

PMR-GCA UK

POLYMYALGIA RHEUMATICA & GIANT CELL ARTERITIS UK

What is PMR-GCA UK?

PMR-GCA UK

A registered charity established to meet the needs of people with these debilitating conditions by promoting research, raising awareness and offering support.

PMR is the commonest condition causing inflammatory muscle pain in the elderly and accounts for the majority of steroid prescription in the community. It is also associated with complications, especially related to long-term steroid side effects such as diabetes and hip fractures (caused by osteoporosis).

GCA is the commonest cause for acute vision loss and is the most prevalent form of vasculitis. GCA too is associated with the possible long-term side effects of steroids.

Our Charity is unique. The first in the world specifically set up for PMR and GCA. In our first year the amount of research being carried out has substantially increased and improved, and the number of support groups in the UK has increased from three to seven.

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Why set up this Charity?

There were various reasons for setting up PMR-GCA UK:

- There is currently little information for the general public to make them aware they may have these conditions, and how important it is to seek help.

- Patients had nowhere specific to obtain information or support for either Polymyalgia Rheumatica or Giant Cell Arteritis.

- The two conditions are relatively unknown and neglected, although widespread, and doctors on the front line often do not recognise the early warning signs of these conditions, or know about some of their more serious complications.

- We feel that that there is a major unmet need for better service provision for the two conditions.

- There is no known cause or cure, and there is a demand for much needed research.

- With that purpose, our organisation has started part-sponsoring research into PMR and GCA.

Our Aims:

Support: Promote, encourage and assist with the setting up of a national network of Support Groups.

Awareness: Raise awareness within the public domain, medical profession, and employment sector. Develop an information base for the public.

Research:

Promote and encourage research into Polymyalgia Rheumatica and Giant Cell Arteritis.

Our Objectives:

To advance the education of the public through the collection, assimilation and recording of information and data relating to Polymyalgia Rheumatica and Giant Cell Arteritis by the provision, establishment and maintenance of an educational website, and a network of support groups.

To preserve and protect good health by the promotion of research into Polymyalgia Rheumatica and Giant Cell Arteritis and the dissemination of the useful results thereof for the benefit of the public.

So what is PMR?

Polymyalgia Rheumatica (PMR)

PMR (Polymyalgia Rheumatica) causes pain, stiffness and tenderness in the large muscles around the shoulders, hips and back.

- The cause is not known.
- Affects about 4 out of every 10,000 people over the age of 50 each year, but is rare in people under 50.
- Three times more likely to affect women than men.

What are the Symptoms?

- **Stiffness, pain, aching, and tenderness** in the muscles around the shoulders, pelvis, and neck.
- **Worse first thing in the morning** but easing during the day.
- **Difficulty getting out of bed, reaching and rising.**
- **Inflammation and swelling** in other areas, eg tendons, hands, feet, and joints.
- **Tiredness**
- **Depression**
- **Night Sweats**
- **Fever**
- **Loss of Appetite**
- **Weight Loss**

Symptoms typically develop over a few days or weeks, but in some cases can develop more slowly, and are often passed off as 'aches and pains of getting older'.

What Tests are Needed?

Symptoms can be similar to other conditions, eg frozen shoulder, arthritis, and other muscle diseases, so blood tests will help make the correct diagnosis and can detect if there is inflammation in your body. If you have the typical symptoms and blood tests show a high level of inflammation, this usually confirms the diagnosis of PMR.

What is the Treatment?

Prednisolone (steroid) is the usual treatment, which reduces inflammation and quickly eases symptoms.

- Starting dose of about 15mg per day.
- Gradual reduction to maintenance dose of 5mg per day (may take several months).
- Treatment may be required for at least two years.

In some cases the condition goes away after 2-3 years, so medication can be stopped (under medical supervision).

Are there any Complications?

About 1 in 20 people on treatment for PMR (or 7 out of 20 people with untreated PMR) develop giant cell (or temporal) arteritis, a related condition causing inflammation of arteries (*see article on Giant Cell Arteritis*).

