



CAMBRIDGESHIRE LUPUS GROUP

Summer 2018



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A Few Words from Davina

We have given over the Chair's words this quarter, due to another tragic loss from our committee and group of such a lovely lady; Shirley Smith.



Shirley was 76 when she passed away peacefully on the 7th June 2018 at the Arthur Rank Hospice, Cambridge. She had suffered a long illness, which she managed so well, that many people did not realise she was unwell at all. Illness or not, which included being a long-term sufferer of SLE, she was always ready to provide help and particularly support to others. She was kind, thoughtful and ever-cheery to everyone she met in life.

She was born in Biggleswade, but her family soon moved towards Swavesey for work. It was here that she met her husband, Olby; spending the next 52 years being a devoted wife, and mother to Mandy and James.

Shirley was always involved in village life and believed strongly in community spirit; being a member of many clubs and societies including the WI and Cambridgeshire Lupus Group (CLG). Shirley stood on the CLG committee for many years, enjoying the get-togethers, fundraisers and social aspects of the group. The CLG support network gave her a great deal of support and resilience throughout the years, which in turn has meant a lot to her family.

Her quiet and thoughtful demeanour and cheerful disposition will be very sorely missed by the CLG Committee and Group as a whole. Our thoughts are with Shirley's family at this difficult time. We also thank them for very kindly choosing the CLG as the beneficiary for funeral tribute donations.

Get Well Soon



You will notice that our Young Words article is missing this quarter.

Daisy has had an adverse reaction to a new treatment and is not able to contribute to this newsletter but will be back for the Autumn edition.

Wishing you well Daisy!

Our Front Cover

This quarters cover photograph of the Lupins with a visiting bee is one of mine. Taken sitting in the garden. Under cover from the sun and wearing factor fifty sun cream of course!

If you have a photo or painting that includes the colour purple (the official colour for lupus support) which you would like to see as our front page, then please send it to our mailbox for consideration. Many thanks John.

Donations

Thank You...

We are so grateful to all those who have donated and to those who have fundraised for us.

G N Cheesman in memory of Shelagh	£418.38	Heidi Clark (Craft Fair)	£420
Mr and Mrs Donnelly	£5.00	Verity Clarke (cake sale)	£500.00
Pat and Mike Upchurch	£50.00	Mr and Mrs Willey	£10.00
Amana Hughes	£230.00	Hilda and Wallsey Cheesman	£50.00
St Cuthlac Lodge	£750.00	Sara Booth	£20.00
Anon	£30.00	G N Cheesman	£30.00
E A Wiles	£25.00	K McNulty	£25.00
D E Beardsworth	£25.00		

Cambridgeshire Lupus Group Annual General Meeting and Information Afternoon (Cont.)

The Minutes of the Annual General Meeting shall be sent to CLG members under separate cover.

Spring Raffle Prize Draw.



After a wonderful lunch provided by the CPD Centre, the prize raffle draw took place at 13:20. The winner of the hand-made quilt was Mrs Sarah Hellon from Swavesey. The prize was presented by Prof. Jayne and accepted by Helen Parish on behalf of Sarah Hellon. The second prize (award winning wine gift box generously donated by Naked Wines) was won by our very own Lupus Nurse's sister!



The prize was presented by Dr Jordan and accepted by Jane Hollis on behalf of her sister.

Information Afternoon



Professor David Jayne started off the talks with a very interesting summary of the progress in lupus treatments – are outcomes improving? He outlined current global lupus nephritis trials; which seem to be showing a general better treatment success rate in the EU in recent decades. In the US, success rates still seem to vary depending on which State you are treated in. Prof. Jayne went on to discuss the need for continued improvement of NHS services and the links between patients, medical staff, research, pharma industry and the health care system. A key part of this process has been developed at Addenbrookes Hospital (led by Dr Frances Hall). The ENRAD scheme (Eastern Network for Rare Autoimmune Diseases) provides dial-in conferences for medical practitioners to be able to discuss cases centrally (with relevant specialists); whilst still treating patients locally. This will undoubtedly save time, money and limited resources; but will more importantly (to patients!) speed up diagnosis and treatment times.

Prof. Jayne confirmed the Clinical Commissioning Policy Proposition; that Rituximab has now been approved across the board to SLE sufferer's, provided each individual case meets the qualifying disease activity criteria.

