

Progressive MS Educational Programs Successful and Popular!

Over 70 people attended the new Primary-Progressive and Secondary-Progressive MS Educational Programs that ran throughout February to June in the Manitoba Division office in Winnipeg. They were so successful and well-attended that third round programming is being planned for the fall of this year. In addition, there was a unanimous decision by participants that ongoing support would be valuable, so formation of two support groups is in the planning stages.

Leonard Suppes, 57, attended the April/May session and was very enthusiastic. "I really appreciated that, for a change, there was attention being paid to people with Primary Progressive MS. It's like we're the "lost ones" – most stuff is for people with relapsing-remitting MS."

Developed by the Client Services staff of the Manitoba Division and reviewed by Dr. Rosalind Kalb, PhD and Dr. Andrew Gomori, MD, these unique programs are the first of their kind in Canada and provide up-to-date information on diverse subjects



"...most of all, this program made me realize I was not alone in handling this disease."

relevant to people with progressive forms of multiple sclerosis, including treatments, care, wellness, resources, coping and transition. Speakers included a neurologist, a family and marriage therapist and MS Society Client Services staff. Each program runs for four weeks at two hours per session.

"I liked being there with other people with the same disease," said Suppes. "It was helpful the way the different sessions were put together – split up into four sessions, instead of being a one-day seminar. With fatigue being a factor for some people, this was a more

OUR MISSION

To be a leader in the finding a cure for multiple sclerosis and enabling people affected by MS to enhance their quality of life.

positive way of learning. We were more refreshed.

The presentations are well organized and build well on one another, encouraging thought-provoking interaction from program participants. We received positive evaluations, revealing a high level of satisfaction with the speakers, content of the talks, and the hand-out materials.

"It was a very dynamic environment," said Suppes. "The speakers presented good ideas and we had the opportunity as a group to have input."

"What stood out for me the most was the encouragement. I had thought about doing yoga and tai chi – I used to do tai chi but haven't in a long time. I liked the exercise book, too (Everybody Stretch)."

Suppes was also pleased to find that he is instinctively doing some of the

things suggested in the program. "I know to pace myself and take breaks when I am doing activities," he said. Discovering that the natural adaptations he has been employing are recommended practices was very reinforcing for him.

"What stood out for me the most was the encouragement."

Here are more comments from people who attended the sessions:

- They were informative and most of all made me realize I was not alone in handling this disease."

- I enjoyed the practical/life sessions/living sessions. I enjoyed the group interactions, sharing experiences, the social part and the professionals here for guidance."

- We are very grateful to the MS Society for the session."

- I came to the conclusion that each person's MS is different and that there is no common way to attack the disease! These four sessions about MS were SUPERB! Keep up the good work, MS Society.

If you are interested in registering or would like more information, please contact **Susan Hologroski at 988-0901.**



Disclaimer: The Manitoba Division of the MS Society is proud to be a source of information about multiple sclerosis. The content in *MS Connections* does not represent therapeutic recommendation or prescription. For specific information and advice, please consult your physician. Articles in this newsletter do not necessarily represent the position of the Multiple Sclerosis Society but are solely representative of the positions and opinions of the contributors.

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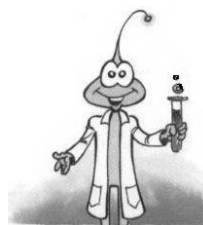
www.mssociety.ca

**MANITOBA DIVISION
CLIENT SERVICES STAFF**

Client Services is made up of staff and volunteers providing a wealth of knowledge, experience and commitment. Staff members provide services directly and assist volunteers in helping people with MS to help themselves. **You can reach them via the MS Society's toll-free line: 1-800-268-7582** or directly at the numbers below:

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Research News



**Progress on
Experimental
Therapies for MS,
and More, Reported
at the American Academy of
Neurology Meeting**

Medical Update Memo

May 2007

More than 10,000 researchers and practicing neurologists from around the world gathered at the 59th Annual Meeting of the American Academy of Neurology (ANN) in Boston from April 28 to May 4. Well over 200 presentations were about multiple sclerosis. National MS Society grantees were among those presenting novel findings on many different aspects of MS research.

