

# CHARITY GOLF TOURNAMENT



DECEMBER  
2018



**STREET APPEAL P4**  
**GOLF TOURNAMENT P5**  
**PARKINSON'S CONFERENCE P7**

# MULTIPLE SCLEROSIS & PARKINSON'S CANTERBURY (INC)

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**Dawn Baker**

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# PRESIDENT'S MESSAGE

The Society is moving along well thanks to Robin Furley and the excellent team she manages. Our Annual Street Appeal was extremely well organised and again improved on the previous year's total, so a special thank you to Lynne Trowbridge and Deb Parker. However, fundraisers alone cannot bring in all the dollars and we rely heavily on our members, who turn out in force every year, as well as schools and service clubs. These groups expand the numbers on the street and increase our ability to cover as many sites as possible. A sincere thank you to all who helped.

At the time of writing we are looking forward to our Charity Golf Day at Clearwater. We have very good team numbers representing some outstanding Christchurch businesses. We have attracted very generous sponsors, in particular, our major sponsor Isaac Construction Ltd. The company has met the cost of hiring the course, entered a team and supplied several auction items and prizes. The money raised from the event will help to meet the expense of operating our gym, which costs about \$70,000 to run annually.

The committee and staff have been working on our new Strategic Plan which sets the organisational direction for the

next few years.

This is always an important focus and we try to ensure that our service delivery aligns with the big picture goals we have set for ourselves. Our objectives are financial sustainability, service development and relationship development.

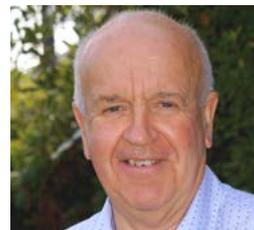
The committee has been involved in much more than simply attending the regular monthly meetings. With the guidance of committee member Lindsay Daniel, they reviewed and updated the 'Rules' under which we operate as an incorporated society. We held a Special General Meeting where the new rules were adopted. The next project has been a guiding document for the smooth running of the committee – *Governance Purpose, Principles, Policies and Procedures*, also known as *G4P*.

Best wishes to all for a happy and safe festive season.

Warmest regards

**Malcolm Rickerby**

[president@ms-pd.org.nz](mailto:president@ms-pd.org.nz)



# DONATIONS

We have recently communicated with our Parkinson's members to clarify about 'donor letters' sent to you by Parkinson's New Zealand. We completely respect any decisions about which organisations you choose to support with donations.

Parkinson's NZ sends out several letters each year requesting funds for their organisation which has a national office based in Wellington. Currently we have an informal affiliation with Parkinson's NZ. **We do not send you 'donor letters'.**

We know from feedback that some local members made donations to the most recent Parkinson's NZ campaign,

not knowing that our Canterbury society is independent from Parkinson's NZ, and as such, does not receive any of these donated funds. Once you have made a donation to another organisation, we cannot ask them for those funds. If you don't wish to receive ongoing 'donor letters' from Parkinson's NZ, we suggest that you contact them directly and advise them to remove your contact details from their database. 0800 473 4636 or [info@parkinsons.org.nz](mailto:info@parkinsons.org.nz)

All funds raised by our team at MS and Parkinson's Canterbury support our local organisation and we warmly thank you for your help with time, energy and money.

# MANAGER'S MESSAGE



Kia ora tatou. Isn't it amazing how quickly we can adapt to a 'new normal'? We are now quite at home here at Sir William Pickering Drive to the extent that the café staff not only know us by name but they also know our preferred hot drink. Our sharing arrangement with Dementia Canterbury is working well and we appreciate having colleagues on site. We are fortunate that our other upstairs neighbours, Mitchellcorp, are launching a fundraising initiative which will benefit us – more details in our March newsletter.

As we expected, once we had settled in our year has been full steam ahead with new, different, or changed services.

We held a Parkinson's Information Day in June, with Lesley Livingstone from NZ Brain Research Institute presenting on the Parkinson's research in which many of you are involved. There was a lot of interest in Lesley's session, with a very full seminar room.

Our Open Day later in June attracted a stream of visitors, many of whom had not been involved with us for some time

and wanted to reconnect. This was a wonderful opportunity for us all, and we appreciated the effort people made to come and visit us.

Over the last few months we have run *Living Well With Parkinson's*, *Living Well With MS*, and *Minimise Fatigue, Maximise Life*. These courses consistently receive positive feedback, so if you have not participated in one and would like to, or want to find out more, please make contact.

