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Scleroderma

New Zealand support group

Winter 2018

Greetings to you all.

I hope you are coping with this sudden spell of cold weather. Especially those of you from down south. A bit of a shock after our fantastic long hot summer.

In this issue we have a lot of interesting news items. First, a report from our President Dianne. Adrienne talked to us about having a hospital kit ready for those emergency trips to hospital. Unfortunately, she had to use her one very soon after her talk. At least she was prepared.

You can read about the travels of the Palmy ladies and also about the people who are continuously trying to hack our website.

Rob gives us a book review about a long-term improvement and remission for people with a variety of arthritis conditions. Dr Scammell has written several books about arthritis and auto-immune diseases. This could be just the thing for you and a worthy read.

There is a lovely story about Wyn and husband Graeme, who have celebrated their 60th wedding anniversary. Wyn is also a scleroderma sufferer.

There is an article on how to dress for winter warmth. An excellent story for this time of the year.

We include a summary of the podiatry survey. Also, news from our southern-most group and what they are up to.

Mouth care especially for those Sjögren's sufferers - there are quite a few of us, according to the survey and there are a few products that can help with this. We have a story from Gabrielle, a nutritionist, who talks about essential fatty acids.

Enjoy your read. Don't forget to send in your stories and adventures to share with all of us.



President's annual report 2018

I hope that you are all keeping warm at this time of year, with plenty of layers, a warm home and don't forget to exercise to your ability. We are all different on this one.

We had sad losses of members this year. We will remember them all in our hearts. I hope that you are all coping. It is difficult and we all cope in different ways, Remember that we are all here to support each other.

We also have members experiencing difficult times with their scleroderma. Our thoughts and support are with you all.

I thank the committee for their support this year. Through voluntary commitment they have achieved much.

Thanks too, to Barbara and John Spavin for producing the newsletters and website. It has been a life-line for our isolated members and those who can't attend a regional meeting. We much appreciate it.

Thanks also to Cushla Marsters and her team on our FaceBook page. I believe we will have some new things happening on it this coming year. Thanks again Cushla. We get a lot of interest from people abroad.

All our regional groups from Southland, Christchurch, Wellington, Palmerston North, Hamilton, Auckland and Allan and Sandy Edmondson's PAH and respiratory group are running well. I extend a huge vote of thanks to all the group organisers. They hold us all together. Great friendships have been made and support has been valued across the country.

In June, Adrienne Burleigh, Leony Reid and I visited the Palmerston North ladies and their art exhibition. Chris Carlyon welcomed us into her home with a delicious lunch she had prepared. Later we went to the exhibition. I'm looking forward to the next visit. All our Palmy ladies made such a big effort. Adrienne contributed with her beautiful hand-knitted teddies.

Gordon and I met Allan and Sandy's group in November and December. They made us welcome and we had a lovely time amongst friends. Allan and Sandy made a big effort for the Christmas celebrations. Everyone had a great time.

We also enjoyed a welcome from Jenny and Heather's group in Southland in early March. They gathered to meet us. We chatted with everyone and appreciated their efforts. Join us in Wellington sometime too. You are all welcome.

Scleroderma awareness month starts on 1st of June for the whole month. It will be exciting to see what each region is up to.

We have our annual appeal on the 30th of June. Please give what you are able to. Believe that we will put it to good use.



Linda Bell will be having another of her worthwhile seminars. I hope many of you can make the trip to support Linda. She has brought a lot of us together over the years. So please attend another good session on the 27th of October in Hamilton, I know you will learn a lot and meet new and old friends.

We started the year off with the podiatry survey, in which about half of our members participated. Thanks to those who did. We can now lobby for free podiatry services for scleroderma patients. Gordon has worked hard to make the data readable. We aim to have a journal of rheumatology or the New Zealand Medical Journal publish it.

