Trigeminal Neuralgia Association of Canada

TRIGEMINAL NEURALGIA ASSOCIATION OF CANADA

Summer 2011 Newsletter

Support Group

Eastern Ontario Support Group

August saw the TN support group meet for a summer BBQ in Cornwall. We had time to visit, laugh, and share in our TN journey. Fall will see us back in Ottawa.

If you live in Eastern Ontario, from Kingston to the Quebec border and north to Ottawa, we would love to meet with you. We are always open to and welcome new people to our group. We welcome both those who are coping with TN and their spouses, partners, or friends.

For more information and the time place of our next meeting please contact Jane at cmusicstudio@cogeco.ca or by calling 613.936.6977

If you would be interested in starting up a support group in your area please let us know. Even 2 or 3 people can be the humble beginnings of a wonderful group!

Vancouver and Lower Mainland Support Group Update

Coordinator: Ann Hopkins

Meeting Time: 1.00 – 3.30 pm
G.F. Strong Rehab Centre.
Social Sciences Seminar Room 189, Main Floor, 4255 Laurel St. (Laurel at W. 26th, one block east of Oak) Meeting Saturday Oct. 1st Anar Dossa, Pharmacist, Medication Info UBC, is coming to talk to us about meds. Bring your questions.

Friends, family members and supporters are very welcome.

It's a longish walk to the meeting room so if you need a wheelchair give me a call and I'll organize one. Or if you want to have a chat or have questions please make sure you call or email me. To get in touch: contact Ann Hopkins, email: annhopkins@dccnet.com,
phone: 1 604 741 0662
4945 Laurel Ave, Sechelt, BC VON 3A2

Lethbridge Support Group

The Lethbridge Support Group meets every second Saturday of the month at 2:00 p.m. in Rm A, Lethbridge Senior Centre, 500 - 11th Street, S., Lethbridge, AB. Coordinator: Marion Guzik, past president / founder TNAC email mguzik@telus.net Phone: 403-327-7668

At our May 14th meeting, we had as our guest speakers Bill Alderman from Niagara-On-The-Lake, Ont . , who has TN and MS, Ann Schneider , an MS Ambassador / CCSVI Support Group Leader, and Sheila Shenton, an MS person, spoke on the Liberation Therapy Procedure for MS patients.

I asked Bill if he would write his experience on the Liberation Therapy Procedure and I am thrilled that he did .Bill’s story will be shared in this TNAC newsletter.

Wishing you all a pain free summer,
Marion

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MY JOURNEY TO LIBERATION by Bill Alderman, a sufferer of TN and MS .

I was officially diagnosed with MS in ’87. TN attacks started shortly after that. The TN had me on Tegretol . It helped in the beginning but couldn’t keep up with the increasing pain intensity. From early ‘90’s to ’99 I had 3 out of 4 successful Glycerol Rhyzotomies. Until about 2 years ago I’ve been pain free and no major MS relapses.

I was on a vacation in Mexico when I had a serious return attack of TN. I believe the stress of it brought on the start of an MS relapse. My energy, strength, endurance and mobility decreased significantly. Shortly after returning home I had a scary experience---my legs gave out---absolutely no strength---I fell and couldn't get up. Somehow I managed to crawl and get the phone to call friends for help. They came and saw the condition I was in and called 911. Ended up in the hospital for a week. After a battery of tests the diagnosis was a MS relapse. By increasing the lyrica, which I was taking for an MS problem, the TN pain subsided but the rest of me was a mess. When I was released, I arranged to have a stairlift installed to enable me to get upstairs. As well, I was using my walker constantly. My quality of life was in the pits.

At this point I heard about Hamilton-Smith Consultants. of Missassugua. In order to talk to them I needed a referral, which I got from my RELUCTANT NEUROLOGIST . So, armed with my referral, Don made an appointment for me in Amherst NY for an MRI/MRV.. The results of the tests revealed stenosis in both jugular and chest. With this finding I had my name added to the BNAC wait list. My condition wasn't getting any better. I had little to nil strength in my legs. There was a very embarrassing event that happened to me in the grocery store. I was crouching down to get something from the bottom shelf. I could go down but couldn't straighten up. Result a tumbling act in the aisle. Fortunately nobody saw me.

