

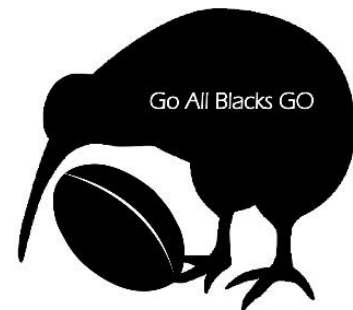


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Guillain – Barré Syndrome Support Group New Zealand Trust

Registered N.Z. Charity No. CC20639 Charities Act 2005

NEWSLETTER SEPTEMBER 2015



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Medical Advisory Board



Dr. Gareth Parry ONZM, MB, ChB, FRACP Professor Emeritus, Department of Neurology, University of Minnesota, USA.	Dr. Chris Lynch Neurologist and Neurophysiologist at Waikato Hospital Honorary Senior Clinical Lecturer at the Auckland Medical School Waikato Campus
Dr. Pralene Maharaj Pathology Registrar ADHB And Trainee in Pathology with the Royal College of Pathologists Australasia Member of GBS Support Group since contracting GBS in 2006	Dr. Suzie Mudge Director & Physiotherapist Neuro Rehab Results Senior Lecturer/Senior Research Officer Health and Rehabilitation Research Institute, AUT University
Dr. Annette Forrest ICU Consultant MBChB, BPharm, Dip ag & Vet Pharm	Dr. Dean Kilfoyle Neurologist Auckland City Hospital Auckland District Health Board
Kathryn Quick Senior Physiotherapist Neuro ó Services at Auckland District Health Board BSc(Hons) MCSP NZRP	Penny Sender Clinical Psychologist Dip Clin. Psych
Dr. David Gow Neurologist with Southern DHB	Dr. Vic du Plessis Neurologist and rehabilitation specialist. Part time consultant neurologist Dunedin

Introducing two new members to the Medical Advisory Board

Dr David Gow

Dr Gow qualified from Liverpool Medical School in 1994. He completed his neurology training in the North West of England before being appointed a Consultant at the Greater Manchester Neuroscience Centre in 2005. He developed a peripheral nerve unit serving a population of 4.5 million. He was also active in medical education and held an Honorary Senior lecturer post at the University of Manchester. In April 2014 he moved to New Zealand with his family to take up a role with the Southern DHB. Outside of work he is a keen sports fan and is involved in junior rugby in the Dunedin area.

Dr. Vic du Plessis is a neurologist and rehabilitation specialist. He qualified in South Africa and was in private practice from 1980 to 2003 in Johannesburg and Cape Town. Came to New Zealand in Feb 2003 and worked in the Dunedin Hospital Neurology Department until August 2013. At the same time he worked as rehabilitation specialist at ISIS rehabilitation centre in Dunedin here he was responsible for managing a number of recovering GBS patients. He was acting head and later full-time head of this unit until retirement at the end Oct 2012. Since 2013 he has mainly worked in Australia evaluating patients for compilation of neurological and rehabilitation medico-legal as well as insurance assessment reports. He continues to work as a part time consultant neurologist in Dunedin.

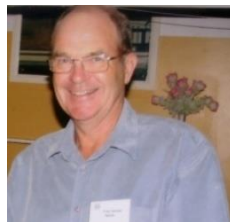
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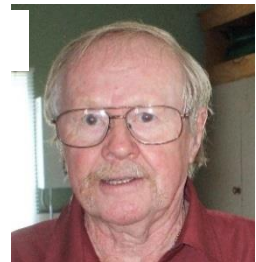
Ken Daniels

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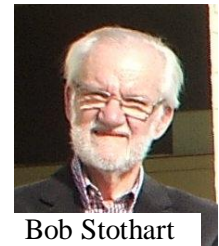
Chris Hewlett



Doug Young



John Davies



Bob Stothart



Dr. Pralene Maharaj



Dr. John Podd



Meike Schmidt-Meiburg

In this Issue

Introducing New Members to MAB

Dr. Gareth Parry

Editor's Note

Chris Hewlett

President's Report

Ken Daniels

Secretary's Jottings

Tony Pearson

Nordic Walking

Linda Bannister

Early Days of Hospital Visiting

Bob Stothart

Q & A from 'Ask the Experts' at the Conference

Tony Pearson

What's New in GBS (conference presentation)

Dr. Dean Kilfoyle

GBS Effects

Gordon Stephenson

Notice Board



Editor's Note

bug that

that is driving me mad.

