



The Scleroderma News

Autumn Issue
October 2005

The Newsletter of The Scleroderma Society (UK)

A Word from Kim

What a mixed summer weather wise- one moment glorious sunshine and the next almost arctic conditions! Still I hope everyone managed a bit of heat wherever they were. The AGM was a great success, mainly thanks to Steve Holloway who organised the business side of things, and of course, all our fantastic speakers. A summary of two of their talks are inside. In the next issue we will include the talks given by Phoung Quach on 'The Role of Occupational Therapy in Scleroderma' and Mary Hanania on 'Physiotherapy in the Management of Scleroderma'.

We had a fantastic response to our request for a computer- many thanks to Jim Carver, Mr PJS Harris and Mr and Mrs Patricia Sagers.

We (Betsey and I) attended the British Association of Dermatology (BAD) meeting in July in Glasgow. Betsey Stephenson also had a local meeting so I had the pleasure of meeting everyone there. Special thanks to Eileen and Betsey for being my personal drivers whilst I was staying in Glasgow.

The Society is continuing to support the Observational Study (see summer edition of Scleroderma News) for £7,148.33 to the University of Manchester.

We have awarded two new grants since the last newsletter:

1. Research Project: Study of Epidermal Cell Differentiation in recent onset diffuse scleroderma for £21,949 to Dr Richard Stratton, Consultant Physician and Honorary Senior Lecturer at the Royal Free Hospital.
2. Specialised molecular biology equipment for £9,380 to Dr Gisela Lindahl, Principal Research Fellow at the Royal Free Hospital.

Many thanks to everyone who has supported the Society to enable us to fund these important projects.

That's all for now,

Take care

Lol Kim

CHARITY BALL

A Charity Ball in aid of Scleroderma is to be held on 22nd April 2006 at the Ramada Leicester Hotel Leicester. The cost is £25 per person. There will be a buffet and entertainment. There is also reduced room rate for people wishing to stay in the hotel overnight. To book or for more details phone Yun Wah on 07960 514207

THE QUARTERLY NEWSLETTER OF THE SCLERODERMA SOCIETY

CHARITY REGISTRATION NUMBER:286736

The Scleroderma Society 020 8961 4912

Helpline Hours 9.00 till 9.00 7 days per week.

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The Scleroderma Society is not responsible for any information, news or views that appear in this newsletter.

CHRISTMAS CARDS

I have been busy posting early orders for our Christmas cards, but still have some of the 2003 cards (Victorian House and Fieldmouse) at £1.50 and the 2004 cards (Santa and Robin) at £2.50 available. This year's Angel cards cost £3.50. All prices are per pack of ten including post and packing. Please send your orders to Anna Clark. If you have mislaid the order form, details can be found on our website.

We also look forward to receiving some designs for consideration for our 2006 cards. So please get out your paints and brushes and send your ideas to me by next February.

Anna Clark, 28 Hertford Road, Digswell, Welwyn, Herts. AL6 0DB

Please send YOUR articles, etc. for the next issue to Carol Sanders, The Laurels, Westport, Langport, Somerset. TA10 0BN Tel: 01460 281305
e-mail roy4sanders@aol.com

Closing date for contributions 16th December 2005

Hampshire

Contact: Liz and Steve Holloway,
80, St. Agnes Place
Chichester
PO19 7TU
Tel: 01243 539466 Email
lizemail99@btopenworld.com

First of all please note our new address and phone number above. Our move to Chichester went well and we are enjoying all aspects of living here. Carol Todd has very kindly offered to have the November meeting in her house. It will be on Saturday Nov. 5th at 2.00pm. Her address is :
21 Amberley Road,
North End,
Portsmouth. PO2 OTG
Hope you have all enjoyed the summer. September's weather has been wonderful. Love and all best wishes from us both.
Liz and Steve

London & South East

Contact: Kim Fligelstone,
3 Caple Rd, Harlesden,
London. NW10 8AB
Tel: 020 8965 4094
Email:
info@sclerodermasociety.co.uk
The date for the Christmas meeting is Thursday, December 1st at 7.30pm in the Rheumatology Library on the Lower Ground Floor (opposite the main lifts) at the Royal Free

Area News

Volunteer Local Contacts needed

The Society would love to have more local contacts in and around the country to help people with scleroderma meet up at a local level. If you would like to start a local group and want to know what it entails why don't you contact one of our local group contacts for more information.