Gordon and I have been researching evidence for blood pressure monitoring to prevent renal crisis. The information that we gained is with Dr Rebecca Grainger a rheumatologist in Wellington. We are hoping to develop some renal cards with personal blood pressure levels written on them that would alert the medical profession to start intervention. Dr Grainger is also looking at a GP and hospital management plan for New Zealand scleroderma patients,

We hope that you all keep as well as possible. Take care of yourselves in all ways to make the most of every day.

Thank you all very much for your support and friendship over the years.

A special thank you to Gordon for all his commitment and support to us all.

Take Care

Warm Wishes **Dianne Purdie** President.

Hospital survival kit

A lot is said about civil emergencies and survival kits. At Wellington's May meeting, member, Adrienne, showed us all how to how to draw up a hospital kit.

Adrienne recently had an unexpected trip into hospital. You know how it goes: one minute you're upright and the next you're not.

She realised when she was a guest of the nurses and doctors that many things she would like to have had with her weren't to be found.

And so, she drew up her own hospital survival kit; those things that sit on a shelf within easy reach at home, taken for granted, but which aren't to be found in hospital.

Any bag or small suitcase can be loaded with the kit, to be set aside for that day that may come around unexpectedly.

This differs markedly from the emergency kit, full of toilet paper, tins of baked beans, candles and BIC lighters.

This hospital list sounds like common sense but in a health emergency no one is thinking toothpaste, slippers or a cellphone charger.

"Hang on Mrs Ambulance Woman. I know I'm hallucinating, sweating, trembling and babbling incoherently, but would you just hang on a moment while I leap from the stretcher and crawl across the lawn into the house to pick up a few things."

So, we clutched with pen and paper as Adrienne coaxed us to think about the things that we might really, really miss. It's surprising how many useful things an enthused and determined group can think up to put in the kit

We got through all the usual things like our own PJs to avoid those hospital gowns that are sophisticated bum flashers; toothbrush, glasses and the like.

Ideas popped up. Ideas like a phone charger, iPad, polar fleece blankets (lighter than the heavy cotton hospital sheets); socks and a warm hat.

Here's one to think ahead about. Your family pet has no room in hospital so who will feed it while you're out? Prearrange

with a friend, neighbour or your children to have access to the house to feed pets.

If you listen to the sort of music that other patients won't like (Val Doonican at full volume, anyone), take some ear phones and knock yourself out with whatever you fancy.

Adrienne's headings covered most of what you will need. It's up to you to frill in your favourite items. Type the headings down a page and fill out everything you don't want to do without during your stay.

Night clothes	Time fillers
Footwear	Medication list
Toiletries	Money
Electronic gadgets	Street clothes
Contact details	Other.

When you have set aside your hospital emergency kit, relax.



Should the worst happen, Adrienne has you covered.

As it happens, Adrienne had a subsequent fall and another stay in hospital. We wish her all the best for a speedy recovery

Travel bug infects Palmerston North

The PN women recently got together in Palmerston North at the Esplanade Café for lunch. Catherine takes up the story.

We discovered many of us are getting on with our lives as best we can, with as much fun as possible.

This includes travel for a few of us.

Next month Linda Waters and her hubby Kevin are off to the UK to their daughter's wedding. If that isn't enough to quieten the travel bug, they'll continue on to the honeymoon on the Greek Islands with the newly weds and family. WOW.

Val Rodgers and Mary Roy are also tripping overseas next month to Brisbane. Then they head to Sydney to see the lights festival. What a fantastic trip they have planned.



As for me I am totally enjoying tripping off every couple of months either down to Nelson or up to Auckland and anywhere in between if I'm to be honest.

Palmerston North is still experiencing issues with our Rheumatologist. Some patients have been on a semi-urgent list only to hear they have been dropped off that list, while others still haven't had an appointment or heard anything.

So we are left wondering if we should go back through our own doctor, to ensure we haven't been dropped off totally. I only hope that no other region is experiencing problems like we have here in the Manawatu.

