skin 'n' bones connection

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Dear Reader

I would like to thank those of you who have taken the time to contact us about the last issue of Skin 'n' Bones Connection. A small selection of correspondence is in the letters section (page 17). Please keep your comments coming in. We may not be able to publish all comments, but will endeavour to be representative.

I would also like to thank those who have provided content and articles or recommendations for the Market Place section (pages 19-20), these are always particularly welcome.

In future issues it is our intention to be as inclusive as we can to incorporate issues that are relevant across the UK, and we would welcome suggestions of areas that we should be covering or that will be of interest to our readers.

Once again thank you for your continued support.

Managing Editor

The Psoriasis and Psoriatic Arthritis Alliance (PAPAA) is the new single identity of the Psoriatic Arthropathy Alliance and Psoriasis Support Trust The organisation is independently funded and aims to be a definitive source of information and educational material for people with psoriasis and psoriatic arthritis in the UK. To be a support to both patients and professionals by providing material that can be trusted (evidence based), which has been approved and contains no bias or agendas. We will be looking to provide positive advice that enables people to be involved as they move through their healthcare journey in an informed way, which is appropriate for their needs and any changing circumstances.

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cover photo: Waverley Station

A Life Transformed ?

Psoriasis, it has to be said, changed my life and continues to do so on a daily basis. Not just my life but those of many others too; family, friends, work colleagues and a whole range of people who had no choice in the matter.

Let me take you back to Waverley Station, Edinburgh, even if you have not been there yourself! It is certainly a very aesthetic piece of architecture and a place etched on my memory, or should I say skin and bone. Working away from my home in Sheffield during the week was not too bad. My colleagues at Napier University were great to get along with. The students were well motivated and hard working, a pleasure to teach and the city of Edinburgh was simply fantastic … a truly cracking place in which to live and work.

As good as Edinburgh was to live and work in, I was glad to be travelling south, to God's county … Yorkshire. The long awaited train came in to the station bang on time and I eagerly picked up my travel bag heavy with marking and textbooks to plough through over the weekend. Keen to be reunited with my young family, I was very much missing my young daughter. I swung my bag over my shoulder with my usual gusto and then … blinding pains, legs not working properly and… unbeknown to me, a severely ruptured disc. (L4 /L5. for those acquainted with medical terms) was the culprit. It hurt. It was serious.

Six weeks later, after being the big macho man oblivious to pain (if only!), I finally succumbed to the doctor on a Saturday morning in the emergency clinic … and numbness. After emergency surgery the following week, I was relieved to know that I could still walk and function despite scars and after-effects – I was cured as much as I could be.

My disease is a malevolent thing – or it can be if you let it. I started with the disease I have come to know on an intimate and very personal basis soon after my trauma … surgery … the trigger… a genetic switch? … who knows!? I am at a loss to know what to call it. People call it psoriasis, but it is far far more and far more damaging than the surgeons scalpel or a moment of careless stupidity with a travel bag on Waverley Station in Edinburgh.

My case is not unusual; I have had pain, treatments numerous, side effects, bad reactions … many, and experienced what normal people would prefer to keep in a hidden nightmare world. Creeping, progressive disfigurement of both skin and bone, whispers, discreet looks and murmurs, pity and above all thankfulness that they do not have to live with your own private nightmare that became my life.

Work vanished; family life was strained and denuded … eroded. Finances fell through a black hole and I have battled with my own personal demon and taken on psoriasis full in the face.

My victory over the disease is as yet tentative, if indeed I succeed at all. It is certainly turbulent, complicated and by no means permanent. I have taken to writing and acting, as a means of connecting with my feelings and being able to begin to make sense of what has happened to me without my asking or invitation. It has been a great relief … so far!

I have just directed my first one act play to audiences that like my work and I have also acted in two plays this summer at Gawsworth Open Air Theatre, where fellow actors do not mind that my skin is red from top to bottom and that I leave a trail of skin at every costume change! I can't help hoping that my psoriasis might help me emulate the success of one of my writing heroes, Dennis Potter.

As I write this I am getting ready to act as an extra in a short film that will be screened in the short film art house circuit in the UK and Europe.

Psoriatic arthritis is an Armageddon that nobody can comprehend, and nobody would certainly ever invite it to be part of their life, but with the help of friends and family I am lucky enough to have remained in touch with my life, loved ones, friends and even my barber!

As I am sure that anyone reading this article will know only too well, the cycle of visits to doctors, specialists, pharmacies, and a whole range of other medical professionals (the convoluted, desperate trail for relief!) is as hard to bear as the disease itself.

I am sure that all fellow sufferers have had the same frustrations. Stage One: You find a good GP, they are sympathetic and refer you to the consultant. Stage Two: you try one of the very powerful creams. Stage Three: you eventually, after creams and emollients try the first of the nasty drugs. These may or may not work – if you are lucky enough for the drug to work … your internal organs start to give up the ghost. Stage Four: (or was it three?) you have light treatment and after a few weeks it works. Stage Five: the second course of light treatment does not work. Stage Six: you have your first "I give up" session and hurt a lot of people around you. Stage Seven: … (there may well be many stages in-between stages six and seven, accompanied by a few more "I give up" sessions) … you accept that you have what you have and are what you are. Stage Eight: things start to get better, you get used to the medical systems and find your own way of getting the information that you need and want, you start to make your own choices as opposed to going through the mill. Stage Nine: As you do things for yourself more, you realise what you have put everyone close to yourself through and start to make up for your justifiable misdemeanour. Stage Ten: I have finally conquered my nemesis, understood it, debated with it, shouted at it and come out the other end a creative person with a lot to give.

… Stage Eleven … who knows!? … but I am sure that I will be acting in a lot more plays as a result of something that happened a long way away in Edinburgh and be very happy with my extended family.

Good luck and think forwards!

by David Olof Carney

Your contributions are welcome - tell us your stories!

Psoriasis, Psoriatic Arthritis and Fatigue

Psoriasis, Psoriatic Arthritis and Fatigue

Occasional tiredness is normal, and affects everyone. But people with psoriasis or psoriatic arthritis often feel tired all the time. Some people who develop this symptom think there must be something psychologically wrong with them or that they are going mad. You are not - fatigue is a common and recognised symptom of your condition.

Why do I feel tired all the time?

Fatigue often occurs when there is inflammation in the body. Inflammation is linked with the release of powerful chemicals. These include:

- inflammatory proteins which increase the stickiness of blood platelets
- proteins which bind to antibodies and circulate as immune complexes
- immune system chemicals that help immune cells communicate with each other such as interleukins, especially interleukin 1.

Psoriasis and psoriatic arthritis are long-term inflammatory conditions. With both of them, fatigue may be an early symptom. Researchers do not know exactly what causes it, but it seems to be linked with increased levels of the above inflammatory substances in the body.

What can I do to help?

If you feel tired all the time, tell your doctor. Sometimes you may need to have your medication changed. A number of things may help you feel less exhausted all the time:

- Eat a diet providing at least five servings of fresh fruit or vegetables a day
- Reduce the animal fats in your diet and avoid fatty foods as much as possible
- Eat fresh, home-made foods rather than pre-packaged convenience foods
- Increase your intake of B-group vitamins needed for the production of energy in the body: brown rice, wholegrain bread and cereals, oatmeal and oatflakes, pulses, green leafy vegetables, oily fish, poultry
- Aim to eat more oily fish, virgin olive oil or rapeseed oil, nuts and seeds
- If you are unable to increase your intake of fish, consider taking an omega-3 fish oil supplement
- Cut back on saturated spreads and vegetable oils and products containing them such as bought biscuits and cakes
- Consider taking a vitamin and mineral supplement supplying around 100% of the recommended daily amount for as many nutrients as possible
- Avoid excess stress
- Take regular, gentle exercise
- Try to lose any excess weight
- Try to get a good night's sleep
- Avoid things that interfere with sleep such as caffeine, nicotine, excessive alcohol and eating rich, heavy food late at night.