The movie *Mamma Mia* was a fun event in July, where we pretty much filled a movie theatre. I, for one, had catchy Abba music ringing in my ears for many days. Thanks to everyone who got on board with this fundraiser to help provide the nurses with tablets. These are now up and running thanks to some very generous donors. Your wonderful support really will transform work for the nurses by dramatically reducing paper work. Our heartfelt thanks for your support.

In the last few weeks we have been invoicing people who have not paid their membership subscriptions. We know that sometimes things can be overlooked, so this is a reasonable way of reminding members, and checking in to see whether people want to continue their memberships. We believe that our sub is excellent value for the range of professional services we provide.

Before we know it we will be looking at 2019. I hope we all manage to avoid end of year crazy busy stresses, and instead focus on a smooth gentle winding down to summer relaxation.

**Robin Furley**  
*manager@ms-pd.org.nz*

**Pat Lyons** has resigned from early November, which means we don't currently have a qualified physiotherapist in our team.

However we do have some excellent group exercise leaders who are helping as follows:-

**Rocio Guerra** from Chile is supervising Open Gym sessions on Mondays and Wednesdays.

**Carmyn Barnes**, a registered biokineticist from South Africa is leading the Thursday MS exercise group.

**Pieta Aitken**, currently working towards a Return To Practice Programme under the Physiotherapy Board of NZ, is supervising and leading some Open Gym sessions and exercise groups.

**Tara Martin** from On The Go Physio will be doing member assessments as needed over the next few weeks.

## YOGA

Yoga sessions on Tuesdays, 1.30 – 2.30 are now held at St Martins Community Centre, 122 Wilsons Rd, St Martins.

The Thursday session 1.30 – 2.30 continues at 49 Sir William Pickering Drive as usual.

**Tim Webster**, an exercise professional, is providing a new exercise group as advertised on page 9.

Tim is trained in PD Warrior and Counterpunch.



We are hosting an **'Open day members Christmas cheer' function on Tuesday 11 December, 12.30 – 4.30pm**. This will be a 'rolling' afternoon tea. The Christmas Cake raffle will be drawn at 3pm.

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# FROM THE FUNDRAISING OFFICE

**We are pleased to report that our 2018 Street Appeal was another record breaker with over \$65,000 raised to date.**

THANK YOU TO ALL of you who contributed to this successful outcome

## STUDENT VOLUNTEERS REFLECT ON OUR STREET APPEAL

Bella and I volunteered to help collect donations for Multiple Sclerosis and Parkinson's Canterbury 2018 Street Appeal.

I was surprised that some people who did not have cash actually came up to us and apologised. Also, the number of people donating was higher than I actually expected. Compared to past experience when I volunteered in a similar role overseas, I realised how warm and generous the people in New Zealand were. During our shift, there were numerous people who came up to us, thanking us for volunteering. This was heart-warming, as we felt that our efforts were appreciated, and it encouraged us to continue our shift enthusiastically.

When our shift ended, a mother and daughter came to replace us.



*A woofing big thank you from Mungo to our incredible supporters and a Merry Christmas to all.*

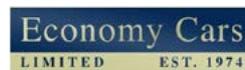
I admired the mother for introducing her young daughter to volunteering at such a young age and for volunteering with her, because she set a good example for her daughter to look up to. Overall, I thought this was an extremely worthwhile activity which really challenged me both physically and mentally.



## TABLETS

In our last newsletter we appealed for donations to assist with the purchase of tablets for Judy and Anna, our nurses. What an amazing response we received. Our grateful thanks to those who came forward with very generous donations, covering the cost of the tablets and some training for the nurses. Judy and Anna are already noticing the benefits of using the tablets.

## GOLF TOURNAMENT TEAM SPONSORS



**VISION: ALL PEOPLE IN CANTERBURY WITH MULTIPLE SCLEROSIS**

# GOLF DAY JUDGED A BIG SUCCESS

Despite a change in the weather, the rain stayed away and the mood at the Society's Clearwater Golf Day was cheerful, fun and enthusiastic. Feedback was unfailingly very positive so on that basis alone, the event has been judged a real success.

At time of going to print, the final count had not been made but it is estimated around \$15,000 has been raised towards the cost of operating the gym.

Lynne Trowbridge, the Society's Funds Development Manager said she was delighted with the result, "but it isn't all about the money".

"The golfers all seemed to have a great time, which as well as raising money, was a major aim for us ... we really wanted people to have a good experience."

The fundraising team of Lynne and Deb Parker were well supported by golf events organiser Mike Godinet plus a number of volunteers. Photographer for the day was Society member John Nichols.

Photos can be ordered from John by phoning 3595850.