Everyone is doing such a brilliant job - please keep working towards the same goals and be positive, patient, persistent and focused, as together we will achieve the most.



Hack attack

It's nice to be popular but sometimes you just want a break from all the attention.










On our website there are protective measures to stop outsiders getting in behind the scenes and using the site for their own ends.

Some would send millions of spam emails secretly out through the site, others might create hidden pages that contain pornography or pirated software. Still others do it for kicks and the thrill of defacing a page with a "Bob was here" message.

Attempts to crack the site are constant. Addresses from China often dominate but in a recent week, someone or a group from the USA tried more than 8 thousand times to break into the scleroderma site. That suggests a really bored teenager or someone with an automated attack.

Either way, it goes on day and night, week in and week out. So far we are fine. Even banks and government sites with multi-million dollar website investments get hacked. You never say it won't happen but we have been particularly popular this year.

The table below counts a selection of attempts to break into the website over a recent 7-day period and shows the originating countries (although they may have been forged).

Country		Count
	United States	8,216
	Poland	964
	China	107
	Canada	100
	Taiwan	7
	Brazil	6
	Republic of Korea	5
	Egypt	4
	India	4

Does it or does it not?

A book review by Rob Tomkies.

The New Arthritis Breakthrough, by Henry Scammell.

The cover states "The only medical therapy clinically proven to produce long term improvement and remission [in] rheumatoid arthritis, Lupus, Juvenile RA, Fibromyalgia, scleroderma, Spondyloarthropathy and other forms of Arthritis".

The book is a biography of Thomas McPherson Brown M.D.. It explains his frustration at having his research ignored by the majority of medicos. Dr Brown died in 1989, 3 years before this publication. The book has aged but not the message

Dr Brown believe through early research that the aforementioned conditions were virus-based. There was some excitement and support by the medical institutions, particularly the Arthritis Association of USA. Then cortisone was discovered. For 30 years large doses became the cure-all. It relieved pain for a while. But the pain and symptoms later returned worse than before.

The book explains how Dr Brown and others isolated the virus thought to cause these conditions. They discovered that a micro-plasma is present in the cervix. Oddly, it becomes active in some. When active it lives and breeds in the joint (synovial) fluid, causing inflammation. From this inflammation come blood reactions which in turn affect organs, including the skin. This may explain why 80% of sufferers are female but it doesn't explain how men contract it.

Dr Brown hypothesised that antibiotics can fight viruses. He experimented and obtained permanent remission in these conditions using large doses (200mg every second day) of, in particular, minocycline. This antibiotic is "safe" as it is not of

the penicillin family to which viruses and bacteria adapt.

Drug companies fiercely defend their profit lines and rheumatoid arthritis drugs have the biggest demand (and profitability) compared with drugs for any other conditions/ diseases. The book has several instances of antibiotic trial results being published one day-followed the next by sensational news from a drug company about a new cure for cancer - or whatever. This buried the antibiotic news. Well-respected institutions have trialled the treatment but without exciting prescribers.

Through the book various people attest to the treatment. e.g. "Marge Cortegiano of Long Island New York, suffered with Lupus, Rheumatoid Arthritis and Sjögren's. After such prescribed medicines as gold, Cytoxan, plasmapheresis and seventeen years of prednisone, she was so weak that her

muscles atrophied. Marge: "After just one year on antibiotic therapy ... I am able to drive, do errands, pay my bills, travel and play with my grandchildren - all previously impossible because of the pain and fatigue. I just went ice-skating ... Minocycline has given me a whole new outlook."