I went on the internet—friends were clipping newspaper articles--- a communication network was put in place. I heard so many positive stories that I wanted to add my positive story to the many.

I learned about Albany NY and put my name on their wait list. A good 1½ years had gone by and no call. December last year, in answer to my frustration, the MS office suggested I look into Rhode Island. I did and put my name on the wait list. One of the MS members suggested Gainesville Florida. Got on their list.

At this point things started to happen. Florida replied very quickly indicating no wait list. Rhode Island said sometime in March. I decided to go to Rhode Island. I could drive there and the procedure cost was considerably less than Florida. The cost was $6500 of which I paid myself. The procedure was scheduled for Mar. 7 .

I arrived in Rhode Island on Sunday night and the procedure was done 8:00 am Monday . The procedure took about 60 minutes. I was awake for most of the time. No discomfort at all. I was required to lie flat on my back for 4 hours afterwards.

When I was moved to the recovery room my grandson came in to sit with me. I told him I could feel something different but didn't know what it was. For about 4 years my feet felt like blocks of wood---couldn't feel my toes. My feet stuck out on the short stretcher. I looked down and I was moving my toes. I had feeling in my feet---THIS WAS IMMEDIATE. I admit I don't have 100% feeling but it is a fantastic difference.

For dinner that evening a restaurant within walking distance from the hotel was recommended. It turned out to be about 7 blocks away. I did take my walker but I DID IT. Again, previously almost impossible.

Since my procedure I have yet to use the stairlift. I can get up and down the stairs on my own. I am now walking on the treadmill for 10 mins. and in the pool for 30 mins. 3 times a week

I admit my mobility and endurance aren't 100%. I still get tired and have a few problems but a brief sitdown recharges the system.

I have my follow-up appointment in Barrie next month.

I can't thank Marion enough for letting me get the message out there. Hopefully researchers and doctors will listen to us.

The Liberation Treatment: A whole new approach to MS

ctv.ca (W5)

Amid the centuries-old castles of the ancient city of Ferrara is a doctor who has come upon an entirely new idea about how to treat multiple sclerosis, one that may profoundly change the lives of patients.

Dr. Paolo Zamboni, a former vascular surgeon and professor at the University of Ferrara in northern Italy, began asking questions about the debilitating condition a decade ago, when his wife Elena, now 51, was diagnosed with MS.

Watching his wife Elena struggle with the fatigue, muscle weakness and visual problems of MS led Zamboni to begin an intense personal search for the cause of her disease. He found that scientists who had studied the brains of MS patients had noticed higher levels of iron in their brain, not accounted for by age. The iron deposits had a unique pattern, often forming in the core of the brain, clustered around the veins that normally drain blood from the head. No one had ever fully explained this phenomenon, considering the excess iron a toxic byproduct of the MS itself.

Dr. Zamboni wondered if the iron came from blood improperly collecting in the brain. Using Doppler ultrasound, he began examining the necks of MS patients and made an extraordinary finding. Almost 100 per cent of the patients had a narrowing, twisting or outright blockage of the veins that are supposed to flush blood from the brain. He then checked these veins in healthy people, and found none of these malformations. Nor did he find these blockages in those with other neurological conditions.

"In my mind, this was unbelievable evidence that further study was necessary to understand the link between venous function and iron deposits on the other," Zamboni told W5 from his research lab in Ferrara.

What was equally astounding, was that not only was the blood not flowing out of the brain, it was "refluxing" reversing and flowing back upwards. Zamboni believes that as the blood moves into the brain, pressure builds in the veins, forcing blood into the brain's grey matter where it sets off a host of reactions, possibly explaining the symptoms of MS.

