ANNUAL GENERAL MEETING 9TH OCTOBER 2023

ATTENDANCE: Lindsay Gibson, Eileen Senn, Murray Cox, Lorainne Keen, Faye Holloway, Celia Miraglia, Mike Kiff, Philip Surtees, Faye Breslin, Phil Reed, Ron Gascoigne.

APOLOGIES: Margaret Hunt, Jenny Wilkins, Barbara Morris, Laurel Morris

CONFIRMATION OF PREVIOUS AGM 12TH SEPTEMBER 2022 as circulated as being true and correct

Moved…Faye Holloway Seconded Celia Miraglia

CHAIRMAN'S REPORT ON ACTIVITIES FOR 12 MONTHS TO 30TH JUNE 2023

Due to absence of both the Treasurer and the Chairman the Newsletter for July and August were combined. We shared the result of studies by the National Health and Medical Research Council on Homeopathy provided by Murray Cox. These studies warned that using homeopathic treatments were risking safety and effectiveness. A detailed consultation should be had with your Doctor. We also provided an extensive list of medications that can cause Peripheral Neuropathy.

We took part in the "Have A Go" day at Burswood and included a Raffle which earned the Group $260, A good result but all those helping to man the stall found it a long day and very tiring.

Zostrix was discovered by a member and it is listed in our booklet, June used it many times.

An article on Long Term Neurological Problems following SARS-Cov-2 was shared.

AN article on Zone 2 training on metabolic health was shared especially for those who have difficulty

I have enjoyed my 25 years with the Group and have met many wonderful people. However I find that I cannot maintain the standard that I believe we should. I regret that I will not continue.

Report accepted Moved …Faye Holloway Seconded…Celia Miraglia

TREASURER'S REPORT for the 12 months 30th June 2023

Income and Expenditure for 12 months to 30th June 2023

INCOME	Membership Subscriptions	420.00	
	Donations	220.00	
	Attendance Money	184.00	
	Miscellaneous Income	279.00	
	Joining Fee	45.00	
	Interest Income	12.28	
	Sale of Accident Cream	467.50	
TOTAL INCOME			1,628.68
LESS COST OF SALES			368.32

NET INCOME			1,260.36
EXPENDITURE: Accounting Fees		120.00	
	Postage	427.20	
	Morning Tea	120.00	
	Stationery	142.15	
	Miscellaneous gifts	100.00	
	Honorariums	600.00	
	Mobile Phone	200.00	
TOTAL EXPENDITURE			1,709.35
NET LOSS FOR 12 MONTHS			(448.99)

BALANCE SHEET AS AT 30TH JUNE 2023

ASSETS	Cheque Account	390.18	
	Term Deposit	7,012.28	
	Petty Cash	100.00	
TOTAL ASSETS			7,502.46
Liabilities			Nil
Net Assets			7,502.46
EQUITY	Retained Earnings as at 1 July 2022	7,951.45	
	LESS Loss for 12 months	(448.99)	
	TOTAL EQUITY as at 30th June 2023	7,502.46	

Moved Mike Kiff Seconded Philip Surtees

ELECTION OF OFFICE HOLDERS AND COMMITTEE OF MANAGEMENT MEMBERS

CHAIRMAN no volunteer

VICE CHAIRMAN Philip Surtees

SECRETARY no volunteer – Barbara Morris may continue (subject to her confirmation)

TREASURER Faye Holloway

COMMITTEE OF MANAGEMENT MEMBERS ; Murray Cox, Eileen Senn, Celia Miraglia, Faye Breslin, Mike Kiff, Lindsay Gibson, Ninetta Tsagaris, Ron Gascoigne.

HONORARIUMS FOR THE LAST 12 MONTHS to be $150.00 to each of the Secretary, Treasurer, Chairman and Ninetta Tsagaris.

Moved Faye Holloway Seconded Celia Miraglia

MEMBERSHIP FEES/SUBSCRIPTIONS to remain the same. Annual Membership $10. Joining Fee $10.

Moved Faye Holloway Seconded Murray Cox

AUDITOR Not be appointed.

Moved Mike Kiff Seconded Philip Surtees

TERM DEPOSIT due on 27th October 2023. It was agreed to transfer $1,000. To cheque a/c and remainder to be renewed for six months.

Moved Faye Holloway Seconded Ron Gascoigne

The vacant position of Chairman was discussed and Phil Reed said he may be able to help, but being his first meeting he did not know enough about what was required to volunteer at this time.

Ron stated that it had been his intention to move that the Group should be closed down and cease to operate, however if there is a possibility that Phil Reed could volunteer to accept the responsibility, he would not close the meeting but would adjourn the AGM to the next meeting date.

