated by specific massage techniques to trigger changes in another part of the body and in so doing create better wellbeing and overcome disease. The body is divided into numerous zones which correspond to a specific point in the foot or hand, and therefore reflexology is also known as Zone Therapy. Stimulation of the nerve endings travelling to the spinal cord and various parts of the body thereby promotes relaxation, improves circulation, stimulates vital organs in the body and maintains the body's natural healing processes. Unlike conventional medicine, reflexology works on the underlying problems within the body and works through the body's nervous system. Treatment involves light, but firm, compression massage to the soles and uppers of your feet. It is possible for dramatic reactions to occur after the first treatment, often in the forms of cold type symptoms or skin problems. This is a healthy indication that the treatment has encouraged the release of harmful toxins from the body. In the course of treatment, some areas of the foot may feel slightly tender and these will correlate with the problem areas in the body. Although all reflex areas will be massaged, specific attention is paid to the actual problem area. I.e. for migraines, strokes, multiple sclerosis, etc. the reflex point in the foot or hand that relates to the head and the connecting areas will be massaged. If used regularly reflexology will enhance other treatments you may be receiving by keeping the circulation stimulated and the

lymph system active. You should also experience feelings of vitality and well-being after reflexology treatment which encourages the recovery process throughout the body. NB Reflexology should not be used if the patient is pregnant, has diabetes or a heart problem

Reiki, meaning 'universal life energy', is the essential life energy which flows through all living things and which can be activated to restore health. It is a form of touch therapy in which Reiki practitioners believe that everyone has the ability to connect to their own healing energy and use it to strengthen the life energy of others. The therapist uses both the laying on of hands and the channelling of healing energies to activate the body's natural ability to recover. A Reiki treatment is safe, non-intrusive, and non-manipulative; there are no substances applied to the body. Reiki can be used to treat both acute problems such as accidental injuries, as well as chronic problems, such as asthma, eczema and headaches.

Shiatsu is an established Eastern massage which has developed from Traditional Chinese Medicine and time-honoured Japanese massage. The thinking behind Shiatsu is that vital energy flows throughout the body in channels called meridians. When this energy stops flowing freely symptoms emerge. Shiatsu uses touch to restore the flow of energy through the meridians. Massage can include gentle holding, application of pressure on the meridians using the palms, thumbs, fingers, elbows, knees and feet, and if appropriate, more vigorous rotations and stretches. Shiatsu is a therapy that works on the individual as a complete being – the physical body and also on an emotional and/or mental level. There are several different styles of Shiatsu and therefore many practitioners use a combination of approaches during treatment

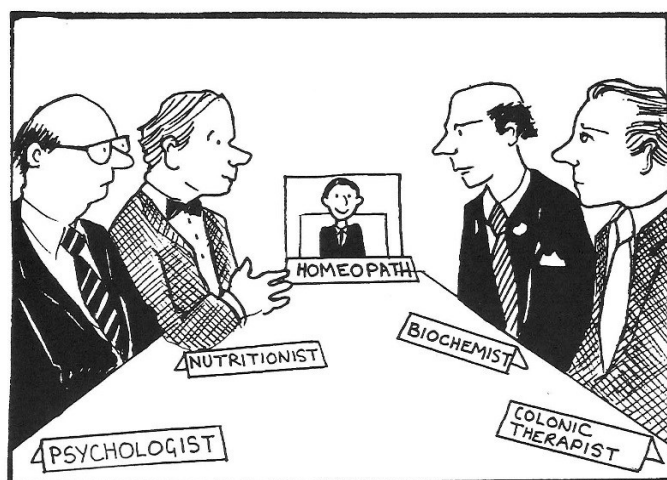
Tai Chi is an ancient Chinese form of synchronized body movements which focuses on building internal energy 'chi' or 'qi' with the aim of harmonising the mind, body and spirit, promoting mental and physical well-being through softness and relaxation. The practice of tai chi is believed to encourage revitalisation, relaxation, tolerance, self-confidence and a strong healthy mind and body. Unlike many forms of exercise and sport, tai-chi does not rely on strength, force and speed, so it is ideal for people of both sexes, young and old alike whether strong or weak. Even with a small amount of practise, the beneficial effects on health & fitness can be seen and felt. As the mind and body relax, the stresses and strains of modern society are overcome, there is a gentle toning and strengthening of muscles, balance and posture is improved.