"For me, it was really unbelievable to understand that iron deposits in MS were exactly around the veins. So probably, it is a dysfunction of drainage of the veins," Zamboni said.

"This is very important, because iron is very dangerous, because it produces free radicals, and free radicals are killers for cells. So we need to eliminate iron accumulation."

Zamboni dubbed the vein disorder he discovered CCSVI, or Chronic Cerebrospinal Venous Insufficiency, and began publishing his preliminary research in neurology journals.

He soon found that the severity of the vein blockages were located corresponded to the severity of the patient's symptoms. Patients with only one vein blocked usually had milder forms of the disease; those with two or more damaged veins had more severe illness.

Zamboni found blockages not only in the veins in the neck directly beneath the brain -- the jugular veins --but in a central drainage vein, the azygos vein, which flushes blood down from the brain along the spine. Blockages here, he found were associated with the most severe form of MS, primary progressive, in which patients rapidly deteriorate. For this form of MS, there currently is no effective treatment.

As for how these vein abnormalities form, Zamboni isn't sure. He believes, though, that congenital defects, problems that likely formed before birth, can be blamed for most of the problems, though this has not been conclusively proven.

Most neurologists Zamboni initially approached with his findings dismissed them. But one specialist, Dr. F. Salvi, at Bellaria Hospital in Bologna, was intrigued by the concept. He began sending Zamboni MS patients for CCVIS testing, to see if what he was finding was correct. The images of narrowed or blocked veins, called "strictures," were irrefutable for Salvi.

Focus on a treatment

But Dr. Zamboni had an even more important idea. If key veins of MS patients were blocked, perhaps he could open them and restore normal blood flow?

Taking a page from standard angiography, in which doctors use balloons to open up blocked arteries that feed blood from the heart, he enlisted the help of vascular surgeon Dr. R. Galeotti, also at the University of Ferrara and Santa Anna Hospital. Three years ago, the team began a study in which they treated 65 MS patients to see if endovascular surgery would restore flow in these vessels and lessen MS symptoms.

The study detailing those results will be published in the Journal of Vascular Surgery on Nov. 24. But preliminary results, already released, show patients had a decrease in the number of new MS attacks, a big reduction in the number of brain lesions that define MS, and improved quality of life. The only time symptoms returned for the patients was when the veins re-narrowed.

Because the surgery freed the blood flow, the team dubbed the procedure "The Liberation Treatment."

Zamboni's sense is that the earlier patients are diagnosed and treated, the more function they will preserve, and the less damage the improper blood flow will do to the brain.

"Because MS is a progressive disease and strikes young people, if we lose time, there are a lot of young people that will progress without possibility to get back. This is very heavy for me," he says.

Zamboni has also been studying the prevalence of CCSVI with a team at the University of Buffalo in New

York, in collaboration with Dr. Robert Zivadinov. That study, to be published in January, has looked at 16 MS patients, including eight from the U.S and eight from Italy. All have been found to have blocked veins of CCSVI, just as Zamboni described, and all eventually underwent the Liberation Treatment.

Relief for patients

One of those patients was Buffalo resident Kevin Lipp. Lipp had MS for over a decade, and as part of the study, discovered he had five blocked veins in his neck. After undergoing the Liberation Treatment 10 months ago, he says he hasn't had a single new MS attack.

Zamboni emphasizes that the Liberation Treatment does not make people in wheelchairs walk again. Rather, it seems to stop the development of further MS attacks, and in some cases, improves movement and decreases the debilitating fatigue that are the hallmarks of MS.

The foundation that has sponsored Zamboni's research, the Hilarescere Foundation, also urges cautious restraint.

"We can't give the illusion to patients that this is a guaranteed treatment and it is easy. This is not right. And we have never done this," says Hilarescere President Fabio Roversi-Monaco. "We don't say this is a cure for M.S. We only say that research is advancing, and there is encouraging data but we are waiting for more conclusions."

