Dr Morton’s – ‘The Medical Helpline’ – says fibromyalgia was 2015’s top condition searched for by people before calling a GP.

Top 10 health searches in the UK in 2015

1. Fibromyalgia
2. Chickenpox
3. Shingles
4. Diarrhoea
5. Pneumonia
6. Depression
7. Diabetes
8. Scarlet Fever
9. Tonsillitis
10. Anxiety
Over the years in which I’ve been advocating for the ESA and PIP, it has been particularly noticeable that the DWP tend to pick on people more throughout December than any other single month of the year. I could write an article on the politics of this, but instead I decided to use December as an opportunity to help some of you. On the Facebook group associated with the Magazine (facebook.com/groups/UKFibromyalgiaPrivate/) we help a Benefits Workshop in which members could ask questions about their ESA and PIP nightmares. The system is complicated and seems to always be changing, so when people become ill or lose ability, they simply don’t know what is available to help them. The assumption from upon high (the government) seems to be that we all know exactly what to do, in every given circumstance.

There are many factors; whether one has a working partner or does not, whether one has savings or not, whether one has worked for the last tax year or not, just to name a few. Taking the lady above as an example; partner does not work, (presumably) no savings, and not worked for a few years, there is a basic group of benefits she can claim:

- ESA (Employment & Support Allowance) if she is too ill to work
- PIP (Personal Independence Payment) if she fits the criteria, which most FM sufferers do
- Carer’s Allowance for her husband, if she receives the Care Component of PIP

Most people with Fibro that is bad enough to affect their daily living should be able to claim the above benefits, one way or another. Unfortunately it does often depend upon the strength of the application for ESA and PIP, so if you’re planning to apply for either or both, be sure to have someone help you who understands the system.

Unfortunately, many people are turned down for PIP on their first application, and take that to mean they won’t get it, so don’t appeal or apply again. Once again – this is politics. We little people are expected to understand this, but most of us don’t.

The best way to be certain that one won’t be turned down is to use medical evidence that they cannot refute. That means being organised before you request the PIP2, or before they decide to reassess you.
There are time limits for everything for applicants of benefits. You are given a deadline for the PIP2 application form to be returned by. If you don’t send in sick notes on time ‘it may affect your benefit’. I don’t know what happens if you’re late for your Job Centre Plus appointments, but I’m willing to bet that a grumpy worker might be able to sanction you.

But there is no time limit for the DWP to get back to applicants by. It used to be that once you filed for appeal, following a displeasing result for an ESA application, you would be placed on Assessment Rate while your case was reconsidered, and then sent to the tribunal. The DWP used to have a time limit in which this had to happen. Unfortunately, they scrapped the time limit, and allowance for Assessment Rate throughout, in 2012. As such, some cases seem to get sat on a shelf for a severely unreasonable amount of time. The only real way to get them sorted out seems to be to have your local MP intervene.

Under DLA people who suffered from an illness or condition that would clearly never improve, were awarded what some called the Life Award. It simply meant that they would not need to be reassessed again. With the introduction of PIP, however, these awards have been scrapped. So the DWP is very slowly working through reassessing all of these, on top reassessing everyone else they’re switching from DLA to PIP.

As you can see from this article, the majority of questions were in reference to PIP. 2015 looked at how ESA works. So, 2016 shall look at how PIP works. Obviously however, you can’t wait for all of my articles if you wish to make an application for PIP, so my advice is to seek an advocate, gather medical evidence before you start the application process, and take your time with the forms.

Meanwhile here are some links to benefit resources.

**Benefits & Work (advice and forum):**
http://www.benefitsandwork.co.uk/

**Index to the governments benefits site:**
https://www.gov.uk/browse/benefits

**The governments benefits calculator:**
https://www.gov.uk/benefits-calculators

**Turn2Us benefits calculator:**
https://www.turn2us.org.uk/Find-Benefits-Grants

**Disability Rights UK:**
http://tinyurl.com/jv44h5l

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**DWP fit-to-work assessments cost more money than they save, report reveals**

The Government is spending more money assessing whether people are fit to work than it is saving in reductions to the benefits bill, a damning official report has revealed.

The study by the National Audit Office (NAO) found that the Department for Work and Pensions is handing over £1.6bn over the next three years to private contractors who carry out the controversial health and disability assessments.

But at the same time, the Government’s own financial watchdog has warned that savings in benefits payments are likely to be less than a billion pounds by 2020 as a result of the new tests.

The NAO report also found:

- The cost of carrying out each employment and support allowance (ESA) test had risen from £115 to £190 after the controversial outsourcing firm Atos pulled out of its contract to run the tests last year.
- Benefit claimants are still waiting for more than six months before they are assessed during which time they are not entitled to full payments.
- None of the companies carrying out the tests met the Government’s own quality assessment threshold – with reports including spelling mistakes and unintelligible acronyms.
- The report found evidence that ministers set completely unrealistic targets for the number of ESA assessments that could be carried out each year.
- As a result, there is a backlog of at least 280,000 new claims while ministers have been forced to suspend plans to carry out periodic reassessments of those already claiming the benefit.
Surge in acute cases of Lyme disease in Britain spurs ministers to act

(Editors note. The symptoms of Lyme disease are sometimes misdiagnosed as FM)

Department of Health plans network of experts to support GPs and hospitals as concern grows about spread of potentially debilitating condition
The spread of Lyme disease could be due to a growing number of ticks, more wild mammals that host them, and an increase in visitors to areas where they live.
Britain had a surge of cases this summer of Lyme disease, a tick-borne illness that in its most serious form can result in chronic fatigue, pain, confusion, depression-like symptoms and memory loss.
New figures show that after a two-year pause in the steady rise of cases, the number of acute cases – people who test positive and show symptoms of the disease – nearly doubled this summer, the peak season.
Public Health England also revealed that tests for the disease have increased five-fold in the past two months – though this is likely to be affected by publicity around the case of the billionaire John Caudwell and his family, who were diagnosed with the illness.
Growing concern about the spread of the disease, thought to affect 2,000 to 3,000 people in the UK each year, has prompted ministers to decide to set up a network of regional experts to help diagnose and treat the problem.
Theories for why numbers appear to be rising include: a growing number of ticks in some weather conditions; more wild mammals that host them; an increase in the number of visitors to areas where they live; and greater awareness leading to more patients visiting GPs and therefore more diagnoses.
Other celebrities who have gone public after contracting the illness include the singer Avril Lavigne and the actor Richard Gere.
“The disease is spreading, there’s no doubt about that,” said Stella Huyshe-Shires, chair of the charity Lyme Disease Action (LDA).
Although Lyme disease was first described in Germany in 1883, the first recorded case in the UK was in the 1970s.
“Any disease that comes in spreads,” said Huyshe-Shires. “It’s spreading through the population of ticks, animals are picking it up so it goes to more and more ticks, so more and more people are contracting the disease. It’s an emerging disease in this country.”
Health officials stress that, in the vast majority of cases, people bitten by infected ticks recover fully from the flu-like symptoms after a course of antibiotics.
If not treated, however, the bacteria can move into the nervous system, the heart and the brain, causing more extreme symptoms that take much longer to treat.
There is growing evidence that some sufferers go on to have symptoms including severe pain, fatigue and neurological problems for many years. The notion of chronic Lyme disease is still controversial, but the health minister Lord Prior told a House of Lords debate in October: “Some patients suffer debilitating illness with symptoms that persist after treatment for several months or longer.”
Prior revealed that the Department of Health is to set up a network of experts around the country to support GPs and hospital staff, many of whom have never encountered the disease.
Experts warn against people being put off visiting rural areas and parks because of what is still a small risk of contracting Lyme disease. Photograph: Daniel Leal-Olivas/PA

Following claims that some doctors are unable or unwilling to diagnose the symptoms, the department has also asked the National Institute for Health and Care Excellence (Nice) to draw up official guidance on diagnosis and treatment. This is expected to take two years.