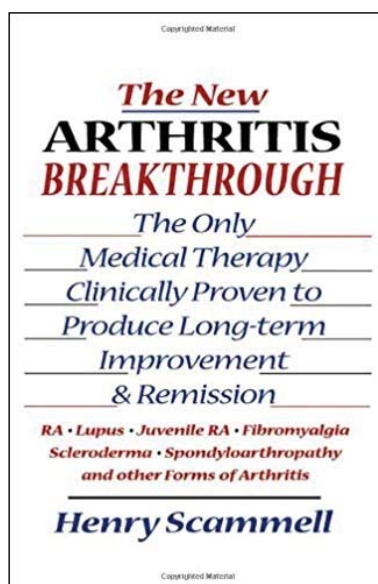
It is a sad read because Dr Brown's peers ridiculed him and institutions ignored him. He died from cancer, aged 85, when acceptance was growing. In the year 2,000 The American College Of Physicians published the first NIH-sponsored clinical trials of minocycline in rheumatoid arthritis. It found it safe and effective in the treatment of mankind's oldest, most

widespread, crippling disease.

It is a good read, we can all relate to the personal reflections by patients who have received the antibiotic protocol (AP).

Does it work? This book gave me reason to experiment outside my rheumatologist's recommendations. I think that after about 9 months I am entering "near remission". My rheumatologist frowned on my treatment but did say, "you are making better progress than I thought possible". Chris has osteoarthritis and with AP treatment lost her joint pain after just 3 days. Minocycline is funded in NZ for cases of severe acne.

I highly recommend this book to you.



Sixty years together for group couple

Scleroderma support group foundation member, Win Weir and husband Graeme have celebrated their golden wedding anniversary.

We found out about their achievement at the recent Wellington meeting.

Win and Graeme tied the knot in 1957 at St. David's Presbyterian Church in Upper Hutt.

They had 3 children all of whom and their families were present to mark the 60-year milestone.

Win says 3 people who attended the wedding as guests back in 1957 also returned to attend the celebration.

Win is a foundation member of the Scleroderma NZ support group. The couple live in the Wellington suburb of Johnsonville.



Win and Graeme today



Win and Graeme's wedding day in 1957

Dressing for warmth

The clothes you wear are an important part of how you can stay warm as winter bites us all again.

Suitable clothing retains your body temperature. It helps to control the rate that heat flows into and out of your body.

Here are some general hints to stay warm. There is some advice too about your choice of clothing.

Keeping warm

Choosing the right clothing is important and you should also consider how you heat your home and how you insulate it to retain the warmth.

Home heating is expensive in winter. You can receive an energy payment for the winter months from www.workandincome.govt.nz/about-work-and-income/news/2017/families-package.html#null

Your body is less able to control your temperature while you sleep. Heat your bed with hot water bottles or an electric blanket for a few hours before you get in to keep you warm overnight.

Clothing helps maintain your body heat but it doesn't generate heat. Dress in a warm environment and keep your clothes near a heater. Try some gentle exercise before getting dressed. It generates body heat and improves circulation.

Eat warm meals to warm yourself and maintain your body temperature. Drink hot drinks throughout the day and before you go to bed.

Hand warmers and heat pads may help if you are outside for long periods. Use them to warm shoes before you put them on.

How clothing keeps you warm

Clothing insulates your body against cold air. Heat leaving your skin warms a thin layer of air around you. This air constantly moves away from your skin. Cooler air replaces it. A windy day exaggerates this as the wind quickly blows away the warm air around your skin. Clothing helps trap the warm air.

Several thin layers of clothing rather than one or two thick



layers will keep you warmer. More layers form better insulation than fewer, heavier ones because heavier layers tend to force air out and away.

How to dress for warmth

Body heat escapes easily through your head. Cover it with a hat to trap warmth.

Covering hands and feet may make you feel warmer but don't neglect your trunk. Keep your trunk and limbs well covered to maintain body warmth.

Thermal underwear will help keep you very warm. Cover as much of your body as possible wearing long sleeves, high necks and long johns/tights. Thermal underwear comes in both natural and synthetic materials. Generally, natural materials like wool and silk will keep you warmer.

A wool or fleece layer is a good idea. It will be soft lightweight. It traps warm air more easily in the fibres. Fabrics with a piled, terry or textured finish also trap air effectively.