Consult a doctor urgently if you have PMR and you develop any of the following symptoms:

- Headache or tenderness on one side of your head.
- Jaw pain when chewing.
- Sudden loss of vision.
- Any other sudden visual problem in one eye.
- Weakness, numbness, deafness.

So what is GCA?

Giant Cell Arteritis (GCA) or Temporal Arteritis

The main early symptoms of GCA (Giant Cell Arteritis) are headache and tenderness over the sides of the forehead. People with GCA need urgent treatment with steroids, which will usually prevent serious complications such as eye problems and blindness.

- Known as 'giant cell' because abnormal large cells develop in the wall of the inflamed arteries.
- Commonly affects arteries around the head and neck.
- Most commonly affects the arteries to the sides of the forehead (temples), therefore sometimes called 'temporal arteritis'.
- GCA is uncommon, mainly affecting people over the age of 60 (very rare in people under 50).
- Women are more commonly affected than men.

The cause is not known.

What are the Symptoms?

- **Headaches** - sudden or gradual on one or both sides, mainly at the temples.
- **Tenderness of the scalp area over the temples.**
- **Blood vessels at the temples** - may look or feel prominent.
- **Pain in the jaw or tongue** when chewing or talking.
- **Problems with vision** - blurred vision, double vision or temporary sudden loss of vision.

People may also experience

- **Tiredness**
- **Depression**
- **Night Sweats**
- **Fever**
- **Loss of Appetite**
- **Weight Loss**

If you have these symptoms, you should contact your doctor urgently.

Up to 50% of people with GCA also develop PMR ([see article on Polymyalgia Rheumatica](#)). Similar medications are used for both conditions.

What Tests are Needed?

GCA is likely if you have the typical symptoms and blood tests show a high level of inflammation, although some people with GCA and PMR have normal blood tests. Further tests are advised to confirm the diagnosis, which may include a small biopsy of the affected artery.

What is the Treatment?

Suspected GCA is usually treated immediately with a high dose of Prednisolone (steroid) to reduce the risk of complications and relieve headaches and other symptoms.

- Starting high dose of 40-60mg per day.
- Gradual reduction to maintenance dose of about 10mg per day (may take several months).

In some cases the condition goes away after 2-3 years, so medication may be stopped (under medical supervision). But, for many people, treatment is required for several years, and sometimes for life.

Are there any Complications?

Complications are less likely if treatment is started immediately after onset of symptoms. Untreated GCA could lead to the following possible complications:

- Blindness in one or both eyes.
- Inflamed artery and blocked blood supply.

Very Rarely: Stroke or deafness.

Meet the team



Professor Bhaskar Dasgupta **MBBS, MD, FRCP – Honorary President**

Prof Bhaskar Dasgupta is Consultant Rheumatologist and Clinical Director for Research and Audit at Southend Hospital. He is also Honorary Professor in Health and Human Sciences at the University of Essex. An international expert in PMR and GCA, Prof Dasgupta leads the Southend Rheumatology Department which offers specialist services for complex inflammatory arthritides. Prof Dasgupta has convened the BSR Special Interest Group on Polymyalgia Rheumatica/Giant Cell Arteritis; investigated an R&D Grant for a multi-centre study of outcomes in Polymyalgia Rheumatica; regularly moderates the ACR Study Group on Polymyalgia Rheumatica and Giant Cell Arteritis at the ACR; was BSR convener of multi-disciplinary national group that has developed guidelines on the management of PMR and GCA; and is lead researcher in the international ACR and EULAR sponsored project to develop Classification Criteria for the Polymyalgic Syndrome.



John Gibson MBE **Vice-President**

John is Chairman of Disability Essex, Vice-Chair of ERT (Essex Rheumatology Trust) and a former Chairman of Rochford Council. John is also the Chair and Founder of ASET (Advanced Surgical Equipment Trust). All the monies are used to provide and loan 'state of the art' equipment to Southend Hospital. His charity work has resulted in generating over £1.3M in the last twenty years. John has also been actively involved for many years giving advice and guidance to charities, especially in the early stages of their new venture.