Public Health England is part of a study trying to identify the highest risk areas in the UK.
Positive blood tests for Lyme disease in the UK – which include people who show no symptoms – doubled from 586 in 2004 to a peak of more than 1,200 in 2010, and have remained over 1,000 since.
Total cases in England the bulk of all UK diagnoses – peaked in 2012, then fell in 2013 and 2014, and so far this year are running at the same rate as 2014, according to Public Health England.
But it is the latest figures for acute cases that are causing concern: in the first nine months of this year there were 429 acute cases recorded in England, more than for the whole of 2014 (386).
This year’s figures for Scotland – which accounts for most of the remaining UK cases outside England – are not yet available.
There are risks, but it would be a tragedy if people were dissuaded from enjoying the great benefits of the outdoors.
The British Society for Immunology estimates that the real number of cases in the UK each year is 2,000 to 3,000.
One reason is that patients with a clear rash do not have to be referred for blood tests, so are not included in official figures.
LDA estimates the tally is even higher. A GP practice in the UK had two high-profile cases of Lyme disease, prompting huge awareness and a big increase in patients coming forward: they found 10 times the number of cases counted in official figures. Based on that, LDA says the true figure for the UK could be as high as 15,000.
However, experts warn against people being put off visiting rural areas and parks because of what is still a small risk.”There are risks, but …it would be a tragedy if people were dissuaded from enjoying the great benefits of the outdoors for fear of Lyme disease,” Lord Trees, a professor of insect parasitology, told the House of Lords.
We asked at our Facebook group
“Stupid things I’ve said or done due to Brain Fog!”

Alison : I made a mug of what I thought was coffee, I did think it tasted different/strange, half way down the cup I had a tea bag stuck to my upper lip. Not nice. . ..

Lolly : I sat having a conversation about celery with my cat and couldn’t understand why my cousin was laughing at me.....

Pippa : Yesterday my daughter and I were making pastry and I told her to keep her hands down low in the bowl because “hits of pastry keep bitting my foot” .

J Melissa : After doing food shopping I was knackered just wanted to get home. Got into to my car and couldn’t find my keys anywhere I emptied the car out emptied my bag out went looking and asking in the shops for them got back to my car realised I must of had them all the time.

Emma : Went to put the kettle in the fridge and the milk on the kettle stand

Amy : I think I do more silly things due to brain fog...I put my cup in the fridge, phone in the sink! Phone in the cupboards hahah my poor phone

Misty Moo : Tried to brush my hair with a plastic scoop instead of brush

Karen : LOL I have just jumped in the shower, went to wash my hair to find my glasses still on my head!!

Sandie : Last Year I had an op to remove bone from my thumb went to physio sat in the waiting room looked down at my boots I had 1 black and 1 brown one on. Went to the dentist last week had to stop at the traffic lights though my feet where really hot looked and had my slippers on had to go to Morrison’s as well to pick up my meds at least we can have a laugh at ourselves. hugs to all

Amy : We were watching a quiz show and it was the one from Hannibal? my husband was in hysteres because it wasn’t even Anthony Hopkins it was Steve Buscemi !!!!

Cheryl : I recently lost my bank card after forgetting where I’d put it only to find I’d put it in my new phone case so I could see it at all times as I regularly use my phone, despite this it was 4 days before I actually got through the brain fog to realise I’d literally been looking at my card for 4 days...Doh talk about staring you in the face!

Misty Moo : Got to a drive through takeaway and asked for two bags of coke - pardon she asked -sister laughing so much. I meant two cokes please
“Thanks to Fibromyalgia UK who provided our patient support group with funding to help with room hire and the fee to enable us to pay for The Accolade Choir to entertain members at the December monthly group meeting!
Some Mums took their young children along and there was a surprise visit from Santa, much to the delight of the children and indeed the adults joined who joined in the festive spirit.
The majority of our members are no longer able to socialise due to the restrictions of the illness and some members are totally house or bed bound.
We recently decided to record specialist speakers who attend our meetings and we then upload to YouTube and share on a member’s Facebook page. This facility ensures all members are able to view when able and helps them keep up to date with everything.

The committee are all patients who have either Fibromyalgia or ME and all work on a voluntary basis.

The Christmas choir event was thoroughly enjoyed by everyone who was able to attend on the night and also those who weren’t able to make it and watched later! We are indebted to Fibromyalgia UK for making this event happen.

Monthly meetings run all year round and are held on the FIRST Tuesday of each month.
7pm-9pm in The Mourne Country Hotel, Belfast Road, Newry
Specialist speakers are provided for 10 months of the year and cover all aspects of living with Fibromyalgia and ME.
Contact 07712892834 between 2-4pm weekdays only. (Information line only)
Find us on Facebook ‘Hope 4 ME & Fibro Northern Ireland’
Email. hope4mefibro@outlook.com

New Groups

Isle of Wight Fibromyalgia Social Group
Email: Jenny_williams@me.com
Phone: 07734282957
Different Venues across the Island to be more accessible to Islanders.
Meeting dates : Last working day of each month

Fibro Friends WSM (Weston Super Mare.)
Email: fibrofriendswsm@fibroduckfoundation.com
www.fibrofriendswsm.co.uk
https://www.facebook.com/fibrofriendswsm
Twitter page name : Fibro Friends WSM
Meeting address : ‘1 in 4 people’, 39 Oxford Street, Weston Super Mare.

Sheffield M.E. and Fibromyalgia group
Email: info@sheffieldmegroup.co.uk
Phone : 0114 253670010am to 12.00 and 1.00pm-4.00pm Mon-Fri
www.sheffieldmegroup.co.uk
Meeting address :
The Circle, 33 Rockingham Lane, Sheffield, S1 4FW
New Year Resolutions!
By Karen Lovegrove

If you are anything like me, I have wonderful ideas leading up to New Year’s Eve, I am going to self-improve over the next 12 months… I mean it too at the time I list all my fabulous ideas! By February I have forgotten all about them, real life takes over and I end up another year on, doing the same things with no real harden fast improvements.

Fibromyalgia sufferers find goal setting overwhelming, exhausting, impossible and difficult to find any motivation to execute them.

Start by thinking about something you would really like to introduce in to your life, maybe something you really miss, your first goal should enhance your daily life, without creating undue stress or increased discomfort. Keep it simple to start off with, be willing to modify your expectations depending on how you are feeling and aim for small steps.

Make sure your goal is SMART!
S – Specific
M – Measurable
A – Attainable
R – Relevant
T – Timed

Next write it down… Then break it down in to smaller steps with a plan of anything you might need to help you achieve. Include any obstacles you might encounter (Money, time, motivation or no self-control) along with your obstacles make a note of how you might over-come these. Make a note of how realistic your goal is, rate it. 0 is not at all confident 10 is total confidence. If your score is less than 7-8 then maybe adjust or re-think your goal, can you make some adjustments to score higher? As soon as your score is 8 or above you are ready to put your plan in to action.