Twenty teams of four players entered. The winners were the Isaac Construction II team of Gary Wood, Adrian Kilian, Antonio Chadinha and Kim Masina. Runners-up were THC, comprising Al Killick, Ken Harris, Mike Sharp and Kerry Chuck. Sam Kumbaroff from team The Bealey and Victoria Moore from team Saunders Robinson Brown won closest to the pin awards.

The event attracted extensive sponsorship, with Isaac Construction Ltd the main sponsors, covering the cost of hiring the course, entering two teams and providing items for both the auction and the raffle. Other sponsors and teams are listed by logo on this page.

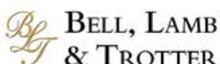
More than \$600 was raised by PGA golf professional Oscar Cadenhead offering to tee off for teams to improve their score and the raffle of several items was well supported as was a short auction of donated goods at the end of the evening.



Winning team, Isaac II, left to right Gary Wood, Adrian Kilian and Antonio Chadinha (absent Kim Masina).

Lynne says the Society will definitely run the event again next year. "When we mentioned to the teams that we might have it next year they were very enthusiastic about taking part again."

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# NURSES' CORNER

## FROM JUDY MCKEOWN MS NURSE

Recently I was lucky enough to attend the Brisbane MS Nurses Australasia conference. I have been attending these conferences since I started 6 years ago and I very well remember the first conference when I had only been here a month. There were MS nurses from Australia getting up on the podium presenting their research or case studies or anything MS nurses may learn from. I sat in the audience of 120 nurses thinking "I will never ever know as much as these people about MS". I realized I needed to make a commitment to myself and my clients to educate myself fully about this extremely complex neurological disorder. I also realized that working in this role is a long term commitment because it takes time to build relationships with my clients, their families and health providers. Now 6 years later there is always something new, I am still learning and I enjoy sharing this learning with our members.

Since that time, I have myself been up on the podium presenting my topics of interest. Our Canterbury Neuro Nurses group won the poster award 3 years ago about sexuality and MS.

I am fortunate that some of the drug companies fund my conference attendance. To have this generous support for conference registration, flights, and accommodation means that I am able to network regularly with my colleagues.

NZ MS Nurses have been meeting annually to share professionally for the past 3 years. We sometimes have a guest speaker and these days are a good time to find out about what's happening in other regions.

In November I will be going to an education day about treatment and management of MS with Ocrelizumab - a new drug on the horizon which is promising news for people with RRMS.

Ocrelizumab is the latest Disease Modifying Therapy (DMT) being considered for use in NZ. It has been approved by Medsafe. MSNZ

and neurologists presented a case to PHARMAC. "PHARMAC has made the decision to limit eligibility for the drug to people with RRMS and not, at this stage, for those with PPMS." Roche, neurologists and MSNZ are resubmitting evidence to PHARMAC for their reconsideration for those with PPMS. The cost is \$60,000 per person per year.

## SELF MANAGEMENT GROUPS

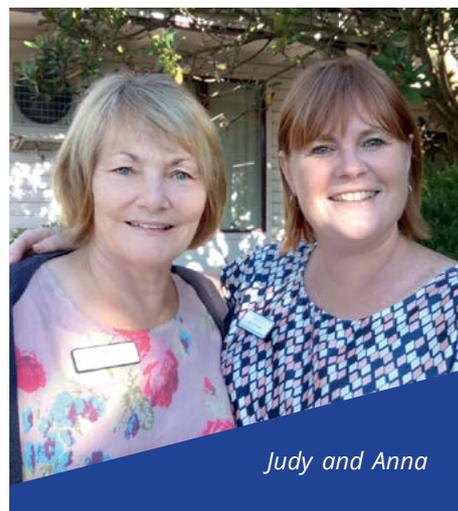
What are the groups?

**Living Well With MS** (6 weeks) Each week covers a different topic with time for group interaction and discussion. Numbers are always limited to keep groups small. Topics include *What is MS? What is a relapse? Symptom check list, Employment, Fatigue, Diet and Exercise, The Mental Battle (mood/depression/ anxiety), Planning for the Future*. If you are interested, let Judy know so you can be registered for the next group. We suggest that you come along with your partner or a significant person. This will help them with increased knowledge and understanding of this significant long term neurological disorder. MS doesn't only affect the person with the diagnosis but also other people close to you.

Six months after Living Well With MS finishes, we follow up by bringing people together again for a 2-hour session. This is an opportunity to discuss changes people have made in relation to **Living Well With MS** and it's a good time for people to re-establish group connections.

