

Issue 80 – February 2024

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MS Waikato Trust supports people affected with Multiple Sclerosis and Huntington's Disease; MS Waikato Trust is affiliated with the MS Society of New Zealand. If you would like further information on our services, please contact us:

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Is There a Key to Happiness

How Happy are you? We all have ideas and theories about what makes us Happy. It is a popular topic judging by all the self-help books on the subject.

Psychologist Martin Seligman used scientific research methods to investigate the secrets to Happiness. His theory called PERMA outlines some of the key ingredients that underpin Happiness.

The P in his model stands for Positive emotions such as joy, humour, hope, thankfulness, and awe. Research suggests we need to experience three positive emotions to offset one negative emotion. Experiencing positive emotions helps broaden our minds and helps us to build resourcefulness to counter adversity. Ways to build positive emotions in your daily life can include listening to uplifting music, spending time with people you like, involvement in hobbies that you enjoy and spending time in nature.

The E stands for engagement which refers to activities which you enjoy and can completely capture your attention and focus. This is known as "Flow" or "Being in the Zone" or "following your Bliss." Do you have activities that you find both rewarding and can become fully immersed in? Pursue activities you are passionate about and totally capture your focus.

The R stands for relationships and connection with others which can include family, friends, neighbours and work colleagues. As social beings we need to feel supported and valued by others. Loneliness is a major health issue in our society. Social Support is a key factor to both physical and mental health. So, invest in your relationships with



Bill Shaw

others. Join groups and clubs that help build social connections.

The M stands for having meaning and purpose in life. What is your reason for getting out of bed in the morning? The Japanese call this Ikigai which refers to something that gives a person a sense of purpose and a reason to live. This could be your family, job, helping others and hobbies.

The A stands for completing things which give you a sense of achievement and competence. Achieving a goal whether that be finishing a course or painting your house gives one a sense of pride and accomplishment. It is important to set goals for yourself however small they may be and take time to celebrate your achievements.

Obviously, there are other factors which contribute to happiness including good health and exercise. Research has shown that the PERMA model is a good starting point to increasing happiness in our lives.

Bill Shaw

The above article was written by MS Waikato Trustee, Bill Shaw. Bill is a registered social worker and psychologist, he is also a tertiary educator in psychology, counselling and social work.

Farewell to Sue

In December we farewelled Sue King, our volunteer at our exercise class. Sue's support has been incredible, she has been assisting Margaret each week for the past 7 ½ years. When Margaret has been on holiday, Sue has been there to step in and lead the class. We would like to extend our thanks and appreciation to Sue for all that she has done for the exercise class. While its farewell at the exercise class, Sue will still be assisting us at the golf tournament.

Our exercise classes take place twice weekly at Anytime Fitness on Clarence St and we do have space for new members. The classes are all tailored to suit an individual's needs and abilities, enabling you to follow your own programme. Remember, the right kind of exercise can significantly help with your health and wellbeing. The classes are also social, enabling members to meet with others affected with the same condition, share challenges and experiences.

If you haven't been before and would like to try the classes please speak with Liz or Karen who will arrange for you to attend a session. Classes are held at 10.30am Monday and Wednesday morning, and are supported by the WDFK Karamu Trust. Their support enables us to offer the classes to clients for \$2 a session ensuring they are affordable to everyone. We just ask that attendees pay their subscriptions.



Recent Fundraisers

Takepuku 10

Ruth Mylchreest, our HD Clinical Nurse Specialist, completed her epic walk back in November, walking Mt Takepuku 10 times, a total of 75km.

The rain kept going all day and so did Ruth, she started walking at 4.00am and finished at 10.30pm!

Raising a total of \$26,604, this was split equally between MS Waikato and MND. The funds will be used to provide ongoing psychological support through counselling services for HD clients and their families.

For more information or to apply for assistance, please contact Liz or Karen.



Ruth

Miami Marathon

Georgina Terry ran the Miami marathon in January to raise funds and awareness of MS; while supporting both MS Waikato and the MS Society of New Zealand. Georgina hails from Cambridge and had only recently taken up running. She raised \$1,065 which was split between both organisations.