Starting at small step one, work your way through your list, you may have to re-visit a couple of steps if you don’t get the desired outcome. Don’t let a small failure put you off, go back to your confidence rating, and make small adjustments to ensure a confident outcome. Keep going and relax this is meant to enhance your life not stress you further, most importantly congratulate yourself when you have achieved a step! Start bragging to your friends and family or pop on to our Facebook group and let us all know!

INTERNATIONAL FIBROMYALGIA CONFERENCE

April 15/18 2016 (Friday-Monday)
Chichester Park Hotel.
Price £225
Book nine places for members or friends and get one booking free.
This can also reduce the cost for 10 delegates, reducing the booking fee for everyone. ... a great saving.
Any questions on FM or conference ring 0844 887 2498.
Email Nicki on fibconbookings2016@gmail.com or ring 07730479340 to get your booking form.
For more information log on to www.fibromyalgiaconference.weebly.com or www.fibromyalgiasoutheast.org.uk and look for conferences

Take a Closer Look
by Karen Crosby

When you see me tired and in pain
Please don’t judge me - it will be in vain
I am not putting it on or swinging the lead
It is not all in my head
Take a closer look!

Ask me how I cope every day in pain
See how I do it again and again
Don’t think it is easy or not too bad
When not many good days I have had
Take a closer look!

Try and understand my plight
When I lay awake night after night
When I have no more fight
And I cannot see the light
Take a closer look!

When you see me cry, try to understand
Try taking my hand
Don’t turn away and act offhand
Take a closer look!

Will you try and learn about me?
Will you open your eyes and see?
Or will you turn away?
 Pretend you will see me another day?
Please – just take a closer look – and see!
How to start a Fibromyalgia support group

Firstly confirm that there isn’t already a group in your area by checking our website at UKFibromyalgia.com. If a group exists contact them to see if they need any help.

Think “Mutual-Help” From the Start
You do not have to start a group by yourself. There are others who share your problem.

Find a few others who share your interest by circulating a flyer or letter that specifically cites how if one is interested in “joining with others to help start” such a group, they can contact you. Include your first name, phone number, and any other relevant information. Make copies and post them at places you feel are appropriate, e.g., library, community centre, clinic, or post office. Mail copies to key people whom you think would know others like yourself. You can also ask if the notice might be published in your local church bulletin and newspaper.

When, hopefully, you receive a response, discuss with the caller what their interests are and what you would like the group to do. Ask if they would be willing to share the responsibilities of organizing a group for a specific period of time. By involving several people in the initial work of the first meeting, they will model for newcomers what your self-help mutual aid group is all about: a cooperative effort.

Also, consider obtaining the assistance of any professionals who may be sensitive to your needs and willing to assist you in your efforts. Physicians, clergy, and social workers may be helpful in various ways, from providing meeting space to locating needed resources.

Find a Suitable Meeting Place and Time
Try to obtain free meeting space at a local church, library, community centre, hospital, or social service agency. Chairs should be arranged in a circle and avoid a lecture set-up.

If you anticipate a small group and feel comfortable with the idea, consider initial meetings in members’ homes. Also, try and set a convenient time for people to remember the meeting, e.g., the first Tuesday of the month.

Publicize and Run your First Public Meeting
To reach potential members, consider where they might go to seek help.

Would they be seen by particular professionals or agencies? If the answer is yes, try contacting these professionals. Posting announcements in the community calendar section of a local newspaper, library or community centre can be especially helpful. The key is to get the word out.

The first meeting should be arranged so that there will be ample time for you and other core group members to describe your interest and work, while allowing others the opportunity to share their view of how they would like to see the group function. Identify common needs the group can address. Although you do not want to overload you new arrivals with information, you do want to stress the seriousness of you intent and the necessity of their participation. Make plans for the next meeting and consider having an opportunity for people to talk and socialize informally after the meeting.

Future Meetings
Purpose: Establish the purpose of the group. Is the purpose clear? Groups often focus upon providing emotional support, practical information, education, and sometimes advocacy. Also determine any basic guidelines your group will have for meetings (to possibly ensure that group discussions are confidential, non-judgmental, and informative.

Membership: Who can attend meetings and who cannot? Do you want membership limited to those with the problem? Will there be membership dues? If so, how much?

Meeting Format: How will the meeting be structured? How much time will be devoted to business affairs, discussion time, planning future meetings, and socializing? What topics will be selected? Can guest speakers be invited? If the group grows too large, consider breaking down into smaller sub-groups of 7 to 12.
Roles and Responsibilities: Continue to share and delegate the work and responsibilities in the group. Who will be the phone contact for the group? Do you want officers? Consider additional roles members can play in making the group work. In asking for volunteers, it is sometimes easier to first ask the group what specific tasks they think would be helpful.

Phone Network: Many groups encourage the exchange of telephone numbers or an internal phone list to provide help to members between meetings. Ask your membership if they would like this arrangement.

Use of Professionals: Consider using professionals as advisors, consultants, or speakers to your groups, and as sources of continued referrals and information.

Projects: Always begin with small projects, then work your way up to more difficult tasks.

Contact UK Fibromyalgia - Telephone 01202 259155
Email: office@UKFibromyalgia.com
As the publishers of this magazine we are very happy to provide you with bundles of back issues free of charge to help you build up your group.

You can add your details to the UK Fibromyalgia web site by completing the form at: http://tinyurl.com/zjodnl
We will use these details to promote your group in the Fibromyalgia Magazine I will also announce the group on Facebook and Twitter.

How a Group Subscription to the Fibromyalgia Magazine works.

If you can find a minimum of two people to subscribe to the Fibromyalgia Magazine then you can save money. A group subscription is sent to the secretary's address and are then distributed at the meeting. We save on postal costs by sending one parcel so that we can pass that saving on to you. If you subscribe through your group the individual cost is only £18.50 for the year instead of the usual £29.85. You need to give your cheques to the group leader payable to UK Fibromyalgia and he or she will set up a group membership for the group.

(A percentage of the moneys that UK Fibromyalgia Magazine receives goes to supporting fibromyalgia support groups just like yours)

Once your group is up and running take photographs of your meeting and write up reports of what your group is getting up to and send them in and as you will have seen in this edition of the magazine with the group in Belfast on page 5 ?, we are very happy to provide more publicity.

Contact Fibromyalgia Action UK
Fibromyalgia Association UK is a registered charity run primarily by unpaid volunteers.
Telephone 0844 826 9022.

They have 14 regional coordinators covering the various regions of the UK:
http://www.fmauk.org/contactsmenu/supportgroups
At the moment they have 6 vacancies for regional coordinators (RC) in the following areas
Greater London
Berks, Bucks, Oxon
Scotland
South West
Yorkshire and Humberside
Northern Ireland

So perhaps this is another area in which you could help?

If you are considering starting up a support group then contact the Regional Coordinator for your area. Once contact has been made with the RC (or the office if the RC position is vacant); discussion can take place on how FMA UK can support the group through the provision of:

*Literature (free, groups are asked to pay for postage only) containing FMA UK posters, leaflets and booklets. Further copies are available free of charge with the only charge to the group being for postage.
*Insurance cover for group meetings
*0844 telephone number – the income this number generates goes to the FMAUK
*Discounted merchandise

The next stage in the process is for the new group leader to complete a Group Registration document, which is sent to the RC and a copy to the office. Once this is received, the new group is added to the Group List and to the website. Regular group communications are sent out to all groups who provide a current email address and the office and RC’s provide ongoing support as required to the group.

Final Thoughts

Stay in touch with the needs of your members. Periodically ask new members about their needs and what they think both they and the group can do to meet them. Similarly, be sure to avoid the pitfall of core group members possibly forming a clique.