**Minimize Fatigue, Maximize Life** (6 weeks) helps to manage MS fatigue. We run this 2 weeks after LWMS finishes. Places are limited so please ensure you register with Judy or our Physiotherapists.

*"Judy thank you so much, your passion for the MS community is amazing you're an inspiration to me and you have provided this group with hope. Thank you for that."* This member's comment sums up feedback received from those who attend the self-management groups.



Judy and Anna

**Peer support groups.** We send email reminders – all are welcome, and there is no need to book in. The only criteria is that you or your significant other has MS.

### Christchurch

South Library and Service Centre board room, 66 Colombo St

6 – 7pm

Every 6 weeks

NB: In 2019 this group will be held at our centre.

### Ashburton

Terrace View Retirement Village (evening)

Alternates with

Columbus Café (afternoon)

Every 6 weeks

### Rangiora

John Knox Church hall

10.30 – midday

Tuesdays

Every 6 weeks

### Under 40s

New group being planned to start early 2019.

Contact Judy if you are interested.

The groups often have a theme as a focus – from 2018 – *Mindful breathing techniques; Taking charge of your health; What is resilience and how do we use it; Share your hobby; What are the needs of partners?; Why exercise is important; Helen Skene – discussion re MS questions.*

# PARKINSON'S CONFERENCE

**WRITTEN BY BELINDA BUTTERFIELD RN, FIELD OFFICER AND COMMUNITY NURSE EDUCATOR MS & PARKINSON'S SOCIETY WEST COAST**

At the recent Parkinson's Conference in July 2018, the biggest take home message was that exercise is as important as medication in the management of Parkinson's. People with Parkinson's NEED TO BE ACTIVE. There are many symptoms of Parkinson's that can make this difficult to achieve. Parkinson's frequently leads to reduced activity. The direct effects upon the areas of the brain that control movement cause rigidity and slowing, but reduced activity is more complex than that. Here we will review other common but less well known factors that can reduce our ability to be active if we have Parkinson's.

## CAUSES OF REDUCED ACTIVITY IN PARKINSON'S

This list is not meant to be a litany of disasters – many people with Parkinson's do not have any of the problems listed below. However, it is better to know what is occurring if you develop problems with reduced activity, or when this happens in someone you care for.

### FATIGUE

Parkinson's can be exhausting! It can be a struggle mentally and physically to make bodies do what is required of them because of rigidity, tremor and slowed or clumsy movements. It can be difficult for people with PD and others to accept that it may be necessary to have more realistic goals for each day. By ignoring fatigue related to trying to do too much, it is possible to get stuck in a "boom or bust" cycle and end up achieving less than what could be attained with better pacing. Fatigue is more complex than simply getting physically tired by doing too much. It is

worsened by being unwell with some other illness, as anyone with PD and a bad cold knows. Fatigue may also be simply the result of poor sleep, which is a common problem in PD as the illness progresses. It may also result as a symptom of the changes within the brain "fatigue of neuropsychiatric origin". Although this is poorly understood, it occurs in a number of neurological conditions and seems to be separate from the other factors discussed.

### PAIN

Pain can lead to reduced activity. Parkinson's can give rise to pains in the legs and feet directly because of its effects on parts of the brain that deal with pain messages. The muscles and joints may painfully stiffen up from immobility, especially overnight or in the morning. Parkinson's and osteoarthritis of the hips or knees is a particularly difficult combination for some people. Severe Parkinson's immobility can mean that skin becomes sore in pressure areas. However, it is always prudent to discuss the presence of pain with one's own doctor.

### DEPRESSION

Depression may occur in Parkinson's not only because of the stress of having the condition but because of the changes that occur in the brain from the illness. When people are depressed, they frequently become less active through loss of their sense of enjoyment, an inability to see the point in starting anything with loss of motivation, and because depression can sometimes slow thoughts and movement down directly by the way it affects the brain. This "psychomotor retardation" is an increasingly common symptom in depression as people age.

### ANXIETY

Anxiety is another potential problem in PD that can prevent people from engaging in their usual activities, either

because they are badly affected by worry or panicky feelings, or because of increasing avoidance of situations that might give rise to anxiety. Depression and anxiety can occur together or separately in PD.

### LOW SELF-ESTEEM

Somewhat separate from being unwell with depression or anxiety, Parkinson's symptoms may lead to the development of low self-esteem. One can feel useless, worthless or ugly, and withdraw from living as actively as previously. Our sense of self-worth is tied up with our mood but low self-worth can lead to reduced activity without growing into a full depression. Sometimes people with PD might temporarily 'shut down' more dramatically, as part of adjusting to some new situation or threat. We all cope with severe challenges differently and it is important to be sensitive to this and not react hastily or with blame. Sometimes people just need time to regroup.