Here are some highlights:

John Dystel Prize Presentation

"I do not think it is too bold to think about curing MS," stated Dr. Howard Weiner – winner of the 2007 John Dystel Prize for MS Research awarded by the National MS Society (U.S.A.) and AAN – during a presentation in which he talked about how far MS research had come since he started treating people with MS in 1972. "Enormous progress has been made."

Dr. Weiner, of Harvard's Brigham and Women's Hospital, spoke of a cure that would address the diverse, chronic nature of multiple sclerosis:

continued on
page 4

administering immunotherapy early, to halt disease progression; using stem cells to reverse neurological damage; and finding MS biomarkers – predictors – with an end goal of developing methods of prevention.

He also reported on the scope of research conducted at the Partners MS Center that he founded at Brigham & Women's Hospital, including the Comprehensive Longitudinal Investigation of MS at Brigham (CLIMB). This study involves following 1000 people with MS (760 have been enrolled as of this writing) from disease onset using yearly imaging, clinical, immunologic, cognitive and quality of life measures.

At this year's AAN meeting, Dr. Weiner's team – including Dr. Rohit Bakshi – reported on the use of the Magnetic Resonance Disease Severity Scale (MRDSS), a method of tracking MS disease activity that combines assessments of tissue damage with tissue volume loss. The group used the MRDSS to track 103 people over three years, and found this scale to more closely predict disease progression than MRI or clinical measures.

Promising Results from MS Clinical Trials

Many presentations focused on new data analyzed from ongoing or completed clinical trials in multiple

— sclerosis.

Experimental oral therapies:

- Dr. Giancarlo Comi (Scientific Institute and University Ospedale San Raffaele, Milan) and others administered 0.3 mg or 0.6 mg doses of oral laquinimod (Teva Pharmaceutical Industries, Ltd., Active Biotech AB) daily for 36 weeks to 306 people with Relapsing-Remitting (RR) MS. The primary goal was to determine if the immune-modulating drug would reduce the number of active MRI brain lesions. In those taking 0.6 mg, active lesions decreased significantly, by

38%, compared with the placebo group, but not in those on the lower dose.

Participants tolerated both doses, experiencing transient increases in liver enzymes.

According to a press release from the companies, the majority of people who participated in the study continued treatment in an ongoing, blinded, 9-month extension study, to be followed by an open-label study in which patients will receive .6 mg for an additional 24 months.

- Dr. Claudia Kaiser (University of Illinois, Chicago) and colleagues studied whether oral pioglitazone (Actos®, Takeda Pharmaceuticals) – a drug approved for diabetes that has anti-inflammatory effects – was safe to use in people with MS already taking Avonex® (interferon beta-1a, Biogen Idec, Inc.). Secondary goals

Thirty-five percent of those on active therapy experienced an average of 20% improvement in walking speed

of the study were to determine the effect on disease activity and brain tissue loss as observed using advanced imaging technology.

In a small study, pioglitazone (30 mg/day) or placebo was administered for one year to 22 people with RR MS. The drug was well tolerated. There was no increase in clinical measures of disease activity, and disease activity observed on imaging scans decreased significantly in the pioglitazone group, as did brain tissue volume loss. The authors note that further study of this drug is warranted by these findings.

Dr. Andrew Goodman (University of Rochester) presented detailed results of a phase 3, placebo-controlled study of oral Fampridine-SR (sustained-release formula of 4-aminopyridine, Acorda Therapeutics) in 301 individuals with all types of MS. Fampridine blocks tiny pores, or potassium channels, on the surface of nerve fibers. This blocking ability may improve the conduction of nerve signals in nerve fibers whose insulating myelin coating has been damaged by MS.