Well I escaped winter without so much as a sniffle but the spring arrived and it brought not only the notorious spring winds that blow all the blossoms off the trees but a very nasty

took me out for a couple of weeks. I'm feeling much better now just got a lingering cough

Dr. Gareth Parry has managed to recruit two new members to the Medical Advisory Board. A very big welcome to our Group and thank you for your support. Remember if you have any questions at all just email them to me and I will forward to the Board on your behalf. Please make use of this invaluable resource.

Our Facebook page continues to gain new members and just shows that this seems to be a very popular means of communicating with fellow sufferers for support and advice.

I have reproduced the first of the Conference Presentations in this newsletter. It is 'What is new in GBS' and was presented by Dr. Dean Kilfoyle. If you have any questions on any of the PowerPoint slides or want more information on any of the topics he has covered please email me and again I will forward your questions on.

We had our last coffee group meeting at the Velodrome Café in Cambridge. This is a truly amazing facility. Some of us were a little tempted to give it a try but we didn't have our lycra with us so just watched some young very fit kids working out. Maybe one day. But that bank sure did look much steeper than it does on TV.

I am in desperate need of your personal stories to publish. If you think you don't have any literary skills and would like help Bob Stothart has offered to help anyone in need. Email him on: stothart@ihug.co.nz Hopefully my email will be pounded by your stories over the next few weeks. If you are a carer and want to share your experience I would love to hear from you. Your role in recovery is huge and is pivotal to the patient's recovery.

Wishing you all well on your GBS journey.

Chris



Presidents Report:

Although it seems only yesterday that we held our Rotorua conference I still feel the benefits of topics that were covered, insights gained and friendships made. Roll on the next conference in 2017! While it seems a long time to wait for our next major event there are many interesting and helpful activities that can educate and entertain us in the meantime. If you have a spare couple of minutes check out our brilliant website. Some of the matters covered are:

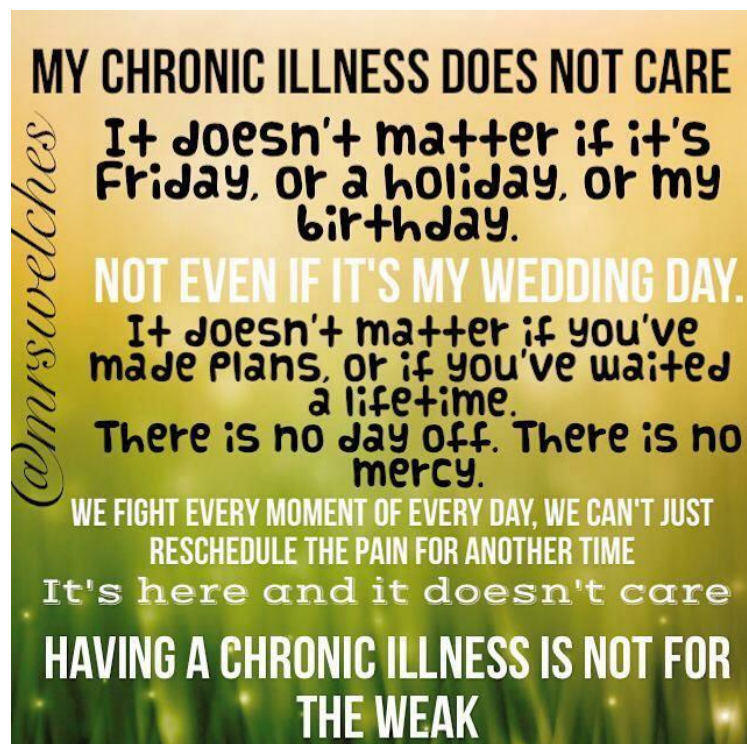


- A succinct guide to Guillain Barré Syndrome, CIDP and related illnesses including details of onset, symptoms, diagnosis and treatment.
- A dozen or so stories of the actual GBS experience of members.
- A list of publications that may help families and those with GBS/CIDP.
- Links to resources and research papers.
- Copies of our quarterly magazines.
- Links to a wealth of overseas material, newsletters and articles.
- Contact details to our support group for all those who would like further assistance or information.