Expect your group to experience “ups and downs” in terms of attendance and enthusiasm. It’s natural and should be expected. You may want to consider joining or forming an informal coalition of association of leaders from the same or similar groups, for your own periodic mutual support and the sharing of program ideas and successes.

Remember the UK annual awareness raising events for fibromyalgia happens every year in September. It’s never too early to start planning your group’s big event.
Difficulties sleeping with Fibromyalgia?

Introducing the new N:rem mattress available on an easy payment plan plus buy now pay later!

Pain and lack of sleep is a vicious cycle, when you are in pain it can be nearly impossible to get a deep restful night’s sleep.

Everybody's pain is different and in different places which is why your current mattress doesn’t provide you with the comfort you need and long for. Designed specifically for pain sufferers, the N:rem mattress is customisable to your exact needs.

Unlike conventional mattresses, the N:rem mattress provides the ability to tailor each side differently offering different levels of support wherever they’re needed. Simply unzip the N:rem’s cotton top cover and you’ll discover two sets of 5 variable density foam tablets.

Each tablet can be taken out and re-arranged in a different position, which means you can have support where it is needed and softer comfort elsewhere. Additionally, each side of the mattress can be set up differently according to each partner’s preferences.

90 Night’s Trial in the Comfort of Your Own Home

You can try our N:rem mattress for 90 nights in the comfort of your own home. This will give you the time to ensure you relax and get the perfect set-up to meet your needs. You can sleep on it and adjust the comfort and support up and down your body until it is just right for you, your partner can do the same on their side.

To start your journey to a better night’s sleep visit www.nremsleepsystem.co.uk
Is there a fitness, nutrition, or self-care practice that you’d like to incorporate into your life with regularity this year? Maybe you’d like to walk more, connect with friends more often, or include more vegetables in your meals.

Whatever’s worth adding to your healthy routine is worth doing so with consistency.

It’s your choice. You get to design your own routine to suit your needs. Maybe you haven’t written out your goals yet? If not, there’s no time like the present. List activities or practices you’d like to include. Simply jot down those that sound interesting. It doesn’t matter if you’ve done them before, or even if you’ve tried before and consider your progress to be less than successful. Just write your list.

It’s human nature to crave variety, so include as many fun, healthy, and engaging activities as you can think of. Keep an open mind.

Putting That Mighty Pen to Work

Once you’ve got a good head start on listing a wide variety of activities to try, it’s time to create your own routine. Put an asterisk beside or circle the ones that you plan to try first. You can add and subtract from this list all year long, so writing in pencil is just fine. However, be sure to use a pen to SIGN YOUR NAME at the bottom of the document.

Keep this list handy so you can refer to it often. The next step is to transfer some of the items from your list onto your calendar or to a simple chart that you create. Be sure to include a variety of activities.

You may choose to complete your fitness chart by the week or for a month at a time. The key is to get it in writing, and don’t make this too complicated! A simple calendar or sheet of notebook paper will do.

Would you like to boost your motivation and the likelihood that you’ll follow through? TRACK YOUR PROGRESS. This is another opportunity to use the power of your pen.

We all know how satisfying it can be to check off a completed task on a to-do list. We love that feeling of putting pen to paper and crossing off items or putting a mark next to them. Don’t miss out on how powerful this can be. Tracking your progress is satisfying, of course, but there’s even more to it.

Each time you track your progress, by highlighting, marking, or somehow indicating that you’ve completed a task, you’re creating a visual reminder of your continued success. This is an ongoing process. Do you like color and graphic design? Use colored pens, markers, or highlighters to write on your chart. Apply fun stickers or even gold stars. Mark your success with whatever makes you feel happy and energized.

Make Your Goals a Family Affair

Getting your family involved is a great way to enlist a ready-made support system. Let your family members help to create your chart and include them in the tracking of your progress. Consider adding their plans on your chart as well. Or, have them create their own. Either way, keep your chart(s) where you and your family members will see them often.

If getting the support of your family isn’t an option for you, look to friends, co-workers, and various online accountability sources. Don’t miss out on the additional benefits that support and loving accountability can offer.
Here are just a few key benefits of tracking your progress:

- Your chart serves as a visual reminder of your success.
- Tracking provides personal accountability.
- Tracking shows your fitness consistency and diligence.
- Tracking reveals opportunities to change your routine or challenge yourself further.
- Tracking allows you to measure your results.
- The chart itself serves as an overall plan to your continued success.
- Tracking provides you with the fuel needed to create, generate, and propel your motivation to continue.

And, here’s my favorite reason to track my progress – celebration! When progress is a visual practice, there’s ample opportunity to celebrate successes both big and small. That celebration alone can fuel me from one success to another.

Have you used your mighty pen to help you stay motivated in the past? Motivation isn’t something that you either do or don’t have. It’s a feeling or emotion that builds on small successes. Therefore, tracking your progress is a built-in motivation strategy.

Are you ready to pick up your pen and take action? Ready, set, GO!

“Celebrate what you want to see more of.” Tom Peters

Sue Ingebretson (www.RebuildingWellness.com) is an author, speaker, certified holistic health care practitioner and the director of program development for the Fibromyalgia and Chronic Pain Center at California State University, Fullerton. She is also a Patient Advocate/Fibromyalgia Expert for the Alliance Health website and a Fibromyalgia editor for the ProHealth website community. Her #1 Amazon best-selling chronic illness book, FibroWHYalgia, details her personal journey from chronic illness to chronic wellness.

http://rebuildingwellness.com/stress-guide/

Are you aware of the potential ways that your breakfast choices can add to your PAIN? To find out more, sign up for Sue’s free Stop Feeding Yourself PAIN guide.

(http://rebuildingwellness.com/stop-pain-guide/)

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(http://rebuildingwellness.com/stop-pain-guide/)

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Putting the love back in our life
By Naomi Harvey

With Valentines day upon us it is important to consider now, if not everyday how important relationships are in order to make the most of life with fibro, especially in long term relationships, where family life and routine can make us complacent. When your every day is filled with pain, fatigue or fog dating is usually over looked and becomes too much of a chore to even contemplate. So just how can you date while fighting fibromyalgia?

Plan the date but not the day -- Make plans for your date out with your partner but leave the date for it to happen open so that it’s there when you feel able to cope with the plan.

Make it a regular thing -- Once a month or once a week make the time for your date. Even if it’s something as simple as watching a movie at home. It doesn’t need to cost a penny the idea is simply to be together.

Make it random -- To keep the dates fresh and new so that you don’t find yourself repeating the same old activities, which can be as hard on a relationship as not making time for each other, fill a jar with different date ideas and pick one out at random and go on that date.

Ideas for minimum pain dates -- Build a blanket fort to hide from the world together. Spend a night recreating your favourite past dates together, look at photos, eat the same foods you did then. Bake together if you like cooking. Go for a walk together somewhere pretty. The ideas are as endless as you can imagine them, just make sure you consider your condition.

Play games -- Board games, card games or video games. Any game made for two or more people can be used to spend time together, just avoid anything too competitive monopoly has been known to damage relationships.

Just be together -- Even the strongest couple can have bad times. Add in pain and fatigue then those relationships get strained. Sometimes you just need to spend time together just talking over a cup coffee or a glass of wine. Discuss anything and everything and soon the sparks return. Communication is the cornerstone for any relationship.