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## COGNITIVE IMPAIRMENT

Parkinson's raises the risk of changes in memory and thinking power, "cognitive impairment". If this worsens into a dementia, people can become less active because it is more difficult to plan and think through activities outside the home or out of a normal routine. People can become less active and more reliant on others to engage with various tasks that need to be done each day. In this case, the spirit and body may be willing but the brain has trouble providing the computing power to enable things to engage. If a delirium occurs (a temporary acute state of confusion, usually caused by some other condition such as an infection), some people will become quite inactive for most of every day until they are well again.

## APATHY

Apathy is a reduction in motivation related to not caring enough about things, either because we can't feel strongly enough about something to act, or because we don't think that it is important enough. Scientists are beginning to understand the brain circuits involved in linking our instincts, feelings and thoughts to the "motivational engine" that generates the spark to produce behaviour of all kinds. It appears that the areas of the brain affected by PD critically affect this circuit and can lead to significant apathy, quite separate from the causes listed above. In fact, one of the clues

to diagnosing this problem is that the affected person is not at all bothered by their reduced activity – they are not tired, sad, guilty or regretful about it, they are neither happy nor sad about the fact that they sit around a lot. What seems to be occurring is that the ability of the person to respond to internally generated cues to produce behaviour is impaired. What is preserved, often to the consternation of carers, is the ability to respond to externally generated cues. For example, when a person with PD and apathy is asked by a person in authority e.g. the Specialist, to get up and walk down the corridor, they will walk down the corridor! Apathy can be a neuropsychiatric symptom of PD just as fatigue can.

## OVERMEDICATION

Overmedication can be a problem, especially when sedative drugs are being used, even more so when alcohol is also part of the mix. Sometimes reducing or stopping medicines is warranted, even when they have been previously useful. It is important to discuss this with the doctor prescribing them rather than experimenting on your own.

## WORSENING MOTOR SYMPTOMS

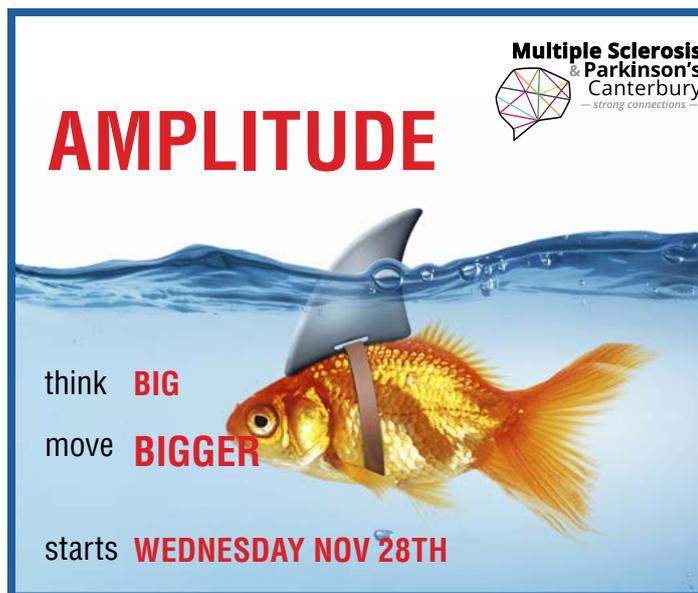
Finally, sometimes reduced activity does all come down to worsening motor symptoms – the spirit and mind are willing and able but it is the body that is weak. We suggest you discuss these symptoms with your doctor or PD Nurse who is treating your Parkinson's.

## WHY SHOULD REDUCED ACTIVITY BE A CONCERN?

Everyone knows the saying "Use it or lose it!" This is very true for people with PD, not only in terms of the nerves and muscles, but probably in terms of how our brains work as well, as brain cells and circuits struggle to adjust to the changes caused by the disease. If a reduced ability to engage in a certain activity is prolonged, the window of opportunity to rehabilitate and recover function may close. This, by itself, is a sufficient reason to pay close attention to reduced activity in Parkinson's. Reduced ability to be active increases disability and dependence upon others, it increases carer stress, it lowers the person with PD's sense of self esteem, and can lower the threshold for depression because there is less sense of mastery and less experience of pleasurable things in each day.

Knowing the contributing factors is important because it can provide the necessary clues for planning a response. It is also important because carers might fall into the trap of assuming that people with Parkinson's are being lazy or somehow deliberately choosing to "give up" or "be difficult" when this is absolutely not the case. If carers understand what is going on more fully it can help them to cope.