I have been amazed at the amount and quality of the information on the website and thank those contributors for the time they have put into developing it. The detail and ease of reading of the medical material has proved exceedingly helpful not only to our members but also to people from overseas who are learning about the strange and often worrying aspects of GBS, CIDP and related illnesses. The personal stories of the journey through this illness are fascinating, insightful and encouraging.

It has been obvious to me both personally and looking at our membership group that there is a real value in individually supporting people with GBS/CIDP. While this can be done in many ways including hospital visiting and attending conferences, many members have found local coffee groups both a pleasant and supportive way to spend time with other likeminded folks. If you would like to form or be part of a local group why not contact either, our secretary, (and national coordinator) Tony Pearson, someone on the board or even another member in your area. Details of the board are listed at the top of this newsletter. We will put you in touch. Remember the name of this newsletter is ðConnectionsö. Keep in touch!

Ken Daniels





Secretary's Jottings

By the time our Editor Chris gets all her inputs together and works her magic with layouts, add ins and all those whizzy things that Editors do I shall have reached the grand old age of 70 and it will be 15 years since I first encountered the words GBS and CIDP ó my how time flies when you are enjoying yourself! Not that I found the year or so after being diagnosed with CIDP very enjoyable both mentally or physically but, as they say, time heals and looking back I think that experience made me a stronger person mentally ó although regrettably not physically as, like many ex GBSers, fatigue still plagues me ó or it could be that I'm getting older!!

Welcome to our new ðintakeö of Volunteer Hospital Visitors; - Erika, Robin, Eileen, Yvonne and David, Malcolm, Beverley and Jeff. I am sure you will find your visiting rewarding and I know the sufferers and their families that you meet will derive great comfort from your visit and counsel ó well done for standing up to make a difference.

As most of you know by now I read a lot of magazines ó not the Hunting/Shooting/Fishing type but medical and health and lifestyle stuff. Do you get back pain? ó apparently at any one time 1 in 6 New Zealand adults are suffering from acute pain in the upper back or neck and a lot of this, believes a Dunedin physiotherapist, is due to the **iHunch** - no I had never heard of it before either - it's what we do to our spine by spending too much time ðhunchingö over our computers and it can lead to a permanent bending of the spine ó a bit like dowager's hump in the elderly. Anyway this guy has invented a gadget called a Backpod which you can use to help ðunbendö the spine ó his website www.bodystance.co.nz has details ó it costs about \$60. Now I know a lot of GBSer complain about pain in the lower back and I just wondered if this gadget might also help with that ó have a look at the Backpod website.

A question that has come up a number of times at Conferences relates to the ethnic incidence of GBS ó as Dr. Parry said at the Rotorua Conference there is a prevalence of (I think) Miller Fisher variant in China but generally speaking GBS is no respecter of ethnic origin and incidence rates are pretty similar around the world BUT no one seems to know if Kiwis of Maori and Pacific Island ethnic origin in New Zealand are also subject to the same GBS ðhitö rates as the rest of us ó I think we have only ever had one Maori on our membership lists. Now, reading in the NZ Neurological Foundation Newsletter, I see they have given a Research Grant to a Doctor at Auckland's Starship Hospital to ðInvestigate Maori and Polynesian children with autoimmune neurological disease in New Zealandö ó and whilst this is not focussed on GBS it just might give some insight into this unanswered question ó at least as far as children are concerned.