Above all the entire point of a date is to spend time with your significant other and enjoy yourselves. It doesn’t have to be expensive or full of activity it just needs to be two people who love and care for each other remembering why they fell in love to begin with. I’m very lucky in having found my soul mate but even in our very stable relationship we sometimes lose sight of each other, a date night when I am able to helps us both distress and fall in love again.

http://crackedbroken.blogspot.co.uk/

A study of 172 family physicians demonstrated that physicians were not familiar with the diagnostic criteria for FM, although 96% thought that they were. They were able to identify the symptoms of the disorder, but were not able to establish the diagnosis. Only 55% of them knew that the syndrome is characterized by diffuse musculoskeletal disorders. This study also concluded continuing education could improve awareness and knowledge of the disorder.

Raising Awareness of UK Fibromyalgia with your local G.P and hospital

By sharing your experiences on the management of your condition by your doctor at

www.iwantgreatcare.org

you can ultimately guide others fibromyalgia sufferers in your local area and help the NHS to improve and address your own immediate problems.

If we can get a groundswell of as many FM sufferers as possible to use the same website we may have the chance to move fibromyalgia up the medical agenda. Remember when you post at the site what power you have and be careful to frame your opinion in a positive way. We need to a good relationship with our doctors not an antagonistic one.

Go online now and start raising awareness about the condition of fibromyalgia with your local G.P. Your comments will make a difference. They will be read by other patients looking for advice on care, as well as doctors and hospitals across the country who read and respond to reviews submitted on the site. Whether you wish to say a public thank you for truly great care, or highlight things that could have been done better, iWantGreatCare is the place to do it if you want to make a difference and help the next fibromyalgia patient.

Make exercise your New Year Resolution

The Fibromyalgia Exercise Guide

by David Jenkin

Brand new

The guide is designed to teach people how to be active managers of their health in relation to living with Fibromyalgia.

£14.95 including post and packing to a UK postcode.

To order ring 01202 259155
Fibromyalgia Receives Official Diagnosis In US

The New Year is off to a great start already, as fibromyalgia sufferers in the U.S. have finally been acknowledged. As 2015 came to a close, fibromyalgia received its own official diagnostic code in the ICD-10-CM codes in the U.S. ICD-10-CM stands for International Classification of Diseases, 10th Revision, Clinical Modification. This is a list of diagnostic codes used for medical reporting in the U.S.

The ICD-10-CM is based on the ICD-10, the statistical classification of disease published by the World Health Organization. ICD codes are used by everyone in the healthcare industry, such as doctors, insurance companies and government agencies. They are used to identify and classify diagnosed diseases and conditions.

Prior to the official code, when diagnosing a patient with fibromyalgia, doctors had to use a general code, which could include any muscle pain or inflammation. However, now FM is recognised as a distinct entity with its own code—a meaningful and exciting change for all who suffer.

The fact that fibromyalgia has its own diagnostic code now makes it impossible for anyone to insist that fibromyalgia isn’t real. Both the World Health Organization as well as the U.S. Government have given it unquestionable legitimacy.

Additionally, a distinct diagnostic code will improve consistency in fibromyalgia research, as the data for many observational studies is gathered by tracking diagnosis codes. Without its own diagnosis code, fibromyalgia studies have sometimes been hindered by inaccurate data from the inclusion of patients that did not actually have FM.

Here at The Fibro Clinic, we know that fibromyalgia’s journey to legitimacy has been long and often arduous. However, this exciting milestone will be sure to set a precedent for the rest of the world, and we expect and look forward to a time when the UK will recognise fibromyalgia as an official diagnosis as well. In the meantime, we are dedicated to providing a multidisciplinary approach to treatment, that can effectively lower and manage symptoms of fibromyalgia for a better quality of life.
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“...I suffer with fibromyalgia and arthritis, the pain would restrict me and limit me, but now I am leading an almost normal life and feel if I carry on with the therapy, things can only get better. The mat and its therapy has lessened my pain and made my life much easier”

Tracie Venn (53, Portsmouth)

Call now on 0808 1689 282 or visit www.newmedltd.co.uk

* Offers valid until the 31st March 2016 Not to be used in conjunction with any other offers.

Fibromyalgia Survey

Every month at our Face Book Private Group we ask our 15,000+ members a question and report the results back to the magazine. Why not join the community? It is run by friendly moderators just like you ensuring your online experience is safe and fun.

http://tinyurl.com/k2vptn8

Looking at all of your suggestions for additions to our newly re-vamped shop, which products would you prefer to see added?

http://www.fibromyalgiashop.co.uk/

Large body pillows 172
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Visit www.loremcare.co.uk or telephone 0845 625 6736
Ignorance is not bliss!
By Karen Crosby

I want to talk about other people’s reactions to fibro this month because I realised something important just before Christmas!

I have been applying for quite a few jobs and so I have filled in lots of applications forms in the process. I suddenly realised that nowhere on any forms did I ever write in the medical part that I have fibro!

I sat and thought a long time on why I may omit this and came to the conclusion that I didn’t want to ruin my chances of actually getting interviews!

This is so alien (or it should be) in this modern age where research and tolerance should go hand in hand! Sadly, I have been so conditioned over the years to hide my fibro from others because of fear of being ridiculed, treated like a neurotic or just plain ignored, that I automatically left out that I have been a sufferer for over 30 years!

I have had to face a lot of prejudice in the work place and with my family over the years, and this has given my self-esteem a bit of a knock to say the least! Now, thankfully, I have a wonderful, caring, husband and son who look after me in every way and always show compassion and understanding!

When I have been ill at work I have been openly told I am “making it up”, “looking for attention”, and all kinds of insults that are really destructive!

I know most of you reading this will be able to relate to some or all of what I am saying but to try and stamp out the prejudice and total ignorance out there here are some tips for the work place to try to spread the word and help ourselves: -

1. Go to HR and have a meeting with them to explain why you might sometimes be under par, ask them to have a meeting with your supervisor/manager and yourself to explain in detail why it is difficult for you sometimes and ask for some help and understanding.

2. Talk openly to colleagues about the condition and be clear you may sometimes need help and understanding from all those working with you.

3. Make it clear you will not tolerate ridicule or bullying about your condition, nor will you tolerate being penalised unfairly if you are in pain or extra tired.

4. Hand in to HR a list of common symptoms that YOU suffer with on a regular basis to be put in your file for future reference, and make sure your manager/supervisor has a copy for their files.

5. Ask your GP or specialist for a letter to explain your condition and the fact that you have been diagnosed to cover any problems you may have in the future at work and hand it in to HR for your personnel file.

6. Be patient if you encounter ignorance and try and explain calmly what is happening at any one time or explaining certain symptoms on a daily basis as the need arises.

7. Be kind and patient with yourself when you are struggling with symptoms and don’t try and put on a brave face or be afraid to ask for help with work tasks.

8. Discuss workload with your manager/supervisor to best see how you can manage your time during bad days so they can see you are trying to do your very best for your job.

9. Ask for flexible hours or job share options.

10. Ask for a seat if you stand a lot, and for frequent breaks.

At home is important too: -

Talk to any family member you need to when you experience ignorance at home, and don’t apologise for missing family arrangements if you feel too ill or too tired to go out.

Remember, they don’t understand about your fibro, but you can help them to learn all there is to be able to support you when you need it.

Try printing out a list like this to hand out to anyone who needs it: -

Common symptoms of fibromyalgia: -

Tiredness – my brain does not give me enough level 4 sleep that we all need to function properly.

Depression – I lack serotonin in my brain to help keep me happy and balanced.