Hospital, Pond Street, Hampstead, NW3 2QG. Nearest tube: Belsize Park on the Northern Line and Silver Link line at Hampstead Heath. Dr Geraldine Brough is going to talk about Calcinosis and related problems. Please bring a small wrapped gift for the Christmas bran tub. We will have the usual mince pies, refreshments and it will be the last chance to buy Christmas cards!
Hope to see you there. Kim

Other Contacts

Edinburgh and East Scotland

Contact: Frances Bain,
5 Swanspring Avenue,
Edinburgh.
EH10 6NL
Tel: 0131 477 1122
iainandfrancesbain@msn.com

South Wales

Contact: Belinda Thomson
39 St Alban Avenue, Heath,
Cardiff, CF14 4AS
Tel: 02920 612690
Email: bigb263@yahoo.com

Glasgow and West Scotland

Contact: Betsey Stephenson,
23 First Avenue,
Bearsden, Glasgow. G61 2JD
Tel: 0141 942 0723

East Midlands

Many thanks to Bill Forman for his help in the past as East Midlands contact.

If anyone has any news to go into this section of the newsletter please send details preferably via email to Kim details above or Carol and Roy email: roy4sanders@aol.com

DIARY DATES

SKIN CARE INFORMATION DAY
Cambridge on the 19th November.
Details will be sent out later.

AUTO-IMMUNE DISEASES

Devon Lupus Group are holding an Autumn Event 10.00 till 4.00 November 5th at the Sherwell Centre, Plymouth University at which the Society will be represented. Contact Roy and Carol for more information 01460 281305 or roy4sanders@aol.com.

DO YOU HAVE ULCERS

Good news for members who suffer with Ulcers!

Contact your local District Nurses and ask them to treat your ulcers by using Fucibet cream and Mepore Ultra dressings. They will also require steripod topical irrigation solution for cleansing of traumatic wounds. Digital ulcers can be dressed with Duo Derm Extra Thin (10x10cm) ConvaTec. If packing is needed once the ulcers are improving, the nurses should use Lyofoam Polyurethane Foam Dressing, covered by a Mepore Ultra Dressing. This treatment works wonders. Many thanks to my District Nurses in Bearsden and Milngavie.

Betsey Stephenson.

Editor's note, *Betsey has suffered with ulcers for over 20 years and this is the first time that Betsey has felt any relief in all that time, and is enjoying a pain free life at last! However, remember: what suits one person may not suit another.*

SCLERODERMA IN 2005—HAVE WE MADE PROGRESS?

Professor Dame Carol Black DBE, CBE, MD, FRCP.

Summary of the talk presented at the Scleroderma Society's AGM/Conference on 30th July 2005

Scleroderma belongs to a group of connective tissue diseases including rheumatoid arthritis, polymyositis, dermatomyositis, Sjogrens syndrome, sarcoidosis and vasculitis. These diseases have common constitutional symptoms, and common pathological processes including vascular and inflammatory components which lead to a process of fibrosis.

Scarring after injury from whatever trauma involves a process of fibrosis or laying down of collagen. This normally leads to repair and scar resolution. In scleroderma a process of excessive repair follows an initial insult which sets up an ongoing inflammatory response and continuous deposition of collagen or fibrosis in the surrounding tissues. Examples of excess collagen production in a scar include Dupuytren's contracture of the hand and keloid scar formation.

Collagen is the most abundant protein in man. Its long intercalated strands are important. They act as a scaffold to hold the various tissues of an organ together. Without this we would look like a jellyfish!

Excess fibrosis is a contributory factor to other more common diseases in the UK such as cancer (119 thousand deaths per year), cardiovascular disease (238 thousand deaths per year), musculoskeletal diseases such as rheumatoid arthritis and neurological diseases such as amyloid.

Life expectancy is increasing. Between 1911 and 1915 63% of people died before the age of 60 years now it is 12%. Age related diseases affect the heart, lung, kidney and brain. They owe their loss of function in part due to replacement fibrosis occurring as part of the natural ageing process. Life style diseases such as diabetes and heart disease secondary to obesity, cirrhosis secondary to alcohol, chronic lung disease secondary to smoking, and HIV-AIDS associated pulmonary hypertension are all conditions which have accompanying fibrosis.