SLEEP SURVEY

A recent survey of 4,000 people revealed the following results:

Sleep quantity

- 46% typically get six hours sleep a night or less, whilst 18% get under five hours rest
- Just 21% of the population are getting the recommended 8 hours a night

Implications of disturbed sleep

- A quarter of British people – that's 15 million people - are taking days off work because they feel too tired after a bad night's sleep
- Relationships are also suffering, with 68% admitting they are regularly put off having sex because they are too tired
- Four out of five would rather go without sex than put up with poor quality sleep
- One in twenty have ended a relationship because of a partner's sleeping habits
- Three quarters said they wake up EVERY morning still exhausted
- 40% revealed they are so tired that they feel they need to nap during the day
- Two thirds said they would LOVE to get more sleep
- One in five have an alcoholic drink to help them get off, whilst one in ten regularly resort to medication to help them get to sleep

Factors disturbing sleep

- Eight in ten people have suffered from muscle cramp at night
- Half of those questioned were regularly woken up by their partner, with one in five disturbed EVERY NIGHT
- Two thirds admitted they were regularly kept awake by stress and worry, with money the most common source of anxiety, followed by work and family issues
- Even when asleep people can't seem to get away from their work with 52% regularly dreaming about their job
- The most common external factors causing disrupted sleep were noisy neighbours, a snoring partner or family member, and restless children

Source: Pegasus Public Relations

Technique increases core strength and stability, improves posture, flattens tummies and enhances sexual comfort and pleasure.

Professor Kari Bø, a world expert in exercise science and physiotherapy, has launched The PELVICORE Technique - a free DVD to help women improve the tone and control of their pelvic floor muscle. The PELVICORE Technique has been launched through Core Wellness, a Europe-wide project, supported by feminine hygiene brand TENA, which aims to help women stay in control of their body.

Recent research by Core Wellness of UK women[1] over 35 reveals that 50% feel less confident about their body now than they did at 20. 30% of women surveyed dislike their body and feel lack of confidence naked with their partner. 55% of women felt their stomach was the worst part of their body, by far the biggest worry area, followed by legs (13%) and bottom (6%).

The PELVICORE Technique is a gentle, quick and easy exercise routine for women of all ages and levels of ability. It will increase overall core strength and stability and improve posture, flatten tummies and even increase sexual comfort and pleasure. 1 in 4 women in the UK experiences bladder weakness and The PELVICORE Technique is also proven to both prevent, and in many women cure bladder weakness – trials have shown up to 70% of women with stress incontinence will cure their bladder weakness[2]. The DVD is available completely free at www.corewellness.co.uk while stocks last.

The pelvic floor forms the base of the core muscles grouped around the body's trunk. It specifically helps control posture and tummy tone, supports internal organs and is a vital platform for good health. Yet most women completely neglect this vital muscle group with less than one in 10 regularly exercising them.

While women clearly understand the benefits of a well toned pelvic floor including bladder control and increased sexual pleasure, according to Kari Bø, the failure to exercise them is due to a lack of knowledge and guidance.

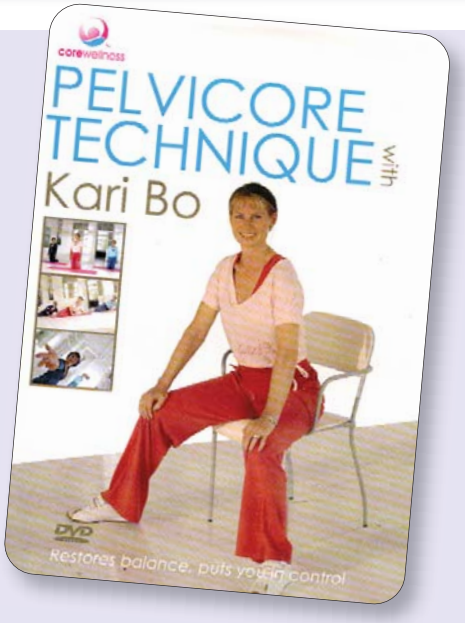
'I've spent 20 years researching and treating women with pelvic floor problems,' says Kari Bø. 'Over this time I have applied many physiotherapy and exercise techniques to help women improve their tone and control.'

'If the pelvic floor muscles are not functioning effectively we can experience several symptoms, the most common in women is of course a lack of bladder control where leaks occur during physical effort such as sneezing, laughing or exercising. One in four women will experience bladder weakness making it as common as hayfever.

'Many women consider it a natural part of life but don't give up,' says Kari, 'PELVICORE Technique is a proven, quick and easy way to get back in control.'

References:

1 YouGov, 1114 UK women 35+, 5 September 2007
2 Morkved S, Bo K, Fjortoft T.Obstetrics and Gynaecology 100(4): 730- 739. 2002.



Pelvicore DVD

The Pelvicore Technique with Kari Bø will help women of all ages restore balance and regain control of their body.

This brilliantly simple exercise programme will improve your tummy tone, posture and even your sex life!

Whatever your age or ability Kari will help you experience an instant improvement.

- **FIRMER TUMMY**
- **BETTER OVERALL STRENGTH**
- **IMPROVED MOVEMENT AND CONTROL**
- **REDUCING AND PREVENTING BACK AND OTHER JOINT PAIN**
- **ENHANCING SEXUAL COMFORT AND PLEASURE**
- **PREVENTING BLADDER WEAKNESS**
- **CURES STRESS INCONTINENCE IN 60-70% OF WOMEN**

Kari Bø, professor of exercise science and physiotherapy based at the Norwegian School of Sport Sciences in Oslo, has spent 20 years researching the core muscles of the body and treating women with pelvic floor problems.

Whatever your age or ability Kari will help you experience an instant improvement.

Available from www.corewellness.co.uk

News Extra ...

Free pelvic health guide available from a new website that offers help and information about Kegel exercises designed to help you gain control of your bladder and sex life!

Available from www.mypelvicfitness.com
Hard copy version available from Health Guide SPM Ltd., PO Box 330, Bristol BS9 2WJ
Tel: 0870 701 9601

GP Prescribing of Antibiotics in Question

GPs prescribing antibiotics often rely on their personal preferences and experience, rather than clinical evidence, says new research launched at the British Pharmaceutical Conference (BPC) in Manchester.

The risk associated with this behaviour is that the drug prescribed may be unnecessary or inappropriate, increasing the potential for antibiotic resistance and adding costs to the Primary Care Trust (PCT), pharmacists at Liverpool's John Moore's University concluded.

Researchers investigated whether GPs were adhering to local PCT guidelines for infection control when prescribing certain specialist and expensive antibiotics (co-amoxiclav and clarithromycin). They also compared results to those of a similar 2005 study.

Guidelines say these drugs should only be used as the first-line treatment for very few conditions, but the research found these drugs accounted for 15% of all antibacterials prescribed in the study, and often for conditions not included in the PCT guidelines.

80% of antibiotics prescribed in the UK are in primary care. Doctors find antibiotic therapy difficult because of perceived pressure from patients to prescribe antibiotics that GPs don't believe are clinically justified, set against their worry about failure to treat the small number of cases which lead to serious complications.

Following the 2005 research, some education and information support on antibacterial prescribing was provided to GPs. The PCT is also introducing a computer software package that highlights to GPs drug therapy alternatives and potentially better drug therapy choices.

Rachel Aspinall, who led the research, said: ''There are serious risks associated with prescribing based on preference and experience - it can lead to the chosen drug being inappropriate or completely unnecessary.