Pain – I am in pain every day to varying degrees and suffer different types of pain all over my body, with heightened pain perception making it worse.

Fatigue – I get tired easily because of disturbed sleep patterns and muscle pain.

You can add more to your list because it is made for you personally, so make sure it is comprehensive, and be open about any questions you may encounter.

Good luck and let’s stamp out ignorance because for us it is NOT bliss!
THE PAIN OF HOUSEWORK
By Helen Watts

Recently on the Facebook group we were discussing housework and I asked what chores around the house people struggled with the most, what chore would they do anything to avoid, and were there any tips they could share with members to make the chores easier?

K’ said “I can’t hoover cos it hurts my back too much so I get down on hands and knees and use dust pan and brush, luckily I have hard wood floors not carpet”

’S’ replied “mine is hoovering. For three days my thighs are inflamed causing me the inability to sit or lie down causing my CFS to be unbeatably chronic and we all know sleep deprivation cause our pain to become extremely chronic in all 4 quadrants ... what have I learnt, ‘avoid hoovering’ ... trouble is I struggle with living in a messy home”

‘K’ commented “changing the sheets on the bed! Absolute pet hate as I feel so awful afterwards”

’S’ said “All of it, takes energy. Hoovering, duvet covers. Shopping cooking, opening jars tins etc. Dropping things and remembering I have started to cook”.

‘J’ also said “Hoovering and changing beds worst, I sit to prepare foods ie veggies, shopping not too bad cos I do bulk as I have a car and lean on trolley for support”.

‘K’ said “On a good day I find that a long reach duster (a yellow duster tied on an old sweeping brush handle) helps me with cleaning low surfaces to save bending”.

‘D’ commented “Ironing, just makes my shoulders and neck ache badly also getting the clothes in and out of the washing machine and tumble dryer”.

’S’ replied “All housework is a real effort. Every part of my body hurts, I can’t grip properly, my hands are so painful. I’m lucky, I have a husband that does most of the housework for me. I try to iron, when my hands allow me to, but I have to sit on a dinning chair, because my back will not allow me to stand for any amount of time”

‘E’ commented “I used to love house work and would sing my head off whilst I cleaned. Now I hardly sing , and I don’t want to do any housework as it takes all my time and I’d rather be doing stuff I like and doesn’t hurt so much. Hoovering and changing beds takes my energy and puts pain levels up fast and hanging out or bringing in washing is the same. Ironing was my favourite to have a massive sing along with but now I’m shattered just putting the ironing board up these days. Dusting is torture as I feel like I can’t breathe and it comes back so quick it is tedious, I want to de clutter but it’s exhausting just thinking about it. And I can’t garden, it was my greatest pleasure”

‘L’ said “Vacuuming, ironing, putting duvet covers on, hanging washing on the line. I don’t go to the supermarket unless hubby is with me as it hurts so much, otherwise the shopping gets delivered and just putting it away completely wipes me out. Cooking is another issue and causes me to turn the air blue when I can’t get a casserole dish out of the oven or lift a saucepan off the hob. I bought a potato ricer as mashing spuds the old fashioned way caused so much pain, the list is endless and so damned frustrating.

‘D’ said “My hubby has taken over most of the chores, including cooking etc. I conserve my energy for getting up and staying up. I try to help occasionally, but can’t do much at all. Our kids have all now left home so we’ll be looking to downsize as soon as we can, to make the chores easier”.

’S’ posted “I avoid sweeping, we have a little rechargeable vacuum that I use instead, my hands can’t take the pain of sweeping up. I also hate washing up as it kills my upper back, and hurts my hands. I find that an upturned washing up bowl under the one I am using alleviates some of the back pain. I also struggle to do any kind of baking / cooking that involves prolonged stirring, as I struggle to hold the bowl and the spoon”

‘L’ said “I now sit on a chair to fill/empty the washing machine, get hubby to empty tumble dryer and put clothes on the kitchen table, then I sit and fold them. Ironing can be a nightmare. Hubby sets it all up for me then I do as much as I can before my back hurts too much then I will go sit down for 5-10 mins and go back. Takes forever to finish, but you can only do so much. Hubby helps me a lot, although I have to usually ask him to do this or that, but he is brilliant”

’S’ agreed “Hoovering and mopping floors are hardest for me, when I got my PIP I invested in a really lightweight electric carpet sweeper and a floor steamer - still have to remember to pace, but much easier”

‘K’ commented “I struggle with most daily chores. I’ve bought myself some easy grip utensils, a perch stool for kitchen and ironing, a lightweight vacuum and a few other things. The hardest hurdle I have to overcome, is the fatigue. No amount of anything can make that any easier!”

So how do you find housework? Come along to the Facebook group and share.
https://www.facebook.com/groups/UKFibromyalgiaPrivate/
Overcoming Barriers to Exercise
by David Jenkin

Last month we talked about setting goals for the coming year and hopefully they are coming along well. If they aren’t for any reason it may be because you have encountered a barrier of some form, this month’s column looks at some of the most commonly-experienced barriers and examines ways they could be overcome.

Money: Probably one of the most common barriers for a lot of people. Fitness goals often encompass gym attendance, engagement in sports, and travel costs – all of which cost money and when finances are low these will inevitably take priority over rent, bills and other essentials. If money is ever likely to become a problem, it may be advised to look at activities that do not cost much if any money.

Time/Responsibilities: If time constraints make it difficult to meet your goals then you have two options – review your goals and alter the steps to reaching them to make them more timely, or review your quality of life and explore whether you can take any extra time out of your day for you.

Abilities/Interest: It is perfectly acceptable to review your goals if you find they have become less realistic or if you find you have lost interest in it, and set new goals!

Willpower: There may be many reasons why you have time, and interest in something but still don’t have the willpower. Maybe the work effort is too high? Maybe you need to make it part of daily routine?

Remember, that 99% of people with a pain condition have legitimate barriers to exercise so you are not alone, but spending time to overcome them, and refocus on your goals will always be time well spent!

Martin Westby and I have recently co-authored a Self-Help Exercise Guide that includes a whole section on how to do establish this consistency effectively. To order a copy please follow the following web link:
http://tinyurl.com/o9s6bw8

Or alternatively you can email the magazine at office@UKFibromyalgia.com or myself on davidjenkin@hotmail.com

and we can assist you in purchasing your copy.

To contact me or enquire about 1:1 training prices www.davidjenkinfitness.co.uk

Dear Brian
I have heard that an employer can be made to pay for mistakes made by his employee. I am told this is called “vicarious liability”. I was in a car hit from behind by a company car. The driver was not fit to drive the company car, but an employee had allowed him to do so. Can I make a claim against the company on their insurance because the employee should not have let the other person drive?

Aubrey

Dear Aubrey

It is certainly true that an employer can be responsible for the negligence of an employee acting in the course of his employment. Your case is more complicated, however, because the bad driving was not by the employee. Nevertheless, you have a good chance of succeeding. In a decided case a lorry driver was under strict instructions from his employers not to allow anyone else to drive the lorry. He allowed an incompetent third party to do so without making any enquiry into his competence. The employers were held to be liable for the resulting accident.

In your case it was not the company’s fault. They did all that they could. However, their employee, acting in the course of his employment, has let them down and the law regards them as responsible because they are liable for their employee’s acts and he “permitted” the negligent driving.

