The Solent and IOW Pituitary Support Group

The Pituitary Foundation
Solent & Isle of Wight
Support Group

Newsletter No. 95, June 2026

Hello everyone,

Welcome to another edition of the Solent and IOW Pituitary Support Group Newsletter, for June 2026.

Thank you to everyone who has contributed, by sending material for the newsletter and giving their encouragement.

We aim to produce a newsletter four times a year, and it is timed to be issued shortly before each of the main support group meetings. For 2026 these meetings will be at Portchester Parish Hall. We will no longer be meeting at the Cosham Community Centre. The next meeting at Portchester is on **Saturday 27 June at 10:30 am.** Please note that we are meeting at 10:30, half an hour later than before.

The address of Portchester Parish Hall and directions to get there are given on page 3 of this newsletter.

When we meet in June there will be tea, coffee, juice and biscuits. As our speaker, we are delighted to have Kathryn Pearce, who will introduce us to some Tai Chi moves. There will also be time to chat generally, and to give and receive advice and information about pituitary conditions and related matters.

We often welcome new patients and their partners, family or friends at meetings, so if you have recently found out you are a pituitary patient or just found out that we as a support group exist, please get in touch and join us for future meetings and you'll be made very welcome.

Chairman and Newsletter Editor
Howard Pearce,
Tel: 01243 863627
Mobile: 07518 759778
howardpearce1@yahoo.com

Joint Area Co-ordinator
Gail Weingartner,
Tel: 07525 041947
01428 651526
g.weingartner@btinternet.com

Joint Area Co-ordinator
Pam Weingartner,
Tel: 01428 651526

Hon Treasurer
Melissa Reeds
Tel: 07894 531879
mel_reeds@yahoo.com

Minutes Secretary
Howard Coulson
green3sky@yahoo.co.uk

Find us on Facebook - The Solent and IOW page is in the form of a group. Together we'll be updating and posting relevant information on there. Anyone that uses Facebook can search and join the group. It is listed as the following: - The Solent & IOW Pituitary Patient Support Group. This is in addition to the main Pituitary Foundation page and other pituitary Facebook groups.

=============== Meeting dates for your diary for 2026 – Change of venue ===============

Note that in 2026 we will no longer be meeting in Cosham. Instead we will be at Portchester Parish Hall, 1 Assheton Court, Portchester PO16 9PS at the new time of 1030am so enjoy an extra half hour in bed 😁. As usual, we will have tea, coffee, juice and biscuits available. You may bring your own snacks if you wish.

2026 dates (all Saturdays at 10:30 am):

- 27 June. This will have a demonstration and participation in tai chi with Kathryn Pearce.
- 18 July. Dr Victor Lawrence will join us for our Isle of Wight meeting. It will be at a new venue, Buzzy Bean Cafe at the Old School Centre CIC, New Road, Wootton, PO33 4HX
- 26 September. We will have Specialist Endocrine nurse Sirbrina Ramharack
- 5 December. Our pre-Christmas meeting with festive food and a quiz

Possible speakers for future meetings include Dr James Lawrence and Dr Smith from Salisbury, a radiographer, a pharmacist, and blood bikers, and on mindfulness, laughing yoga, a life coach etc.

There is always a raffle at the main meetings in Portchester and on the Isle of Wight. Prizes gratefully received on the day please.

Receiving your newsletter - If you would rather receive your newsletter by email, please email Howard at: howardpearce1@yahoo.com or Gail at g.weingartner@btinternet.com and let them know. Or let Gail or Howard know if you wish to come off the mailing list altogether.

More than half of the newsletters are now sent out by email. Unfortunately, there are often a few people who have changed their email address, and they do not get their electronic copy. We usually manage to send them a copy by post, but inevitably it is a few days late. If you have changed your email address, please let us know.