Use scarves to cover up your face and neck.

Keep your feet warm with a thin pair of socks or tights. Wear a thicker pair over the top. A well-fitting pair of shoes with a leather upper will also help.

If you have dressed in lighter, insulating layers, you may not need a heavy winter coat on wet and windy days. A lightweight wind-and-waterproof jacket could be enough. It would be much easier to manage than a heavy winter coat.

The older clothing is, the less it insulates. The fabric compresses with age and fails to trap warmth.

Fabrics

Choice of clothing material is important. Loosely woven or knitted garments are less effective insulators.

Jersey (knit) fabrics made from silk, wool, cotton or synthetic fibres are very good insulators. They trap air within their fibres layer well with other garments.

Some textile manufacturers now add silver to their clothing, including socks and gloves. As well as having antibacterial properties, silver keeps you warm by reflecting your body heat back to your skin. Some silver garments are available through [Raynaud's and Scleroderma Association](#).

Dianne

Know your fats!

Low fat is out, but what type and quality of fat should we eat?

Functional Nutritionist Gabrielle Conway provides some answers (and a tasty recipe)

Why are fats so important in our diet?

As we have dropped fat as an energy source in our diets over time, an imbalance has been created by consuming too many overly refined carbohydrates or fats of poor quality.

Think crackers, white bread and margarine.

Over-consumption of refined carbs don't

Fatty Acid deficiency is epidemic. So why do we need fats?

sate, but keep us snacking.. ramping up insulin production in our bodies and leading to chronic inflammation..the precursor to disease.

Animal and vegetable sources of fat provide a concentrated source of satiating energy in our diet, slowing the absorption of food.

A fairly high percentage of diverse, good quality fats are required for optimum health.

Fats aid in the absorption of the fat soluble vitamins A,D,E and K.

They act as building blocks for cell membranes and hormones and are essential for a healthy immune system.

Fats are important for cell membrane structure, and yes - fat makes food taste good!



Cacao Mint Slice: DF, GF, refined sugar free & healthy fats*

Balance fat choices

Everyone needs a good mix of quality fatty acids in their diet. These are vital for a healthy body. So what should we use?

We MUST obtain the essential fats (*Omega 3 & 6 polyunsaturates*) from the foods we eat. The body does not produce them. Find these fats in cold pressed flax oil, nuts and seeds & their oils (walnut, pumpkin), oily fish & fish oil, cold pressed oils. These are fragile oils - don't cook with them but add to salads and smoothies. Keep refrigerated.

Saturated fats are very stable for cooking & don't go rancid easily. They include butter, coconut oil, eggs, fats from grass fed lamb, pork, poultry & beef. Choose good quality fattier cuts, (not lean!) in moderation.

Monounsaturated fats include olives, extra virgin olive oil, almond, avocado oil, cashews, hazelnuts and their oils. Best cold, or light sautéing.

Poorer quality, highly processed hydrogenated oils include vegetable, soy and canola, rice bran, cotton seed, peanut and grape. These are typically sold in clear bottles, create inflammation and impact essential body functions.

Get a balance of these three fats and avoid the poor quality ones!

***3 cups shredded coconut *1/3 cup soaked dates *3 TBSP Cacao *3-5 drops peppermint oil OR 3 TBSP fresh OJ and its rind *4 TBSP melted cold pressed coconut oil. Blend all in a food processor, spread in a lined tray and freeze. A great snack!**

Scleroderma NZ podiatry survey

Scleroderma New Zealand recently surveyed members about their experiences with podiatry services.

We surveyed costs of podiatry services nationally - free DHB services, personal foot care, foot problems and other available services. With the results we hope to lobby government for free DHB access. We understand that diabetic patients receive 3 free podiatry visits per year.

One of our regional groups told us that their podiatry costs were high.

They asked us to do something about that because the costs stopped some people attending a podiatrist. Here's a snapshot of what we discovered.