The economic burden to the NHS is colossal. Stroke and heart disease cost £3 billion per year, lung disease £2.6 billion, chronic kidney disease and dialysis £0.13 billion, liver cirrhosis £0.3 billion and scleroderma £90 million.

With each disease affected by fibrosis there are a few common features. There are a number of cells that provide the stimulus to fibrosis by producing growth factors and enzymes. These cells include endothelial cells lining our blood vessels, leucocytes or white blood cells, epithelial cells, pericytes and stellate cells. These activate fibroblasts to form myofibroblasts the active cells which produce the extracellular matrix including collagen. There is also thought to be a down regulation of the degradation of extracellular matrix thus producing a net effect of increased fibrosis.

The main subsets of scleroderma are localised and systemic. The former confined to the skin and occasionally the underlying muscle and bone particularly in children. The systemic form implies internal organ involvement and is mainly defined by the degree of skin thickening. Limited confined to the lower arms, face and feet while the diffuse form also involves the skin of the trunk.

Although the natural resolution of the skin in the diffuse form of the disease, in the majority of cases, often leads to softening of the skin to all except the hands and face. For some this is not always the case. We also know that the specific organs involved in each subset of scleroderma is well defined with gut disease, prominent vascular disease and isolated pulmonary hypertension typical of limited cutaneous systemic sclerosis (lcScl). Whilst renal crisis, predominant pulmonary and cardiac disease occurs in diffuse cutaneous systemic sclerosis (dcScl).

Of our total of 1,742 patients on our database here at the Royal Free Hospital, one third have the limited form 85% of whom are female. There is a similar predominance of females with the diffuse form.

From analysis of these patients over time we have noted that skin score or the amount of skin involved peaks within one year. There is an association between severe skin involvement and the amount of organ based complications of dcScl. Major organ based morbidity occurs within 3 years of disease onset in some 40-50% of cases. Treatment of dcScl must be as early and as efficient as possible. Disease modifying treatments for scleroderma, particularly dcScl, are targeted towards either the vascular component of the disease or the immunological component. We have no proven effective antifibrotic agents though we are looking at agents such as anti-TGF beta antibody and Bosentan.

Vascular remodelling agents include ACE inhibitors, angiotensin receptor blockers and Bosentan.

Immunological suppressors include Methotrexate, Cyclophosphamide, Anti-thymocyte globulin, Azathioprine, Mycophenolate Mofetil, Stem cell transplant, low dose steroids i.e. prednisolone less than 10 mgms/ day and the anti-TNF agents such as Infliximab used in rheumatoid arthritis.

For the limited disease what treatment target is appropriate? Do we need major drugs or do we need mainly a vascular approach? Perhaps we should go back even further and speculate on the causes of scleroderma. We know from scientific evidence that there are some well known triggers to this disease including various environmental ones including chemical agents and drugs. But do other factors take part such as viruses and what is the place of stress?

Heberden in 1959 stressed the importance of biochemistry, immunology and biophysics in the advancement of our knowledge of connective tissue diseases such as scleroderma. Recent examples of this research include, on the vascular side, the importance of endothelin, a product of endothelial cells and the discovery of a new important cell called the pericyte.

Immunologically there is a T cell subset that expresses an important growth factor called TGFbeta1. With regard to the development of fibrosis we have discovered that; TGFbeta signalling goes wrong, that CTGF (connective tissue growth factor) is a potential driver of fibrosis, that endothelin acts as a stimulant to fibrosis, TIMP (tissue inhibitor of metalloproteinase) over expression builds up connective tissue and circulating fibrocytes play a possible role in collagen overproduction.

Endothelin is a small protein produced by the cells lining the blood vessels, the endothelium. It is a potent vasoconstrictor (it causes blood vessels to contract) by its action on smooth muscle cells but it also acts on fibroblasts initiating and maintaining the process of fibrosis. Endothelin is known to promote inflammation as well as act on the cells of the sympathetic nervous system.

Bosentan reduces the activity of endothelin by blocking the two receptors to which endothelin attaches itself to the surface of these cells. Bosentan is licensed for the treatment of pulmonary hypertension and trials have conclusively shown increased survival in such patients with scleroderma induced pulmonary hypertension. By its antagonistic action to endothelin it has the potential to prevent and treat digital ulcers and also lung fibrosis. It could also have an effect on kidney disease associated with scleroderma, but this has yet to be assessed.