He went on to confirm that there is still no dedicated medical speciality for lupus treatment. Lupus patients are often seen by a range of specialists under rheumatology, neurology, nephrology, ophthalmology to name but a few. He jested that in an ideal world there would be consultant 'Lupologist'!

He finished by stressing the importance of patient-lead self-help. The key is understanding what's wrong; understanding your prescribed treatments; and sticking to treatments. The more informed and educated a patient is; the better their individual outcome, as this is a long-term disease which requires stable management. The Lupus Nurse also plays a key role in this aspect, both in initial information and ongoing support and monitoring of disease activity and treatment implementation. Ultimately, rehabilitation is the key, which is as much down to the patient as it is the responsibility of medical staff! Key elements include consistent pain management, sticking to prescribed medication regime, weight loss, Cognitive Behavioural Therapy (CBT). Prof. Jayne briefly summarised frequently encountered problems in a Q&A session at the end of his presentation; such as slow diagnosis (often due to lack of flare at time of initial consultation after long wait from GP referral); no distinct single diagnostic test (results often on 'lupus spectrum'). He concluded by answering a question on Hydroxychloroquine and its long-term efficacy and safety. He stated that 60-70% of SLE patients tolerate Hydroxychloroquine. It is a very safe drug with long-term benefits of preventing other SLE related conditions. This is why patients are often recommended to remain on this drug at a low dose, even if they are feeling better, or that it is not having any beneficial effects to them.

Cambridgeshire Lupus Group Annual General Meeting and Information Afternoon (Cont.)

Dr Mary-Ellen Lynall gave a very well received presentation on 'Living with a Lupus Diagnosis'. She is a Fellow of the Dept. of Psychiatry at the University of Cambridge; and currently works in Professor Jayne's clinic. Dr Lynall started by discussing what makes lupus difficult to live with? In summary, it is the actual diagnosis; no cure; both the visible and invisible symptoms; unpredictable nature of disease activity; and brain involvement.

She outlined some frequently encountered patient experiences from her clinic duties, which largely resulted from items in the above list. Recent research has shown that both starting and stopping steroids can make brain symptoms more likely. How? – by a loop between lupus, brain symptoms and stress. Lupus can lead to brain symptoms – lupus can trigger stress, and also be triggered by stress – stress can lead to brain symptoms. Research has also shown that stress can trigger changes in the immune system. In animals, there has been a proven increase in autoantibody cell production when under stress.

Dr Lynall went on in more depth to inform on the importance of mental wellbeing when living with a long-term chronic disease, such as SLE. Specific advice included: social connections; sleep; staying active (50% more likely to get depressed if do NO exercise – recommended 15mins per day to avoid depression directly caused by inactivity); eating well (varied and well balanced nutritional diet); learning new things; mindfulness; random acts of kindness; being kind to yourself!

Many patients discussed issues they have with lupus and their identity - 'me and lupus', flipping between being healthy and disabled. Other key difficulty is acceptance and not letting the disease define you. She outlined the various means of help available, which included GP's, lupus hospital team, psychological wellbeing service (available by referral or self-help), medications, talking therapies, and 111 service if in crisis.

The future? It is hoped that a better understanding of brain involvement in lupus will help patients directly through new drug availability and better symptom management, and by removal of the stigma of suffering from psychological conditions.

Dr Natasha Jordan presented a talk on the wide-ranging topic of 'lupus and overlapping medical conditions' – no mean feat in a 20min time slot!

She broke the presentation down into 3 key themes; Autoimmune diseases; Raynaud's Phenomenon; and Fibromyalgia.



Autoimmune Diseases – it is now well documented that if you have one AD, you are more likely to get another autoimmune disorder of some sort. SLE patients commonly also suffer from either Sjogren's Syndrome, Anti-phospholipid Syndrome (APS), Hypothyroidism, ITP or Rhusus. With Sjogren's and SLE, the treatment is often the same or very similar, so it doesn't really matter which is the primary or secondary disease of the two conditions. Anti-phospholipid Syndrome can occur on it's own but is commonly encountered with SLE. For an APS diagnosis you must have a positive antibody result on repeat samples before you can be treated, as the treatment with blood-thinning medication is very dangerous if you don't actually have APS.