Thirty-five percent of those on active therapy experienced an average of 20% improvement in walking speed (in the timed 25-foot walk), which was maintained over the 14 weeks of therapy. Improvement was also noted in the "MS Walking Scale 12," a measure designed to assess how meaningful the improvement was. Other positive outcomes included



increased leg strength in those on active treatment. Two serious adverse events that led to the discontinuation of dosing were anxiety in one participant and a seizure during a serious infection in another.

More information on combination therapies, experimental infusions and

follow-up studies on approved therapies can be found at www.ms-society.ca. Click on research at the top, then Research News on the left.

MS

MS Classifieds

For Sale

Pace Saver Eclipse 4-wheeled scooter. Excellent condition with very low mileage. New gel batteries. Disassembles into five pieces to fit into car trunk. Comes with charger, a fabric dust cover and 6' folding plywood ramp. \$1,200 OBO. Call **889-9972** (Winnipeg).

1. Grab rail; fits on bathtub \$5
2. Sliding board \$20
3. Walker, small folding two-wheeled, like new \$50
4. Five chrome handrails \$5 each
6. Three floor-to-ceiling poles, one with horizontal arm \$50 each

Call Helen at **256-1993** (Winnipeg) for 1-6 above.

Everyone Needs a Break Sometimes

Unique Home-Like Environment Offers Respite for People with MS and their Caregivers

Life with MS can present many challenges – not only the unpredictable symptoms, attacks and sometimes subsequent disability, but also the day-to-day challenges related to coping, family life and need for assistance and/or care.

As a person with MS or a caregiver of a person with MS, time away can provide some respite – some relief from the everyday tasks of caregiving, a change of scene, or a place where you can trust your loved one will be well treated and looked after while you go on a business trip.

Whatever your reason or need, there is a special place that offers this unique service to people living with multiple sclerosis.

Brummitt-Feasby House may not be a household name, but it is in every other way a true household. While originally started as a long term and respite home for individuals with ALS (Lou Gehrig's Disease) and named — for Dorothy Brummitt-Feasby,

who died of ALS in 2001, the Brummitt-Feasby ALS House has a room reserved for respite purposes. The home is situated in a quiet residential area overlooking Sturgeon Creek in Winnipeg. It has been completely renovated to accommodate wheelchair/scooter access. The bedrooms, bathrooms and shower facility are all wheelchair accessible and are equipped with overhead lifts. The bedrooms are private and each has an electric bed, armoire, night table, TV outlet, call system and a guest chair.



Brummitt-Feasby House is situated in a quiet residential area overlooking Sturgeon Creek

The house also boasts an attractive four-season sunroom and deck facing the well manicured lawn and the creek. The common kitchen and dining room offer healthy home-cooked meals. Linens, bedding and laundry services are all provided.

Diana Rasmussen, Executive Director/ Client Services Coordinator for the ALS Society says that they have had a high number of people with MS stay at the house. "We're a different setting," she explained. "We're a bit more flexible and can handle individuals who require more one-on-one care."

"Many people would rather be at Brummitt-Feasby House because it's

more like home," Rasmussen says. "For that reason, they prefer it to a hospital setting."

The usual stay at Brummitt-Feasby House is anywhere from one to three weeks, but if an extended period of time is required because a person has undergone surgery or a caregiver is out of town, timing is negotiable. "We don't put a time limit on stays," said Rasmussen.

Qualified Staff

Staff at Brummitt-Feasby House meets Winnipeg Regional Health Authority standards, with a registered nurse, licensed practical nurses and certified health care aides providing 24-hour care.

On occasion, recreational activities and outings are held and everyone is welcome to join in. Visitors are permitted between 1 and 9 p.m.

Rasmussen has received great response from people who have taken advantage of this respite option. "We've had people say that it was a wonderful experience, that it is relaxing, like a mini-vacation and that the food is good," she said.