Jayne Sibley BSc(Hons) **Trustee/Director and Secretary**

Jayne was born in Scotland in 1959, one of seven children. She is a divorcee with two sons who have now left the nest. In January 2007 (at 48) she contracted PMR and has, fortunately, recovered. Jayne believes her positive thinking, strong will, determination, independent and stubborn streak got her through. She strongly believes in the need for a national organisation for PMR/GCA to promote research, raise awareness and offer support to people with these conditions. Her skills and experience ranges from secretarial and administration to management, business development and training, and she has organised conferences and publicity events, produced promotional material, and taught secretarial skills. Whilst working for a local recycling charity, Jayne trained adults with special needs as well as setting up and managing a community printing facility.



Alan Walkington **Trustee/Director and Treasurer**

Aged 64, Alan was born in York. He has been married to Brenda for 38 Years, and they have three children. Alan has been retired since 1993! Alan started work as a joiner in 1961 at Rowntree's in York and, moving through several jobs, he finished as Training Manager at Nestles after Rowntree's was taken over by them 1988. He worked there a total of 33 years, but also worked for a year in Guyana, South America doing VSO in 1967/68 teaching Building and Civil Engineering. Alan has been Treasurer for a scout group, on the PTA at the school attended by his children, and in a squash club. Oh - and he has PMR, the steroids have made him feel young again!



Dr Vadivelu Saravanan **MBBS FRCP - Trustee/Director**

Dr Saravanan is a Consultant Rheumatologist at Queen Elizabeth Hospital in Gateshead (which has over 350 PMR/GCA patients on their books), and a Patron of the PMR-GCA UK North East Region Support Group. His special interests are in joint hypermobility and in research into rheumatoid lung disease. He also networks with clinicians and other specialists in primary care, vascular surgery, pathology, ophthalmology etc to improve management of patients with polymyalgia rheumatica and giant cell arteritis. Dr Saravanan also takes part in the Great North Run and has raised money for Charities both in the UK and India.



Dave Anderson MP **Trustee/Director**

Born into a coal-mining family in 1953 in Sunderland, Dave left school at 15 and started work as an apprentice fitter with the National Coal Board, working as a fitter in four different collieries. Most of his time was spent on coal faces or developments underground. He started as a care worker with elderly people in 1989. In December 1990 he was seconded to work as a trade union representative. This followed on from many years as a representative in the NUM during his time in the pits. Dave held many posts at local, regional and national levels, culminating in being a member of the TUC General Council and National President of UNISON. In May 2005 he had the great privilege of being elected as Labour MP for Blaydon. Dave is an Honorary life member of UNISON; Member of Durham Colliery Mechanics Trust; Patron of Gateshead Visible Ethnic Minorities Forum; Patron of Mick Knighton Mesothelioma Research Fund, and Patron of PMR-GCA North East Region Support.

Janet Luke Trustee/Director

Janet is a pharmacist and has worked for many years in hospital and community pharmacies, currently based in her local village pharmacy. She studied at Manchester University qualifying as a pharmacist in 1964, and spent several years working in hospitals in Manchester, Cumbria, London and Maidstone in Kent. Janet's interest in PMR developed in recent years with the growing number of friends and customers who were afflicted with this illness. Pharmacists, like other medical professionals are required to continually update their knowledge and expertise and Janet found researching PMR a very useful further education tool. Janet has specialist expertise on pharmaceutical matters, appropriate use of drugs, their effectiveness, side effects, cautions, and knowledge of the regulation and manufacture of drugs in the UK.