The cost of posting the newsletter – Printing and postage of the newsletter for those who do not get their copy by email is a major cost item, around £300 a year, and the price of stamps keeps going up. It would be very much appreciated if those receiving the newsletter by post would make some contribution towards the cost of printing and postage, either by stamps or money, or change to email delivery. Gail and Pam Weingartner and Melissa Reeds are always happy to receive a book of stamps from anyone who receives the newsletter by post. They send a special thank you to everyone who has given stamps or money for this.

It's your newsletter – We would love you to write something for the newsletter. If you have something to share – your experience as a patient, something you have done, some wise words, something to make us laugh, or something that we all ought to know – please send it for the next newsletter, which we are aiming to produce in September 2026.

Donations

Our thanks to our fundraisers for their kind donations and fundraising on our behalf. It is because of the continued support of this kind that we are able to have our quarterly meetings and fund the newsletter. But, **we DO NEED** some proactive fundraising to keep our bank balance in the black, so please give thought to and let one of us know your ideas.

A special thank you to all who contributed to this newsletter.

Stop press – moving from Cosham to Portchester

We will now be meeting at Portchester Parish Hall (the smaller hall). The address is 1 Assheton Court, Portchester PO16 9PS. We are impressed with the facilities, the disabled spaces/access/kitchen and adjacent free parking. The change took place for our meeting on 28 March and the start time has changed from 10 am to 10.30 am. We think this time will be better for everyone. We have been developing plans to make it a great meeting! Portchester Parish Hall is near to Fareham, Portsmouth and Havant with good facilities, disabled access and toilets. Disabled parking is on site at the front of the building.

This will be our second meeting in Portchester. At the March meeting, the room was a little smaller than at Cosham, but it worked well enough.

Directions

From Portsmouth/A3M From the A27, turn left into Castle Street (brown sign to Portchester Castle) at the first roundabout when entering Portchester. Take the first right into Assheton Court and you will see the Parish Hall immediately on your left. Continue past the hall and the free car park entrance is just past the hall on the left. Further parking is round the left bend on the right.

From Fareham From the A27, take the right hand exit into Castle Street at the last roundabout (the opposite side of the station signpost). Take the first right into Assheton Court and you will see the Parish Hall immediately on your left. The free car park entrance is just past the hall on the left. Further parking is round the left bend on the right.

As you turn into Castle Street from the A27, the Methodist Church hall is on the right, it's not the Parish Hall, so don't park there!

You will see the Parish Hall on the left as you turn into Assheton Court. The free car park is open to all, so it could get busy on a Saturday. I would advise parking by 10.15 latest if possible.

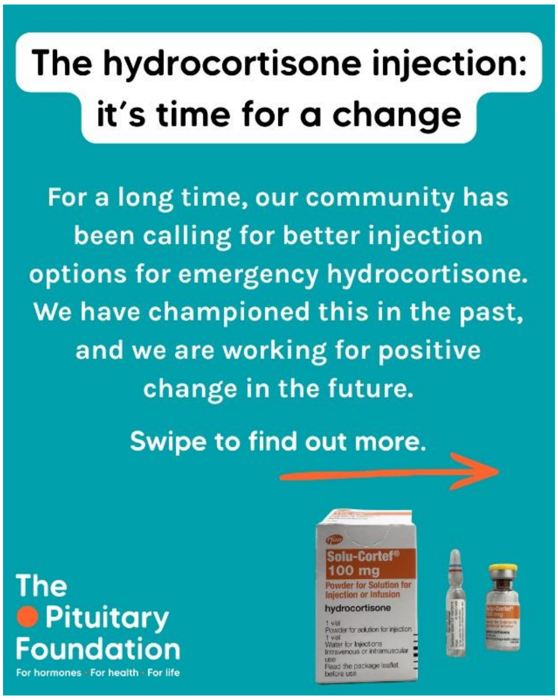
Public transport: The train station is in the Hillway, off the main roundabout, around 8 minutes walk to the Parish Hall. The bus stop is near the precinct, around 3 minutes walk away.