While Georgina had trained through the winter with temperatures in the low 20s, the day of the marathon it was up to a humid 30 degrees towards the end of the run. She completed the run in 5 hours 54 minutes.

A huge thank you to both Ruth and Georgina for their incredible efforts, for choosing to support us with their fundraising, and to all those who donated.



Georgina

Bladder incontinence

Many people with MS experience bladder problems and some of these can result in occasional incontinence, where bladder control is lost and urine leaks out.

Bladder incontinence ranges from occasionally leaking urine if you cough or sneeze to having such a strong sudden urge to urinate that you can't reach the toilet in time. Some people experience both of these.

There are many successful approaches to treating and managing episodes of urinary incontinence. Health professionals, including Liz or Karen (MS Waikato), can work with you to find the solutions that work for you.

What is bladder incontinence?

Bladder incontinence (also called urinary incontinence) is a lack of control over when you empty your bladder that results in passing urine when you don't mean to.

What causes bladder incontinence?

There are two main causes of bladder accidents in MS.

- **Urge incontinence** happens where MS nerve damage takes place in the parts of the brain and spinal cord that control the bladder. This results in problems with your bladder storing urine or your bladder being overactive which means you may need the toilet frequently and urgently.
- **Stress incontinence** is leakage of urine when your bladder is under pressure, for example when sneezing, coughing or lifting something heavy. This happens when your pelvic floor muscles are weakened. In MS neurological damage can result in weakness to the pelvic floor. This is because damaged nerves, mainly within the spinal cord, are not transmitting messages to the pelvic floor muscles as effectively as they used to. Other reasons for weakened pelvic floor muscles include giving birth or abdominal surgery.

Some people experience both of these types of incontinence.

How many people have bladder accidents?

Studies have suggested that up to eight out of ten people with MS experience bladder accidents at some time.

What can I do if I have bladder accidents?

Talk to your health professionals if you are embarrassed by urine leakage, contact Liz or Karen, your GP or a continence advisor at www.continence.org.nz. Studies have shown that many people find it difficult to talk to their health professionals about incontinence as they feel awkward or embarrassed. All health professionals should know that MS can affect the bladder, they are experienced at talking about these issues and should be able to put you at ease.

Get to know your bladder by keeping a diary. This can give you an overview of how your bladder problems

affect you over time. You can share it with your health professionals to demonstrate your bladder patterns. Write down what you have to drink and eat, any medication you take, when you go to the loo, any problems with stopping or starting, and if you have any bladder accidents. You could use a notebook or there are smart phone apps available to help you monitor your bladder function.

Make lifestyle changes. There are a number of lifestyle changes you can make that may improve your bladder symptoms, such as drinking enough fluids, maintaining a healthy weight and trying pelvic floor exercises.

How is bladder incontinence treated?

The way bladder incontinence is managed depends on the cause. It is important that your symptoms are assessed to determine what is causing your bladder accidents. This may include a urine test to check whether you have a urinary tract infection, which can make existing incontinence problems worse, and an ultrasound of your bladder to see if you're bladder is storing and emptying urine correctly.

Managing stress incontinence

Pelvic floor exercises can be helpful in MS where bladder symptoms are mild. The pelvic floor is a sheet of muscles that form the 'floor' to the pelvis and support the bladder and bowel. These muscles give you control when you urinate as they relax at the same time as the bladder contracts to let urine out. In MS, nerve damage can result in weakness to the pelvic floor as messages to the muscles may not be being transmitted as effectively as they used to. Both men and women can do pelvic floor exercises. You can find out more about pelvic floor exercises on the continence website.

Managing urge incontinence

There are a number of treatment approaches for urge incontinence (when you need the toilet urgently). These include medication, bladder injections, and nerve stimulation.

Products that can help

There are many different types of products available to help you manage bladder accidents. These can be valuable as a backup whilst you are undergoing treatment and for some people these may also be useful in the long-term. Health professionals will be able to advise what is most appropriate for you.

<https://mstrust.org.uk/a-z/bladder-incontinence>

Wallet sized cards stating you have MS and may need support, or to use facilities, are available from MS Waikato. Please contact Liz or Karen to receive one.