Wendy Morrison Trustee/Director

Wendy's employment background has been in financial services; insurance, banking and investments. She has used these skills working for companies dealing with both their finances and day to day management. Wendy is a volunteer for a charity called HomeStart, supporting families who have a child under 5 and who are struggling. She is also a Scout Leader, at present working with children aged 6 to 8. PMR came to Wendy in March 2006. This was a shock as "she does not do illness". Wendy went for 12 months trying to ignore it as much as possible and continued with her life. As this became more difficult she started looking for answers. Since then she has set up a small support group in Somerset.



Mavis Smith Trustee/Director

Mavis was born in Dunston, Co Durham, now in Tyne & Wear, in 1938 (Taurus =Bull). She is divorced and does not have any children. Mavis was a civil servant for 22 years in the GPO, and became a trade unionist, working for various trade unions until 1998, when she retired. She had had enough of 45 years of alarm clocks! In February 2007 Mavis was diagnosed with Giant Cell Arteritis. Mavis is 'an ordinary person, with no qualifications, but streetwise, and she discovered that treatment hadn't moved on in the last 20 years since her mother had PMR. Although it's not life-threatening, it can destroy quality of life, putting people into a poverty trap, dependant on benefits, lonely, bewildered and lost. Mavis believes we need research, support groups and people to talk to and hopes that future generations will not have to suffer from PMR & GCA.



Dr Frances Borg Trustee/Director

Frances is a new Consultant Rheumatologist at Southend Hospital, which is where she developed her interest in PMR and GCA. More importantly, she learned that actually the doctors don't know as much about these conditions as they generally think they do! Frances believes that one of the biggest problems with PMR and GCA is lack of information about and recognition of these conditions on many levels. In her PMR and GCA related work, she does a weekly NHS specialist clinic and is actively involved in PMR and GCA related work, producing publications and presentations on both GCA and PMR in international medical journals and conferences. Frances has helped draft the British Society of Rheumatology guidelines to advise doctors how to approach and treat PMR and GCA, and has worked together with PMR-GCA UK to write a patient information booklet for patients with GCA.



Jennifer Nott Trustee/Director

Jennifer's childhood was in Yorkshire and then Lancashire, where she completed her education before going to London to train as a teacher. She taught for a number of years in primary and special schools, and lectured in Higher. Jennifer worked for the ILEA as an advisory teacher for visually impaired children, visiting homes and schools in S.E London. She ran the service for visually impaired children in Bromley, which involved pre-school family support, continuing on through the children's mainstream schooling. Jennifer has undertaken several professional counselling courses which have proved invaluable in offering support to people experiencing PMR and GCA who contact her Support Service. The setting up of a national organisation for PMR and GCA has been a prime aim and a wish fulfilled for her.



Dr Kate Gilbert Trustee/Director

Born in 1951 in Birmingham, Kate was the first person in her family to go to University. Proud to be called Doctor but not qualified to take out anyone's appendix - she has a PhD in management! Kate has been happily married for 37 years, with two children and two grandchildren. PMR came her way four years ago and it was a shock, as prior to that she had been fit and athletic. It hit her like a ton of bricks and she was amazed at how little seemed to be known about it. Thanks to the internet Kate made contact with other women with PMR and GCA and they have stayed in contact ever since, encouraging each other to form support groups and contribute to the work to form a national organisation.



Jo Cumming Trustee/Director

Jo was employed as Manager of a British Telecom legal department and later as lead trainer until 1990. During the 1970s she was a volunteer and professional worker in various Helplines and support group settings and from the early 1980s was one of a small group of volunteers who set up a telephone support service to people affected by HIV and AIDS. In 1990 Jo moved to Yorkshire to work as project leader in a voluntary HIV agency. Taking a year out in 1997, she became volunteer/training consultant in Israel assisting the development of the National Taskforce to Fight AIDS. In 1998 she became a freelance counsellor and trainer. Joining the Arthritis Care Helplines in 2002 Jo has steered the service and team through the Telephone Helplines Association Quality Standard accreditation.