Like our Support Group the UK Group has a Medical Advisory Board and in each magazine they interview one of the members (an idea for us Madam Editor??). In their last issue they talked to Dr Simon Rinaldi who works in the John Radcliffe Hospital in England ó a hospital well renowned for its neurological expertise. One of the questions put to Dr Rinaldi was **"Do you see a time when GBS and CIDP are preventable?"**

This was his response:-

"While I think that GBS and CIDP will be more quickly diagnosed and have better treatments and outcomes over the next few years I don't think preventing them completely is likely to be possible in the foreseeable future. There are a few reasons for this. They don't seem to be caused by one genetic factor, or one infection, or indeed, one disease process so I don't think one intervention or treatment will eradicate them. They are also rare enough that treating or screening whole populations is unlikely to be safe, effective or practical enough to undertake.

Having said that we should perhaps take heart from New Zealand where a Government scheme to treat Campylobacter in poultry appears to have had the knock on effect of reducing the number of GBS cases".

Those of us at the 2009 Conference will no doubt recall the presentation by Dr Donald Campbell from the NZ Food Safety Authority who showed us those amazing graphs of reduced food poisoning cases following better practices of chicken food processing being exactly paralleled by reductions in NZ GBS incidences. Perhaps we can teach the old ðmother countryö a thing or two now and then!!

Spring is just around the corner- although our Southland members may not think so! ó and we can all look forward to some warmer weather.

As always ó take care

Tomy

Nordic Walking - A Members Experience

During a bout of a particularly bad winter Flu and at my lowest point, my balance still affected by GBS I was looking on line and found Nordic Walking. In desperation of lack of exercise I found there was a Health Class run by Sandrine Winksmith in Hamilton. She does an introductory course demonstrating how to use the poles effectively to relive pressure on hips and knees. I soon found they gave me proper balance and lots more confidence for walking longer distances. I no longer had to use my husband for support as could use the poles. This has given me independence and I can now go out walking on a whim. My husband whom did not require poles for walking has joined the class and has found a relief on his joints and knees. We both have bought Nordic Poles and have taken them overseas.

As long as they are taped and bubble wrapped they can be stored with the luggage. We have had fun exploring more places on foot.

It makes it easier to climb hills and apart from some funny comments we have enjoyed conversations with people showing interest in Nordic Walking.

Just put your best foot forward.

Happy walking

Linda Bannister



EARLY DAYS OF HOSPITAL VISITING

Bob Stothart

My experience with Guillain-Barre Syndrome was way back in the 1970s. I was off work for about six months and returned to work in a wheelchair, not the best vehicle for the hillside campus that is Victoria University of Wellington. While recovering I was encouraged to write about my experience which I did and sent a small piece off to *The Listener* which eventually published it under the title of *Losing One's Grip*. Over the next few weeks I had numerous telephone calls and letters responding to what I had written, including one from the founder, owner and manager of Norseware, a woollen goods firm operating out of Norewood. He didn't have GBS but he introduced me to a wonderful book, *The Anatomy of an Illness* which is a great read for anyone suffering a bewildering medical condition.

I was also invited to go to hospital to visit a woman who had what I had. I duly presented myself at the controlled door of the Intensive Care Unit at Wellington Hospital (in those days only family and close relatives could visit ICU), rang the bell and explained that I was not family but that I had had GBS. I was literally grabbed by the lapels and heaved into the ward, dressed in a white robe and taken to see the patient. It was a very moving experience as the woman had just given birth, appeared very depressed and spoke to me through her tracheotomy. Her depression was real and profoundly poignant as she haltingly told me that her partner, because of the illness, had deserted her. What could I say or do to ease her grief but tell her that I had recovered from GBS and she would too.

While in the ward, staff took me to see another GBS patient, this time a 16 year old female with a love of gymnastics I didn't know then how rare GBS was and wondered if there was an outbreak in the Wellington region.

Some days later, I returned to ICU but the woman had gone and I had no record of her name or address so I was never able to follow up on her tragic story. The young gymnast recovered quickly and went on to compete in numerous events.