Doctors encouraged by early-stage trial of MS stem cell therapy



Doctors are cautiously hopeful about a new multiple sclerosis therapy after finding that injecting stem cells into patients' brains was safe and potentially protective against further damage from the disease.

The small, early stage trial was only able to assess whether injecting cells directly into the brain was well tolerated by patients, but in tests carried out in the year after treatment, researchers found hints that the cells may have a long-lasting, beneficial impact.

"We don't know yet whether this is the beginning of a fantastic journey or not, but the results are very strong and very consistent," said Prof Stefano Pluchino at the University of Cambridge.

More than 2 million people worldwide live with multiple sclerosis. While most existing drugs target the early, relapsing remitting phase of the disease, two-thirds of patients still move on to the secondary, progressive and increasingly debilitating stage within 30 years of diagnosis.

The disease occurs when the body's immune system attacks the protective myelin sheaths that wrap around nerve fibres, causing damage that disrupts how electric signals are beamed around the nervous system.

For the first in-human trial of the therapy, researchers injected between 5m and 24m neural stem cells directly into the brains of 15 patients with secondary progressive MS. Rather than rebuilding damaged tissues, the stem cells are thought to reduce the inflammation that drives the disease.

Some patients on the trial experienced side-effects, with one developing a tremor and another steroid-induced psychosis, but all recovered with treatment.

Tests on the patients over the following year found that none reported any worsening symptoms

or increased disability, though most were using wheelchairs before the study and may not have deteriorated anyway. Brain scans revealed that patients who received higher doses of stem cells experienced less brain shrinkage, perhaps because the stem cells were dampening inflammation.

What intrigued the scientists most were tests on the cerebrospinal fluid that bathes the brain and spinal cord. These revealed that patients who received more stem cells had higher levels of compounds called carnitines, which are thought to protect neurons from damage. "What does it mean? I have no idea. But it is incredibly exciting," said Pluchino. Details are published in *Cell Stem Cell*.

The researchers are now keen to run a larger trial to confirm whether or not the injections are changing the course of the disease. One factor they need to rule out is any effect from the immunosuppressive drugs patients took to prevent rejection of the stem cells.

Prof Paolo Muraro, an expert in neuroimmunology at Imperial College London, who was not involved in the study, said the trial set a benchmark for the manufacture and quality control of the cell-based drug. Further challenges remain, however. One is scaling up the therapy and making it affordable for large trials to investigate how effective the treatment is. "It is a long journey for hope, but certainly a worthy one," Muraro said.

Caitlin Astbury at the UK MS Society said it was "a really exciting study" that built on previous research funded by charity. "These results show that special stem cells injected into the brain were safe and well-tolerated by people with secondary progressive MS," she said. "They also suggest this treatment approach might even stabilise disability progression. We've known for some time that this method has the potential to help protect the brain from progression in MS.

"This was a very small, early-stage study and we need further clinical trials to find out if this treatment has a beneficial effect on the condition. But this is an encouraging step towards a new way of treating some people with MS."

<https://www.theguardian.com/science/2023/nov/27/doctors-encouraged-by-early-stage-trial-of-ms-stem-cell-therapy>

MSNZ note this was a small trial and it's in the very early stages but this is an interesting development in stem cell research.

Putting it in print: GENERATION HD1 study results published

Data from GENERATION HD1, the Phase 3 clinical trial testing the huntingtin-lowering drug tominersen, have just been published in a scientific journal. The trial ended a while back, so why is this an important milestone, and what's next?

The outcomes of the GENERATION HD1 trial have just been published in a scientific journal, nearly three years after the study was halted. In March of 2021, the HD community was hit with the difficult news that the GENERATION HD1 study of Roche's huntingtin-lowering drug, tominersen, faced a halt in dosing. Since then, the data has been analysed, the findings have been shared, and based on what was learned, a new study continues to recruit globally, called GENERATION HD2.

Today marked another milestone in the history of tominersen's development: the results of GENERATION HD1 were published in a widely-read scientific journal. The conclusions remain the same, but peer review and print documentation are immensely important for the progress of science. In this article we'll recap the key messages, explore the impact of published research, and talk about what's next.