Raynaud's Phenomenon – this disease can either be primary – on it's own in isolation with no other associated condition; or secondary, as part of an autoimmune disease such as SLE or scleroderma. The colour spectrum can vary from white to blue to red or black

(not everyone gets all three, can just be one). Colour changes in extremities (predominantly hands and feet) can also be accompanied by numbness or tingling. There are two main types of management; **conservative** (pre-emptive actions) such as hand care, keeping warm, stopping smoking, exercise (increases circulation); and **medical** (medications) such as Fluoxetine (helps improve circulation), vasodilation (Losartan, ACE inhibitors) which make blood vessels wider. In extremely severe cases and in winter, intravenous drugs such as Iloprost may be given, or Sildenafil (better known as Viagra!).

Fibromyalgia – a term which covers non-specific muscle and joint pain. It is common in the general population (1 in 25 people) and often not directly related to lupus, but can be to other conditions such as osteoarthritis, osteoporosis, carpal tunnel syndrome or lupus myositis. Unlike rheumatoid or osteoarthritis, it **doesn't** cause damage to joints, tendons or ligaments (i.e. non-inflammatory); even though it often feels as if it is causing damage. Patients often describe a vicious circle of symptoms formed between widespread pain, sleep disturbance and fatigue. Other features of fibromyalgia include issues with memory ('fibrofog'), bowel and/or bladder urgency and tingling hands/feet. At present, **treatment** includes patient education, aerobic exercise, pacing, pain clinic, graded exercise (physio/hydrotherapy), and occupational therapy (energy conservation and management). **Medications** include low dose Amitriptyline, Pregabalin/Gabapentin, Fluoxetine (all antidepressants which are known to also help with pain, sleep disturbance and low mood). They are always started at the lowest dose, even if not effective and then raised slowly until benefits are achieved.



Cambridgeshire Lupus Group Annual General Meeting and Information Afternoon (Cont.)

Dr Jordan concluded by announcing the wonderful news that Addenbrookes has been recognised as a Lupus Centre of Excellence by Lupus UK. An award ceremony will take place later this year at the hospital. She also recognised all the hard work put into the CoE application process, particularly by Shelagh Cheesman who nominated Addenbrookes; and invited the CLG committee to attend the presentation.

Copies of all our guest speakers' presentation notes are available on the CLG website <http://cambridgeshirelupus.org.uk/>.

A Q&A session with our panel of guest speakers and Jane Hollis followed the talks.

Highlights included:

That both fibromyalgia and SLE can cause bone pain.

Reason for fibromyalgia being under-diagnosed is mainly due to lack of time in clinic to get to the bottom of it, and that it can be masked by other ailments.

Coeliac disease is not directly related to SLE. There is probably a higher occurrence in SLE and other autoimmune diseases, due to impaired immune system and weakened tolerances. Problems with Coeliacs, bowel complaints and diet – Dr Jordan has received lots of questions about this recently in clinic. At present, you can be referred to the hospital dietician, but only for severe complaints whereby there are clear physical health issues resulting from the symptoms (e.g. extreme weight loss or malnutrition). She stressed concern over the growing fad of the "Autoimmune Protocol Diet". It is too restrictive and is based on the ideology of 'leaky gut'. The recommendation is still a normal, safe and sensible balanced diet, based on eating regular meals. Nothing drastic or impossible to stick to longer term!

Probiotics? The benefits would largely be if you were showing symptoms of malabsorption. The benefits for lupus sufferer's is not known.

It is now recommended that patients stay on Hydroxychloroquine (even after 7 years, when it was previously advised to stop). Advice is to continue but to ensure annual eye tests are completed. New guidelines state that eye examinations should be completed by an ophthalmologist and not just an optician.

With regard to graded exercise, there is currently no specialist lupus physio. The pain clinic or occupational therapy can refer you to specialist physio for specific ailments. Your GP can refer you locally for physio.

GP's often 'blame' my lupus for new symptoms. Jane Hollis pointed out the importance of your GP ruling out other secondary causes first, before 'blaming' lupus or referring you back to your SLE consultant. For example, an underlying infection may have triggered your lupus. Blood test results should be reviewed before actioning any new lupus treatments or making adjustments to existing medication, such as increasing steroids. [Dr Jordan, along with Professor Hughes is publishing a special issue of a GP Journal with the aim of imparting increased SLE knowledge and awareness to GP's nationwide].