All this was before the resourceful Jenny Murray had established the Support Group but my hospital visiting continued through my friendship with Dr. Lindsay Haas, a neurologist at the hospital and one of the staff who had treated me during my deviation from the norm. Lindsay would ring me from time to time to ask me to visit a patient he was treating. When I saw Jenny's little note in the *Woman's Weekly*, I readily got in touch and we set about organising hospital visiting in other parts of New Zealand.

Editor's Note: *We have come a long way since those early days with the group now having training sessions at our bi annual conferences for selected hospital visitors and a nationwide co-ordination officer to ensure we can meet the needs of GBS/CIDP patients.*

Advance Notification of 2016 AGM

To be held in Wellington Saturday 14th May 2016

In the De Havilland Room

Wellington International Airport.

More details to follow. Mark your calendars now.

QUESTIONS AND ANSWERS FROM THE "ASK THE EXPERTS" SESSION AT THE CONFERENCE.

The following notes were typed from a recording and there may be some risk of mishearing or inaccurately crediting an "Expert" with another's advice or spelling a medication incorrectly – apologies where due are offered.

This represents the main content of the second half of the 40 minutes Q and A session.– Tony

Q. I have heard of a new drug called Eculizumab for treating GBS could you tell us about it

A. Dr. Gareth Parry: When you get sick with GBS a process takes place within your nerve cells called a compliment cascade which results in a growing deterioration of your condition. If we can block that cascade it can slow down or stop the damage to the nerve cells. Eculizumab is one such drug that can do this and it has proved conclusive in trials on animals. Now a research team in Glasgow in the UK have commenced a trial on humans with GBS. The drug is already in use for the treatment of another auto immune disease known as PMH but it is very expensive ó and I think it will be a long time before it becomes regularly used for treating GBS.

Q. You commented that auto immune diseases tend to go away given time, is there any data to support this?

A. Dr. Gareth Parry: Yes clinical trials with Rheumatoid Arthritis has shown this to be the case where the disease has abated ó but of course the damage done to the nerves remains. I have personally witnessed this many times over my career with CIDP patients where the disease is no longer active and the inflammation of the nerves has gone so there is nothing left for us to treat ó but the patient is left with damaged nerves.

Q. Does Ivig induce remission in GBS patients??

A. Dr Gareth Parry: No it controls the disease but does not bring about remission. It is true that long term Ivig users with CIDP do go into remission but I view this as a spontaneous development rather than one brought about by Ivig use.

Q. How do you define severe fatigue?

A. Dr Gareth Parry: Medically it's fatigue that registers 6 or above on the FFS scale ó but that is meaningless to you so I define it as fatigue that prevents you from doing things in your everyday life that you would wish to do.

Q. My Doctor has given me a pamphlet that says people who have had GBS should NOT have a flu Jab.

A. Dr Gareth Parry: That is just Bullshit. It's true that the vaccine manufacturers have that in their documentation but they are just covering their arses. There is no statistical data that support such a statement as I demonstrated in my earlier presentation. There is a Common Sense restriction of not having a flu jab if you have only recently recovered from GBS but only because it's probably not sensible to put your system under additional stress at that time ó but there is no scientific backing for that ó just common sense.

Q. You recommended that GBS'ers should walk rather than cycle but I find walking, especially uphill, difficult – why shouldn't I get an electric bike?

A. Dr Gareth Parry: Well I think you have misquoted me as I said I was NERVOUS about GBS'ers getting on bikes largely because one of the biggest problems with recovering patients is BALANCE ó often more so than weakness. So my concern is about them falling off the bike. A Trike is OK as it's difficult to fall off and there is nothing wrong with wheeled exercise as its low impact ó but only on a stationery machine. An alternative walking exercise is to do it in a swimming pool ó again low impact. When you are recovering and walking awkwardly it can be painful ó back pain etc ó but it gets better with practice.

Q. You suggested that the strain of GBS can break up a relationship between the Patient and Carer my experience is that it increases the bond between them.

A. Penny Sender: Our experience indicates that the stress and strain of the illness will break up a weak relationship but it will strengthen a strong one.