Recent research has uncovered a new important cell called the pericyte which normally surrounds the endothelial cells lining small arteriole vessels. In scleroderma they are stimulated to migrate into the surrounding tissues by the action of platelet derived growth factor to become fibroblasts and myofibroblasts. Thus increasing the thickness of the arterial wall with loss of diameter of the lumen in the lung leading to the development of pulmonary hypertension.

The advancement of the treatment of pulmonary hypertension has been revolutionised by the use of Bosentan but we are also well aware of the necessity for early recognition. We have lowered our threshold for cardiac catheterization in order to more accurately assess the true value of the pulmonary artery pressure. The Royal Free Hospital is a designated centre for referral of patients with pulmonary hypertension. The therapeutic options include prostacyclin intravenously, subcutaneously, inhaled or orally, anticoagulants, oxygen, Sildenafil, combination therapy, septostomy and heart-lung transplantation. Treatment of pulmonary fibrosis likewise includes early recognition and treatment of active disease. The results of the FAST trial which compared low dose prednisolone and monthly cyclophosphamide for 6 months followed by azathioprine or placebo. The results showed improvement in lung volumes in the actively treated patients with minimal side effects. The results of assessing the lung scans and other endpoints are awaited.

The BUILD studies involve the assessment of the effect of Bosentan on patients with interstitial pulmonary fibrosis and on patients with scleroderma associated pulmonary fibrosis. There are 132 patients in each class, a multicentred randomised trial whose results are eagerly awaited.

Finally our approach to the management of systemic sclerosis can be summarised as one of accurate diagnosis and staging of the disease. Proactive management by screening asymptomatic cases. Early detection of organ based pathologies. Improved risk stratification using genetic and serological markers. Treatment based on evolving pathogenesis. Targeted therapies directed against mediators such as cytokines which are the small chemical messengers which go between cells and finally the recognition that advances can only be made through multicentre trials and careful records kept by a central register such as that kept at the Royal Free Hospital. ■

YUN-WAH WAN'S EXPERIENCE

Presented at the Society's AGM/Conference on 30th July 2005

I developed my first symptoms of diffuse systemic sclerosis when I was about 14. My first symptoms were painful joints, tight skin, Raynaud's, fatigue, ulcers and weight loss. All this developed within the first year and it took a long time for scleroderma to be diagnosed. I was constantly told by doctors that there wasn't anything wrong with me.

I found this was the most difficult time to cope with, as I didn't have any support from my doctors and I didn't know anything about my condition or how to manage it.

At the time I was doing GCSE's at school and I didn't cope very well. My fingers became bent and I developed ulcers on my knuckles. I started dropping glassware in science and found I wasn't able to hold a pen properly. Eventually I was encouraged not to do any subjects that involved practical work, so in the early years I coped by doing what was least physically challenging rather than what I enjoyed doing.

Eventually about two years later I was referred to Professor Black where for the first time not only was she interested in my symptoms but I also received information about scleroderma, about the treatments available and also about things I could do to help myself. I also joined the Scleroderma Society. I left the hospital feeling much more positive and I've been coming back ever since, that was about 16 years ago.

With this support and better knowledge I started to manage my condition a lot better. In the first few years I felt very limited in what I could do from what subjects I chose at college through to what I ate – as a lot of packaging such as cans and jars I couldn't open. Eventually I found ways to adjust, the confidence to manage my condition better and help was never too far away. I decided to go to university, I chose one near home and also chose to do a course in combined studies which allowed me to do biology which was what I wanted to do. But by combining it with other subjects I didn't have to do a huge amount of lab work, which I was concerned about. I also lived on campus, which made things a lot easier. Following my degree I worked as a temporary administration assistant for the local council which I found was very good experience. The work was quite flexible and although I was worried about a lot of things I might find difficult, I didn't experience any real problems. Whilst working at the council I decided to go back to University. This time I chose to do a masters course in Forensic Science, which meant moving to Glasgow, which only a few years ago I wouldn't even have considered. I found my time in Glasgow extremely challenging from the long hours to the very cold weather, but it was something I was really glad I did and I think I gained a lot from it.

I now work as a forensic scientist for the forensic science service where I specialize in the examination of biological evidence and the interpretation of DNA profiles. Although it can be a demanding and stressful job, I haven't had any real difficulties that have affected my work. At first there were some aspects of the job that did worry me but I have found on the whole that you can work around most things. I've also found the workplace can be quite flexible. We are allowed to work at home and work flexi-time so you can build your hours and take time off if you need to. I have found that by planning and organizing myself better having scleroderma doesn't make me stand out from any one else.