Dr. Zivadinov in Buffalo is now starting a new study, recruiting 1,600 adults and 100 children, half of them MS patients. He plans to use ultrasound and MRI scans to confirm if those with MS also have CCSVI and if their family members have the abnormalities too.

Prof. Mark Haake, a neuro-imaging scientist at McMaster University and Wayne State University in Detroit is also intrigued by Zamboni's findings. He has long been seeing iron deposits in the brains of MS patients using a specialized MRI analysis called SWI - specific weighted imaging. When he saw Zamboni's initial publications, he immediately contacted the Italian doctor and began collaborating.

Population studies under way

Haake too is initiating a study, asking neurological centres across North America and Europe to take some extra MRI scans of the neck and upper chest of MS patients. The scans can then be electronically sent to his research team for analysis. He believes this grassroots approach could spur larger and more in depth studies. He's hoping he can engage MS specialists and vascular surgeons, interventional radiologist around the world to study the theory and then move to diagnosing and treating MS patients quickly.

"I think patients do play a role, because there are millions and millions of dollars donated to MS Societies and a lot of money set aside by the government to study MS research and right now, 99.9 per cent of that money goes somewhere else," he told W5.

"So the patients need to speak up and say 'We want something like this investigated, at least at an early stage, to see if there is credence to this theory.' Even if it is 10 or 20 per cent of these people who can be helped, that needs to be investigated," says Haacke.

Haake's research is being done with no funding; he's unwilling to wait the nine months to a year needed to get formal research funding applications approved. Urgency, he says, is needed in finding the answer to the question of whether Dr. Zamboni is right.

"Certainly, I continue my battle because I am fully convinced that this is the right thing for the patient," he says.

The MS Societies of Canada and the U.S. are reticent to support Zamboni's theories. They maintain that: "Based on results published about these findings to date, there is not enough evidence to say that obstruction of veins causes MS... It is still not clear whether relieving venous obstructions would be beneficial."

Interest in CCSVI growing

But CCSVI has become a subject of intense interest among MS patients who are texting and emailing details of Zamboni's work, locating the few centres around the world that have started to work on studies on CCSVI and the Liberation Treatment.

Zamboni says every day, MS patients hear about his theory and either write, email or call him asking for treatment he can't yet provide. Still, some surgeons in the U.S. are now offering the surgery Zamboni's team has pioneered.

Jeff Beal, an L.A-based, Emmy-Award-winning musical director has already paid to have the surgery procedure. After he was diagnosed with MS five years ago, he was left unable to work a full day and worrying he would spend the rest of his life in a wheelchair. Unable to come to terms with the diagnosis, his wife, Joan, set to find new treatments and eventually came upon Zamboni's work. Unable to get her husband treated in Italy, she convinced a Californian vascular surgeon who already performs similar surgery on leg veins to look at Zamboni's work and test Jeff for CCSVI. Jeff was diagnosed with two blocked jugular veins and treated with the Liberation Treatment. (with a slightly different procedure than the italan one..using Stents) He now says he has much more energy and none of the chronic fatigue that used to limit his activity.

"I reached what I would call sort of a higher plateau, in the sense of the most debilitating symptom, which is the fatigue. So, I still have fatigue every day, I still battle it; it's still one of my symptoms. But in terms of the total reservoir of energy, it's much greater than it used to be. And that's a huge gift, especially to my family," Beal told W5.

His wife Joan was delighted with the surgery's results.

"Suddenly, he's helping Henry with his homework and he's playing trumpet duets with Henry and he's awake. And there's this presence in the house that hadn't been there for two years," she said.

Joan has now become a "cheerleader" of Zamboni's work on MS chat sites, urging other patients to show their neurologists the material being published by the Italian team and to ask them to consider setting up a study in other MS clinics.