Visualisation is mindful daydreaming which draws upon images and feelings from your past and present. Taking time to sit or lie quietly and visualise positive images not only exercises the creative processes, but relaxes and re-energizes the whole body. Creative visualisation can help reduce stress levels, speed healing, and reduce the perception of pain and fatigue,

Yoga is an ancient Indian practice which uses physical postures or "anasas" to achieve harmony of mind, body and spirit. It is not a religion, but disciplined breathing and concentration during practice brings about tranquillity and awareness to the mind as well as helping to realign and strengthen the body and cleanse the system. With regular practice physical and emotional problems can be relieved, especially those linked with stress such as headaches, depression, blood pressure disorders, insomnia, asthma and back pain. There are many different forms of Yoga, but the regular practice of any may bring about numerous benefits, including:

- Muscle toning throughout the body
- a clearer and more relaxed mind
- improved posture
- improved circulation of blood and lymph

For further information and contact details of therapists please see the *Action On Pain* website.



I am very pleased to welcome his Dr. Small to our team. Don't be concerned about his size. I gather it adds to his therapeutic potential.

Recipe Corner with thanks to the BBC.**Creamy Mushroom Pasta**

Preparation time less than 30 mins.

Cooking time 10 to 30 mins. Serves 2.

Cooking Method

- 1) Cook the pasta in a large saucepan of boiling salted water for 10 minutes, or according to the packet instructions. Drain the pasta, reserving some of the cooking water.
- 2) Meanwhile, heat a splash of olive oil in a large frying pan over a medium heat and fry the leeks gently for 5 minutes, until soft. Spoon into a bowl and set aside.
- 3) Add a little more oil to the pan, increase the heat, then add the spinach and cook for a minute or 2, until wilted. Tip the spinach out onto a plate lined with kitchen paper, cover with more kitchen paper and squeeze out the excess moisture.
- 4) Heat some more oil in the frying pan, add the mushrooms and fry over a high heat until softened and caramelised. Add the garlic, fry for a couple of minutes, then return the leeks and spinach to the pan.
- 5) Put the silken tofu and soy sauce in a tall jug and add 3 tablespoons of the reserved pasta water. Use a stick blender to blend to a smooth sauce, then pour into the pan with the mushroom mixture.
- 6) Add the cooked pasta to the pan and toss everything together. Season to taste with salt and pepper, then serve.

**Ingredients**

150g/5½oz wholewheat tagliatelle (or spaghetti)
 olive oil, for frying
 1 large leek, thinly sliced
 200g/ 7oz baby leaf spinach
 (or frozen spinach)
 200g/ 7oz mushrooms, thickly sliced
 2 garlic cloves, crushed
 150g/ 5½oz silken tofu
 1 tbsp light soy sauce
 salt and freshly ground black pepper

Prawn Spaghetti

This healthy prawn spaghetti recipe is given a bit of a spicy kick with the addition of chilli flakes.

Preparation time less than 30 mins.

Cooking time 10 to 30 mins. Serves 2.

Cooking Method

- 1) Half-fill a large, non-stick saucepan with water and bring to the boil. Add the pasta to the boiling water, return to the boil and cook for 8 minutes, stirring occasionally. Add the broccoli to the pan and cook for 2 minutes more.
- 2) Drain the pasta and broccoli. Return to the pan and add the tomatoes, prawns, oil, chilli flakes and season well. Cook for 2–3 minutes, tossing with two wooden spoons until the spaghetti is evenly coated with the spices from the pan and the prawns and tomatoes are hot.
- 3) Squeeze over a little lemon juice, if using, and serve immediately.

**Ingredients**

125g/ 4½oz spaghetti or linguine
 150g/ 5½oz broccoli, cut into small florets
 100g/ 3½oz cherry tomatoes, halved
 150g/ 5½oz large frozen prawns, completely thawed and drained
 1 tbsp extra virgin olive oil
 ½ tsp dried chilli flakes, to taste
 sea salt and freshly ground black pepper
 lemon wedges, for squeezing (optional)

Iodine

This Food Fact Sheet is all about the nutrient iodine. It explains why iodine is important, how much iodine you need for health and the main food sources of iodine.

What is iodine and how does it help the body?

Iodine is a mineral that is important for health and comes from the diet. It is a key part of the thyroid hormones needed for many body processes including growth, metabolism and for the development of a baby's brain during pregnancy and early life.

What happens if my intake of iodine is not enough?

A low intake of iodine over a long period of time will cause the thyroid gland to work harder to try to keep the right amount of thyroid hormones in the blood. Whilst rare in the UK, the thyroid may increase in size in order to trap iodine – this swelling, or “goitre”, may be visible in the neck.

Low intake of iodine during pregnancy may affect development of the baby's brain. This could have consequences in later life such as lower IQ or reduced reading ability.

It is important to think about diet and nutrition to meet the recommended intake of iodine and reduce risk of deficiency.

How much iodine is needed?