Apathy is a particular problem because, by its very nature, the person who



**AMPLITUDE**

think **BIG**  
move **BIGGER**

starts **WEDNESDAY NOV 28TH**

**Multiple Sclerosis & Parkinson's Canterbury**  
— strong connections —

**AMPLITUDE** is a fun exercise class that focuses on the key areas for Parkinson's, including BIG movements, BIG voice, intensity, complexity, balance, coordination and repetition. Tim Webster is trained in PD Warrior and boxing for Parkinson's and he brings elements of both to the **AMPLITUDE** programme. There are two levels of **AMPLITUDE**:

**LEVEL 1** is for PD people who want a moderate level of exercise, and it takes place from 9.30am – 10.15am on Wednesdays.

**LEVEL 2** is for PD people who want to work a little harder, and it takes place from 10.30am – 11.15am on Wednesdays.

Venue: MS & Parkinson's Canterbury, 49 William Pickering Drive  
Cost: \$8 per session

Contact Tim to reserve your place: [tim@exerciseasmedicinenz.com](mailto:tim@exerciseasmedicinenz.com) or call 021 0228 2551

is becoming increasingly apathetic is unconcerned, unlike any of the other causes of reduced behaviour listed above. It is not always the right thing to do to interfere and try to enforce "treatment", but sometimes carers need to intervene because if the problem continues it will lead to the person losing so much function that dearly-held wishes are threatened, such as the wish to remain independent at home.

## WHAT CAN HELP?

The management of reduced activity is challenging, in part because there are so many things that can cause this problem. Several factors may be acting simultaneously so it may be hard to see smaller contributing factors because they are drowned out by the noise from some main factor.

Also, the clinicians involved may be less experienced with one or other of the above factors and either not notice their presence or feel unconfident about advising on treatment. People with PD and their supporters need to share their observations with health professionals so they can understand more fully what is going on and accurately gauge any response to various treatments.

Management often aims to preserve or regain function rather than to eradicate the problem entirely. Medical treatment may help, including adjusting dopaminergic treatments such as Madopar or Sinemet, trialling an antidepressant or an anti-anxiety drug, using a pain-killer or a Cholinesterase Inhibitor (cognitive enhancing medicine) may help, or perhaps stopping some offending agent.

Drugs are not the whole answer however. The key strategy is planning activity. This is more than the hopefully familiar idea of organising activity around medication timing and scheduled rest periods. It is also about thinking carefully about whether goals for the day are realistic. Don't bite off more than can comfortably be chewed – aim to do what you can, not what you 'should'. Also, people with Parkinson's frequently do well with

## LIVING WELL WITH PARKINSONS 2019

This is a Self-Management course run over 6 weeks, aimed at giving information and tools to help you and your family live better with Parkinson's. Spouses/Partners or support workers are encouraged to attend.

It is ideal for people who are newly diagnosed, or those wanting to learn more about self-management of Parkinson's. Self-management involves setting goals and being actively involved in your healthcare.

This course has been run by the society for over 7 years, with very positive feedback from participants.

2019 Dates: Wednesday 6th March until Wednesday 10th April

Time: 10am until Midday

Please register your interest with Anna Fraser ([pnurse@ms-pd.org.nz](mailto:pnurse@ms-pd.org.nz)).

routine and structure, even to the point of a timetable for each day. It is easy to see how this can help if the problem is related to the psychological and cognitive factors outlined above. When depression, self esteem and anxiety are key factors, planning enough activities that it is clear in advance are achievable and that will be enjoyable is critical. No-one ever died wishing they'd had less harmless fun, or wishing they'd taken on a greater number of impossible challenges. When apathy is a key feature, having a written plan reinforced by carers to help people to 'get up and go' is helpful: the more external cues to do things, the better. For example, an alarm clock or phone call to mark the time to do something, step-by-step instructions to carry a person through a task, or working on something together so that you are both doing the same thing side by side.

## PARKINSON'S UPBEAT UNDER 60 GROUP 2019

Upbeat was first established in 2000 by Parkinson's New Zealand to provide a forum for people with early-onset Parkinson's and their whānau and friends to communicate with other people and to share ideas, experiences and have some fun! In 2018 the Upbeat group enjoyed Ten Pin Bowling followed by a meal out at "Hello Vietnam".

In 2019 Anna has booked Petanque.

Venue: Papanui Club

Date: Tuesday 19 March

Time: 5.30pm -7.30pm

RSVP: Anna Fraser ([pnurse@ms-pd.org.nz](mailto:pnurse@ms-pd.org.nz)). Lemonade and nibbles supplied by the society.