In summary, over time living with and managing scleroderma does become easier. I am now 33 so have had scleroderma for most of my life and I cope much better now than I did in the early years. Over time you become more aware of your condition, how it affects you and what your limitations are.

With the continued care and support I receive from the Royal Free Hospital, from self help groups, family and friends I now have a good balance in what I want to do but also good awareness of my limitations. I have had a lot of help and support from Professor Black and her team over the years from school through to university and into the workplace and this is something I am very grateful for. ■

NOTE FROM OUR MEMBERSHIP SECRETARY

It was good to meet so many members at the AGM and Conference this summer. Since then Liz and I have moved house. Our new address is 80 St Agnes Place, Chichester, West Sussex, PO19 7TU and our telephone number is 01243 539466.

We have welcomed 23 new members to the society since 1st June 2005.

Mrs Sandra Tandy, Mrs Christine King, Mrs Ita Ryan, Mrs Shelley Giorgi, Miss Emma Dintinger, Dr Bernard Coleiro, Mrs Arlene Robinson, Mrs Ruth Singleton, Lorraine McGrath, Mr TC Lowe, Mrs Nirmala Vaghela, Mrs Jackie Bissell, Mr Peter Clark, Mrs Gladys Lepley, Mrs Hilda Owen, Dr Geraldine Brough, Mrs Shona McBean, Mrs Nicol Harkins, Mrs D Briginshaw, Mrs Sheila Procter, Mr T L Woodcock, Mrs P Bibby, Mrs Fay Notarangelo.

A warm welcome to you all

We continue to receive many generous donations from members both when joining and when renewing their membership. Thank you for this. If you are a UK tax payer you can increase your donation to The Scleroderma Society through Gift Aid. Some members already participate in Gift Aid, but many more could. For Gift Aid to apply you must pay an amount of income tax and/or capital gains tax at least equal to the tax that the charity reclaims in the tax year (currently 28p for each £1 you give). If your circumstances change and you no longer pay tax, you must inform the charity because we can no longer claim Gift Aid if you are not a tax payer. If you would like to participate in Gift Aid, please complete the following short form and return it to me.

Steve Holloway

<p>Please treat all my donations from the 6th April 2005 until further notice as Gift Aid.</p> <p>Name.....</p> <p>...Signature.....</p> <p>Date.....</p> <p>I am a tax payer: Yes/No (delete as appropriate)</p> <p>I pay tax at the standard rate: Yes/No (delete as appropriate)</p> <p>Please send the completed form to the Membership Secretary: Steve Holloway, 80 St Agnes Place, Chichester, West Sussex, PO19 7TU</p>
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PEOPLE LOOKING FOR CONTACT WITH OTHERS

Nicol Harkins, 55 Harewood Avenue, Bridlington, East Yorkshire, YO16 7QD
email: allanharkins@hotmail.com
Nicol has recently been diagnosed with scleroderma (in June of this year) and would like to hear from anyone (especially those in Yorkshire).

Lorraine McGrath would like contact with other members, email address
lorrainemcgrath47@msn.com

Arlene Robinson who has problems with all five conditions of C.R.E.S.T. and also a coeliac related condition called Dermatitis Herpatiformis would like email contact
arlen robinson22@hotmail.com

FUNDRAISING

Pat and Dick Culpin raised £850 + their own donation of £150 to make a grand total of £1,000 at the Fundraising Fayre in Cheriton on the 18th June. "It was a true team effort and a very happy event, with love and best wishes to all who suffer from scleroderma."

A big thank you to Hannah McGrath and her fellow Confirmation students from the Catholic Church of Mary, Mother of God in Ponders End, Enfield who raised a magnificent £1,796.46 for the Society.

The Royal Free Summer Fair raised £541.86 and once again our younger helpers, Joe and Danny Ash, won the children's fancy dress competition and proved that entrepreneurs can start at any age by hiring out their costumes to boost our total for the day.

Not only did Jim Carver donate a computer to the Society (now with Anna and Peter Clark who are selling the Christmas Cards) but we also received a cheque for £25 which Jim received for giving a talk on one of his hobbies, 'Refurbishing Umbrellas'!