	Iodine recommended per day (mcg)*
Adults	150
In pregnancy	200
When breastfeeding	200

Before and during pregnancy and breastfeeding

You need iodine from the very early stages of pregnancy. Having enough iodine in the diet for several months before pregnancy is very important. Your body is able to build up good stores of iodine in the thyroid, which can help it to function well during pregnancy, particularly in the early stages. So, it is crucial that if you are of childbearing age, especially when planning a pregnancy, you should meet the adult recommendation for iodine intake.

During pregnancy, the amount of iodine you need increases. This is in order to make enough thyroid hormones to transfer to the baby, to help the brain develop correctly. Iodine deficiency in pregnancy may have significant consequences for brain development, so it is vital to meet the higher recommendation for iodine during that time.

It is also important to ensure that intake of iodine is adequate whilst breastfeeding, so that breast milk contains enough iodine for the baby at a time when the brain is still developing.

Where is iodine found in the diet?

Iodine is found in a range of foods, the richest sources being fish, milk and dairy products. In general, white fish contains more iodine than oily fish.

Milk and dairy products are the main sources of iodine for most people in the UK. Some milk-alternative drinks (e.g. soya/oat) are now being fortified with iodine, but it is important to check the product label, as not all are fortified and some have low iodine content.

In many countries, iodine is added to table salt to give “iodised salt”. Iodised salt is not widely available in the UK but can be found in some branches of several supermarket chains. As government recommendations are to reduce salt intake for health reasons, iodised table salt should not be relied on as a means of increasing iodine intake.

Seaweed has a high concentration of iodine, but it contains variable amounts and intake can lead to excessive iodine. Brown seaweeds (such as kelp) in particular have a very high iodine content. Therefore, it is not recommended to eat brown seaweed or kelp more than once a week, especially during pregnancy. Other seaweeds, such as nori, may have a lower iodine concentration than kelp, but the iodine content varies considerably. Seaweed is therefore not a reliable source of iodine and is not recommended as a means of ensuring adequate iodine intake.

It is very difficult to estimate the amount of iodine in food. This is because the actual amount of iodine in food varies for several reasons, including iodine content in the soil, farming practices, the season and type of fish. The figures in the table are therefore for guidance only. And, remember to follow government advice on foods to avoid during pregnancy.



** Depending on the season, higher value in winter

Food		Portion	Average iodine/portion (mcg) (actual iodine content will vary)
Milk and dairy products	Cow's milk	200ml	50-100**
	Yoghurt	150g	50-100**
	Cheese	40g	15
Fish	Haddock	120g	390
	Cod	120g	230
	Plaice	130g	30
	Salmon fillet	100g	14
	Canned tuna	100g	12
Shellfish	Prawns	60g	6
	Scampi	170g	160
Other	Eggs	1 egg (50g)	25
	Meat/Poultry	100g	10
	Nuts	25g	5
	Bread	1 slice (36g)	5
	Fruit and vegetables	1 portion (80g)	3

Is it possible to have too much iodine?

Yes – excessive iodine intake can cause thyroid problems and should be avoided. Kelp and seaweed are food sources that are likely to lead to excessive iodine intake. It is difficult to say how much is too much, as this varies between people. If you have thyroid disease or are already iodine deficient, an iodine intake that would be considered normal for the general population may affect you. However, as a rough guide, intake in adults should not exceed 600 mcg/day.

Who is at risk of iodine deficiency?

Anyone who avoids fish and/or dairy products (e.g. due to allergy or intolerance) could be at risk of iodine deficiency. Therefore, vegetarians and particularly vegans, are at risk of iodine deficiency. As there are few plant-based sources of iodine, it may be necessary to consider a suitable iodine-containing supplement.

A dietitian is qualified to assess diet and risk of deficiency, consider seeing a dietitian for practical advice to improve iodine intake if you are concerned.

What about an iodine supplement?

There are currently no official recommendations for people in the UK to take an iodine supplement. It is better to meet iodine recommendations through diet where possible. Most adults following a healthy, balanced diet that contains milk, dairy products and fish, should be able to meet their iodine requirements. If you do not consume sufficient iodine-rich foods, a supplement containing iodine may be useful.

If there is adequate intake before and during pregnancy, an iodine supplement may not be needed. Many, but not all, pregnancy multivitamin and mineral supplements contain iodine. If the supplement does contain iodine, check that it does not provide more than 150 mcg – the rest of the requirement

for pregnancy should be met by the diet.