Support

Perhaps the most frightening feature of PMR (Polymyalgia Rheumatica) is the sudden onset of severe and often incapacitating stiffness, usually first encountered after a night's sleep when unable to get out of bed. When diagnosed with PMR patients learn that the illness is likely to last for at least a couple of years, and steroids are the only effective treatment. GCA (giant cell arteritis) can be equally frightening, with sudden and severe headaches and the possibility of severe visual loss.

PMR and GCA are relatively 'unheard of' in the general community and those diagnosed usually know of no-one else suffering from it.

There was no specific organisation for people diagnosed with these conditions to turn to for information or advice. However, organisations such as Arthritis Care and the Arthritis Research Campaign have been on-going in providing some PMR and GCA information and help, mainly about the clinical effects.

But more specific support for people suffering from the two conditions was badly needed.

Over the past ten years, a small number of people affected by these conditions have been motivated to offer support and help to fellow sufferers, setting up either self-help or support groups. These groups give support either through telephone contact, face-to-face meetings, by email or through the web. A number of smaller 'self-help' groups also meet or make phone contact on a more informal basis, and there is the possibility of them becoming more formally established.

What do support groups offer?

Although support groups operate independently, they all offer very similar things:

- Response to telephone and email enquiries.
- Help, advice and support for sufferers, their family and carers.
- Time to listen to, encourage and support people.
- Sympathetic ear and reassurance.
- Answer queries about PMR and GCA, referring back to GP/Consultant with more information.
- Information on PMR and GCA, medication, diet, etc.
- Regular meetings for sufferers, their families and carers.
- Details of contacts across the UK.
- Newsletters keeping members abreast of new developments, forthcoming meetings, etc.
- Informal meetings to share experiences and have a chat over refreshments.
- Guest speakers at meetings, ie rheumatologist, ophthalmologist, dietician, etc.

It became clear that an umbrella organisation was necessary to provide networking and cohesion and, with these aims in mind, the nucleus of PMR-GCA UK was born.

One of the long-term plans of PMR-GCA UK is to help establish a national network of support groups covering the whole of the UK. At present there are support groups in Tayside, East Anglia, Southend, the North East, the South West, Wales, and the Midlands. In addition to these, there are individual contacts offering self-help and advice over the telephone and by email. These support groups have been set up and are being run by dedicated volunteers who mostly suffer from one or both of these conditions.

Support Group Contacts

Tayside	Contact: Telephone: Contact: Telephone: Email: Website:	Jean Miller 01382 778 596 Alison Jeffrey 01334 870 674 pmrandgca@hotmail.co.uk www.pmrandgca.org.uk
East Anglia	Contact: Telephone: Contact: Telephone: Email:	Jennifer Nott 01449 720545 John Parsell 01449 672592 jenroy.nott@btinternet.com
Southend	Contact: Telephone: Email:	Hannah Padbury 01702 587436 apadbury@toucansurf.com
North East	Area 1: Middlesbrough, South Durham, Teeside Contact: Telephone: Area 2: Tyne & Wear, Northumberland, North Durham Contact: Telephone: Contact: Telephone: Email: Website:	Pam Hildreth 01287 623334 Mavis Smith 01914 111138 Margaret Wright 01912 520627 pmrgcafightersne@googlemail.com www.pmr-gca-northeast.org.uk
South West	Contact: Telephone: Email:	Wendy Morrison 01823 663911 pmrgca.southwest@yahoo.co.uk
Wales	Contact: Telephone: Email :	Glyn Hughes 01633 483186 pmrgca-wales@sky.com
Coventry & Warwickshire	Contact: Telephone: Email:	Jayne Sibley 024 7636 1956 pmrgca.warks@yahoo.co.uk