To conclude, Hugo Tordesillas was introduced. He is a new lupus research nurse tasked with taking forward lupus trials, which Jane Hollis no longer has time to fulfil due to her increased work load. He will continue to assist Jane will her role as Specialist Lupus Nurse.

Davina closed the afternoon session and thanked everyone for their attendance and support. Bottles of wine were handed out to guest speakers as a small token of the CLG's appreciation for them giving up their Saturday for us!

The prize raffle raised a fantastic total of £355.

The tombola table raised £138 (thank you to Libby for ably manning the stand all day!)

Collection boxes at the venue raised £35.00

A Tribute to Shelagh Cheesman

As some of you were unable to attend Shelagh's funeral we thought that you would want to see two of our tributes from the day. These were read by Davina and Shaista.

A Tribute to Shelagh

Firstly, thank you, Gary, for giving me the chance to pay tribute to Shelagh on behalf of the Cambridgeshire Lupus Group, but also as a friend.

We had been compiling a book of thanks from friends in the group to give to Shelagh. Sadly, we didn't finish it in time to give to her but we hope that Gary, you will find it some small comfort when you look back on it in the future.

I'd like to read you just a few of the notes that members of the group sent in when Shelagh resigned as Chair.

From John:

Hi Shelagh! Well, what can I say other than when I arrived at my first coffee and chat morning after being invited by you on the phone, I saw a group of ladies – “but they look so well!”. I decided to take a chance to ask if they were the “Lupus lot?”. Before I could ask you stood up, walked over and said: “you must be John?, I'm Shelagh.”

We shook hands and within 10 minutes I had been introduced to my fellow Lupies and was chatting away with a frothy Latte in hand and already felt like one of the family. Since then I have realised, especially now that you have retired from the group, the amount of work you got through, voluntarily, for the sake of the Cambridgeshire group and on a national basis by organising the amazing information days.

I, along with the rest of the committee now have to fill your shoes. It's going to be a challenge to carry on your great work. Your energy and enthusiasm will always be in our new committee's thoughts – but your greatest asset – you're a charming lady – well you charmed me onto the committee and now I have something to get up for in the mornings.

This from Jacky

I am sending you a big thank you Shelagh, for not only what you have done for the Cambridgeshire group but for me personally. From the first time I met you, you inspired me with your selfless and good-humoured commitment to helping others. Your kindness and friendship have been very important to me and have helped me come to terms with my illness whilst never complaining about your own. You are always the first one to thank everyone else, so now it's your turn to get some back. Thanks so much Shelagh!

And from Kate

I first met Shelagh in 2008. Shelagh was kind and supportive, welcomed me into the world of a lupus support group at a time when I felt my world was falling apart. Having been ill and lost my job I was feeling isolated and Shelagh was very easy to talk to and so passionate about the group. Thank you, my friend, for all you have done and let's hope we can continue to provide as much care, help and information for future lupus patients.

And, a final note from Shelagh's good friend and former Chair, Jane

Dear Shelagh

Thank you so much for taking on the baton of the Cambridgeshire Group. You took the tiny acorn that it was and grew it in to a magnificent oak tree.

Your dedication, skills and charm will be a hard act to follow. Your thoughtfulness, caring and friendly demeaner have meant that you have helped so many people with lupus. As one of those people I can't really thank you enough. I genuinely can't find the words that adequately say what I'd like to convey.

A special thank you too for becoming a true friend over the years. Your inner strength is an inspiration.

Those were just some of the notes of thanks our members sent in.

It wasn't until we started to take over the work of running the group that we realised just how much work Shelagh has put into keeping the group going. She did everything! I think it's safe to say that her only fault was in not sharing the load.



A Tribute to Shelagh Cheesman (Cont)

Lupus is a very personal disease. No two versions are the same. I can honestly say I didn't know much about Shelagh's version. I never heard her complain about how she was feeling and yet she spent hours listening to all of our woes.

Shelagh was always thanking those around her for their help but no one ever properly thanked her for all her effort. So sorry Shelagh.

I wish we could have bottled Shelagh's brand of loyalty, discretion and support. Not to mention her amazing ability to remember and retain names and even put them to the right faces. It was phenomenal and never ceased to impress me!