Q. I am a CIDPer. How does the imbalance I feel in my feet and legs transmit itself to my brain so that it also feels out of balance?

A. Dr Gareth Parry: We are all endowed with a sensory function known as proreception ó it allows us to know where parts of our body, our limbs, are without having to look at them. With GBS and CIDP your proreception facility is impaired and the messages from your feet and legs are not getting to your brain properly so that you feel òdisconnectedö in your head. Proreception training can be really useful to restore full facility ó for instance try standing on one leg ó initially you will probably not be able to do this for more than a few seconds but with practice you will be able to do it for as long as you want.

What's new in GBS?

A conference presentation by Dr Dean Kilfoyle

What's new in GBS and CIDP?

GBS Conference
Rotorua May 2015

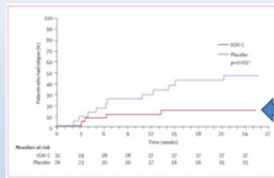
Dr Dean Kilfoyle
Auckland City Hospital

Overview

- Personalised IVIg dosing
- SCIg for CIDP
- Stem cells
- Swine flu vaccination
- Fatigue
- Post-traumatic stress

IVIg

- First-line treatment GBS
- Second-line treatment CIDP



Doesn't work in everyone
Why?

ICE Trial, Lancet Neurology 2008

IVIg - Is the dose right for you?

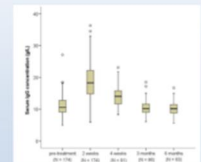
- How can we customize the dose to you?
 - Body weight
 - Blood levels
 - Biological effect

IVIg - Is the dose right for you?

- How can we customize the drug to you?
 - **Body weight**
 - 2g IVIg per kg body weight
 - Spread over 2-5 days
 - Educated guess
 - Blood levels
 - Biological effect

IVIg - Is the dose right for you?

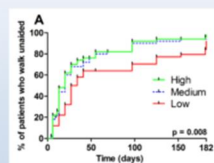
- How can we customize the drug to you?
 - Body weight
 - **Blood levels**
 - Huge variation between pts
 - Lower rise = less response
 - 2nd course?? – trial in progress
 - Biological effect



Kuitwaard et al. Ann Neurol. 2009 Nov; 66(5):597-603

IVIg - Is the dose right for you?

- How can we customize the drug to you?
 - Body weight
 - Blood levels
 - **Biological effect**
 - IgG Fc N-Glycosylation
 - ? Guide dosage



Fokkink et al. J Proteome Res. 2014 Mar 7; 13(3):1722-30

IVIg - The near future

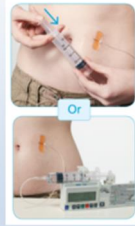
- Customised dosage
- Less guess work
- More effective
- But
 - Currently theoretical only
 - Need new trials

What's new in GBS? continued.....

A conference presentation by Dr Dean Kilfoyle

SCIg for CIDP

Intragam P	Evogam
Purified human Ig – 98% IgG	
Chromatographic Fractionation	
6%	16%
Maltose, low pH	Glycine, neutral pH
IV	SC
Monthly	Weekly



SCIg

- Why should I care?
 - Poor IV access
 - Self administration
 - Own home
- But
 - More frequent injections – weekly
 - Effectiveness promising but unproven
- Watch this space...

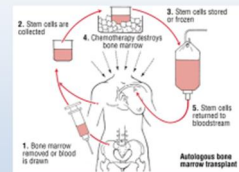
Stem Cells: Hope or Hype?

- Confusing terminology

	Source	Chemo	Risk	Science
Hematopoietic	Bone marrow	+++	+++	Good Mature
Mesenchymal	Fat or Fetal	None	?	\$\$\$
Embryonic	Fetal	None	0	?
Induced Pluripotent	Skin	None	+?	?