Criteria/Eligibility/Cost

There are some criteria for eligibility to stay at Brummitt-Feasby House. You must have a confirmed diagnosis of multiple sclerosis. You should also be eligible for or already be on the Manitoba Home Care Program. If you have not yet accessed this program, you may call the Home Care Intake Line at (204) 940-2655. If you are

on the program, staff at Brummitt-Feasby House can order appropriate supplies for you (or you can bring your own supplies with you), and can follow your prescribed care plan for a seamless transition.

If you'd like more information about home care, please call your local MS Society chapter's Client Services person (see page 3 for listings).

A daily rate of \$40 is charged to all respite clients.

Exploring All Options

Even if you've never thought of using a respite program before, it helps to know that a place like Brummitt-Feasby House exists. In future, consider this as an option if you or your caregiver could use a break, a change, or your caregiver needs to travel. There is a place you can go and not only be well cared for, but enjoy yourself at the same time.

For additional information on the Brummitt-Feasby House, phone (204) 888-7319 or the ALS Society at (204) 831-1510 or email brummittals@shaw.ca



Survey Says...

Respite Survey Provides Valuable Information

The MS Society of Canada, Manitoba Division conducted a survey to determine what type of respite needs our members might have. Respite can be defined as a delay or cessation of a period of time especially of something stressful or difficult. It is meant to provide an interval of relief, for the caregiver of the person with MS and/or the person with MS. This information helps us find out about the needs of our members and enables us to identify where there may be gaps in our programming that need to be addressed.

People with MS

142 individuals living with MS responded and of these, 111 indicated that they did not require respite services at this time. 29 people indicated that "a once a month recreation program (10 a.m. – noon) offering a structured group activity each session that might include fitness, games or special event," is what they would like to see provided by the MS Society.

Caregivers

123 caregivers responded and of these, 94 indicated that they did not need respite services at this time. 29 caregivers chose "individualized respite care in your home for the person with MS to allow you to run errands or do something for your personal benefit such as attend a support program, exercise class,



hairdresser, medical appointment, social event, etc." as their #1 choice.

Follow-up Information Session

We will be hosting an information

session in the fall to respond to the needs identified in our survey. Please make sure your voice is heard! Watch for the September issue of *MS Connections* and your local chapter newsletter for session information.

Thank you to everyone for taking the time to complete the survey – we really appreciate the feedback.

Susan Hologroski

Manager, Client Services



2007 Multiple Sclerosis Rehabilitation Symposium

Changing Services for Changing Needs

By Ellen Karr, Client Services Coordinator

Toronto Rehab, a fully affiliated and specialized teaching hospital of the University of Toronto, is the largest rehabilitation hospital in Canada, training health care professionals in all areas of rehabilitation and complex continuing care. The MS Rehabilitation Symposium was first

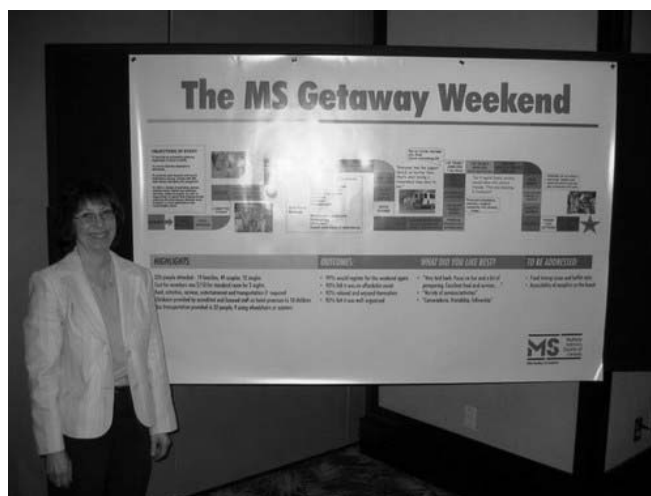
held in Toronto two years ago and again this year. I was privileged to attend the first symposium where I learned about many new programs and services being implemented across the country for people living with MS. This year, I decided to submit three abstracts to present at the conference and all three were accepted.