Simple words cannot express my admiration for Shelagh but I thought a fitting quote I found suited her understated kindness rather well – it is that

“A person's true wealth is the good she does in the world.” I know hundreds of people who would whole heartedly agree that Shelagh was indeed a very rich person.

As it turned out it wasn't the wolf that got her in the end but I'm certain that it had a paw in it somewhere.

Miss you lovely lady, lots of love.

Shaista's Reading for Shelagh

“I don't like the word ‘warrior’.

But I like the word ‘positivity’”

Shelagh said that on one of the last occasions I saw her. She was in hospital, and that very day had missed being present for an event she had masterminded and co-organised with Julie. The very first pancreatic cancer event of its kind held at Addenbrooke's, enabling doctors and patients to engage with one another in a democratic way.

It was an incredibly important moment to have manifested, and the fact that Shelagh lived to think of it, make it happen and be in the nearest proximity to it, short of physically being there, is proof of some kind of warrior blood.

The nature of warrior blood locates its source in anger. Anger can corrode or it can invigorate, and in Shelagh's case, it did even more. It flowered into compassion, understanding and advocacy.

Most of us knew Shelagh through her advocacy. She made lupus tolerable, certainly for me, by creating spaces for our real personalities to flourish.

In 2011, I had been on radio talking about lupus, reciting my poetry. Shelagh heard me speak, and emailed me her gratitude, and also a request to offer myself to the Cambridge evening newspaper for an interview. I said yes then, as I continued to say yes, to anything Shelagh ever asked of me. Come to the Scotsdales garden centre for coffee and a chat? Yes. And there I met Colette, with whom I share the most wonderful memories of lunches at the Tickell Arms, just the three of us – no Gary, no Joseph. Go to London with a stranger and be a spokes-patient for a research project? Yes. The stranger I met turned out to be Daisy, who writes, as I do, for the Cambridgeshire lupus newsletter. We write because Shelagh asked us to. Yes, yes, yes.

It wasn't just me.

Shelagh saw all of us. She took the time to individually welcome us into the fold of something that was personal to her, and yet not. She was a volunteer for Lupus UK but the nature of volunteering is to never feel fully appreciated by the charity that you invest so much of yourself in. ‘But I don't just do it for others,’ Shelagh said. ‘I do it for myself as well.’ She fought for the quality of her life, as she fought for the quality of ours. On that same occasion when Shelagh spoke of not being a warrior, she also asked me to write her a poem for this very day. So although I am not supposed to speak of us being warriors, this is the poem I wrote.

A Tribute to Shelagh Cheesman (Cont)

Not A Warrior

Not a warrior. Just a woman.
There is nothing 'just' about being a woman.

You wore purple slippers while incarcerated
In the place without colour.

You noticed the small failures, and sought to
Correct the large ones.

You housed two tortoises for thirty years,
And built another home for those of us

Wandering in the bewildering wilderness
Of lupus. Systemic lupus, that uncontrollable beast,

That ropes us into the pen of our lives,
Trying to tame us into submission.

Not a warrior. Just a woman,
Who wore her height stylishly.

Who ate her cake ravenously.
Who lived her truths wisely,

But not without humour. Never
Without humour.

Are you here now? Like I asked you to be?
Or have you already flown far, free

To conquer new lands, unite with old friends,
Your mother, who left you too soon

.As you have left us, too soon.

Shaista Tayabali
April 16, 2018

CLG Fundraising



AGM Tombola

Verity's Cake Sale Fund Raiser was a huge success raising £500. Fantastic organisation from both Verity and her family and friends in getting the word out to attract people to Milton on the day! Thank you all so much.

We have had some amazing efforts over the past few months to raise money for Lupus! Firstly can we thank everyone who has donated, worked on a fundraiser or bought a raffle or tombola ticket – it all helps!



Cake sale in memory of Pat Hardy



A most particular thank you goes to Shelagh Cheesman's God daughter and cousin Amanda Hughes who went into a frenzy of knitting Easter chicks and bunnies which then proceeded to sell like hot (cross bun) cakes to her work colleagues, friends and family! Amanda donated £230 to the group and we were so touched by her generosity.