Summary

Virtually everybody, 99%, had foot problems. For 64% the costs prevented them, or sometimes prevented them from seeing a podiatrist. 16% of people could not fully care for their feet and do not see a podiatrist.

There was inconsistency within DHB's as to whether people said they have access to a free hospital podiatrist.

Only 7 people said they had free access, at Auckland, Waikato, Wairarapa and Southern DHBs.

Most people want education.

Results summary

There was a 47% (69/146) response rate from members.

The mean age was 62 years, age range 37 to 83. There were 61 females and 7 males.

The median time since scleroderma diagnosis was 9.5 years (ranging from less than a year to 35 years).

The survey results listed associated foot problems, access to care and cost of care and footwear. Gordon will try to place the survey in full detail with a medical journal to gain most exposure. We'll publish the full survey in a later newsletter. There was a wide geographic spread of respondents. They came from the areas covered by the following DHBs. (Aren't Southland rockstars for participation?)



Respondents' DHB areas	%
Waitemata	7.5
Auckland	7.5
Counties Manukau	6.0
Waikato	7.5
Hawkes Bay	1.5
Taranaki	3.0
Whanganui	3.0
Mid Central	10.5
Wairarapa	6.0
Hutt	3.0
Capital & Coast	11.9
Nelson-Marlborough	1.5
Canterbury	9.0
Southern	22.4

Southern activity

With winter gnawing at the south, when they met, they still had time to discuss the royal wedding. They also had northen guests.

It was lovely to meet Dianne and Gordon Purdie in Invercargill in March for morning tea, (aren't we lucky Dianne's Mum lives in Invercargill so they visit from time to time).

Thanks to all those who could make it for a chat. It was so interesting to hear from them both and each other. We look forward to seeing you next time Dianne and Gordon.

We get around the Southland province with our lunch catch-ups. This time Jenny organised Gore as our venue on the 20th May.

There were 16 of us and the topics ranged from yes - the royal wedding, as well as home help, mutually acquainted people, lost cell phones, the game of bridge!, low haemoglobin numbers! knitting premature baby beanies, problems with ingrown toenails. Scleroderma and how we are coping was discussed too.

Thank you to Dianne for sending me the first draft of the Podiatry Survey, 22 out of the 67 respondents were from Southern DHB. I hope that it is not going to skew the survey.

We discussed the results and look forward to reading the final draft.

Thank you again Jenny for organising us.

Heather



Hamilton seminar returns 2018

The very successful series of seminars in Hamilton returns this year



Image credit: NZ Trade and Enterprise

Organiser, Linda Bell is working on the line-up of speakers and topics.

Both Hamilton's and Wellington's seminars continue to attract prominent rheumatology specialists who can impart a professional view of treatments, their worth and availability.

Some parts, of necessity, are technical but there's always a question time when you can have things explained or get some expert, free advice on something about scleroderma and its related conditions.

Keep in mind that scleroderma is a complex auto-immune disease and that most members will know more about its symptoms than many GPs. The Hamilton seminar is your chance to find out more about what you have, from experts who specialise in auto-immune diseases.

Saturday 27th
October
2018

Fundraising - annual appeal 30 June

Scleroderma New Zealand Inc is a voluntary organisation but there are some services that we need to pay for. Should you wish to donate to keep the group buoyant, you can deposit a contribution to our bank account: **389017 0107454 00** (KiwiBank)

Remember, we are a registered charity so your contribution is tax deductible.

www.scleroderma.org.nz

Dry Mouth Care for people with Sjögren's

People with Sjögren's syndrome have a reduced ability to produce saliva.

This can cause many problems in the mouth.

Problems include tooth decay, ulcers, swallowing problems and inflammation of the gums and mouth tissue.

Therefore, it is important to keep your mouth clean and moisturised always.

Sjögren's is an autoimmune disease. It often accompanies other autoimmune diseases like scleroderma.