On the morning of the conference, Friday, April 20, I was up bright and early to mount my poster presentation on the board provided in the conference hall. The poster is about *Getaway Weekend*, an event now familiar to Manitoba members of the MS Society. Devised as a game board, the poster demonstrates the process followed in the development of Getaway Weekend, the objectives, services and activities, highlights and outcomes. It includes quotes from members who enjoyed their weekend at the Lakeview Resort in Gimli. Thank you to Darell Hominuk for assisting me with information for the poster and Belle Fosh Signs for printing my work on a brightly coloured vinyl banner that caught the eye of many conference attendees.

I also presented two breakout sessions on topics dear to my heart. The first was entitled *Self-Management: A Chronic Care Model*.

This presentation discussed the concept of self-management, the skills needed to be a good self-manager and the reasons why it is important for people living with a chronic disease like MS and health care providers to embrace this model of care.

The second presentation, *The Reality of Life in Long Term Care*, described a project I implemented during the past year to investigate issues facing people with



MS who are living in personal care facilities, their family members and the management and staff of the personal care homes. Through surveys and interviews, information was gathered and analyzed that will lead to a number of tasks and potential programs to improve quality of life for these target groups.

It was an exciting and tiring day! My presentations were well-attended and well-received. I would like to thank the MS Society of Canada, Manitoba Division for giving me the support and the opportunity to attend this fine conference. I would especially like to thank all those who agreed to be interviewed for the personal care home project and the many members who were willing to share their experiences with self-management with me.

SELF-HELP GROUPS AND ONE-ON-ONE PEER SUPPORT

The MS Society offers a variety of support programs to meet the varying needs of individuals living with MS. Some people enjoy being part of a group for the social interaction, information and support it offers, while others prefer to connect with an individual person. We also offer *One-on-One Peer Support* throughout the province. For more information, or to start a group in your area, please call the contact person nearest you or call **Susan Hologroski at 1-800-268-7582.**

Beausejour, Pine Falls, Pinawa
Contact: Bob Dickey
(204) 268-2178

Brandon
Contact: Cindy Stumme
(204) 571-5671

Flin Flon
Contact: Debbie Bailey
(204) 687-3256

Gimli
Contact: Nadine Konyk
(204) 471-0402

Lac du Bonnet
Contact: Nadine Konyk
(204) 471-0402

Morden/Winkler
Contact: Nadine Konyk
(204)474-0402

Portage la Prairie
Contact: Nadine Konyk
(204) 471-040

Russell
Contact: Rachel Chipelski
(204) 773-2199

Selkirk
Contact: Dan Payne
(204) 757-4773

Steinbach
Contact: Nadine Konyk
(204) 471-0402

The Pas
Contact: Camille Jackson
(204) 632-3295

Thompson
Contact: Debbie Thorne
(204) 677-5265

Winnipeg
Male Caregivers Group, Female Caregivers Group, CHuMS, MS Friends, Kildonan, On our Own, Moving Forward.
Contact: Ellen Karr (204) 988-0917

Volunteer needed

Volunteer required to help Winnipeg lady with MS, to teach and practice various computer skills. 1 or 2 hours per week. Average computer skills required. Training will be provided. Transportation costs would be negotiated.

Contact Ellen at 988-0917.

Client Services Makes Plans for the Future

Your Manitoba Division Client Services Team met recently to make plans for the upcoming year. We continue to make efforts to best serve our members. Here are some items on the horizon.

PRIORITY #1 : SERVICE TO ALL IN MANITOBA

1. Northern and Rural Development - work with RHAs and hospitals to offer education sessions and work to establish key community contacts. Hold information sessions to assess needs.
2. Use MBTelehealth to reach more rural and remote communities.
3. WebCasting - With the assistance of the Independent Living Resource Centre, continue to

research webcasting as an option to reach more people affected by MS.