If you have any questions or concerns please email: jenny.gatland@googlemail.com

<u>From the Pituitary Foundation's Facebook page</u> – it's great to know they are being so proactive 👍 🤞 – "In April 2026, we shared the news that the liquid hydrocortisone injection had been permanently discontinued, following a prolonged shortage across the UK. We understand that the discontinuation of any medication can be frustrating and worrying, and we are here to support you with this. This news has re-ignited calls from our community for a simpler injection method, such as an EpiPen-type device. Historically, we have pushed for action on this through petitions and contact with MPs and pharmaceutical companies. We are working on raising the profile of this issue, collaborating with other patient support organisations, and pushing for concrete, positive change to support our community.

We encourage anyone who is not familiar with the powder hydrocortisone injection to learn how to use this version, and ask family, friends, co-workers and neighbours to do the same.

Go to our website for videos and step-by-step instructions on building your skills and ensure you are prepared to use powdered hydrocortisone "➡️ https://www.pituitary.org.uk/.../the-hydrocortisone.../



The hydrocortisone injection: it's time for a change

For a long time, our community has been calling for better injection options for emergency hydrocortisone. We have championed this in the past, and we are working for positive change in the future.

Swipe to find out more.

The Pituitary Foundation
For hormones · For health · For life

In the short term, we want to see simpler powder hydrocortisone options made available in the UK.

In Europe, Ireland and elsewhere, options like ACT-O-VIAL® remove some of the additional preparation steps that come with using the powder. We want to understand why this is not available in the UK and what can be done to change this.

We have written to the Department of Health and Social Care (DHSC) to find out what can be done.

①

What we want to see happen

The Pituitary Foundation
For hormones · For health · For life

We want assurances that the loss of the liquid formula will not lead to knock-on shortages of the powder version.

We have been reassured by our Medical Committee that the powder version is widely available, and we have not heard anything to the contrary from our community.

However, we have asked for assurance from the DHSC that there will be no impact on the supply of powder hydrocortisone as a knock-on effect of the discontinuation of the liquid formula.

We have asked the DHSC to confirm that supplies of the powder hydrocortisone will not be affected by this change.

②

Looking ahead, we want simpler injection devices made available in the UK.

The need for simpler injection devices is clear. These devices are still in development and not ready for public use yet, but we hope they will be in the future. We want to know that the UK government and relevant companies are doing everything they can to bring these devices to UK patients as quickly as possible.

We have written to the DHSC to ask what they are doing to prepare for this, and to offer our support.

③

We have written to the relevant bodies, to ask them to:

1. Provide assurance that the supply of powder hydrocortisone is secure
2. Make ACT-O-VIAL® available in the UK
3. Do everything to bring forward the approval and access of new injection devices, when available

We are currently exploring ideas for how we can involve our community in an advocacy campaign on this issue.

The voice of our community is a powerful tool for change, and we want to give you the opportunity to have your say. We are currently exploring how best to do this.

We have collaborated with other patient support charities to co-sign an impact statement that has been shared with over 80 MPs, the Minister for Health and Social Care, the Minister for Rare Disease and the Patient Safety Commissioner.

This makes clear the need for new injection options to support patient safety and wellbeing.

We have written to Advanz Pharma (the company who used to produce liquid hydrocortisone) to ask them why they discontinued their product and to ask what they are doing to remedy this.

Currently, they have no plans to make liquid hydrocortisone available again, but we hope they will bring new products to the market in the future.