Among all of Zamboni's success stories and the patients who sing his praises is his wife Elena. Her MS caused her to lose her vision for a time and develop what she called "violent" attacks. She had difficulty walking and was losing her balance and feared a life in a wheelchair unable to care for herself. Elena became one of her husband's first ultrasound test patients and was found to have a complete closure of the azygos vein in her central chest. She was one of the first to be liberated almost three years ago. After having regular debilitating MS attacks for nearly a decade before, Elena has been symptom-free ever since. An elegant, intelligent woman, she now has a quick walk, with no sign of disability. Her husband couldn't be happier.

"What I think is this is probably the best prize of the research," says Zamboni.
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UPDATE: Current status in North America

CTV News.ca Staff
Date: Friday Aug. 12,

A small study of 15 patients with multiple sclerosis suggests those who get balloon angioplasty treatment earlier have fewer disease relapses, and may have decreased brain volume that could indicate a lessening of inflammation in their brains.

The study, conducted jointly at the University of Buffalo and the University of Ferrara, was based on a sample of MS patients from Italy and the U.S.

The results were published Friday in the European journal of Vascular Endovascular surgery.

Patients receiving the experimental treatment registered smaller brain volumes, which led researchers to conclude that they may have experienced less inflammation of the brain.

All 15 patients had the relapsing-remitting form of MS, and all were found to have abnormal blood drainage from their brains -- a condition known as Chronic Cerebrospinal Venous Insufficiency (CCSVI).

They were divided into two groups. Eight patients were given immediate balloon angioplasty to open blocked veins. Seven others did not receive the treatment for six months. All remained on their medications.

After one year, researchers found that the patients who were treated first had fewer lapses. Two of the eight patients in the immediate-treatment group had relapses over the one-year study. In the delayed-treatment group, five of the seven patients had relapses.

One of the researchers, Dr. Robert Zivadinov a neurologist at the University of Buffalo, told CTV News in a phone interview that "the results should be viewed with caution" because it was a small study with no placebo group.

"While we can't recommend this type of therapy based on this small study, surely it is encouraging to look more carefully in bigger and larger studies, whether this kind of treatment can be beneficial," Zivadinov said.

MRI scans also showed that patients had fewer brain lesions over the first six months, with a 10 per cent drop in the early treatment group compared to a 23 per cent increase in those treated later.

The other change was a decrease in brain volume in the early treatment group, which may be due to decreased inflammation, or a normalization of blood flow in the brain, Dr. Zivadinov said.

There were no complications from the procedure. However, researchers did find that 27 per cent of the patients saw their veins re-narrow during the one-year study.

Medications for TN

Medication by mouth is almost always the first treatment for trigeminal neuralgia (TN). If medication does not help or you have too many side effects, more invasive treatments such as injections and/or surgery may be tried. You may need one or a combination of medication and other treatments. For example, you may use injections and biofeedback or a combination of medicines and dietary supplements to manage your pain.

Carbamazepine (Tegretol, Carbatrol)

Carbamazepine is often the medicine of choice for TN. It belongs to a class of medicines called anti-convulsants or anti-epileptic drugs (AED), which are used to treat seizures. These medicines are believed to be effective because the abnormal electrical impulses that produce pain in TN are similar to those in people with seizure disorders.

People with newly diagnosed TN tend to have pain relief with carbamazepine, at least for a while. Pain relief from this medicine can be a powerful sign that a person does indeed have TN instead of some other type of pain problem. However, a person may not get pain relief from carbamazepine if his or her case is not typical or classic TN.

Carbamazepine is usually started at a low dose, perhaps 100 mg once or twice daily. Patients who start at too high a dose will commonly develop side effects that cause them to have to stop the medication. Many of these side effects can be avoided simply by beginning at a small dose and gradually increasing the amount of medicine every few days. Some patients have pain relief with a small dose of medication while others may need higher doses. Generally, the upper dose limit is around 1200 mg per day, although some patients take higher daily doses without problems. The most common side effects include drowsiness, dizziness, upset stomach and mental dullness. People taking this medicine may need to have blood tests every few months to check for side effects in their kidneys, liver and bone marrow.