4. Expand support and educational services to Personal Care Homes (PCH), including developing a standard presentation for PCH staff, and assessing and offering support services to people with MS and their families as needed.
5. Implement National Caregivers Strategy. Ensure that every Client Services event and committee has a caregiver component to it.
6. Assess the need for a service for Adult Children with Parents who have MS
8. Review and update the Kids, Teens and Parents websites.



MS

Upcoming Chat Rooms

All times listed are in Central Time

July 2007 msforkids.com

Tues. July 10, 10 to 11 a.m. and
Tues. July 24, 2 to 3 p.m.

msforteens.com Wed. July 11
10 to 11 a.m. and Wed. July 25
2 to 3 p.m.

msforparents.com Wed. July 11
6 to 7 p.m. and Wed. July 25
7 to 8 p.m.

August 2007

msforkids.com Tues. Aug. 7
10 to 11 a.m. and Tues. Aug. 21
2 to 3 p.m.

msforteens.com Wed. Aug. 8
10 to 11 a.m. and Wed. Aug. 22
2 to 3 p.m.

msforparents.com Wed. Aug. 8
6 to 7 p.m. and Wed. Aug. 22, 7 to 8
p.m.

MS



Welcome to our New Digs!

Open House Celebrated New Office and MS Awareness Month

On May 8, the Multiple Sclerosis Society of Canada hosted an Open House as part of MS Awareness Month. Approximately 100 members, sponsors, event participants and other guests attended, enjoying a social time complete with refreshments, event and program displays, demonstrations of tai chi and adapted exercise and the unveiling of the new Honour Wall.

This impressive addition to the division office displays the names of top fundraisers and top fundraising teams, major sponsors and donors as well as members of the Evelyn Opal Society. It will be updated on a regular basis.



Awaiting the unveiling



The new Honour Wall in the lobby of the division office was unveiled



Craig Slobodian of the Rady Centre demonstrates seated exercise

Fundraising Update



Cyclists Brave Elements to Bring in \$57,673 for MS Research and Services

First-Ever Pembina Valley Challenge True to its Name

Torrential rain, frigid temperatures and gusty winds couldn't deter 114 hardy and determined cyclists from heading out on the first-ever RONA MS Bike Tour Pembina Valley Challenge on Saturday, May 26. These dedicated individuals not only rode 143 km return over the weekend, but also raised \$57,673. The event is a fundraiser for the Multiple Sclerosis Society of Canada, Manitoba Division.

Leaving from Notre Dame de Lourdes on Saturday, cyclists rode to Morden for an overnight stay, complete with evening social, dinner and awards. Sunday morning, riders were treated to a hearty breakfast before starting on their return journey. Sunday was a lovely sunny day, and cyclists especially enjoyed the lunch rest stop in Manitou, MB at the old opera house.

Money raised from this tour funds MS Society services and programs and supports MS research.

"These people are a special breed," said Norm Velnes, President of the



Manitoba Division of the MS Society. "They just kept on going, no matter how wet or how cold they were. Their attitude is that people with MS live with challenges each and every day and that one day of discomfort is the least they (the cyclists) can withstand for the cause. I have nothing but admiration and thanks for these folks."

Volunteers from Notre Dame and Morden embraced this event wholeheartedly, helping out in all areas.



The 12 Super Cities WALKs across Manitoba were very successful again this year, with 5,919 WALKers coming out on April 29, May 5 and 6, depending on the location and raising \$898,705.36!

Thank you to all the WALKers, volunteers and donors for making this year's WALK fun and beneficial.