Hi All– here are your questions with Dr Lawrence's amazingly in-depth answers as usual. At the risk of repeating myself; we are soooo lucky to have this direct access to our very proactive Isle of Wight Endo 👏 👏

Q1) Is it unrealistic to expect after four months taking Cabergoline, once a week, 500 micrograms (=0.5 mg), to expect my Pituitary Prolactinoma, Macro Adenoma to have halved in size, or lose the top to the Snowman ⛄ shape to be just the round bit, underneath my optic nerves? I had my Contrast MRI and it appears the adenoma /tumour hasn't changed, or reduced in size. At what point could I expect a reduction of the adenoma, during weekly treatment of Cabergoline? Thank you 😊 - Leonie

Dear Leonie, thank you for your question. The short answer is that I might well have hoped that it may have shown a meaningful change in size by this point but I would need more information before deciding that your tumour was truly resistant to treatment with dopamine agonists (i.e. your cabergoline).

Firstly, I would want to know what the starting Prolactin level was and whether and to what extent this level has fallen with treatment. Your dose of cabergoline is at the lowest end of the normal dose range and I would want to know whether you needed a higher dose (although very unusual, doses of even ten or more times higher than you are currently taking are very occasionally needed). In other words, I would want to know whether your cabergoline dose had been adjusted upwards as necessary to control your prolactin level and hopefully also shrink the tumour or whether you have just been on your starting dose without any adjustment?

Generally speaking, the two treatment targets for a prolactinoma (shrinkage of the adenoma and a fall in prolactin) do go hand in hand but we do also recognise that there can be 'discordance' between shrinkage and prolactin reduction with one, but not the other, happening. This is uncommon though. My other thought is that sometimes a person can have a pituitary tumour and a raised prolactin level but the tumour is a so called 'non-functioning tumour' rather than a prolactinoma. In this situation, the prolactin is high not because the tumour makes too much prolactin but instead because the tumour interferes with the normal passage of dopamine down the pituitary stalk by virtue of its size and position. The pituitary gland makes prolactin by default and release is controlled by dopamine turning down this 'default' production. In general, prolactin levels in this situation tend to be of the order of perhaps up to 2,000-3,000 mU/l (about 10 times normal) whereas with some large prolactinomas, levels can be far higher, even right up to 1,000,000 mU/l. Again, knowing more about your starting prolactin level in relation to the size of the tumour which you have described very clearly as like a 'snowman' (or some would say 'cottage loaf') extending to just below your optic nerves would be very useful. If your levels had been relatively low, it could suggest the possibility of it not being a prolactinoma and therefore not being likely to shrink with cabergoline. Another thought is that some prolactinomas may be 'cystic' or filled with fluid and these do not always shrink as well as other prolactinomas (although they still can shrink). I wonder whether or not this could apply to yours?

In terms of how long it may take for the tumour to shrink, the answer is that it is rather variable. We often see visible shrinkage even as quickly as within 10-14 days of treatment starting but it is also well known that maximum shrinkage can take a year, or even sometimes years in different people and not all tumours shrink as quickly as some do- there is just a lot of individual variability. In summary, I don't have enough information to say that the treatment simply isn't working although I can certainly see your disappointment at this stage. Whilst there is a failure rate even for this usually very effective treatment, I would certainly need to know how the prolactin level was coming down, what level it started at and whether you were on a sufficient dose of cabergoline before I considered that the treatment really wasn't working. If it isn't working, there are other treatment options (other tablets can sometimes be tried, surgery and radiotherapy are also options for some people). Hopefully, with more time and possibly a higher dose you may get some better news. I'm sure I would speak for everyone when I say we all wish you all the very best with your ongoing treatment.

Q 2) My husband Rod is a type 2 diabetic on insulin. He suffers with neuropathy in the feet and wasn't sleeping well. Others in the same situation had suggested Magnesium Glycinate 3 in 1, 348mg supplement, which he tried (glycinate, malate & citrate). This has helped considerably with both the neuropathy and the sleep. I am the pituitary patient (hypopituitary) and sometimes my sleep is a little erratic but obviously no neuropathy, so I thought I would try the same supplement, which I did for approximately 2 weeks.
Yes, my sleep was more consistent but I was finding my day-to-day life rather a struggle and then significantly worsening. I ended up having a week off sick from work and increasing my hydrocortisone. Rightly or wrongly, I have now done a little 'homework' on-line and from what I have read, I am wondering if the magnesium supplement lowered the effect of my hydrocortisone replacement?
My question therefore, is can magnesium supplementation significantly reduce cortisol levels?
Many thanks – Gail