''Inappropriate prescribing can also reduce the effectiveness of antibiotics for patients who may need them in the future, and potentially lead to complete antibiotic resistance. So, it's important GPs are given more support in prescribing. Pharmacists are experts in medicines, and therefore ideally placed to provide support of this kind to ensure all patients receive the best possible healthcare.''

efpia
European Federation of Pharmaceutical Industries and Associations

EFPIA adopts new Europe-wide code of practice

EFPIA, the European Pharmaceutical Industry Association, has adopted a Europe-wide code of practice on the relationships between the pharmaceutical industry and patient organisations. This new initiative demonstrates the industry's resolve to tighten up ethical standards and enhance transparency through self-regulation.

The code sets out standards in the fields of transparency, the use of written agreements, non-promotion, diversified funding of patient organisations, use of patient group logos, editorial control and appropriate hospitality.

"All the pharmaceutical companies EFPIA represents directly and indirectly will have to comply with a set of fundamental rules. Failure to comply will be sanctioned," said Arthur J. Higgins, President of EFPIA and CEO of Bayer HealthCare, who added, "Through their action, patient organisations bring hope to millions of people across Europe. However they often depend solely on industry support. We would also strongly recommend that European authorities help them diversify their sources of funding".

The code requires that, by the end of March 2009, the names of patient organisations supported by pharmaceutical companies will be made publicly available once a year. The code will be effective across Europe as of 1 July 2008, and it will also apply to the members of EFPIA's specialised groups, European Biopharmaceutical Enterprises (EBE) and European Vaccine Manufacturers (EVM). Each EFPIA member association will establish national procedures and structures to receive and process complaints and impose sanctions. Non-industry stakeholders will be involved in the enforcement process.

EFPIA represents the pharmaceutical industry operating in Europe. Through its direct membership of 32 national associations and 44 leading pharmaceutical companies, EFPIA is the voice on the EU scene of 2,100 companies committed to researching, developing and bringing to patients new medicines that improve health and the quality of life around the world. **Website: www.efpia.eu**

PAPAA's position on pharmaceutical funding

papaa

PAPAA does not currently receive funds (either directly or in kind) from the pharmaceutical industry or commercial sector. All activities are funded via donations, subscriptions, charitable grants, legacies or sales of materials. We believe that this allows us to act in an open non-biased way and free from any perceived influence or agendas that may arise. We do not link our activities to commercial marketing or public relations campaigns and will only link our name or logo to an activity if we believe that it is beneficial to our constituent group.

New On-the-Spot Checks for Fake Medicines

Research shows new technology can identify counterfeit drugs in minutes

A leading UK expert in analysing pharmaceutical compounds has demonstrated that US-based technology can identify fake medicines in minutes. Traditional technology, based on large, laboratory-based methods, takes hours and sometimes days of intensive work.

Presenting his research at the British Pharmaceutical Conference (BPC) in Manchester, Professor Tony Moffat said: ''This new technology allows analysis from a scraping rather than from a whole crushed tablet (which saves time and effort) and can identify counterfeits in real time - two important benefits over existing technology - that offers wholesalers, regulators and governments the opportunity to up-scale their efforts to detect fake drugs that are increasingly entering the supply chain.''

Professor Moffat is Head of the Centre for Pharmaceutical Analysis at the University of London's School of Pharmacy.

Identification of a fake drug by visual examination is almost impossible. Increasingly, international and national regulators, law enforcement personnel, pharmaceutical companies and wholesalers are looking for ways of reducing counterfeits entering the supply chain. Recent examples of counterfeits entering the UK supply chain include Plavix (to prevent blood clotting), Casodex (for prostate cancer) and Zyprexa (for psychosis).

The technology, called Direct Analysis in Real Time (DART), produces an almost instantaneous reading of the chemical composition of the outer coating of a tablet - or of its core composition - based on a scraping of the tablet. Traditional analytical techniques require tablets to be crushed to a powder and processed before they can be assessed.

To test the potential of DART technology, Professor Moffat and his team analysed authentic Cialis (a treatment for erectile dysfunction) tablets which contain an active ingredient called tadalafil, bought from pharmacies in London, and compared them with known counterfeit Cialis tablets provided by the Korean Food and Drug Administration. The film coating of the authentic drugs contained a signature chemical that was detected by DART in all instances. DART correctly excluded all the counterfeits because of this signature chemical. Moreover, when a scraping of the tablets was used to examine the core composition of the tablets, DART revealed that none of the counterfeits contained tadalafil. Instead, they contained the active ingredient of Viagra, sildenafil.

DART clearly differentiated the authentic from the counterfeit

Professor Moffat said: ''DART clearly differentiated the authentic from the counterfeit preparations within a few minutes. This technique is minimally destructive and gives accurate and quick readings. There is great potential for this technology to be used more widely in efforts to reduce the market fake medicines.''

Psoriasis and the Heart

Heart disease is the second most common reported long-term disease after musculoskeletal conditions in UK. In the general population 1.5 million men and 1.1 million women are affected. The prevalence increases for those aged 75 or older to 1 in 4 men and 1 in 5 women.

Psoriasis can affect your heart in several ways; some ways are life threatening (including heart attacks) and others are much less serious. There are many risk factors for developing heart related conditions, many of which can be avoided.

The most common heart condition affecting people with psoriasis is atherosclerosis. It occurs when cholesterol and fatty deposits clog the blood vessels, slowing blood flow and preventing the delivery of oxygen and nutrients to the heart, brain and other organs. This may result in a heart attack or stroke.

The good news is that you can take action against many of these risk factors and reduce your risk of heart disease. We have produced a new leaflet called 'Psoriasis and the Heart', which explains the risks and includes useful advice on how to reduce these risks. The leaflet will be sent out free to all subscribers to Skin 'n' Bones Connectio when available in January 2008.

Rebound Therapy Updates Site

The Rebound Therapy website, www.reboundtherapy.org has now been redesigned.

The website is for use by everyone who is involved with rebound therapy, and rehab trampolining: physiotherapists, occupational therapists, speech therapists, nurses, teachers, parents, carers, health workers, trampoline coaches …

Take a look at the newly designed site. Rebound Therapy will be pleased to receive all your comments, questions, suggestions, and your papers for publication on the site.

Those of you who have visited the website before will see that the forum has now been replaced with more links to different categories and topics.

Details of Rebound Therapy courses being run by Eddy Anderson and his co-tutors can also be found on the site as well as information for those interested in hosting a course at their own centre or school.

If you would like to go on the mailing list to receive details of courses and other announcements. Please email: info@reboundtherapy.org

The BREAD Prepaid Maestro® is a new breed of payment card. Unlike conventional credit cards, which provide you with a line of credit, or debit cards that are linked to a bank account with an overdraft facility, the BREAD card is a 'pay-as-you-go' card that you load with cash. When applying for a BREAD card there are also no credit checks.

Research suggests that by 2010, 360 million people across Europe will have a prepaid payment card in their pockets at any given time (Source: 'A guide to prepaid cards by MasterCard').

The BREAD Card is currently being piloted in Liverpool, and is being actively marketed at selected ASDA stores.

It's NOT a credit card - so you can only spend what you load, and it works in the same way as a 'pay-as-you-go' mobile: you top it up with cash.

It is safer than carrying cash and you can use it to shop online, in store or over the phone.

The card costs £10; there is no monthly fee and no charge when you use it – though there is a charge of £1.50 for cash machines.

It can be loaded with cash at any PayPoint® outlet (there are over 16,000 PayPoint® locations across the UK and there is a flat fee of £1 each time you load up your card). Loading via bank transfer/BACS/ wages transfer costs 0.25p per transaction.