Please pencil in Upbeat dinner TBC for Tuesday 22nd October 2019. Ideas for Restaurants are very welcome.

## SUMMARY

Reduced activity is a common problem in Parkinson's, but it is much more complex than simply not being able to get our body to move as well as it used to. By understanding the many causes more deeply, people with Parkinson's can help themselves, with the support of carers and health professionals, to maintain their abilities and place in the world despite the effects of this illness.

If you are finding it difficult to get some activity into your daily lives, please contact Anna for advice and support to get you exercising, it is one of the best things you can do for your Parkinson's!

*References:- Dr Matthew Croucher, Older Person's Psychiatrist, CDHB.*

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# SEASONAL, SUMPTUOUS, SUSTAINABLE

With a lengthy background in hospitality in New Zealand and overseas, Nicky Jenkins had to take a major step back from that competitive world following her diagnosis with Parkinson's

But, quite obviously being an innovator, Nicky has found a way to continue her connection with food by starting Kakariki (green in Te Reo) Kitchen.

Their motto is "Seasonal, Sumptuous and Sustainable".

After diagnosis five years ago, Nicky says it became apparent that she was no longer able to work quickly enough in the fast-paced, pressured environment of a restaurant kitchen.

"I was looking for something that would fit me, and the post-earthquake rebuild of our house was a perfect opportunity to look at doing something from home." She was granted a home kitchen license from the Selwyn District Council, and now her kitchen is a hive of activity at

various times of the year, depending on what produce is available.

"We're coming into the fun season now ... soon there'll be an abundance of tomatoes and fruit and we'll be producing seasonal products as well as the four main products we have year-round." Products include Chilli Lime and Ginger Sauce, Pomegranate Molasses Dressing, Tomato and Ginger Jam and Moroccan Apricot Chutney.

It's a team effort with husband Aki and mum Sally. On the day we visit, Sally has been out foraging elderflower and Nicky already has a large pot on the stove with a sugar syrup ready for infusion with the cuttings to make a delicious cordial.

She also loves working with other suppliers. Aki works at The Laboratory, brewers of Twisted Ankle beer. Nicky uses it in her Dark Beer Chutney (which just cries out for teaming up in a ploughman's platter). They also make "bark" from the spent grain left over from the brewing process. The bark provides a great platform for their selection of chutneys. She has also been experimenting with Peckham's Cider from the Upper Moutere Valley, Nelson, using it to produce Kakariki Kitchen's Spiced Cider Jelly.

"I'm very fussy about quality, love to use whatever is in season and like to use good, solid recipes with a twist. We know



Nicky and Aki

the products are well-liked and we would like to sell more, but mainly online. I find the markets quite exhausting and we are not aiming to produce enough to supply supermarkets."

"We're not trying to make millions ... but we'd like to get the word out there."

Kakariki Kitchen offers a range of gift packs that are perfect for Christmas presents and will donate 10% to MS and Parkinson's Canterbury for every pack sold. To view and order go to [www.kakarikikitchen.co.nz](http://www.kakarikikitchen.co.nz)

## THANK YOU TO OUR SUPPORTERS

E B Milton Trust, William Toomey Charitable Trust, Jones Foundation, PAC Fund and MU Welfare Trust Board



# 2018 NOTICES

## 2019 PSP/MSA SUPPORT GROUP

Please diary Tuesday 12 February, 14 May, 13 August and 12 November, 49 Sir William Pickering Drive from 6-7pm. The group will again be free and Frances Young, the Wellbeing Therapist and Counsellor will be the co-ordinator for these sessions. Anna and Frances appreciate your attendance.

## SMART ALTERNATIVE TO TRACK PANTS

Barbara Greasley hated going out with her husband in track pants and spent ages tracking down a smart alternative. Eventually she found what she wanted. They are made from Tencel and cost approximately \$80. Barbara is more than happy to take orders and talk to anyone about them.



You can contact Barbara on **03 3083937**.

## ASHBURTON PARKINSON'S MORNING TEA

Venue: Hotel Ashburton  
Date: Thursday 6 December  
Time: 10.30am – 12pm.

Anna and Lesley look forward to seeing members there.

## DECEMBER/JANUARY CLOSING DATES

We will be closed during the Christmas Holidays as follows:

**Last day: Thursday 20 December**

**Reopen: Monday 7 January**

If you need medical assistance during this time, please contact your GP or one of the after hours clinics.