Self Help Contacts

Bucks	Contact: Telephone: Email:	Mary Shepherd 01296 613519 mary@shepherd-net.fslife.co.uk
Colchester	Contact: Telephone:	Jenny Palmer 01206 824373
Devon & Cornwall	Contact: Email:	John Ladlow john.ladlow@btinternet.com
East Sussex / Kent	Contact: Telephone: Email:	Jean Lymer 01403 732981 jean.thedene@tiscali.co.uk
North Kent	Contact: Telephone: Email:	Pauline Mair 01634 363482 p05amair01@hotmail.com
Northants	Contact: Telephone: Email:	Val Jones 01327 811692 barrieval@btinternet.com
Peterborough	Contact: Telephone: Email:	Gillian Green 01733 700110 green.gillian1@sky.com

Research Projects

There are still a number of things we do not know about PMR and GCA. Doctors and other researchers are carrying out studies to fill in the gaps of our knowledge. Examples of current research include studies to look at the most accurate way to diagnose these conditions and looking at blood markers that might help show us how active the condition is, together with projects looking for better

treatments. There are strict rules governing research. Enrolment into research projects is a voluntary process, and you would be fully informed about any project so you can make an informed choice about whether or not you want to take part. You would never have research performed on you or be involved in research without your full knowledge and consent.

These research projects are dependent on the participation of people with PMR and GCA, and researchers are always very grateful for people's time and goodwill. Your local rheumatology department should be able to inform you of suitable research projects taking place in your area.

Examples of Current Research Projects

Classification criteria for the polymyalgic syndrome

This international study is sponsored by the American College of Rheumatology (ACR) and the European League Against Rheumatism (EULAR). Its aims are to develop classification criteria to diagnose PMR, determining the key features that distinguish PMR from other diseases; and to develop clinically relevant measures comparing patients' response to various treatments.

Immunogenetics of GCA

This ongoing project aims to identify the genes that cause Giant Cell Arteritis. Sarah Mackie, based in Leeds, is carrying out this project and is collecting samples to look for these genes.

Clinical outcomes and quality of life in PMR

This ongoing study has reported major impact on quality of life in PMR. It shows the importance of correctly assessing and treating this condition. This paper and others have prompted the British Society for Rheumatology (BSR) Guidelines on PMR.

Annexin V as a disease marker in PMR and GCA

This study is funded by the British Heart Foundation and commenced in November 2009. Recent work by Prof Mauro Perretti from St Barts Hospital has shown that a substance in the body called annexin seems to be important for the anti-inflammatory actions of steroid treatment. Patients with newly diagnosed PMR and GCA will be monitored to see whether levels of annexin in their blood mirror the activity of their disease. Studying annexin may also help us understand what causes the inflammation in PMR and GCA.

Temporal artery ultrasound versus biopsy in the diagnosis of GCA

This study will commence in March 2010 and has been funded by the Health Technology Assessment (HTA). The standard diagnostic technique for GCA is a temporal artery biopsy, but recent scientific papers suggest that ultrasound of the temporal arteries may be a good alternative. Approximately 400 patients with newly diagnosed GCA across the UK will undergo both ultrasound and biopsy to evaluate which of the two procedures perform better.

Future Research Projects

Leflunomide treatment of PMR and GCA

Some patients require more than steroids alone to keep their PMR or GCA under control. It is still unclear which drug is the best to use in these circumstances. The immune suppressing medication Leflunomide has already been successful in some patients. This study will help clarify how effective Leflunomide is compared to Methotrexate (an alternative drug) in a large number of patients with difficult-to-control PMR and GCA. A funding application for this proposal will be presented to the Arthritis Research Campaign (arc) later this year.

Tocilizumab treatment in PMR

The drug tocilizumab blocks the action of a substance called interleukin 6 which causes inflammation in the body. Interleukin 6 is an inflammatory substance that is very raised in PMR and GCA and may cause many of the symptoms. It has been shown to be effective in other inflammatory conditions, such as rheumatoid arthritis. This study has been submitted for funding to Roche Pharmaceuticals.

Study of new formulations of steroid treatment in PMR

Steroids are very effective for the treatment of PMR and GCA. Unfortunately they can have many side effects such as weight gain, osteoporosis, fractures, diabetes, eye problems and raised blood pressure. Several new drugs are being developed which aim to give the same effectiveness of steroids but with less potential harm for the patient. Trials of these new drugs will be developed initially in PMR. If they are found to be useful and free of side effects, they will also be tested in GCA.