What was GENERATION HD1?

Tominersen is a drug being tested in people to see whether it can help slow or stop symptoms from worsening in adults with HD. It is a type of genetic therapy, known as an antisense oligonucleotide - ASO for short - that is delivered with spinal injections. From an earlier trial we knew that it could lower huntingtin, the protein thought to be harmful to the brain in HD. GENERATION HD1 was a longer, larger Phase 3 study, in which people received a high dose of tominersen every 8 weeks or every 16 weeks.

Unfortunately, the trial had to be halted, in March 2021, when an independent safety monitoring committee found that the safety risks outweighed any potential benefits. In fact, those who got tominersen every 8 weeks seemed to have worse symptoms than those who got no drug at all, by some measurements. Since then, Roche analysed the data and presented it to scientists, doctors, and the community as new information was unearthed.

The most important finding came from an after-the-fact investigation known as a "post hoc" analysis. It seemed that people who began the trial at a younger age, with less severe symptoms, may have benefitted from tominersen. For this reason, a new trial of tominersen was designed, called GENERATION HD2. This trial began in 2023, and is testing tominersen in a younger population with earlier HD symptoms.

Today's news: a published study

If you're thinking "all this is old news," well, you're not wrong! The latest breaking research is presented at conferences, like the annual CHDI HD Therapeutics conference that HDBuzz tweets and summarises. This allows scientists to get critical research out to the world as soon as possible. All previous updates about GENERATION HD1 thus far have come from scientific conferences. Published research takes a bit longer; after it's written up, it goes through a process of "peer review" where the data and findings are scrutinised by an outside group of experts.

Peer review keeps science unbiased, fair, and balanced. However, it also causes a bit of a delay, which is why published results from GENERATION HD1 are just coming out now. A new publication in the New England Journal of Medicine details all of the findings from GENERATION HD1. The main message remains the same: GENERATION HD1 did not reach its primary endpoints, tominersen wasn't safe or effective at a high, frequent dose, but there might be some promise at a lower dose, in folks at earlier stages of HD.

What's in the new paper?

The main body of the paper presents these key findings, and a massive appendix gets into the nitty gritty on the methods and the statistics. Some new, formal speculations are made about the connection between measurements of different substances in the blood, and changes observed in symptoms. However, the early halt and the variability of the data make it difficult to draw definite conclusions.

The study authors think that tominersen itself may not have caused direct damage or "shrunk" brain tissue. Instead, they theorise that these side effects could have instead been due to the high dose, which caused some inflammation. People with earlier signs of HD may have had more resilient cells, which is why some may have got some benefit from the huntingtin lowering effects of the drug.

Why is scientific publication a milestone?

Roche chose to make their findings public and accessible to the research community and HD families during the course of the long period of data analysis that led to this paper. And we're not intending to reopen old wounds by bringing up the disappointment surrounding this trial.

Publication of clinical study results in a medical journal is a big deal. It means that other scientists and doctors, outside of Roche and those who ran the study,

Continued on page 6

GENERATION HD1 study results published Continued from page 5

were tasked with rigorously looking through the data, evaluating the approach, and recommending ways to improve how it was presented.

This process of “peer review” is key in science: it can lead to new, better experiments, clearer explanations, and more minds thinking about a difficult problem. When a clinical study of Huntington’s disease appears in a well-known journal like this one, the science and the community gets more visibility from scientists and doctors and news outlets.

“The publication of this manuscript is a chance to reflect upon and recognise the contributions of the nearly 800 participants, supported by their friends and family, who selflessly enrolled in the GENERATION HD1 trial.”

What’s next for tominersen

Ultimately, the best way to determine whether tominersen has potential as an HD treatment is to test the theory put forth in this publication. GENERATION HD2 does just that - the study is testing tominersen at a lower dose in people who are most likely to benefit from it. It’s a smaller, “dose-finding” study designed to determine what amount of drug is safest.

There are a few other differences between GENERATION HD1 and HD2.