In the interim Ron would meet with Phil to clarify what is needed and answer his questions.

AGM adjourned to 10.00am on 13th November 2023 at the Niche, Cnr Aberdare Rd & Hospital Ave NEDLANDS W.A.

In the absence of the Secretary (covid positive) only a brief General Meeting was held and Faye presented the Treasurers monthly report.

TREASURER'S REPORT AS AT 1/10/2023

RECEIPTS		PAYMENTS	
Attendance	21.00	Morning Tea	20.00
Membership DD	30.00		
TOTAL	51.00	TOTAL	20.00
BANK ACCOUNT			
Balance b/f			289.63
Cheque A/c paid	20.00	Deposits	51.00
Balance c/f	320.63		
TOTAL	340.63	TOTAL	340.63
Balance c/f			320.63
ACCOUNTS FOR PAYMENT			
Postage	85.70		
Morning Tea	20.00		
TOTAL	105.70	Moved Eileen Senn	Seconded Celia Miraglia

NEXT MEETING: 10.00am on 13th November 2023 at The Niche, Cnr Aberdare Rd & Hospital Ave NEDLANDS WA

What is Peripheral Neuropathy?

Peripheral Neuropathy (PN) is the often painful and debilitating condition that is caused by damage to the peripheral nervous system – the complex web of nerves that connect the central nervous system (the brain and spinal cord) to the rest of the body. There are an estimated 30 million Americans suffering from PN of which 60 to 70% are diabetics.

What is Diabetic Peripheral Neuropathy?

Diabetic Peripheral Neuropathy (DPN) describes a family of nerve disorders that are directly caused by complications from diabetes. DPN can strike at any time, regardless of age, gender, or racial/ethnic background. People with

diabetes who have trouble controlling their blood sugar levels, along with high blood pressure, and obesity are at an elevated risk for developing DPN.

Diabetic Peripheral Neuropathy is the most common type of PN, causing pain or loss of sensation in the feet, legs, hands and arms. As this condition progresses, the damage to your body can be permanent, with loss of sensation leading to sores, ulcers, and in the worst of cases, lower limb amputation.

While current research consistently shows the relationship between maintaining healthy glucose levels and nerve damage. DPN can be caused by a combination of different factors. In fact, although symptoms can present at any time, the longer you live with diabetes, the more likely you are to develop some form of neuropathy, and people who live with diabetes for more than 25 years are most likely to suffer from DPN.

Nerve damage is often due to a combination of factors.

- Metabolic factors, such as high blood glucose, long duration of diabetes, abnormal blood fat levels, and possibly low levels of insulin.
- Neurovascular factors, leading to damage to the blood vessels that carry oxygen and nutrients to nerves.
- Autoimmune factors that cause inflammation in nerves.
- Mechanical injury to nerves such as carpal tunnel syndrome.
- Inherited traits that increase susceptibility to nerve disease.
- Lifestyle factors, such as smoking or alcohol use.

What does DPN feel like?

Symptoms vary from patient to patient and can involve the sensory, motor and autonomic – or involuntary – nervous systems. The first symptom is often numbness, tingling, or pain in the feet and can range from mild to severe. Mild symptoms can go unnoticed for years, only to occur with increased severity over several years until they begin to interfere with your daily life. In some people, the onset of pain may be sudden and severe.

Symptoms of DPN may include:

- Numbness, tingling, or pain in the toes, feet, legs, hands, arms, and fingers.
- Wasting of the muscles of the feet or hands.
- Sharp pains or cramps.
- Extreme sensitivity to touch.
- Loss of balance and coordination.
- Weakness
- Dizziness, fainting due to drop in blood pressure.
- Stomach upset, constipation or diarrhea.
- Hypoglycemia unawareness – no longer being able notice symptoms of low blood sugar.
- Difficulty with urination.
- Erectile dysfunction.

Whilst not directly associated with DPN, many patients also experience depression. Diabetic Peripheral Neuropathy can often lead to the loss of reflexes, especially at the ankle, and cause changes to the way that you walk. Foot deformities, like hammertoe and midfoot collapse, can also occur, and blisters and sores may develop in areas of the foot that are numb to the pressure or injury. Foot injuries, if not properly treated can cause infection deep into the bone and result in amputation but, if minor problems are treated, this course of treatment will not be necessary.

I am not diabetic – so why do I have DPN.