PMR-GCA UK Funded Research

You will be very pleased to note that, with funding from PMR-GCA UK (£10,000) and other research grants are supporting Dr Nada Hassan as Research Fellow with special interest in PMR and GCA. Dr Nada Hassan (with help from Kings College London, and Southend Hospital) is currently working on two further studies:

Cardiovascular risk factors in PMR and GCA

Many inflammatory diseases such as rheumatoid arthritis and lupus are associated with higher levels of cardiovascular disease such as strokes, heart attacks and blood clots. There are no studies to see whether the same is true of PMR and GCA. There is also evidence that PMR and GCA patients have a higher risk for problems in the large blood vessels, such as aneurysms of the aorta. We are developing a study to assess cardiovascular risk in PMR and GCA.

Can early intensive treatment prevent vision loss and other similar strokes in GCA?

Up to a third of patients with GCA lose their vision. This may be prevented by urgent diagnosis and treatment, such as the use of infusion of intravenous steroids and perhaps clot-busting drugs within 3-4 hours of start of symptoms. Stroke units across the country are now able to prevent death and disability from strokes by using such an approach. We feel such an intensive approach merits a trial in GCA. If successful, national regulatory bodies will then be approached to advocate a mandatory urgent approach to diagnosis and treatment of these diseases.

Looking Forward...

PMR-GCA UK has many long-term plans and these include the following:

Helpline

We plan to develop a national helpline system to be made available to everyone. This will involve initial fundraising as we will need to cater for premises and staffing, and relevant training for helpline staff and volunteers. Information packs will also be made available to all callers and this will involve printing costs.

Network of Support Groups

Our main future activities will involve assisting in the setting up of a national network of support groups. It is hoped, in the long-term, to have one support group in every geographical region. In addition to this, each regional support group will, in time, develop smaller support groups in local areas within that region.

Guidance for Support Groups

Part of these plans will involve offering advice and support and developing guidance/helpful hints to assist people with setting up their support groups.

Publications

We intend, over time, to develop a range of useful publications for patients, family, and carers. These will include information on the Charity, PMR, GCA, medication, self-help/management.

Research

Information on research projects currently ongoing and proposed are detailed in a separate article. We will continue to assist in raising funds to promote research into various aspects of PMR and GCA. All research projects will be regularly updated on the website and in future newsletters.

Donations...

How can I make a donation?

Donations may be made in various ways:

By Cheque: Made payable to PMR-GCA UK, send cheques to the Treasurer.

By Gift Aid: Gift Aid increases the value of donations to UK charities by allowing them to reclaim basic rate tax on your gift.

How to make a donation using Gift Aid...

To make a Gift Aid donation you need to make a Gift Aid declaration. The charity will normally ask you to complete a simple form - one form can cover every gift made to the same charity for whatever period you choose, and can cover gifts you have already made and/or gifts you may make in the future.

Gift Aid forms may be requested from the Treasurer or Secretary, or downloaded from our website – www.pmrzcauk.com.

Contact the Treasurer on 01901 411832

Contact the Secretary on 024 76361956

Email pmrgca@googlemail.com

Direct into Bank: HSBC Bank

Sort Code 40-47-31

Account No 24221400

Payable to PMR-GCA UK

Treasurer

Alan Walkington

PMR-GCA UK: Treasurer

5 Deramore Drive

Badger Hill

York

YO10 5HW

Tel: 01904 411832

Find us online www.pmrgcauk.com

Our website provides...

- Information about these conditions.
- Contacts across the country by way of support groups
- News about research into PMR and GCA and to help raise awareness in general.
- We hope this site will be of benefit to both the general public and professionals alike.

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If you have any queries regarding this publication please contact the Secretary Jayne Sibley

Tel: 024 76361956

Email: pmrgca@googlemail.com

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