Thank you to everyone who has sent donations in memory of a loved one or a friend.

Simon Butler and Denis Kelly from ERIF UK have kindly donated a Tottenham Hotspur 2004/2005 shirt with signatures of the team for us to raise money. We will be selling the shirt during November on the Internet. Please contact Kim for more details.

Thanks also go to The Health Foundation for their very generous donation received in September.

PARACHUTE JUMP FOR SCLERODERMA



On the 26th August Louise, Dianne and Nichole (family and friends of Susan Hall) took part in a Skydive at Hinton Airfield to raise money for Scleroderma. They thoroughly enjoyed the experience and raised hundreds of pounds as well. We will let you know exactly how much in the next issue!

SAD NEWS

Tribute to **Jennifer Ainsworth**

It is with a feeling of deep personal loss that I record the death of Jennifer Ainsworth on Sunday, 5th June, 2005.

Jennifer and Eileen were the first two members of the Scleroderma Society to telephone me when I became the contact member for the West of Scotland. The three of us formed a close knit band, meeting from time to time in my home and chatting over the coffee and home baking or simply chatting over the phone. Jennifer had a sweet gentle nature and although dogged by health problems, never complained and always said that things would get better. Eileen and I attended her funeral service in a packed Church, a sign of the esteem in which Jennifer was held by her friends and the local community.

Our thoughts are with George, Richard and Kirsty of whom Jennifer always spoke with pride and affection. May they be able to face the days ahead with the courage Jennifer showed them.

Betsey Stephenson, July 05

CONGRATULATIONS

To Helen (nee Wilson) and Salim Filali on the birth of their beautiful daughter Kenza India, born on the 3rd July.

To Betsey and Norman Stephenson who celebrated their 41st Wedding Anniversary on the 29th July.

Ask The Expert

Q:- How safe are prescribed steroids?

A:- Steroids are a very useful tool for use in rheumatological situations. However like all drugs they have side effects. The aim of your doctor is to use them to their maximum benefit and if long term treatment is required to either replace them with another 'disease modifying agent' and/or to keep the steroid dose low to minimize their long term side effects. We are well aware of their potential to cause osteoporosis for instance and your doctor will often prescribe bone protection at the same time.

Q:- I have been advised to take 400mgms of Vitamin E daily and have recently read articles about this dose being dangerous for elderly people. Some have died by taking this dose. I am in my late 70's and want to know how safe this dose is.

A:- The studies you recall involved a very small group of patients and many had coexistent diseases to account for the increased mortality rate. We recommend about 200—400mgms daily.

Q:- What supplements do you recommend people with Raynaud's and Scleroderma to take?

A:- Vitamins A and E are classified as antioxidants and are thus beneficial to the circulation. We would also recommend evening primrose oil, fish oil and some patients find Ginko Biloba very helpful.

COMMITTEE MEMBERS

Chair - Kim Fligelstone, 3 Caple Road, Harlesden, London.
NW10 8AB 020 8965 4094

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Area Contacts (details see P 2) Liz and Steve Holloway, Belinda
Thomson, Frances Bain, Betsey Stephenson.

Nurse Specialist Helplines



Anabel Smith

Woolmar Hill Hospital, Aberdeen
01224 555 403

Sue Brown

RNHRD, Bath 01225 447997

Karen Walker (Scleroderma)

Freeman Hospital, Newcastle Upon Tyne
0191 2231503

Rachael Crackett & Julia De-Soyza (Pulmonary
Hypertension)

Freeman Hospital, Newcastle Upon Tyne
0191 213 7418

Liz Wragg

Hope Hospital, Manchester 0161 206 0192

Sally Smith

General Infirmary, Leeds 0113 3922189

Steve McSwiggan

Ninewells Hospital, Dundee 01382 633957

Royal Free Hospital, London

Scleroderma 020 78302326
Pulmonary Hypertension 020 7472 6354

Lung Enquiries only **Ross Ellis**

Brompton Hospital, London 020 7352 8121
(Bleep 7112)

Sally Marsh

Northampton General 01604 545531

The Nurse Specialist Helplines are part funded
by the Raynaud's and Scleroderma Association.

Please Note: These helplines are for general
inquiries. Unfortunately it is impossible for any
health professional to comment on individual
treatment without seeing the patient.

If there is no reply, please leave a message with
your telephone number.