Dear Gail- I think the answer to this is that magnesium probably does not affect hydrocortisone absorption in any dramatic or predictable way for most people most of the time but one should never entirely disregard people's experience or rule this out completely as a possibility. There is some evidence that magnesium supplements of the type you mentioned can case a slight lowering of cortisol in people who do not have pituitary or adrenal disease but this probably doesn't apply to you as it would probably take place via the pituitary gland/hypothalamus which you are 'bypassing' by taking hydrocortisone rather than making ACTH and then cortisol.

There is also some evidence that magnesium supplements may possibly interact with absorption of some other steroids e.g. dexamethasone but hydrocortisone is usually so completely and rapidly absorbed that it is quite hard for anything to really badly interfere with this process. I guess if you were very keen to continue taking the magnesium, you could try to give the hydrocortisone a head start (i.e. take hydrocortisone 1-2 hours before magnesium by which time it would be pretty much completely absorbed) and see if this makes a difference? Alternatively, you could just decide that magnesium is not for you.

Just as a final thought, there are lots of other drugs that magnesium can affect absorption of - I take it that it isn't something else like it reducing thyroxine absorption (if you take thyroxine) which is probably much more likely and would require thyroxine to have at least a 4 hour head start as it is absorbed much more slowly than hydrocortisone? Just a thought.

Gail Says "Yes I do take both Levothyroxine & Liothyronine (T3 replacement) so this is defo food for thought"

Q 3) Do you find that people with AI (adrenal insufficiency) tend to then develop diabetes because of the steroid tablets, ie hydrocortisone, prednisolone ?
What are your thoughts on taking cortisol replacement steroids at night before bed ?
What do you suggest cortisol replacement steroid time taking for people who work night shifts? Thanks – Jodie

Thanks for these very good questions, Jodie. In general terms, steroid replacement for people with adrenal insufficiency is a life saving replacement therapy designed to replace as closely as possible what should be there and not to give 'extra' steroid as a treatment as we do for some conditions. In other words, if we are treating some inflammatory diseases, we want to use steroids in high doses to dampen down the inflammation and treat the patient's disease but this is totally different to what we are aiming to do when we give steroid replacement. Treatment doses are typically higher than replacement doses and can even be 50 or more times higher in extreme cases (obviously, not for long though)! If endocrinologists are sometimes accused of being a bit 'mean' with steroid doses, this is simply because they want to keep replacement as close to what nature intended and not to encourage a situation where there is excessive replacement or 'treatment dosing' as this can absolutely cause the problems you mention- weight gain, higher blood sugar and risk of diabetes. I would add osteoporosis, increased risk of infection, bruising, skin thinning, effects on the brain and our psychology (e.g. depression) and a shorter life expectancy to the list of side effects of taking too much steroid over long periods of time. The balance we try to strike is to give enough to manage symptoms and, especially on sick days, to keep a person safe but not so much as to allow the risk of these adverse effects developing over time. You will often hear us saying that it is definitely best to avoid nighttime steroid dosing as this is thought to give the highest risk of side effects and may also interfere with sleep.

It is difficult to get steroid dosing exactly right as many who are reading this may have experienced themselves. People with normal ability to make their own cortisol have very low (but not 'zero') overnight cortisol levels that start rising a couple of hours before we wake up. Taking steroids as tablets can never exactly match this- obviously we can't wake up and take a pill before we wake up and with tablet replacement, it is hard to get low but fairly constant cortisol levels to be maintained overnight without going to sleep with far too much steroid on board. These are some of the reasons that people are working on different and very 'smart' tablet formulations (that may help deliver more normal cortisol through the full 24 hour period including at night) and even hydrocortisone pumps that deliver the drug through a cannula under the skin on a continuous basis at a pre-programmed level. These are interesting ideas and may become part of our treatment repertoire in the future but are expensive (and not absolutely fully proven) at the moment and the NHS will not provide them. Watch this space though as situations like this can change over time.