- **Loading dose:** In GENERATION HD1, participants were given a dose of tominersen initially before the first dose to boost levels of the drug in their bodies. GENERATION HD2 doesn’t include this “loading dose.”
- **Amount of drug:** GENERATION HD2 is testing a lower dose of tominersen. While GENERATION HD1 tested 120mg, GENERATION HD2 includes a high dose of 100mg and a low dose of 60mg.

- **Frequency:** Tominersen is given less frequently in GENERATION HD2. While GENERATION HD1 tested tominersen given every 8 and 16 weeks, participants in GENERATION HD2 receive tominersen every 16 weeks.

The trial, open since early 2023, continues to recruit people with early HD symptoms, ages 25-50, at study sites all over the world.

Steady strides towards HD therapies made possible because of community participation

Importantly, the publication of this manuscript is also a chance to reflect upon and recognise the contributions of the nearly 800 participants, supported by their friends and family, who selflessly enrolled in the GENERATION HD1 trial. Clinical trials are extremely complicated experiments without guaranteed outcomes, and the brave contributions of all the trial participants have substantially moved HD research forward.

Many critical advancements in HD research have only been possible thanks to the steadfast contribution of HD community members. The gene that causes HD was discovered through the participation of HD families from Venezuela - 18,000 people that spanned 10 generations! The genetic modifiers that contribute to differences in age of onset were discovered thanks to the 4,000 people with HD in the Gem-HD Consortium study. Now, advancements in the age of clinical trials are being made thanks to selfless study participants. It’s encouraging that the results of the GENERATION HD1 study have been added to the growing scientific literature.

By Dr Leora Fox, Dr Rachel Harding, and Dr Sarah Hernandez

<https://en.hdbuzz.net/354>

The Michael Ford Memorial Golf Tournament

Michael Ford was a successful, dynamic business man whose world was turned upside down when he was diagnosed with MS at 36 years old.

Michael established our golf tournament 25 years ago, and has sadly since passed away.

This is an annual event and is taking place at Ngahinepouri Golf course on Friday 12th April. We are seeking individuals or organisations who may be interested in sponsoring the event, and hopefully joining us on the day too.

We offer a wide range of sponsorship options. The gold sponsorship which includes hole sponsorship and a team entry is very popular, this is \$500. All funds raised will remain in our region to assist with the provision of support services for those affected by Multiple Sclerosis or Huntington’s Disease.

For more information, please email janet@mswaikato.org.nz or call 07 8344740.



NOTICE BOARD

Bequest

A bequest is a gift made through your will. A gift to MS Waikato is very easy to leave in your will and is a gift that makes a difference and lives on in memory. If you would like to include a gift to MS Waikato it will help future generations living with the effects of MS and HD. A bequest to MS Waikato can be made through writing a will or making an amendment (Codicil) to your existing will. Please ensure your will states the donation is for MS Waikato, naming our organisation ensures the donation is received by MS Waikato and remains in our region. Making a will ensures that your estate is distributed according to your wishes. We recommend talking to your family to ensure they are aware of your wishes.

TravelScoot

We have a TravelScoot available for short term loan for a donation. For more information contact Liz or Karen.

AGM

The AGM will be taking place on Thursday 21 March, 5.15pm in the Your Way – Kia Roha Board room (20 Palmerston Street), there will also be a zoom link. Financial members will be entitled to vote. To attend in person or to receive the zoom link please email janet@mswaikato.org.nz by Tuesday 19th March.

Scooter Batteries

If you need to replace the batteries in your scooter we may be able to assist, please contact Liz on 07 834 4741 or email liz@mswaikato.org.nz

Cooling Vests

Hydro cool are again supporting us with a great promotion on cooling vests, which may help on hot summer days. They are offering a 25% discount on all orders for cooling vests, and will include a complimentary towel.

Please visit <https://www.hydrocool.nz/> After selecting products, go to the checkout, you will need to enter MSWAIKATO into the promotion code area to receive the discount. Feedback from previous years is that it is a really good product.

St John's Caring Caller

Caring Caller is a service that St John provides for people who live alone or are housebound due to an illness or disability. Volunteers phone clients regularly to check that everything is ok. The service is free, if you wish to enquire about receiving a regular call from a Caring Caller phone 0800 000 606.