The following information may be helpful if choosing an iodine supplement:

- ✔ If you have thyroid disease or low iodine intake over many years, check with your GP before taking additional iodine
- ✔ Iodine in supplements should be in the form of “potassium iodide” or “potassium iodate” and should not exceed the daily adult requirement of 150 mcg
- ✔ Seaweed or kelp supplements should not be used as an iodine source. The amount of iodine in such supplements can vary considerably from the value claimed on the label and can provide excessive quantities of iodine

Top tips

1. Avoid having too little or too much iodine
2. If you may become pregnant or are planning a pregnancy, you should meet the recommended intake of iodine before pregnancy to ensure that iodine stores are optimised
3. Having enough iodine during pregnancy is important as iodine is crucial for the development of the baby's brain
4. Good dietary sources of iodine include milk and dairy products, fish, shellfish and eggs
5. If choosing a plant-based milk alternative drink (e.g. soya/oat) choose a product that is fortified with iodine
6. If following a vegetarian or vegan diet with very few rich sources of iodine, consider a suitable iodine-containing supplement
7. Do not use kelp supplements as a source of iodine
8. Consider seeing a dietitian if you are concerned about meeting iodine recommendations through diet

This Food Fact Sheet 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 bda.uk.com/find-a-dietitian for a private dietitian. You can check your dietitian is registered at hcpc-uk.org.

This Food Fact Sheet and others are available to download free of charge at bda.uk.com/foodfacts

This resource has been produced by the BDA in partnership with Dietitians Dr. Sarah Bath and Claire Pettitt.

The information sources used to develop this fact sheet are available at bda.uk.com/foodfacts

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North of Doncaster Goes West.

Trevor Wainwrights personal diary travel continued...

Continuing on from my feature in Pathways 79. Looking across Lake Travis from Hippie Hollow and you'll see what looks like large wall, it is Mansfield Dam (formerly Marshall Ford Dam) located across a canyon at Marshall Ford on the Colorado River a joint project by the Lower Colorado River Authority (LCRA) who own the dam and the United States Bureau of Reclamation.

A rainy day is not ideal for sunbathing at Hippie Hollow so I decided to see the dam for myself.



A Plaque honouring Joseph J. Mansfield. who represented Texas from 1917-1947 on the United States House of Representatives.



An ariel view of the J. J. Mansfield Dam.

Situated 13 miles Northwest of originally called Marshall Ford Dam, after its location, the name was changed in 1941 in honour of United States Representative Joseph Jefferson Mansfield who was born on February 9th, 1861 at the town of Wayne in what was then Virginia. He had a long and distinguished political career, serving as city attorney of Eagle Lake in 1888, mayor of Eagle Lake from 1889-1892, county attorney of Colorado County from 1892-1896, county judge of Colorado County from 1896-1916, and United States congressman from March 4th, 1917 until his death on July 21st, 1947. He was referred to as Joe until he was elected county judge. Ever afterward, he was universally called Judge Mansfield. He was a major player in the effort to dam the Colorado River in Texas. The groundbreaking ceremony occurred on February 19th, 1937; the dam being completed in 1941.

The Mansfield Dam is 278 feet (85m) high, 7,089 feet (2km) long, and 213 feet (65m) thick at the base. The concrete gravity dam was designed to control flooding; to store 1.4 km³ (369 billion US gallons) of water; and to generate hydroelectric power (108 megawatts). The Spillway Elevation is 714 feet (218 m) above sea level LCRA begins to open floods gates when water reaches 681 feet above this and discharge capacity exceeds 130,000 cubic feet per second (3,700 m³/s) as the lake rises.



The overflow and spillway. Water can be suddenly released here without warning.



A discarded water turbine from the hydroelectric plant.



Close up of service road and marina from the Viewpoint



The Colorado River on its way to Austin Texas

Public use features also as set back from the water's edge, a central recreation area offers picnic sites, playground, horseshoe pits, chess tables and panoramic view of Lake Travis across to Hippie Hollow and Windy Point. Families can picnic, swim in our secluded cove, fish, and play and includes the largest public boat ramp on Lake Travis with an extensive scuba diving park.



The two lanes of Mansfield Dam Road, formerly RM 620, traverse the top of the dam, but traffic other than service vehicles are now prohibited. 620 was rerouted in 1995 to a four-lane highway bridge on the downstream side of the dam built for increase in traffic due to the popularity in Austin of recreating at Lake Travis. Driving along the 620 over the Northwest Harbour Bridge gives an idea of its size, a better view of its size can be seen by taking Low Water Crossing Road to the East or West of the of the bridge on the South side of 620.

It is possible to drive down across the river and back up the other side, the bridge across the river is a tow away zone but parking is available in Jessica Hollis Park on the East of the bridge.

The park is named after Senior Deputy Jessica Hollis, a Travis County Sheriff's deputy who lost her life during the Halloween floods of 2013. A flash flood severely impacted the Onion Creek neighbourhood in Southeast Austin. A total of 659 homes were damaged, 259 received major damage, and 15 were deemed by inspectors to be completely destroyed.

Jessica was swept to her death; it took only about 20 seconds and less than a foot of water flowing over a road.



Jessica Hollis

In the next issue: We continue further down the Colorado River and more of what it has to offer, including a crazy, crazy golf course and unique colourful animal sculptures.