The View From Here

by Shirley Atkins

The Power of a Self-Help Group

A group that is facilitated by volunteers, made up of diverse individuals who are at different stages of their MS, and meeting in an informal setting sounds like a recipe for disaster! But there are many factors that determine whether a self-help group will be successful. Our group is fortunate to have enthusiastic support from MS Society staff, a comfortable and accessible room for meetings and positive group dynamics. With these basic ingredients for success in place, our group has the opportunity to help an individual member increase his own self-awareness and perhaps reach out to the resources that may help manage his MS.

Our self-help group meets regularly to discuss and share what's happening in our lives. Individual members who range in age from their 30s to mid-60 have varied life experiences as well as MS stories to tell. With 15 active members there is always a lot to talk about!

The MS challenges that group members face can be overwhelming.

— There is a nurse who must leave

her job due to co-ordination and balance problems. She had a career that defined who she was as a person. What should she do now? There is a member who has young children and a husband who is frequently out of town. Her tremors are getting worse, the pain in her legs is unrelenting, her children need their mommy. Now what?

A group member may be in a clinical trial that includes rigorous treatments with intravenous drugs to

slow the progression of his MS. Hopefully he will be one of the lucky ones who has a strong support system of family and friends. At our group meetings he will get the support and reassurance of members who have

already been through this experience.

A member could have difficulty speaking on the day of a group meeting or someone could have difficulty writing or swallowing. These are considered little inconveniences during group meetings. The group as a whole supports each individual; every member can understand what others are going through. Memory loss can be a huge problem for some people but forgetting a word or getting lost in mid-thought is "no big deal".



Coping with Loss

People with MS are always dealing with the major challenge of loss. It could be the loss of meaningful employment, loss of financial security, abandonment of friends or family, loss of mobility or diminished cognitive skills. The slow erosion of "self" can be incredibly frustrating. As well, a group member could be faced with a loss that is not related to MS, such as another medical problem or death of a family member. A self-help group can be a support system that can influence a member's coping mechanisms and reinforce his strengths.

What does driving a car mean to you? It might mean independence that is worth fighting for. For every MS person, losing a drivers license is another loss in a long list of losses. It *could* be another blow to self-esteem but it doesn't have to be that way. There are resources available to everyone, including Handi-Transit or catching a ride with another group member. In a self-help group, members have the opportunity to share their losses and brainstorm solutions. The self-esteem issue can be addressed by encouraging involvement in projects, learning a new skill or even discussing ways to give back to the community. One friend has become a hospital volunteer and she loves it!

There are people who do not want to be part of a self-help group. I wonder why. Someone else might be having the same problems and have already

come up with solutions. A self-help group could help these non-members but not until they are ready to help themselves.

A Personal Touch

A person with MS might have advanced education or read extensively about MS on the internet or gone to every educational seminar made available by the MS Society but still need the support and acceptance from a self-help group. MS is a unique journey. A group can ease that journey for individuals who are ready to accept the power that a self-help group offers.

Shirley Atkins has had MS for over 30 years. Her symptoms were invisible for more than 15 years but reappeared and progressed in the early 1990s. She has co-facilitated a self-help group in Winnipeg since October 2004.

A complete listings of MS Society self-help and support groups is on page 10 of this publication.



CONTRIBUTORS

Thank you to the following people for their contributions to this issue: Shirley Atkins, Tracy Brown, Judy Hermiston, Darell Hominuk, Susan Hologroski, Ellen Karr, Paula Keirstead, Gwenda Nemerofsky, Darwyn Wowk.

MS Connections

June 2007



Coming again this summer and fall! **The RONA MS Bike Tours** will be rolling through the Interlake and Riding Mountain to raise funds for MS research and services.

Biking to the Viking (Stonewall to Gimli)

August 25 and 26

Riding Mountain Challenge (Dauphin to Wasagaming)

September 8 and 9

www.ms biketours.com



Sunday, June 24

The Cruise for a Cure! Winnipeg - Gimli - Stonewall



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Multiple
Sclerosis
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Manitoba Division

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MS Connections

June 2007