Dogs in Homes

For the safety of our staff please ensure all dogs are secured when staff visit.

Wheelchairs

MS Waikato has wheelchairs available for loan, for all enquiries phone 07 834 4740.

SUBSCRIPTIONS

Please note 2024 subscriptions are now due. The cost for subscriptions is \$40 or \$20 if you hold a Community Services Card. A subscription form is enclosed if subscriptions have not been received. Thank you for your support.

Entertainment Book

MS Waikato are selling the Entertainment apps again this year. The books are now digital and contain thousands of dollars worth of vouchers. The books can be purchased as a single city, multi city or multi year. MS Waikato will receive 20% from each book sold. For more information and to view any current offers visit <https://nz.entdigital.net/orderbooks/1b54128> or contact janet@mswaikato.org.nz to receive this link.

Payments and Donations

If you wish to make any payments or donations directly to MS Waikato the account number is 02 0316 0488196 000.

Please remember to include your name and what the payment is for eg Subs.

Receipts are given for all donations, if you are not registered with us please email Janet with your contact details to enable us to forward a receipt – janet@mswaikato.org.nz .

Donations can also be made through our website www.mswaikato.org.nz, please click the link 'Donate now' and it will take you to the Spark Foundations give a little website.

Thanks to our Sponsors and Supporters



WDFW Karamu Trust • Waipa District Council • COGS- Hamilton City, South Waikato & Waikato West Rehabilitation Welfare Trust • Anytime Fitness - Hamilton Central • Gallagher Charitable Trust
The Norah Howell Charitable Trust • Waipa District Council • Glenice and John Gallagher Foundation
Hamilton Road Runners • Loxies • Terry Slattery • Ruth Mylchreest • Georgina Terry

MSWT EVENTS CALENDAR



March 2024

SUN	MON	TUE	WED	THU	FRI	SAT
31					1	2 MS Walking Group 9am The Veranda Cafe Hamilton Lake
3	4 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	5	6 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	7 MS Support Group Hamilton Venue and time to be advised	8	9 MS Walking Group 9am The Veranda Cafe Hamilton Lake
10	11 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	12	13 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	14	15	16 MS Walking Group 9am The Veranda Cafe Hamilton Lake
17	18 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	19	20 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	21 AGM Your Way Kia Roha Board Room 5.15pm	22	23 MS Walking Group 9am The Veranda Cafe Hamilton Lake
24	25 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	26	27 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	28 MS Support Group Mometewa Morrinsville 10.30am	29 Good Friday	30 MS Walking Group 9am The Veranda Cafe Hamilton Lake

April 2024

SUN	MON	TUE	WED	THU	FRI	SAT
	1 Easter Monday	2	3 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	4 MS Support Group Hamilton Venue and time to be advised	5	6 MS Walking Group 9am The Veranda Cafe Hamilton Lake
7	8 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	9	10 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	11	12 Michael Ford Golf Tournament Ngahinepouri golf club	13 MS Walking Group 9am The Veranda Cafe Hamilton Lake
14	15 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	16	17 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	18	19	20 MS Walking Group 9am The Veranda Cafe Hamilton Lake
21	22 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	23	24 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	25 ANZAC Day	26	27 MS Walking Group 9am The Veranda Cafe Hamilton Lake
28	29 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	30				

May 2024

SUN	MON	TUE	WED	THU	FRI	SAT
			1 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	2 MS Support Group Hamilton Venue to be advised 10.30am	3	4 MS Walking Group 9am The Veranda Cafe Hamilton Lake
5	6 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	7	8 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	9	10	11 MS Walking Group 9am The Veranda Cafe Hamilton Lake
12	13 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	14	15 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	16	17	18 MS Walking Group 9am The Veranda Cafe Hamilton Lake
19	20 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	21	22 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	23	24	25 MS Walking Group 9am The Veranda Cafe Hamilton Lake
26	27 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	28	29 MS Exercise Class 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St Hamilton	30 World MS Day MS Support Group Mometewa Te Aroha, 10.30am	31	

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