There is also a flat rate charge of £1.50 to share money from a primary BREAD Card to a secondary BREAD Card, which means that BREAD is a very cost effective method of sending money to friends and family both home and abroad. (For further explanation of 'card to card' money share please refer to website www.breadcard.com).

Other fees, terms & conditions apply. For more details. Please refer to: www.breadcard.com

What is psoriasis?

Psoriasis is a long-term (chronic) scaling disease of the skin, which affects 2% to 3% of the UK population. It appears as red, raised scaly patches known as plaques. Any part of the skin surface may be involved but the plaques most commonly appear on the elbows, knees and scalp. It can be itchy but is not usually painful. Nail changes are present in 50% of people and 10% to 20% of people will develop psoriatic arthritis.

What happens?

Normally a skin cell matures in 21 – 28 days and during this time it travels to the surface of the skin, where it is lost in a constant invisible shedding of dead cells.

In patches of psoriasis the turnover of skin cells is much faster, around 4 – 7 days, and this means that even live cells can reach the surface and accumulate with dead cells. The extent of psoriasis and how it affects an individual varies from person to person. Some may only be mildly affected with a tiny patch hidden away on an elbow which that does not bother them while others may have large visible areas of skin involved that significantly affect daily life and relationships.

This process is the same wherever it occurs on the body. **Psoriasis is not contagious.**

Although the most common form of psoriasis consists of red, raised, scaly plaques, there are a number of different types, which look different and may require specific treatment.

Remember, although psoriasis is a chronic long-term condition with no cure, it can be controlled and go into remission (go away). Not all people will be affected in the same way and doctors will class the condition as mild, moderate or severe.

Mild psoriasis (80% of people) is where there are a few patches that may need treatment but are not likely to cause problems and can be easily controlled.

Moderate psoriasis (15% of people) is where more skin is involved and the condition is widespread but again can usually be controlled with self management under a GP or nurse supervision.

Severe psoriasis (5% of people) is where large areas are covered with psoriasis and the condition becomes difficult to self-manage or no longer responds to treatment. At this stage referral to secondary care at a local hospital out-patient department or in extreme cases an in-patient stay may be felt necessary in order to provide optimum care and monitoring.

In most cases, exposure to sunlight improves the condition, although sunburn can bring about a relapse in the sunburnt areas. Some patients find their psoriasis is made worse by UV light and are not suitable for some phototherapy treatments.

What are ultraviolet rays?

The light produced by the sun can be split into the colours we see in a rainbow – at one end of the spectrum are the ultraviolet rays – further divided into ultraviolet rays – further divided into ultraviolet A, B, and C.

UVC is very harmful to all living things but as long as the ozone layer remains intact, this will not reach earth.

UVB is a short wavelength of light that only penetrates the superficial layer of the skin. We are all at risk of sunburn, but those of us with very fair (Type 1) skin are most at risk.

UVA is a long wavelength of light. It is less abundant than UVB but penetrates the skin deeper and takes longer to burn. UVA can also penetrate window glass.

The use of UV light in the UK is governed by guidelines from the British Photodermatology Group, which looks at who should be treated and decides on safe doses. UV light therapy can be effective in three patient types:

- People with severe psoriasis that is not responding to topical treatments.
- People whose psoriasis returns within three to six months of successful treatment as in-patients or day patients.
- People who do not want topical treatment.

What phototherapy treatments are available? UVB – what is it?

People with psoriasis can sometimes be referred to a specialist hospital unit for ultraviolet light therapy. UVB light is used to help trigger chemical reactions that affect the function of the cells by reducing their ability to reproduce so quickly.

UVB is used to treat guttate psoriasis or plaque psoriasis, which fails to respond to simple topical treatments.

UVB is present in natural sunlight and can be an effective treatment for psoriasis. The UVB rays work by penetrating the skin, slowing down the rapid growth of skin cells associated with psoriasis. UVB treatment involves exposing the skin to an artificial UVB light source for a set period of time at regular intervals (2 or 3 times a week), usually in a hospital setting under the direct guidance of a phototherapist in accordance with a dermatologist's recommendations. There are two types of UVB treatments, broadband and narrowband. Narrowband UVB (TL01) is the most common type of UVB treatment in the UK. Narrowband UVB works in much the same way as broadband UVB. The major difference is that narrowband UVB utilises specific wavelengths of UVB that are known to minimise the risk of burning and are effective in the treatment of psoriasis. UVB treatments are safe to use in both adults and children and in pregnancy. UVB can be used as a single treatment or in combination with other topical or systemic medications as recommended by your doctor or healthcare professional.

What happens if I have to have UVB treatment?

If you have several patches to treat over your body you will be expected to stand in a purpose-built treatment light box (like an upright sunbed) that is fitted with UVB lamps. However if you have localised areas such as palms and soles smaller units may be used. Usually treatment is given three times a week and between 20 and 30 treatments are required, although this may vary. The length of time patients are exposed to the UVB will gradually increase over the course of treatment. Treatment can sometimes cause itching, redness and/or skin tenderness. If this should arise always inform your doctor or healthcare professional administering the treatment. Good patient compliance and patience is called for to obtain successful outcomes with this treatment as it is time consuming and may be restrictive due to employment schedules or other commitments.

Psoriasis and Phototherapy

The Goeckerman regime

People may be referred to hospital for day treatment with UVB in combination with application of coal tar medications. This regime is called the Goeckerman method. Coal tar preparations are applied to the skin for a length of time then removed before a person is exposed to UVB light. This method can also be combined with steroid medications and scale removers in the early stages of the treatment.

What are the side effects of UVB treatment?

UVB treatment can occasionally cause an initial deterioration in psoriasis before improvement is seen. The skin can become itchy and red due to treatment. If this should happen the next treatment of UVB can be omitted or the dose reduced to prevent any further irritation or discomfort. If during the course of treatment coal tar preparations are used these can in some cases cause the skin pores to clog creating small pimple-like eruptions (folliculitis). These eruptions are caused by not applying the coal tar correctly - it should be applied in the same direction as the hair grows. Folliculitis is not permanent but it may mean the coal tar preparations have to be stopped.

Another side effect of over exposure to UVB is sunburn. This can also occur if you have been using other medications or herbal supplements which can cause sensitivity to light. It is important before you start any courses of any treatment to inform your healthcare professional or doctor of any products that you are taking.

PUVA – what is it?

PUVA stands for Psoralen and Ultraviolet Light A

PUVA is another form of UV light treatment using ultraviolet A light and a plant extract called a psoralen. This chemical makes the skin more sensitive to light and increases the effect of the UVA light. Psoralen is derived from plants and is normally taken as a tablet or by bathing in a psoralen solution.

Like UVB treatment this is usually administered in hospital.

Psoralens and sunlight were used by the Egyptians and Indians for hundreds of years in the treatment of vitiligo (a condition in which areas of the skin lose their colour and become white). More recently psoralens and ultraviolet light A have been used for treating psoriasis and other skin conditions. PUVA is often used after other treatments have failed. Total body PUVA is used when at least 20 per cent of the body is affected.

Psoralens

Psoralens are chemicals which are found in more than 30 plants, including lime, lemon, celery, parsley, fig and clove. In PUVA therapy a psoralen drug is taken by mouth, bathed in a solution or applied to the skin as a paint, and the skin is then exposed to UVA. The psoralen acts by making the skin more sensitive to long-wave UV.

The oral methoxypsoralen capsules contain psoralen. These capsules should be taken TWO HOURS before treatment to get the best results. Check this with the doctor or pharmacist. With some preparations this time interval is different. If your capsules make you feel sick, they should be taken with a light meal or a glass of milk. It is important to take them with a similar amount of food on each occasion, as absorption of psoralen can vary.