Although this is probably the most common medication for TN, other medications are listed below. If you have questions about how these medications are used, ask your health care provider.

- Gabapentin (Neurontin)
- Lamotrigine (Lamictal)
- Levateracitam (Keppra)
- Oxcarbazepine (Trileptal)
- Phenytoin (Dilantin)
- Pregabalin (Lyrica)
- Topirimate (Topamax)
- Valproic acid (Depakote)

Baclofen (Lioresal)

Baclofen belongs to a class of medicines called "anti-spasmodics" or muscle relaxants. It may be given if anti-convulsants do not work or are no longer effective in relieving your pain. Baclofen also may be given together with an anti-convulsant to provide better relief of your pain. Like anti-convulsants, baclofen may lose its ability to relieve TN pain over time. Side effects are drowsiness, upset stomach and confusion.

Other Medications

Clonazepam (Klonopin) – This drug belongs to a class of medicines called benzodiazepines. Its effect on nerve signals is similar to the effect of anti-convulsants, and it has similar side effects.

Anti-depressants – Drugs from this class of medicine are sometimes used but often do not help to relieve TN pain. Anti-depressants were originally used to treat depression and other related disorders. Now some of them are also used to treat TN. Examples include amitriptyline (Elavil), desipramine (Norpramin) and nortriptyline (Pamelor).

Opioids – These drugs are often called narcotics. Opioids are sometimes given for treatment of TN but often do not relieve the pain. You may be given an opioid after trying other medicines first. You may take an opioid in combination with one or more other medicines to manage your pain. Opioids have more serious side effects than other classes of medicine and possible problems with addiction. Examples of opioids are methadone and morphine.

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Message from the Treasurer,

A big thank you to all those members who responded so quickly to renew memberships for another fiscal. I must convey that your executives are always grateful by those who are able to include TNAC to their annual donation list, many many thanks for your kindness. Donations are of course tax deductible.

This time of the year is special for me because I receive so many notes and wonderful cards updating me on member's progress with respect to medications, surgeries & their progress in coping with TN. Some members live in remote communities and unfortunately have no hope of attending support group please know your executives are always available either by phone or e-mail to help in any way possible.

Not only do I receive many kind notes, recently I was paid a visit from a wonderful interesting lady who has been a member of TNAC for many years. Joan H. lives in the same village and had taken the time to return a book Ann Hopkins had lent her some time ago & also to renew her membership.

Joan H. now in her 80's, previously worked as a court reporter in Ottawa when court reporting was taken in short hand, a long ardous job versus today's court reporting procedures. During her career Joan & two other reporters shared a very small office in an older building. Fast forward many years, all 3 reporters were diagnosed with TN, its possible environments factors caused this rare possibility to happen to 3 people working at close quarters. Whatever way TN intrudes in our lives it is not pleasant, we can only hope science will find some non invasive cure for our pain.

For those members who have not yet renewed remember, please remember that TNAC donates from both memberships and donations to research projects that will one day allow us all to be pain free. Your support helps us to support with people with TN from across the country and to help researchers work towards a day when TN will be preventable.

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Contacting TNAC

For information on membership or general information:
president@tnac.org
613.936.6977
TNAC, 1602 Walton Street
Cornwall, ON, K6H 1W2
For information on support groups:
support@tnac.org
For information on advocacy:
advocacy@tnac.org
Deadlines for next newsletter submissions :
August 10, 2011
Jane (president)
613.936.6977
cmusicstudio@cogeco.ca

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Benefits of a Support Group

What is a Support Group?

Support groups are groups of people who share a common condition or difficulty, such as medical conditions, grief, or substance abuse. Members of such a group share their personal journey, comfort, support and advice based on their own experiences. These groups are often run by nonprofit organizations, hospitals, clinics or other established organizations.

Support groups are different from therapy groups in that they are not necessarily run by a licensed mental health professional. They are often member run and organized, but some do invite a mental health professional to facilitate the group or to consult about how to make it most helpful.