Hematopoietic

- Emerging positive data for CIDP
- Process
 - Harvest
 - Nuke
 - Re-inject
 - “reboot”
 - Does not repair or replace



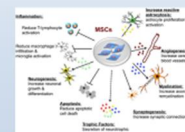
Hematopoietic for CIDP

- 11 pts from Sweden
 - Severe treatment resistant (refractory)
- The good
 - 8/11 drug free remission (when all else had failed)
- The bad
 - 50% had serious infection/complication
 - 3/11 relapsed
- The unknown
 - Sustained remission?

Press R, et al. JNNP 2014;85:618-624

Mesenchymal Stem Cells

- Obtained via liposuction
 - 25 million stem cells from 50ml fat
- Injected intravenously
 - Hope
 - Go to the right place
 - Do something useful
 - Reality?
 - Right place = difficult
 - New nerve cells = rarely
 - Promote repair = maybe



Do they work?

Science

- Preliminary data only
- Subtle but not dramatic benefit
 - Multiple sclerosis
 - Spinal cord injury
 - Stroke
 - Motor neuron disease
 - Neuropathic pain
- Favourable early safety

Hype



Vickers et al. J Pain Res 2014;7:255-263

Stem Cells: Summary

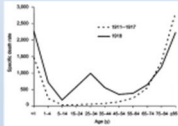
- Hematopoietic
 - Last resort for desperate disease
- Mesenchymal
 - Promising
 - Beware hype

What's new in GBS? continued.....

A conference presentation by Dr Dean Kilfoyle

Swine flu and GBS

- 1918 "Spanish-Flu" pandemic
 - 50-100 million dead
 - 4% world population
 - Case fatality 1 in 40
 - Especially young 20-somethings



Swine flu and GBS

- 1976 outbreak
 - Pvt David Lewis died at Fort Dix, New Jersey
 - 13 other soldiers hospitalized
 - Immunized 48,161,019 Americans
 - 362 got GBS within 6 weeks of vaccination
 - 10 * more than expected
 - 1/100,000 vaccinations



Am J Epidemiology 1979;110:105-123

2009 Pandemic

- Mexico
- WHO 1st ever "PHEIC"
- Different strain H1N1
- Deadly
 - 284,000 deaths
 - 19 deaths in NZ
- 65 million people vaccinated
 - Would we see a GBS epidemic?



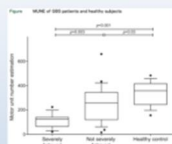
No

- 1/625,000 vaccinations
- Alternative H1N1 morbidity
 - 6.6 million cases in California
 - 2069 died or required intensive care
 - NZ: 3,175 cases, 19 deaths
- Catastrophe balance
 - 200* in favour of vaccination
 - Vaccination 0.00016%
 - Swine flu 0.03%

Lancet 2013;381;9876:1461-1468

Fatigue

- Common. Usually improves. Not always...
 - 39 pts 1-23y after GBS
 - 15 severe fatigue
 - Looked identical to other 24
 - Same age, time since GBS
 - Same residual weakness, disability
 - Same standard nerve conduction
 - BUT significantly lower MUNE
 - = decreased number of axons



Neurology 2013 Nov 19;81(21):1827-31

Post-Traumatic Stress

- Traumatic event
- Flash-backs
- Avoidance
- Arousal/hypervigilance
- 22 pts ICU ventilation > 2 months
- Median 3y later
- Good physical recovery
- 22% PTSD, most had some PTSD



J PNS 2014;19:218-223

What about those new MS drugs?

- Nov 2014 Pharmac approved
 - Nataluzimab (Tysabri)
 - Fingolimod (Gilyena)
 - Dramatically more effective than old interferons
- Might they work for CIDP?
 - Nataluzimab - may worsen CIDP
 - Fingolimod – trial underway
 - Expensive++

CIDP: Experimental

- Mycophenolate
 - Safer alternative to azathioprine
 - ? As/more effective
 - Now funded
- Rituximab
 - Single small inconclusive study
 - Possible option for resistant cases
 - Not funded
- Alemtuzumab
 - Possibly a last-resort option
 - Serious potential toxicities
 - Expensive, not funded

BOP/WAIKATO COFFEE GROUP MEETING

Rex and Karen Soppett



*Held at the
Velodrome
Cafe
Cambridge*

Meike Schmidt-Meiburg, Chris Hewlett, Barry Deed, Ann



Rex and Linda Bannister, Jan Gribble



Colleen Keen-Wall

Glenda Ryan and Ann

GBS effects

I look around at our Waikato/Bay of Plenty luncheon meetings. Even if I did not know any of them, I could still detect which are GBS-ers, and which are the unaffected partners, with a very fair degree of accuracy.