For topical PUVA, the psoralen paint should be applied sparingly to the affected areas ONE HOUR before treatment. The paint should be applied using a cotton bud and then allowed to dry. When applying the paint be very careful that it does not run onto clear areas of your skin. You are advised to wash or shower after local PUVA.

Tell the nurse or hospital doctor when you need some more capsules or paint as these are only available from the hospital pharmacy.

UVA

Ultraviolet light A occurs naturally in the sun's rays. In most parts of the world only small amounts reach the earth's surface. PUVA therapy needs large amounts of UVA, so this is provided by special machines.

How PUVA works

In the presence of UVA, the psoralen combines with the cells in the skin to slow down their rate of division. The treatment causes a reddening of the skin and increased production of the natural pigment melanin. This may give you a tan.

The PUVA Machine

The machines used contain many fluorescent tubes with a special coating. These tubes give out the UVA needed for PUVA. The tubes are built into boxes, rather like shower cabinets, into which you step for treatment. Some patients dislike the rather claustrophobic feeling of being inside the cabinet, but most patients get used to it. Some elderly patients may find it difficult and uncomfortable to stand up for the required time. Fans are built into the cabinet for ventilation and temperature control. Smaller PUVA units are used for treating small areas of the skin, such as the hands or feet.

During treatment you must wear goggles to protect your eyes. Try not to stare directly at the rays of light during treatment.

The Treatment Sessions

Treatment time depends mainly on your skin type and how it reacts to sunlight. Fair-skinned people, who burn easily, will have a shorter treatment time than dark-skinned people who rarely burn in the sun.

The treatment sessions may gradually

be increased from a few minutes up to 20 minutes if your skin tolerates the treatment and does not burn.

If you notice any burning or soreness tell the nurse before further treatment, as the treatment time may need to be reduced or the affected area may need covering. Many men find their face becomes red after treatment, so next time it is often protected by a visor.

Frequency

Treatment is usually given twice a week. It is not safe to give it more often as any redness or burning can take up to 96 hours to appear hours to appear and burnt skin should be protected from further exposure.

Psoriasis usually clears after 6-8 weeks of treatment. Some people will find they can stop treatment and have long periods free from disease. Continuous PUVA therapy is avoided to reduce the cumulative effects of UVA.

For PUVA therapy you attend as an outpatient and therefore the treatment may not interfere with your work or schooling. If you do experience difficulty with getting time off, your doctor may be happy to write to the place concerned.

Precautions to take

Always be ON TIME for your appointment as the clinics run to a very tight schedule.

Methoxypsoralen capsules sensitise your skin and eyes to sunlight for about 8 hours. To prevent the possibility of cataract formation you must wear sunglasses, which protect your eyes against UVA, for 24 hours after taking the capsules. The phototherapy department can test your sunglasses for you. During this time you must also wear suitable clothing to protect your skin. The sun acts like the PUVA machine and can cause burning if your skin is exposed for long periods after using psoralens.

Skin that has been painted for topical PUVA should be protected from direct sunlight for 12 hours after application of the paint. Remember that UVA radiation from the sun can penetrate glass and light fabrics, so remain in the shade if possible.

During the summer, if you must go out for long periods, wear protective clothing and a good sunblock which has been recommended by your doctor. Many sunscreens do not protect adequately against UVA.

Dry, itchy skin can be treated by creams such as aqueous cream or emollients; these are available on prescription and also over the counter. You are advised not to use bubble baths as these can dry out your skin.

Instead, add prescribed bath oils or emollient to the bath water. After adding this to the water soak in the bath for 10-15 minutes.

Please inform the nurse if you have been started on any new medication as some medicines make you more sensitive to the light.

Women of child-bearing age should not become pregnant while using psoralens, but previous use of PUVA does not affect subsequent pregnancies.

You should not use a sunbed while on PUVA therapy.

Prior to treatment, your skin should be clean and dry. PUVA therapy may be less effective if your skin is covered by certain creams and ointments.

Do not wear deodorants, perfume or aftershave during treatment. Some of them contain oils which sensitise the skin to light and may result in patchy discolouration of the skin which takes many months to fade.

You should make an appointment to see your doctor at intervals.

People who are unreliable in attending the clinic, in using their psoralens or wearing their protective sunglasses and clothes will not be treated with PUVA

Side effects of PUVA

Side effects may occur from PUVA, but these are reduced if you follow the precautions.

1. Your skin may burn, blister or become dry and itchy.

2. Long-term use of PUVA may age the skin.

3. Prolonged exposure to sunlight and hence to PUVA can cause skin growths to appear. If you notice any such changes, please let the doctor or nurse know.

4. There is a theoretical risk of cataract formation in the eye, but this has not happened where eye protection has been used.

The most common short-term side effects of PUVA are nausea, itching and redness of the skin. Drinking milk or ginger ale, taking ginger supplements or eating while taking oral psoralen may prevent you from feeling sick. Antihistamines, baths with oatmeal products or applying topical creams / ointments / gels containing capsaicin may help relieve the itching caused by PUVA.

Advantages of PUVA

1. It does not involve the use of messy or smelly creams and ointments.
2. There are no stains to ruin clothes or bed linen.
3. You may acquire a pleasant tan.
4. You attend as an outpatient.

PUVA is a powerful and pleasant way of treating certain skin conditions. At present it is reserved for patients with relatively severe psoriasis or other skin conditions. PUVA is not a cure for your skin disorder but it will help to control it.

Where are phototherapy treatments available?

It should be mentioned that not all phototherapy treatments will be available in every hospital but your doctor will be able to advise you of availability to such specialised centres.

Maximum lifetime exposure to phototherapy

It is recommended by the British Photodermatology Group that individuals should not be exposed to more than 1,000 joules or 250 treatments of PUVA or 300 treatments of narrowband UVB in their lifetime.

Skin cancer

There is no direct and conclusive evidence to suggest an increased risk of skin cancer from UVB treatments for psoriasis. It is important that you get your skin examined by a doctor at regular intervals to check for any small abnormalities which in most cases if detected early can easily be removed without any serious consequences.

Some healthcare professionals may suggest using a sunscreen before treatment on any areas of skin that are not affected because this minimises over-exposure to UVB. The face is usually protected with a visor once any facial psoriasis has cleared.

Useful information:
British Photodermatology Group
www.bad.org.uk/healthcare/guidelines/puva

Hanbury Manor road-tested

Marriott Hanbury Manor Hotel and Country Spa, situated 25 miles north of London, is truly a lovely Jacobean retreat for a short stay to recharge your batteries without any hassles.

Hanbury Manor was built in 1890, by Edmund Hanbury an entrepreneur, for his bride Amy. The manor then went on to become for 60 years a boarding school and convent. You can even see Pole Hall within the hotel, the original chapel belonging to the manor house. A beautiful room with its high ceilings, minstrel gallery which can seat 120 guests for venues, and a lovely room in which to hold a wedding or reception.

In 1990 it was taken over by the Marriott chain of hotels to become a lavish 5 star hotel and country club, and boasts impressive facilities, spa, lovely food, style, comfort, great staff, but most of all, you are captivated by Hanbury Manor's enigmatic charm and beauty that surround it. Hanbury Manor envelops you as soon as you walk in the door, with a feel of coming home.

For those who love golf, Hanbury Manor has a lovely 18 hole golf course designed by Jack Nicklaus, and has some of the best greens in Britain, playing host to many impressive tournaments like the European PGA English Open from 1997-99.

The spa facilities do not disappoint either but complement. It is large and spacious, comfortable, but not intimidating, with complimentary beverages at hand. The are a good range of treatments to suit almost everyone, in 8 fully equipped treatment rooms. Spa guests can also enjoy bathing in the large warm Romanesque pool, or laze in the spa bath overlooking the pool. There is a dance studio with a variety of classes daily, aqua aerobics, aqua classes for those with arthritis, resistance gym, well-equipped cardiovascular studio, steam room, sauna, showers, solarium, tennis courts, jogging trails and croquet lawn, even crèche facilities.