Support groups do not focus on "group process" and therefore are not meant to uncover or treat the psychological or pathological dynamics of the members. They are simply an opportunity to meat with an understanding group of people who have had similar experiences.

When Should I Consider a Support Group?

These groups are especially helpful in the first few months of an illness or disability, as the reality of the situation begins to set in. This is when people tend to feel alone, overwhelmed, and may not know where to turn for information. Such groups can also be very important to people with long lasting or chronic illness, because the ongoing difficulties can otherwise wear on a person's emotions, motivation and relationships.

What Are Some Benefits of Participating in a Support Groups?

Support groups offer a variety of benefits, from the emotional to the practical. Some benefits include:

Emotional connection and support: Sharing your honest feelings with a group of people with similar concerns can help you to feel more emotionally connected and less alone, especially if you're feeling isolated from friends and family. A safe and welcoming environment, filled with compassion, reassurance and understanding, can also reduce any stigma you may feel over your condition. Support group members often realize how their experiences in the group have created a special bond and identity between group members. By sharing feelings, accomplishments, losses, and humor, members can develop strong emotional ties to one another. Participants sometimes form friendships that can continue beyond the support group.

Understanding and shared experiences: It helps to know you're not alone and to talk to others who have been through similar experiences. Hearing others' stories can be very validating and can help you to see that your reactions, struggles or feelings are not "crazy." A support group can offer acceptance, and can appreciate you for who you are. It is often a relief and reassuring to find others with the same illness and understand what you are going through.

Exchange of useful information: A group can provide and share information about the issue that the group focuses on, whether it is community resources, medical information, treatment developments, or related community events. People involved often say this exchange of information is one of the most valuable elements of participating in a support group.

Coping skills: Group members share ideas for coping. Support groups offer the chance to draw on collective experiences. Others who have "been there" may have tips or advice about coping with your condition that hasn't occurred to you. Brainstorming with others may inspire even more ideas. For instance, swapping information about medications can help you see how others handle side effects. By learning how others have coped with similar problems, and witnessing the coping styles of others, members can improve their own problem-solving abilities. Furthermore, groups can offer members realistic feedback as they consider or try out new coping strategies.

Emotional release: Support groups offer people the opportunity to appropriately release powerful emotions you may otherwise keep to yourself. It is an opportunity for you to share your feelings, fears, and concerns. Members who already have a highly supportive network of family and friends can find that a group provides a place to continue to share feelings without overburdening their loved ones. A safe, non-judgmental environment enables participants to acknowledge and verbalize their feelings.

Emotional and psychological boost: Support groups can improve your mood and decrease anxiety and stress. Sharing experiences and making connections can make you feel better about life in general. Seeing others making progress in coping with their illness may give you hope and optimism about your own future. Also, your self-esteem will increase as you improve your coping abilities and as you get a sense of perspective that comes from facing difficult life challenges. Facing your challenges together as a group can make it easier to achieve personal growth through your struggles.

Motivation: An environment of positive reinforcement, emotional support and hopefulness can encourage you to take good care of yourself. Meeting with a group of understanding individuals on a regular basis can help you to feel motivated to follow through on goals. With encouragement from a support group, you may find it easier to take a more active role in your treatment, to seek out more information, or to follow through on your doctor's recommendations.

Contributing: A support group is also a place to contribute, so that you might reach out to help others, and in so doing you might lift yourself up as well. Contributing is a good way to increase your sense of meaning and purpose in life, and to make use of all that you have learned on your journey through a difficult experience. At support groups you can hear about opportunities to participate in events that educate the larger community about your condition, or that support research efforts.

You may be nervous about sharing personal issues with people you don't know. So at first, you may benefit from a support group simply by listening. Over time, though, contributing your own ideas and experiences can help you get more out of a support group.

Anda Jines MS, LCPC, Licensed

Clinical Professional Counselor