Brian

Brian Barr Solicitors
Grosvenor House
Agecroft Road, Manchester M27 8UW
Tel: 0161 737 9248 • Fax: 0161 637 4946

The Fibromyalgia Magazine. Year 16 Issue 4 February 2016 www.ukfibromyalgia.com
Just Imagine!
by Jan Sadler, MBE of PainSupport www.painsupport.co.uk

Do you, like me, sometimes wake up at night and find that your restless mind has turned to replaying worrying situations?

As we’re so good at recreating worrying events why not use this fantastic ability in a positive way to recall some of the good times we’ve had. Or make up our own scene, maybe an imaginary island, a beautiful garden or some other special safe and peaceful place.

When I’m aware that my mind has wandered off track to unhelpful events, I tell myself to ‘Stop!’ and that I don’t need to worry about that now. Then I use my powers of imagination in a constructive and creative way which allows me to relax and leads me back to sleep.

This is what to do:

Think back to an experience or location when you were really happy or go to your own special imaginary place.

Imagine the time and place in full glorious Technicolor. See the sights, the colours, the people, what you are wearing. Use all your senses. See if you can recall some sounds, aromas or how something feels to the touch, or even taste some delicious food or drink. Fill in as much detail as possible and relive the enjoyment and happiness again.

Practice during the day until you can ‘bring up’ your special happy place whenever you wish.

Use this method to help you to relax, release tension and become more at ease and comfortable with yourself. Sleep will then come more easily.

This sense of happiness and relaxation is always within you, ready for whenever you have need of it, so use it as often as you can.

If you’re new to this method of using your imagination and would like some guidance, try our CD or Download ‘Perfect Relaxation’. It is packed with spoken tracks ranging from one minute to fifteen minutes, all of which have been designed to bring about perfect relaxation.

Find out about the CD here
http://bit.ly/1YQx5jV

Find out about the Download here:
http://bit.ly/1Px0NB5

Find out more about using your imagination on our website page here:
http://bit.ly/1UhWQSC

S-t-r-e-t-c-h

Watch a cat or dog...

They know instinctively that their body needs a good stretch before they get going.

We need to do the same.

Remember: ‘Start low and go slow…’

Meaning…

‘Start low’ - when you start, do just a few repetitions with only one or two of the exercises.

‘And go slow…’ - don’t rush through your exercises, go gently and slowly in and out of each movement.

There are some good basic exercises on the University Spine Pain website below.

Exercises to strengthen your back:
http://bit.ly/1NUeudv

Information about treatments:
http://bit.ly/1YQXVaC

See PainSupport’s Exercise page too:
http://bit.ly/1CC3t98
Read what some of our members say about exercise

D.W. says,
“I have just finished a pain management programme and I have been shown the importance of exercising every day. The physios on the programme have given me exercises to do that I do daily. I also had hydrotherapy and again they showed that even just using a float you can get a good workout in water. I must admit the prospect of taking my top off to go swimming filled me with horror (men can have body issues) I plucked up the courage and did it. Now I exercise in water every day at my local pool. I now understand that I do have flare ups but on these days even if the pain is bad just doing gentle stretches help. Don’t get me wrong it’s nowhere near the exercise or stretches I used to be able to do but it is better than my old strategy of going to bed, this just deconditioned me even more. I have also lost 6 pound which is a bonus!”

K. J. says,
“I went to the pain clinic and target setting enabled me to get some of the old me back. However the key component was stretching and exercise together with mindfulness. The back pain and central pain is always there but now I’ve learnt to cope.”

R. D. says,
“I have a spinal stenosis at L5 and permanent sciatica. The physios couldn’t help me but my son said maybe yoga could help. So I searched in my area and found a class to suit me and I have to say it was amazing. I feel so much better, it seems the way forward in more ways than one. It’s a change of mind set as much as anything else, there’s still a degree of pain there but I just need to spend 20-30 mins doing the movements at home and am back to bearable pain, so will I carry on most definitely.”

‘Yoga for backs’ - All the teachers with the ‘Yoga for Backs’ courses are specially trained to teach simple yoga exercises for people with ‘bad backs’.
Home page: www.yogaforbacks.co.uk/
Find a teacher: http://bit.ly/1kvWylt

It worked for me!
A member’s recommendation

PainSupport member A.S. says,
“Hi Jan, I used to struggle walking with my stick and a pull along shopping trolley. Now I have a four wheeled stroller with a basket and seat that I use when I pop out anywhere that is too far to walk and of course it is good for putting shopping in its basket. I hope this helps others. Kind Regards, A. S.”

Please tell us!!
If you try any product or idea that helps you in some way please let us know. Even if it only reduces symptoms a little, it may help others too.
Email PainSupport: jansadler@painsupport.co.uk

In our Shop - relaxation to ease the pain

All of Jan’s CDs have been voted top relaxation CDs by people such as BackCare.org, Holland and Barrett and Woman’s Weekly Magazine. Full details from our Shop. Jan’s CDs always include simple techniques for breathing for pain relief. Also, of course, there are tracks for pure relaxation using visualisation and relaxation techniques. All you need to do is listen to Jan’s soothing voice and your pain and tension will float away! Go to our Shop to download or buy CDs or books.
http://painsupport.co.uk/shop/

Words of Wisdom...

‘The art of being happy lies in the power of extracting happiness from common things.’
- - Henry Ward Beecher

Laughter is the best medicine

When I retired from my job as a human cannonball, the circus owner told me he didn’t think he would find anyone else of the same calibre as me.

A friend of mine got drunk and went to an auction. He doesn’t remember a lot.

The electricity company cut my friend off without telling him why.

I don’t know why they’re keeping him in the dark.

Editor’s Note

We hope you’ve enjoyed the PainSupport newsletter and find the information useful. Send us your comments, questions and items for the newsletter, we love to hear from you.

All best wishes - keep smiling - and keep moving!

Jan at PainSupport
Email PainSupport: jansadler@painsupport.co.uk

For more about pain relief:
www.painsupport.co.uk

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Has your FM been triggered or made worse by an accident?
Do you have a claim under an insurance policy, such as for total permanent disability?

In either case, we would like to help you.

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...Fibro-friendly Solicitors
‘An apple a day keeps the doctor away’ is an old adage that applies just as much today as it always did. Apples are among the most health-giving foods as they contain a host of nutritious properties, including phosphorous, potassium, sodium, magnesium, calcium and iron. All these are also found in PURE APPLE CIDER VINEGAR, which has numerous positive effects. For instance, it helps to break down mucous, fat and phlegm deposits in the bloodstream and vital organs - for example, the kidneys, bladder, liver etc, which goes a long way towards keeping them healthy. Cider vinegar also helps to oxidate the blood which prevents it becoming sticky and causing heart problems. It also promotes digestion and neutralizes any toxic substance taken into the body. Supplements of cider vinegar can be taken in tablet or capsule form, or you can take one tablespoonful a day, directly from the bottle.

The following healthy recipes contain cider vinegar.

**Black Bean Salad (serves 6)**

150g (6oz) long-grain brown rice  
180ml (6fl oz) vegetable bouillon stock  
150g (6oz) pineapple chunks, chopped  
450g (15oz) tin black beans, drained and rinsed  
1 red bell pepper, diced  
2 sticks celery, diced  
1 medium onion, finely chopped  
3 tbsp cider vinegar  
2 tbsp olive oil  
2 tsp dijon mustard  
1 tsp muscovado or demerara sugar, or to taste  
pinch of salt, or to taste  
pinch of ground black pepper, or to taste

Place the rice and bouillon stock in a medium saucepan and bring to the boil. Stir, cover and simmer for 30 minutes. Cover and allow to stand for 5 minutes, then fluff with a fork. Add the pineapple, beans, red pepper, celery and onions and toss to combine. Add the olive oil, mustard and vinegar and toss to coat the salad. Serve.