The hotel itself has 14 well-equipped meeting rooms, 161 bedrooms (three of which are for disabled guests), two restaurants, Vardon's bar, which also serves great food with a relaxed atmosphere, cocktail bar and a lovely old traditional library, parking for 200 cars, and spectacular grounds to roam and explore should you wish, or just for gentle strolls.

Some local attractions are Paradise Wildlife Park, St.Albans City Centre, the historic town of Hertford, Hatfield House, Knebworth house, and within easy reach of London and Cambridge.

The Spa offers various packages for guests either on a daily basis or in conjunction with residential stays.

For further information please contact:
Marriott Hanbury Manor Hotel & Country Club, Thundridge, Ware, Hertfordshire, SG12 0SD.
Tel: 0870 400 7222.
www.Marriott.co.uk/STNGS

Golimumab reduces symptoms of psoriatic arthritis

Golimumab is a new biologic medication and TNF-a inhibitor that is undergoing clinical trials in the treatment of various diseases. A recent study has shown that Golimumab is effective in treating psoriatic arthritis (PsA). The drug is being studied as a monthly injection and an every twelve week intravenous infusion (approximately 30-minutes) therapy.

In the psoriatic arthritis study "Golimumab - A Randomized Evaluation of Safety and Efficacy in Subjects with Psoriatic Arthritis Using a Human Anti-TNF Monoclonal Antibody (GO-REVEAL) study", psoriatic arthritis-modified Maastricht Ankylosing Spondylitis Enthesis Scores (MASES) improved significantly in patients receiving golimumab at both 14 and 24 weeks. Participants all showed improvement as measured by the Nail Psoriasis Severity Index (NAPSI).

The results of the study were presented at the American College of Rheumatology 71st Annual Scientific Meeting. November 2007.

Vaccine trial - psoriasis

Scientists are developing a vaccine against psoriasis.

Patients given the jab produced antibodies to fight off a harmful protein, when produced in excess, called tumour necrosis factor, involved in the spread of the skin condition.

Psoriasis is caused by an acceleration of skin cell production. This gives rise to the characteristic raised red patches of skin, covered with silvery scales.

Treatments include creams or steroid ointments that reduce the inflammation, or a treatment called PUVA, which involves taking a pill that sensitises the skin to UV light and then lying under a sunbed. But over-use can increase the risk of skin cancer.

During trials of the new vaccine, developed by Swiss firm Cytos Biotechnology, 48 patients with psoriasis were split into two groups and monitored over 16 weeks. Half got the real jab and the rest a dummy one.

The dummy vaccine group saw little change in symptoms. But those given the real jab saw symptoms improve significantly in the first eight weeks, after which they worsened again.

Source: www.bio-medicine.org

Green Tea is a tonic for itchy skin

Green tea could hold the secret to beating psoriasis, the skin condition that affects more than a million people in Britain.

Tests have revealed it can slow down the growth of skin cells, reducing the development of thick, scaly plaques on the body. It does this by speeding the rate at which affected skin cells die.

Scientists at the Medical College of Georgia, America, where the tests were carried out, are now tryng to develop a cream made from green tea that could be rubbed on affected skin.

Psoriasis is a dry, scaly skin condition in which skin cells are reproduced too quickly. Normally, skin cells take between 21 and 28 days to replace themselves. In psoriasis, they can take just two. This means skin cells accumulate on the surface of the body, causing crusty patches that can become itchy and sore.

Researchers treated inflamed skin with a green tea extract and found it boosted the the activity of a gene that controls the turnover of skin cells.

Research published in: Experimental Dermatology Vol. 16, Issue 8, Page 678 August 2007.

National Health Service

History

The NHS was established on the 5th of July 1948. Its founding father and chief architect was the Minister of Health and Welshman Aneurin Bevan. Before the NHS was set up healthcare was provided on a piecemeal and patchwork basis with many people having to pay directly for primary and hospital care services and others not receiving the services they needed. The NHS was to be funded out of general taxation and was to be based on the following principles:

- Free at the point of delivery
- Comprehensive
- Equity
- Equality

The aim of the NHS was to promote "the establishment of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness" (1946 NHS Act).

The values which underpinned the establishment of the NHS still hold true today but the founders of the NHS could not have anticipated the pressures which would be placed on the system over more than 50 years. Advances in technology, a growing elderly population, increased expectations and knowledge have all increased the demands for health care which have to be met out of a limited budget.

Since 1948 the NHS has seen many changes both in the delivery of healthcare services and in the ways in which those services are structured and organised.

NHS Wales

Some 3 million people live in Wales and use the services of the NHS. Wales faces a number of challenges in improving the health of the people of Wales, some of whom are the poorest and with the worst health status in Europe. Wales has some of the highest rates of cancer and heart disease and has a high proportion of elderly people. The delivery of health services in Wales also has to take account of the mix of rural, urban and valleys areas that exist across Wales.

Wales has for some 30 years had somewhat different policy and structural arrangements from England but these powers have been significantly advanced by the advent of devolution. The Government of Wales Act of 1998 gave powers over a number of areas including education, agriculture, social services, local government and health services to the National Assembly for Wales. The first elections to the Assembly took place in 1999 and from this the Welsh Assembly Government was formed.

The Minister for Health and Social Services is the person within the Welsh Assembly Government who holds cabinet responsibilities for both health and social care. The Health and Social Services Committee, which is composed of assembly members from all of the political parties, contributes to the development and scrutiny of health and social care policy. Civil servants, including those with professional backgrounds, provide support to the minister and the government in formulating and implementing health and social care policy.

Health & Social Care Department

Politicians within the Assembly and the Welsh Assembly Government are supported by civil servants. The Health & Social Care Department supports politicians across the areas of health and social care reflecting emphasis on partnership working at all levels. The Health & Social Care Department was established on 1st March 2004 with the following main areas of responsibility:

- Children and Families' Policy
- Older People and Long Term Care Policy
- Community, Primary Care and Health Services Policy
- Performance and Operations
- Quality Standards and Safety Improvement

Other areas of responsibility include research & development, finance, information management & technology, human resources and capital & estates.

Three regional offices, for North Wales, Mid & West Wales and South & East Wales, act as agent of the chief executive NHS Wales on a day to day basis by holding to account the chief executives of the 36 statutory NHS bodies and managing their performance in line with the Performance Improvement Framework.

The Specialised Health Services Commissioning Agency is an "arms length" specialised services commissioning agency. It provides advice on specialised secondary and regional services commissioning; dedicated guidance and support more generally in relation to acute services commissioning; the first source of independent advice and guidance on commissioning issues that require determination.

Staff

The NHS in Wales employs some 90,000 staff, which makes it Wales' biggest employer. The NHS is a labour intensive service and its pay bill accounts for at least 75% of its total annual cost.

NHS staff are drawn from many professions and occupational groups and work in variety of settings across Wales. In addition to staff employed directly by the NHS there are contractor professions including dentists, opticians, pharmacists and nearly 2,000 general practitioners (GPs) who predominantly work in primary care settings.

Significant changes are occurring to the ways in which people work within NHS Wales. New contracts for doctors and other professional groups, new systems of pay under 'Agenda for Change' and the European Working Times Directive have all impacted on workforce planning and development.

The Scottish Medicines Consortium

The remit of the Scottish Medicines Consortium (SMC) is to provide advice to NHS Boards and their Area Drug and Therapeutics Committees (ADTCs) across Scotland about the status of all newly licensed medicines, all new formulations of existing medicines and new indications for established products (licensed from January 2002). This advice will be made available as soon as practical after the launch of the product involved.