Night shifts are difficult, and treatment needs to be individualised so I hope you will talk through your specific circumstances with your endocrinologist- I am sure they would want you to as this really is not straightforward. It is interesting that there seems to be very little published on this subject and yet it is so important to those affected. In general, the aim is to match steroid replacement as closely as possible to your sleep–wake pattern and working pattern rather than to the clock. A practical approach for many is to take the first (usually the highest) dose of your hydrocortisone when you wake up ready to get ready for work, even if that is in the afternoon or evening. Take the next doses through the period you are awake, usually spaced about 4–6 hours apart as they would have been had you been on a day shift (bearing in mind that some people may need slightly more frequent dosing to keep going at night, this is variable). Try to avoid taking the last dose too close to the time you want to sleep, because that may interfere with sleep and could over time cause some of the problems I mentioned above. In other words, just move the clock so that the time you wake up to get ready for work counts as your new 'morning' and go from there. Much depends though on how you sleep in relation to when you work which is why you probably should make a personal plan with your endocrinologist as there is no published 'one size fits all' regime.

You may also need to think about how you transition between night shifts and day shifts if you do both (or have time off which I trust you do!). This again will require personalisation with a view to avoiding either too many doses or too few when you finish your last night shift and become a 'day' person again or before you start your first night shift. Much will depend on how much of the transition time you spend sleeping and how much sleep you simply miss out on.

In summary, the exact answer for you will depend on your hours, how often you shift from day to night, your own experience and sleeping patterns. I would generally try to avoid taking extra hydrocortisone for the stress of night work in general but try to match the doses with your day (even if it is other peoples' night). Obviously, sick day rules remain exactly the same and whatever regime you try may need adjusting depending on how you feel although I know just how hard shift work can be (having done plenty of it as a doctor).

Although I am a proponent of trying to focus on people's wellness and abilities (rather than 'pathologising' or 'medicalising' and therefore potentially underestimating them) with any condition, including adrenal insufficiency, it is definitely harder for people with adrenal insufficiency to make the shift from day to night working than it is for other people and I have personally been more than happy to write to employers to support avoiding night work where possible in this situation. In general, most employers have generally been helpful and understanding in this situation. Of course, you may even prefer night work or do it because of other commitments you may have so hopefully the approach above will give you an idea of how to start. I hope this is helpful even if not quite an exact specific timetable for you which I would need more detail to try to devise.

I thought I'd tell you why I started Cushing's UK 10 years ago, by Pauline Swindells

I was diagnosed with Cushing's Disease some 12 years ago and had my surgery in September 2015. Initially I had support from the Pituitary Foundation but looked for online support. However, the only support groups I could find on Facebook were American ones. I soon found that their health care system was very different to ours and their sense of humour wasn't much better either!!

I'd met a few others who also had Cushing's Disease through the Pituitary Foundation, we talked about starting a UK support group on Facebook and felt that it would be a good idea, so I set it up.

People soon found it on Facebook (although we did have a few people trying to join because their dog or horse had it!) and gradually we were able to help and support more people. Cushing's is rare with just 2-4 in a million with it; few GP's or medics know much about it so it was important to get the correct information out there to help those who felt they might have Cushing's. Others were already being tested so we were able to support them on their journey.

Over the years I've learnt so much more about Cushing's and how it affects us; this has been through my own research but also attending the online events from the PF, we've got some great Endo's who are willing to help us get the best support.