We walk with feet which just do not feel right or which droop, or which cause us to walk with a slight limp. There are hands which fumble, or which do not properly straighten. Balance may not be what it ought to be, and maybe we use a walking-stick. There are lots of little signs. And we all seem intolerably cheerful! It gets me thinking about what we tell patients when hospital visiting. How can we, with any degree of honesty, say you should make a full recovery. I was once like you. Just look at me now, all the while hiding our left-over symptoms.

Am I wrong in thinking that a full recovery from a fairly severe attack of GBS is actually rare? Dr. Parry always talks about the re-growth of the myelin sheath around the nerves, and the fact that the new sheath is not as effective as the original. Hence, presumably the messages are not transmitted as efficiently, leaving residual damage to muscular and neural responses. This is NOT a grizzle on my part, as I remain ever thankful I am still alive, and am, I hope, one of the intolerably cheerful!

However, I would be interested to learn of the experience of others, and how they respond to the worries of a paralysed and rather desperate hospital patient. Maybe we could have a correspondence through letters to the editor in the Newsletter.

Gordon Stephenson

NOTICEBOARD

Live in Auckland? Want to meet other GBS'ers? This could be the answer:-

Any Auckland area members and supporters who would be interested in forming an "Auckland Coffee and Chat" group to get together fairly regularly and swap experiences and ideas"

Please contact Grant and Sharon Dixon
09 4731128
sharondixon@orcon.net

What's Your Story?

Urgently needed are your stories to publish in your magazine.

Please take the time to write about your GBS/CIDP (and or other Variants) and post or email to me – your editor. Details on the front of the newsletter.

Bob Stothart is happy to assist anybody to write their story. Contact him by email:

stothart@ihug.co.nz

WAIKATO/BAY OF PLENTY COFFEE GROUP October 2015

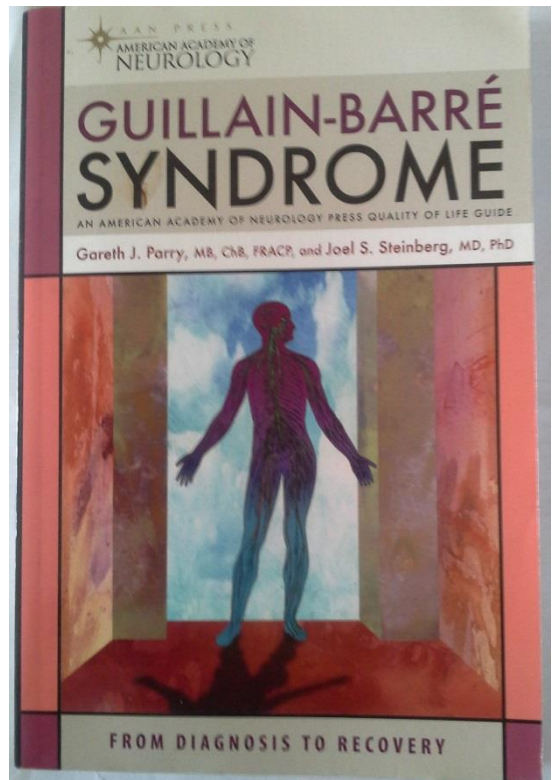


Where: Kaimai Cheese Co. Cafe
2 Hawes Street
WAHAROA
(on State Highway 27)

When: Wednesday 14th
September

Time: 11 am onwards

*See you there.
Everybody
welcome.*



We have copies of this book in stock again. Contact Tony Pearson for your copy. Just \$25
Email: tonypearson@xtra.co.nz
Ph: 03 526 6076