The remit of SMC excludes the assessment of vaccines, branded generics, non-prescription-only medicines (POMs), blood products, plasma substitutes and diagnostic drugs. The review of device-containing medicines will be confined to those licensed as medicines by the MHRA/EMEA.

SMC is a consortium of stakeholders from Area Drug and Therapeutic Committees (ADTCs) and representation is derived from ADTCs across NHS Scotland.

Potential new candidates are sourced from ADTCs and from the nominations received the SMC executive team identifies potential replacements for those leaving the committee. New members are formally invited to join SMC by the chief medical officer. The recruitment of new members to SMC is for a period of three years.

SMC also has two representatives from the Association of British Pharmaceutical Industry (ABPI) on the consortium. Recruitment of these members is facilitated through ABPI who advertise through ABPI channels and review and short-list all nominations before making a formal appointment.

Members of the New Drugs Committee, which is a subcommittee of SMC, are also elected from nominations received from ADTCs.

Recruitment of public partners is via advertising through the SMC website and other relevant bodies, i.e NHS Quality Improvement Scotland, Scottish Health Council, Voluntary Health Scotland and Directors of Public Involvement within Health Boards. A shortlist is drawn up from applications received and an appointment made through an interview process.

Further information can be obtained from: Scottish Medicines Consortium, Delta House (8th floor), 50 West Nile Street, Glasgow G1 2NP. www.scottishmedicines.org.uk

Health & Social Care in Northern Ireland

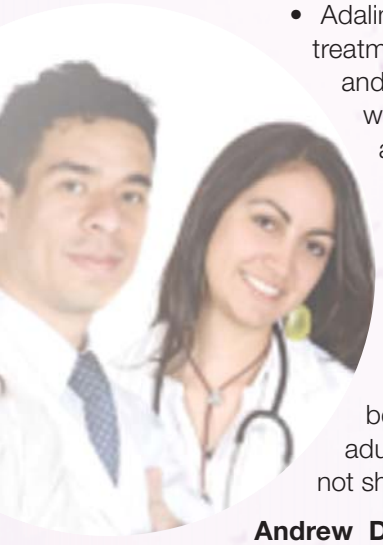
For those living Northern Ireland the Health & Social Care in Northern Ireland website www.hscni.net is the gateway to your services in Northern Ireland, containing links to the Acute and Community Services provided by the 5 Health Trusts, General Practitioner Surgeries and Clinics, Health Boards and Agencies and central government healthcare services. There is advice about healthy lifestyles, the latest local, national and international health news and online access to medical databases.

NHS National Institute for Health and Clinical Excellence

NICE appraisal of adalimumab for the treatment of psoriatic arthritis

The National Institute for Health and Clinical Excellence (NICE) published final guidance on the use of adalimumab for the treatment of psoriatic arthritis, as part of its rapid single technology appraisal (STA) work programme.

NICE recommends:



- Adalimumab is recommended as a treatment option for adults with active and progressive psoriatic arthritis when the person has peripheral arthritis with three or more tender joints and three or more swollen joints, and the psoriatic arthritis has not responded to adequate trials of at least two standard disease-modifying anti-rheumatic drugs
- Adalimumab treatment should be discontinued after 12 weeks in adults whose psoriatic arthritis has not shown an adequate response.

Andrew Dillon, executive lead for the appraisal said: "…The approval of this drug is good news for anyone suffering from psoriatic arthritis - by recommending the use of this drugs, people in England and Wales can be reassured that they have access to effective treatments when they need them."

About NICE

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

- public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector
- health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS
- clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

About the guidance

The adalimumab guidance is available at www.nice.org.uk/TA125

Champneys road-test revisited

Following the article that appeared in the last issue of Skin 'n' Bones Connection we have been asked by some readers to provide the locations of other Champneys spas throughout the UK.

Champneys Resorts

- Champneys Tring, Wiggington, Tring, Herts HP23 6HY
- Champneys Springs, Ashby de la Zouche, Leicestershire LE65 1TG
- Champneys Henlow, Henlow, Bedfordshire, SG16 6DB
- Champneys Forest Mere, Liphook, Hampshire GU30 7JQ
- Hotel Da La Paix, CH 1874, Champery, Switzerland

Telephone: 08703 300 300

Website: www.champneys.com

Day Spas

- Champneys, 60 East Street, Chichester , West Sussex, PO19 1HL, 01243 819010
- Champneys, Unit 6, Hatton Walk , Palace Xchange, Enfield, Middx,EN2 6BS, 0208 363 7994
- Champneys, 23/23a Market Place, St Albans, Herts, AL3 5DP, 01727 864893
- Champneys, 194 High St , Guildford , Surrey, GU1 3H3, 01483 455850

Q **Dear PAPAA,**

I wonder if I could make a plea for greater involvement in the Scottish scene. The recent magazine was of very little relevance to Scotland and positively dismissive one instance…

N

A **Dear N,**

Thank you for your letter which we've only included part of here, a point well made and taken on board.

We have been in contact with the Scottish Medicines Consortium and will endeavour to be more inclusive in future, this will also apply to Wales and Northern Ireland.

Q **Dear PAPAA,**

On the Market Place of the last issue. Some bright spark has put gel gloves and no contact details.

Do you have contact details?

P (via e-mail)

A **Dear P,**

Ooops! Sorry about that.

The product can be obtained from Viva! by contacting the Mail Order Customer Service Centre, 1 Crompton road, Groundwell, Wiltshire SN25 5AW or telephone 0844 482 1616

Dear PAPAA,

I read in the last Skin 'n' Bones Magazine that you do a free fact sheet called Psoriatic Arthritis and the Eyes and I could contact you for a copy. I would also like to say how impressed I am with your new-look magazine, I especially like the information content in the Market Place section which seems very appropriate for the symptoms I am presently experiencing!

S

Hi all at PAPAA,

First, thank you for the recent Skin and Bones book, very informative, as I have had psoriasis for many years, and I'm still learning different things about the condition, at the moment, I guess my skin is the worse it has ever been, and I keep trying different ointments and treatments to help control it, some help, others do not. The reason for this e-mail is, when is my next subscription due please? you can remind me of the date of renewal by this method if you like, may be better than relying on the post office at the present time.

I have had a couple of close family bereavements this year, which hasn't helped my condition, and I am on the surgeons list at our local hospital for a knee replacement, I haven't yet got a date for the 'op, but both knees are damaged through the arthritis and I currently use a caliper on my left leg, which has helped to straighten my foot, which had twisted inwards, I have osteoarthritis, as well as the psoriatic arthritis, greedy eh? !!!!

J

Q **Dear PAPAA,**

Thank you for the pamphlets and information that you sent me recently at my request, I feel better informed as a result.

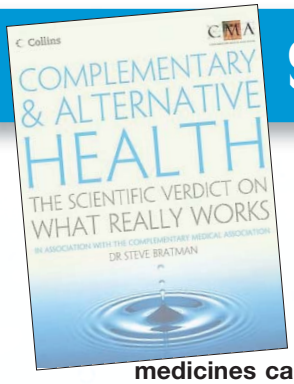
Although it is not my intention to become a member of your organisation, I would like to make a donation to your funds as a 'Thank you' for your assistance.

E L

A **Dear E L,**

Thank you and we appreciate your donation. Our aim is to support and help people in the most appropriate way which meets their needs. Whether just a listening ear at the end of the telephone, providing signposting advice or supplying material to patients free of charge at the point of healthcare delivery. We work on behalf of our constituent group, that is those affected by psoriasis and psoriatic arthritis without seeking publicity as our belief is that these real people count.