The one that's helped me the most is Prof John Wass, he's incredible! I met him after we sent a group letter to the Society of Endocrinology and the Pituitary Foundation asking for the same protocol in the testing process throughout the country. The Soc of Endocrinology never replied, the PF passed the letter to Prof Wass and he arranged to meet me. We've been in contact ever since and he willingly answers questions I put to him.

I've been involved in various studies over the years as a patient representative, this has been great to be a part of. As we were so successful we came under the umbrella of the Pituitary Foundation helping them in their work.

Two of our Admins are Pituitary Foundation Ambassadors, one of them had a recurrence of Cushing's and had a second surgery last August, sadly it wasn't successful. This hasn't deterred her and she has run a half marathon every month since then culminating in the virtual London marathon – I have no idea how she has done this! It hasn't stopped there and she is abseiling the Liverpool stadium next! She has raised thousands for the Pituitary Foundation.

We try to ensure that all our information is accurate so the members can have access to the correct information, we encourage them to learn as much as they can about Cushing's so they can advocate for themselves when doctors try to tell them to go away and exercise and lose weight.

To date we have over 3050 members with another 1000+ having gone through the group either because they weren't diagnosed with Cushing's or don't need us anymore. That's not bad for a rare condition!

For me it's been the silver lining of this horrible condition to be able to help and support other people dealing with Cushing's.

A BIG thank you to Pauline for her contribution to our newsletter and for all her hard work too - GAIL

The following contribution is from one of our newer members Leonie; thanks for this Leonie:

Something I have found quite interesting and extremely helpful in the last few weeks, are the processes that a person may or may not consider or go through, whilst adjusting to a new Pituitary adenoma diagnosis.

I have had mixed feelings, emotional and behavioural responses to my diagnosis and I am still processing the impact of this but, I have found these headings and suggestions very helpful to ease my mind and help me to realise that what I have been experiencing is absolutely normal. This gave me considerable comfort in some very confusing times:

1. **Denial**: A state of shock or refusal to accept the diagnosis, often pretending the illness is not real or will go away.

2. **Pleading, Bargaining & Desperation**: The individual attempts to negotiate with themselves or others to make the pain/symptoms go away, often experiencing guilt.

3. **Anger**: Realizing that bargaining isn't working, this stage involves rage over the lack of fairness and control, often a crucial step for healing.

4. **Anxiety and Depression**: The reality sets in, causing fear about the future and sadness over the limitations the illness imposes.

5. **Loss of Self and Confusion**: The individual struggles with their identity, no longer recognizing themselves or knowing where they fit in.

6. **Re-evaluation of Life, Roles, and Goals**: The individual begins to adjust to their new reality, re-defining their life, goals, and capabilities.

7. **Acceptance**: The final stage where the illness is fully integrated into life. The individual finds ways to manage their condition without letting it define them.

And............

Chronic illness – Many of us will experience some sort of physical illness at some point in our lives. Everyone will respond to this differently and depending on the kind of illness and potential ongoing treatments, illness can sometimes have a significant impact on our mental health. It can be difficult to adapt to a new reality and a new diagnosis of cancer. Pituitary conditions or any other long-term illness can be difficult to process.

There are many different symptoms that can arise when adjusting to life with chronic illness. These include:

Feeling sad

Feeling a loss of control

Feeling hopeless

Loss of pleasure in previously enjoyable activities such as hobbies or sex

Lack of energy

Difficulty concentrating and making decisions

Suicidal thoughts

There are various ways to go about managing levels of stress and anxiety you may face while coping with illness:

Socialising -Try to focus on the relationships that are most important to you. Let go of any relationships that may be adding more stress to your life. Sharing fears and concerns with people you trust can be a relief for many people struggling with the burden of an illness.

Understanding - When you are living with a long-term condition, it can be useful to ask as many questions as you can, so you can begin to understand your illness in more depth. Don't be afraid to dig for as much information as possible and make use of any credible resources available to you.