The last dates for Gym and Exercise Classes are as follows:

Group	Date/Time for Last Class
Open Gym	Friday 14 December
Parkinson's Exercise Group	Thursday 13 December
Yoga	Thursday 14 December
Nordic Walking	Thursday 14 December
MS Thursday Group	Thursday 13 December
MS Friday Group	Friday 14 December
Power of Dance	Tuesday 11 December

All groups will resume the week of **14 January, 2019**

Except

### Yoga

– resumes **Tuesday 5 February**

### Power of Dance

– resumes **Tuesday 29 January**

### Nordic Walking

– resumes **Friday 25 January**

## SPOUSES MORNING TEA

Venue: Salt on the Pier, Pier Terminus, New Brighton

Date: Tuesday 18 December

Time: 10.30am

Gaynor Morris has kindly offered to co-ordinate Spouses Morning Teas for 2019 and both Gaynor and Anna Fraser look forward to seeing spouses at this wonderful, social event.

## NEW LIBRARY BOOKS

*Stop Parkin' and Start Livin'* – by John C. Coleman ND (donated by Phyllis Briggs)

*Live Now – Die Later: Starkhealth* – by Dr Patterson Stark (donated by Phyllis Briggs)

*Multiple Sclerosis: Answers at Your Fingertips, 2nd Edition* (donated by Malcolm Rickerby)

*Beyond the Gate* – by Graeme Reid

*Does my bum look big with this stick?* – by Shona Daubé

## CHRISTMAS CAKE RAFFLE

Due to unforeseen circumstances the wonderful member who normally makes the delicious cakes for our raffle is unable to do so. Someone else has volunteered to step in for this year.

The raffle will consist of 6 small Christmas cakes.



Demand for tickets is always high so don't delay, get yours today.

**Ticket price: \$2 each, 3 for \$5 or 6 for \$10**

Pick up your tickets from the office, or if you are unable to come in, contact Annette and she will assist you. If you can sell tickets on our behalf that would be most appreciated.

Phone **03 366 2857 ext 6** or email: **support @ms-pd.org.nz**

Closes: 12pm Monday 10 December, Drawn 3pm Tuesday 11 December at the Christmas function.

Phone: (03) 366 2857  
[www.ms-pd.org.nz](http://www.ms-pd.org.nz)

The golf event's only ladies team, representing Saunders Robinson Brown, with PGA golf pro Oscar Cadenhead, from left Pam Bowden, Anita Bateman, Oscar, Victoria Moore and Marie Saunders.

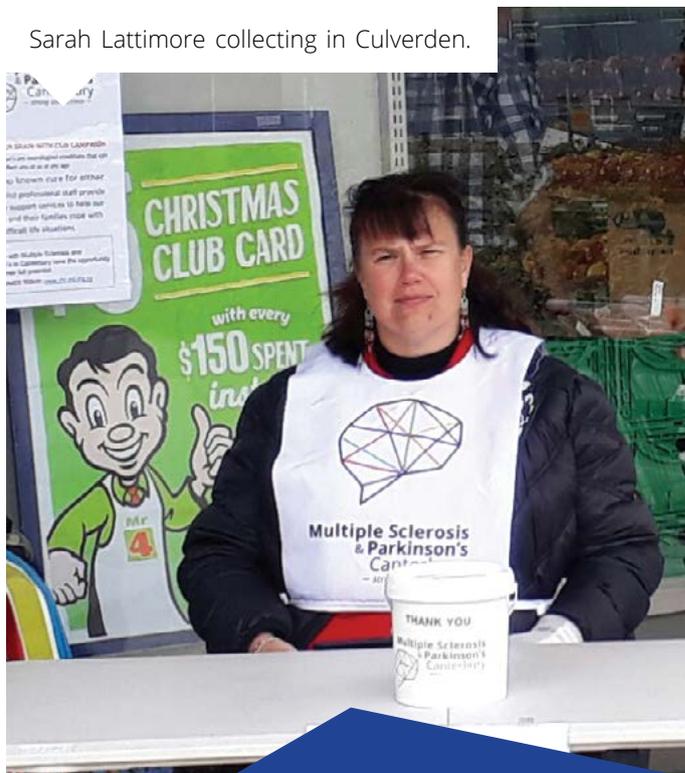


### IN SUPPORT OF OUR STREET APPEAL

Cashmere High Students.



Sarah Lattimore collecting in Culverden.



Cathedral Grammar Choir performed at South City.



## MULTIPLE SCLEROSIS & PARKINSON'S CANTEBURY (INC)

Unit 3, 49 Sir William Pickering Drive  
PO Box 20-567 Christchurch 8543

Phone: (03) 366 2857

Fax: (03) 379 7286

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