Please note: letters and e-mails have been edited and names withheld



Herbal Medicine is far from 'Hocus Pocus'

A recent study, claiming that individually tailored herbal medicines can't be trusted, worryingly doesn't seem to recognise there are around literally thousands of scientific trials on high street products that show herbal remedies do work and are far from 'hocus pocus'.

A new book published by Collins reveals 10,000 scientific trials that show a wide range of herbal medicines are effective. The Complementary Medicines Association (CMA) founder and president Jayney Goddard spent many years researching and editing Complementary and Alternative Health: The Scientific Verdict on What Really Works and is adamant that this sort of proof cannot be ignored by the medical establishment.

"This book is, essentially, a vast encyclopaedia which encompasses virtually every aspect of complementary medicine and draws from data accrued from over 10,000 scientific trials," says Jayney. "It is a book which will be absolutely invaluable to everyone involved in complementary medicine and alternative therapies. It is also essential reading for anyone who is interested in using complementary therapies and wants to know just what the scientific evidence is, so far, for a particular approach.

"Many herbs, clearly, DO work and there are trials to prove it," says Jayney Goddard. "Across Europe and in Germany in particular, we see alternative medicine taken very seriously indeed. It's about time that sort of attitude was given airtime and breathing space in the UK where we have some first class products that can be trusted to work effectively and safely when taken in the recommended way for the specified conditions."

Complementary and Alternative Health: The Scientific Verdict on What Really Works is available at the www.the-cma.org and good book shops priced £19.99 also available at www.amazon.co.uk (ISBN 978-0-00-723511-7)

Puzzle Corner

Enter digits from 1 to 9 into the blank spaces.
Every row must contain one of each digit.
So must every column, as must every 3x3 square.

			1	8	9			
	2	3						1
7						5	4	
	1	9						
			5	3	8			
						6	7	
	4	5						3
6						8	9	
			7	4	2			

Answers:

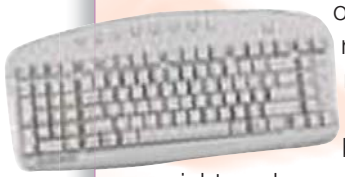
9	5	1	2	4	7	8	3	6
4	6	8	5	1	3	2	7	9
3	2	7	6	9	8	5	4	1
5	7	6	1	2	9	4	8	3
9	1	4	8	3	5	7	6	2
2	8	3	4	7	6	9	1	5
8	4	5	3	6	2	1	9	7
1	6	9	7	5	4	3	2	8
7	3	2	9	8	1	6	5	4

The items most left-handers want are:

1. Non-smudge Pens. With their hand following behind the pen as they write and draw, it's no wonder left-handers' masterpieces usually end up a smudged mess! The latest innovation in pens is instant drying ink that dries immediately it touches the page - a huge hit with left-handers of all ages.

2. Left-handed Scissors. With the blades reversed as well as the handles, truly left-handed scissors can be hard to find, but heaven to cut with as they follow the cutting line without tearing, and without squeezing the handles together so hard you bruise your thumb knuckle. Manicure, kitchen and desk scissors are the most popular.

3. Stationery Sets. Popular with children, who love the idea of a pencil-case full of tools that actually work. A gift set of stationery items that includes sharpeners that rotate the correct way, pens that don't scratch or smudge, rulers they can read right to left and notepads bound on the right, make a perfect gift for little lefties.



4. Leather Conference Folders. Executives chose these soft leather folders, that look and feel great as well as arranging all their papers and notes correctly for left-hand use. Writing pad and pen holders are on the left side of the folder, whilst papers and business card slots are the correct way up so the contents don't fall out all over the floor.

5. Famous Left-handers. With all the superstitions and prejudice left-handedness has faced over the years, it makes a refreshing change to read about the fantastic achievements of left-handers through history, so a new book "A Left-Handed History of the World" by Ed Wright has proved very popular. From Pharaoh Ramses the Great to Microsoft's Bill Gates, this book profiles influential left-handers in history, and discusses how their leftie traits contributed to their greatness. Inspiring stuff and a great present for any left-hander.

Other items on the top 10 list are:

6. Bread/Carving Knife.
7. Corkscrew.
8. Ergonomic Pens.
9. Backwards Clock.
10. Left-handed Playing Cards.

A wide selection of items from this Top Ten plus many more left-handed gifts and gift sets are available worldwide.

- The Anything Left-Handed company provides left-handed products worldwide, through its website www.anythingleft-handed.co.uk. It is the leading supplier of left-handed products in the UK and Europe. This award-winning website is also a huge source of advice and information on all topics relating to left-handedness.

- The products range from the traditional left-handed scissors and kitchen implements, through to a host of knives, stationery and computer peripherals to some funky and innovative left-handed pens – there's even a left-handed boomerang!

- The company is owned by the Milsom family, who have been involved in the business for the last 20 years. The directors of the company, Keith and Lauren Milsom, are both left-handed, as are all the staff. They also run the Left-Handers Club which is free to join from the ALH website.

www.anythingleft-handed.co.uk or tel: 020 8770 3722 for mail order. The site also features a "Top Ten Video" that shows why these items are so popular.

Market Place

Practical Thinsulate Gloves

These beautifully warm gloves are made from finely knitted pure wool, with Thinsulate lining and longer length wrists to retain maximum heat. No longer will you need to remove your gloves for those fiddly tasks, simply pull back the finger caps for fingerless gloves. Designed with suedette palms for a firmer grip. We believe these are the perfect answer for cold-weather comfort. Available in Medium or Large. *Please state size when ordering.*

Ref: 105 5111 Thinsulate gloves £9.95

Ref: 107 1978 Thinsulate gloves 2 pairs SAVE £3 £16.90

Fold Away Bread Slicer

Love the baker's bread but fed up trying to push hand-cut chunks into the toaster? Then you need our new bread slicer. Adjustable for thick or thin cuts, the knife guides ensure a neat, perfectly sized slice every time. Folds away for easy storage.

Ref: 106 3002

Bread slicer £9.95

Solutions from Renwoods
0844 482 1555 or at www.renwoods.com

LAKELAND

OXO Good Grips® Convertible Colander

A sturdy colander that can stand alone, leaving both hands free, or fold out the handles and it will rest over the sink. Having such a large capacity, it will happily drain a big pan of potatoes or vegetables. Stainless steel with Santoprene® handles. Colander dimensions: 32 x 23 x 10cm H. (12½" x 9" x 4"). Fits sinks up to 58cm (22¾") W.

Ref: 11146 £24.99. Phone 015394 88100

Bathometer

It's all too easy to forget the bath's running when you're otherwise occupied … If you stick this little alarm inside the tube, it'll beep when your bath's drawn. And for those with a water meter, Bathometer could pay for itself in months. Set the bath level an inch or so lower than usual and you can still enjoy a good soak, whilst helping to save precious litres of water. Battery and suction cup included.

Ref: 21369 £9.99. Phone 015394 88100

www.lakeland.co.uk

Make quick work of stubborn lids

Opens most types of jar and bottle lids, ranging from 1cm (1/2") to 9cm (31/2") diameter. It also includes a built-in bottle opener. Ideal for people with weak hand strength and fits neatly underneath cupboards and worktops.

TWIST AND TURN. CODE 35976 £6.99

Can Opener

A bright and modern can opener that leaves a smooth edge on the rim of the can. The ingenious magnetic top holds the lid once it's removed. Locks shut for easy use and compact storage.

CAN OPENER. CODE 36333 £5.99

Open cans without difficulty

Specially designed tool that opens ringpull cans of food and drink. Allows you to lift away the lid quickly – without breaking your nails! Dishwasher safe.

CAN PULL. CODE 36970 £1.99

Customer Order Line 0845-129-4650
www.betterware.co.uk