Relaxation - Chronic illness can contribute to higher levels of stress and anxiety around everyday activities, so it is important to give your mind and body time to relax. Activities such as exercise, mindfulness, and reading are just some ways in which people can incorporate self-care into their daily routines.

Lifestyle - It can be common for people struggling with chronic illness to lose their appetite or fall into unhealthy lifestyle patterns, due to elevated levels of stress and anxiety. By trying to maintain a healthy diet, getting enough sleep and doing exercise, a healthier level of well-being can be achieved.

Family and Carers - Supporting a family member or caring for anyone with chronic illness can sometimes be mentally and physically exhausting. Some of the things that will be required of a carer would include emotional support, giving medicine, cooking and cleaning, or even looking after finances. Supporting another person in this way over a long period of time can be both mentally and physically challenging, so is important for carers to also take time for themselves. Remember, it isn't possible to fully support someone else if you are not supporting yourself. Things can be especially challenging if the person you are caring for decides they do not need support from you.

Ways to take care of yourself when caring for someone with a chronic illness:

Talk about how you feel - It is important to talk to someone you can trust about your feelings if you are ever struggling in your caring role. Don’t ever be afraid to ask for help if you need it. Be it through a support group or asking someone directly, they may be able to help lighten the load.

Take time to relax

Caring is an important role but can also be a tiring one.

Relaxation techniques can help you feel more rested so taking up an activity such as meditation, yoga, or even just reading a chapter of your favourite book, can provide you with that essential ‘me-time’.

Don’t take on too much - As a carer, it is important to be realistic about what you can do. Try keeping a schedule of important information and tasks related to the person you’re supporting but accept there may be parts that you cannot change, or take care of by yourself, and that’s ok.

Look after yourself - When focusing so closely on looking after another, it can be easy to stop looking after yourself as much as you should be. By looking after your physical health, eating well, getting plenty of sleep, you will find yourself in a better state of well-being and therefore able to provide more quality support as a carer.

Now after the serious stuff, something lighter from Paul Oastler

Hi all, the quiet one here again; hope you’re all in good health and taking your tablets and injections.

First of all, I must congratulate the committee on the lovely new venue for our meetings. Everything looked fresh and comfortable and the parking is great. It is a bit smaller than our last place but I'm sure with Gail and Howard’s chair arranging abilities it will be fine.

Ok let’s go; I'm sure that since my last letter, you’re dying to know what new medical problem I have. I have two friends I have known for around 50 years and they have now nicknamed me ‘Lucky’. About 3 months ago I had some blood tests and was called to the hospital to be told I now have Leukaemia. Apparently, my white blood cells were high. Anyway, to cut a long story short they gave me some chemotherapy tablets and after 4 weeks the white cells were down to normal. I still have to take the tablets for the rest of my life and it feels like swallowing a cocktail sausage they are that big. So, lots more blood tests, they make me tired at times which is frustrating as I love going to work.

What else? Well, I have been having trouble with my left ear so I went to the doctors and told him. He said "are you sure"? and I said "yes definite".

For this bit I really wasn’t sure whether to submit my question to Dr Lawrence or put it out to you all so you could jump straight on the google button.

Our pituitary gland is around the size of a pea? So, do all mammals have them and if so, what is the size of the pituitary of a blue whale and a field mouse? That will get the old grey matter going.

I'll leave you with a couple of super glue stories I recently had.

The other day I stuck my forefinger to my thumb. I was OK for a while !

Just after that my wife asked me to pass her the lip balm. Unfortunately, I passed her the super glue. She's still not talking to me.

Take care everybody and see you at the next meeting where I won't say a word.

Paul Oastler ***- A BIG thank you Paul, sooo love your sense of humour !***

If you’re feeling lonely or just fancy a chat, then give Gail a call on either of the numbers shown on the first page. Stay safe and thanks soooo very much for your personal contributions folks.

Gail, Pam, Howard P, Melissa, Jodie, Jenny, Jackie, Eireen & Howard C