**Bavarian Beef Stew (serves 5)**

500g (1lb) lean beef stewing meat, diced into 2.5cm (1in) pieces  
1 tbsp sunflower oil, or other light oil  
1 large onion, finely chopped  
1/2 small head red cabbage, cut into 4 wedges  
200ml (7fl oz) vegetable bouillon or home-made vegetable stock  
3/4 tsp caraway seeds  
1 bay leaf  
200ml (7fl oz) cider vinegar  
1/4 tbsp fructose  
50g (2oz) crushed gingersnap biscuits  
pinch of salt, or to taste  
pinch of ground black pepper, or to taste

Place the meat and oil in a heavy skillet or frying pan and sauté until just turning brown. Remove the meat and sauté the onion in the remaining oil until golden. Return the meat to the skillet and add the water, caraway seeds, salt, pepper and bay leaves. Bring to the boil then cover and simmer for 1 1/4 hours. Add the cider vinegar and sugar, stirring well. Place the cabbage on top of the meat. Cover and simmer for 20 minutes, or until the cabbage is tender. Arrange the meat and cabbage on a platter and keep warm. Pour the bouillon/home-made vegetable stock into a small saucepan and add the gingersnap crumbs. Stirring well, cook until thickened. Serve with the meat and vegetables.
The UK’s most Googled medical condition in 2015 is fibromyalgia

Effect of Pregabalin on Cardiovascular Responses to Exercise and Postexercise Pain and Fatigue in Fibromyalgia: A Randomized, Double-Blind, Crossover Pilot Study

Getting a Mammogram with Fibromyalgia

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Naltrexone ‘Changed Life’ of Fibromyalgia Patient

10 Bizarre ICD-10 Diagnostic Codes: Why Did Fibromyalgia Take So Long?
Making a NOT TO DO List

By By Eunice Beck, RN

Note: Guest author Eunice Beck, a CFIDS and fibromyalgia patient, is the Coping Corner columnist for Immunesupport.com. A nurse for more than 35 years, she is no longer able to work in her profession.

Today I finished getting my tax information ready for my accountant. I really need to be more organized about this. I need to learn to use the money management programs on my computer. But with brain fog, learning new things can be very difficult.

All of us know it is necessary to be somewhat organized to get through life. The changes in our mental function make necessary special types of organization, things like always putting your car keys or glasses in the same place. We have to make certain that we write appointments and other important things in a central place where we can’t miss them. I can’t tell you how many appointments I missed until I got that area of my life squared away. I just couldn’t accept that my previously excellent memory was “fogged in”.

To do lists are a necessary part of our life. Still, we can’t let them govern us. Recently, I heard a “life coach” on one of the talk shows. Many of her suggestions made sense. She talked about how she had been able to organize her busy life. However, one of the ways she managed to cope intrigued me. She said she made herself a NOT TO DO list.

I have made a “not to do” list for myself. Many of the things included are those which have already been mentioned, but there are others. For instance, I have never been very comfortable in pantyhose, so I rarely wear dresses. If I do, they are long so I don’t have to wear hose. Fortunately, where I live, the difference between everyday and semiformal is whether you wear your regular jeans, or your new ones. So casual and comfortable is the norm. But I would dress that way in any case. Even for special occasions, there are pant outfits that are appropriate yet comfortable.

Expanding the List

Another thing on my list is not volunteering or being manipulated into commitments that I know will be a strain on my energy and pain level. If you are not “retired” yet, you will learn how many friends and family will forget that you are not working for medical reasons and find things for you to do for them. It is a must that we learn how to say NO.

A very important thing on my “not to do” list concerns putting the needs of others before the things I need to preserve my best functional level. Of course, there are situations such as family illness, and small children where this may not be possible. However, we must learn to rank our health at or near the top of our list of priorities.

Activities to Avoid

In the book I am currently reading, Fibromyalgia & Chronic Myofascial Pain, by Devin Starlanyl and Mary Ellen Copeland, the authors list “Activities to Avoid: staying in the same position for long periods, traveling extensively without a break, performing repetitive movements, exercising too much, immersing yourself in water less than 88 degrees Fahrenheit, becoming overtired, going without food, wearing high-heeled shoes, wearing tight clothing, doing heavy work, exposing yourself to electromagnetic fields for extended periods of time, smoking nicotine, or ingesting alcohol, salty food, junk food or caffeine, spending time with people who make you feel badly.”

I think all of these belong on the not to do list, but the feeling I got from the “life coach” went even further. She implied that the things on her list were things she previously felt she “should” do. By putting them on her list, she was giving herself permission to eliminate these things without feeling ambivalent or guilty. She included several of the things listed above, as well as things like ironing, re-doing chores her children or husband had done, etc.

I have made a “not to do” list for myself. Many of the things included are those which have already been mentioned, but there are others. For instance, I have never been very comfortable in pantyhose, so I rarely wear dresses. If I do, they are long so I don’t have to wear hose. Fortunately, where I live, the difference between everyday and semiformal is whether you wear your regular jeans, or your new ones. So casual and comfortable is the norm. But I would dress that way in any case. Even for special occasions, there are pant outfits that are appropriate yet comfortable.
Negative “self-talk” is another thing on my list. When I pay attention, I notice that the more tired and frustrated I become, the more negative names I am calling myself; such as stupid, dummy, klutz, etc. All of these names decrease my self esteem when I know that mistakes I make or things that I do slowly or incorrectly are more likely attributed to brain fog and the memory lapses that go with the disease. My spouse frequently reminds me that calling myself these names is not good for my mental health.

Putting myself in the situation where I have to hurry is another no-no for me. Hurrying, such as to get ready for an appointment, really adds to my fatigue level. I guess it must be the extra adrenaline that pumps into my system when I rush that makes me feel so exhausted and stressed. Getting up a half hour earlier, or planning plenty of preparation time is worth the effort to be able to get ready at my speed. Some days I need rest breaks, other days I am able to get through the process without stopping. If I’m ready a few minutes early, I have a bit more driving time.

Even the chores around the house are done when I feel like doing them. I don’t “freak out” if the laundry goes unfolded for several days. The floor gets vacuumed when it needs it. If all of the days' dishes don’t get washed until evening, I’m OK with that. I’m convinced that a layer of dust protects my furniture. My house is nowhere near filthy, but its not spotless either. It’s lived in!

I think some of my friends worry that I have become a homebody. I usually only go out when I need to, and really don’t visit much with friends or family except via the computer. So many people don’t, and don’t want to understand how we are feeling. I get tired of always saying I’m fine, but I don’t want to become a constant complainer either.

If I were living alone, I would make more of an effort to be out with friends. But I am fortunate that my spouse is also my best friend. We enjoy doing the same things. We are both “night people”, so our sleep time is the same. When I include our two wonderful feline companions, I have all the company I need. At home, I also have all those things I need to help provide my physical comfort. Do you have a NOT TO LIST? If not, perhaps you should start one. It is yet another step toward health, both mental and physical. Take care and be well.

Author’s Note: My articles and email responses are not being offered as those of a health care provider. The information and opinions included are intended to give you some information about your disease. It is very important that you empower yourself with knowledge and participate in your own search for care. Any advice given is not intended to take the place of advice of your physician or mental health care provider. Always follow your physician’s advice, even if contradicted by something written here. You and your physician know your situation far better than I do. Thank you and be well. Eunice