You can develop it at any age but most people diagnosed with it seem to be aged over forty.

Symptoms

The Mayo Clinic describes the two main symptoms as:

- Dry eyes. Your eyes might burn, itch or feel gritty — as if there's sand in them.
- Dry mouth. Your mouth might feel like it's full of cotton, making it difficult to swallow or speak.

Some people with Sjögren's syndrome also have one or more of the following:

- Joint pain, swelling and stiffness
- Swollen salivary glands
- Skin rashes or dry skin
- Vaginal dryness
- Persistent dry cough
- Prolonged fatigue

There are many products on the market that can help mitigate the effects of Sjögren's. It is a case of finding and trying them one-by-one until you get one that suits you. Of course, they are not cheap, but it could save you from having further and

more serious problems later on.

Chewing sugar-free gum.

This will not harm your teeth. It usually produces more saliva to protect your teeth against decay and assist with moisturising your mouth mucus.

Moisturising agents

There are products available on the market from a company called Biotene. They have a mouthwash that is gentler on your mouth than its competitor.

Biotene also have a spray for dry mouth. It's good to get you through the night. It has a mild mint flavour and you can apply it with just a quick spray into your mouth.



Toothpaste



There are many varieties of toothpaste on the market. However, Colgate has a paste that is very high in fluoride. It's excellent at preventing tooth decay. It's a good choice for Sjögren's sufferers.

Water

Sip water constantly. Water neutralises the acids from foods and also decreases harmful bacteria in the mouth.

Water is the simplest aid. It's cheap if you're happy with tap water or you can buy your water from any company that wants to sell you the almost identical product in a colourful bottle.

Noticeboard

Wellington Meeting dates

Saturday 11 Aug 2018 1:00 pm to 4:30 pm

Saturday 10 Nov 2018 1:00 pm to 4:30 pm

Venue:- Russell Keown House, Queens Drive, Lower Hutt

Christchurch meeting dates

Thursday 19th of July 2-4pm

Thursday 20th of September 2-4pm

Thursday 22nd of November 2-4pm

Venue:- Mc Donalds Merivale 217 Papanui Rd, Merivale, Christchurch in the free community room, as long as you buy a coffee at the Mc Cafe.

Auckland Central meeting dates

Sunday 24 June 1pm - 4pm

Sunday 26 August 1pm - 4pm

Sunday 28 October 1pm - 4pm

Venue:- Highbury House, 110 Hinemoa St, Birkenhead, Auckland

Auckland Contacts:

sclero.akl@gmail.com

Ph Ann 021-0277-4544 or 550-5690

Ph Michelle 027-277-5773

Respiratory support group meeting dates

30th June 2018 - (World Scleroderma Day) Wear something BLUE day

18th August 2018

13 October 2018

24th November 2018 Christmas Meeting 2018

Venue:- 327a Whangarata Road, Tuakau, Auckland 2694

Contacts

Find a Scleroderma support group near You

Auckland: Ann Wills
sclero.akl@gmail.com

Auckland Respiratory: Allan Edmondson Email-
allanedmondson@xtra.co.nz

Hamilton: Linda Bell Email:-
linda.bell@hotmail.co.nz

Palmerston North: Chris Carlyon
ningandalley@clear.net.nz

Invercargill: Heather Milligan
03 248 5147

Wellington / Christchurch: Dianne Purdie-
diannepurdie@xtra.co.nz

Does your area plan a meeting? For times, venue and directions to all meetings that we know about:

www.scleroderma.org.nz/calendar/

Scleroderma New Zealand Inc.

President: Dianne Purdie
diannepurdie@xtra.co.nz

Newsletter: Barbara Spavin
barbara@spavin.com

New Support Groups

If you would like a support group in your area please contact Dianne Purdie 04 479 5548 or email diannepurdie@xtra.co.nz and I will be happy to help you set one up.

www.scleroderma.org.nz