DPN can affect patients that are at risk for diabetes, called pre – or borderline diabetes. Your doctor may also use the term glucose intolerance. Such patients have higher than normal blood sugar levels, but not so high that they are diagnosed with true diabetes; a diagnosis of pre-diabetes can be made from a blood test since symptoms are often not present. If not properly diagnosed and managed, then pre-diabetes can lead to the development of type two diabetes, heart disease, and nerve damage, including DPN.

How is DPN diagnosed?

If you already live with diabetes and you think you might have DPN, there are several tests that you and your doctor can use to evaluate your condition and establish a treatment plan, including a comprehensive foot exam, a physical exam, neurological evaluation, electromyography, nerve conduction velocity tests, quantitative sensory testing, nerve or skin biopsy, and/or blood studies to rule out causes other than your diabetes.

- 30.3 million Americans or 9.4% of the population, have been diagnosed with diabetes.
- An estimated 60-70% of Diabetics suffer from Peripheral Neuropathy.
- The prevalence of diabetes is projected to increase by 50% by 2030, and half of those individuals will develop neuropathy.
- Undermanaged Diabetic Peripheral Neuropathy is the number one cause of non-traumatic lower limb amputations in the United States.

How is DPN treated?

The first – and most important- thing that you can do is to manage your blood glucose levels, which can prevent further nerve damage. Management of your diabetes plays a critical role in treating DPN, so keep your blood sugar levels in normal range with frequent testing, proper diet, physical activity, diabetes medicine and /or insulin therapy.

Most treatments today are centered on pain reduction and improvement in function. Effective treatment for injured nerves (neuropathic pain) often requires a combination of medicines, exercise and other therapies. It can take some time to find the combination that is right for you.

Mild pain may respond to a simple over-the counter drug, like ibuprofen and acetaminophen. Or, your doctor may prescribe one or more medicines for you. More commonly used medicines include neuropathic pain agents, most often, anti-seizure medicines or certain anti-depressants. Your doctor can share more information about the different prescription medications that can help you—because you don't have to suffer from depression to benefit from these medications. Talk with your health care provider about options for treating your neuropathy.Some medications used to help relieve diabetic nerve pain include:

- Tricyclic antidepressants, such as Elavil or Cymbalta.
- Anticonvulsants, such as pregabalin (Lyrica0, gabapentin (Gabarone, Neurontin)

Treatments that are applied to the skin – typically to the feet – include capsaicin cream and lidocaine patches. Studies suggest that nitrate sprays or patches for the feet may relieve pain. Studies of alpha-lipoic acid, an antioxidant, and evening primrose oil have been shown to help relieve symptoms and may improve nerve function. With any of these supplements or treatments mentioned above it is best to consult your doctor before using them.

Supportive treatments include a device called a bed cradle that can keep sheets and blankets from touching sensitive feet and legs, occupational or physical therapy to increase muscle strength, mobility and function, and an orthopedic insert or specially designed shoe that can even out an improper gait. Treatments that involve electrical nerve stimulation, magnetic therapy, and laser or light therapy may be helpful but need further study.

Take care of your feet. Inspect them daily for injuries, blisters or sores, and wash them carefully. Wear shoes or slippers to protect your feet, even when you're at home, many insurance programs, including Medicare, can help cover the costs of therapeutic shoes. If you need help with your care, see a podiatrist, or a foot doctor, for advice and treatment.

Why exercise?

- Exercise burns calories, which will help you lose weight or maintain a healthy weight
- Regular exercise can help your body respond to insulin and is known to be effective in managing blood glucose.
- Exercise can lower blood glucose and possibly reduce the amount of medication you need to treat diabetes, or even eliminate the need for medication.
- Exercise can improve your circulation, especially in your arms and legs, where people with diabetes can have problems.

- Exercise can help reduce your cholesterol and high blood pressure.
- Exercise helps reduce stress, which can raise your glucose level.
- Exercise, along with diet, are two of the major elements of diabetes management.

See your doctor before you begin an exercise program. Your doctor can tell you about the kinds of exercise that are good for you depending on how well your diabetes is controlled and any complications or other conditions you may have.

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MEMBERSHIP SUBSCRIPTIONS FOR THE 12 MONTHS TO 30th JUNE 2024 ARE NOW DUE.

Some members have been encouraged to defer their payments because at the time it was likely that we would close down and cease to operate. This will not happen and NOW we need all members to make payment to maintain stability for the continued functioning of the Group. The amount remains $10. (Those who have already paid do not need to pay again) The Support Group is registered as a Charitable Organisation and any donations are Tax Deductible. Payment at a meeting or sent to the Secretary or direct to Bank a/c. at Bendigo Bank, Bayswater. BSB 633-000 a/c No.125154856 include your name as a reference.