Amanda's knitted Easter creations



Amanda with Shelagh

A donation came from Market Deeping Masonic Lodge for £750. This was most unexpected and a wonderful surprise. Thank you to the Cuthlac Masonic Lodge for choosing your local Lupus group to donate to.

CLG Fundraising



Heidi (left) our newly elected treasurer with her mother Debbie (right) and sister (centre) holding the first prize to their craft fair raffle.

The craft fair was organised by "Creations" of Melbourne which holds a large range of materials and supplies for avid knitters, sewers and general crafty busy bees! A hard working but enjoyable afternoon raised £420.

Thank you to all involved!

Congratulations to Heidi Dorrington who completed the London Marathon representing Lupus UK. Heidi held various events one of which was a quiz night at Buckden Village hall. We entered a team that finished half way up the table and I promise never to overrule on a geography question ever again.

Heidi has collected £2,443.75 to date. An amazing total and an amazing run.

<https://uk.virginmoneygiving.com/heididorrington>



News

Our committee member Lara McDonald who was elected to the new committee role of social secretary has been busy. Lara has secured Cambridge Lupus Group as one of the three charities to feature in the Trumpington Waitrose store green coin scheme for July.

Please pass on this news to friends and family as the more coins we receive the larger the share of the £1000 pot will be donated to us. Great stuff Lara!



We'd like to advise everyone to please be cautious of potential scammers targeting people with [#lupus](#) on social media with their products.

<https://twitter.com/LUPUSUK/status/1009457503183294464>

Due to a lot of interest from our members, we have decided to hold another coffee morning at a new location. This will be Costa Coffee, Ely Leisure Village, Downham Road, CB6 2SH. Our first date is 14th July at 11:00. Please come along for cuppa.... and a chat. We look forward to meeting you.



New findings are now being presented on possible mechanisms behind gender differences in the occurrence of rheumatism and other autoimmune diseases like [#lupus](#).

<https://twitter.com/LUPUSUK/status/1008695826250469377>

Good afternoon, I work for a company called Healthcare Fieldwork. We are based in Sawston near Cambridge (UK), and recruit people to take part in research interviews for the medical and pharmaceutical industry. At present we have clients who would like to talk to people who are using an auto-injector or pre-filled syringe to manager their autoimmune condition. They will receive £30 for a 30-minute interview near Cambridge. There are never any medications involved it is always related to medical devices. Would you please let me know if I am able to post an advert on your page? This is the link to our website so you can see a little more about who we are and what we do. <https://www.healthcarefieldwork.com/> 01223 855066



Jacky's Kitchen

For Mother's Day this year, my children arrived with a complete tea party of homemade, vegan and gluten-free cakes. They had spent a long time researching and secretly making them all. It was amazing and such a lovely thing for them to do.

These are the recipes for the delicious scones and cream. Just add jam of your choice!

All recipes are free from gluten, dairy, egg, bean, soya, and vegetarian.

Summer Scones

Makes 8-10 scones

2 ½ cups gluten free flour. (I use a mixture of 1 cup sorghum and 1 ½ cups of rice flour)

4 tsp gluten free baking powder

½ tsp salt

½ cup ground almonds

110gms coconut oil

1 cup of dairy free milk (I use hazelnut or rice milk for cooking)

1. Preheat the oven to 180 Fan, 200°C, gas 6. Line a flat baking tray with a piece of greaseproof paper.

2. Sift together the flour, salt and baking powder and stir in the ground almonds. Rub in the coconut oil until it looks like fine breadcrumbs. I use a food processor which makes life a lot easier!

3. Add the dairy free milk a little at a time and mix until the dough sticks together.

4. Place on a floured board and knead slightly to make sure it is all stuck together. Press down with the palm of the hand until you get a flat shape of about 2cm thick.

Cut out circles using a pastry cutter and place on the baking tray.

5. Brush the top of each shape with dairy free milk and bake in the oven for about 10-15 mins.

Serve with jam and cashew nut cream



Adapted from a recipe from isleofflora.com Summer Scones

Cashew Nut Cream

140g cashew nuts

120ml water

3tbs maple or agave syrup

Vanilla to taste

1. Soak the cashew nuts for 30-45 minutes

2. Drain the cashew nuts and add to a blender with the syrup and ¾ of the water. Blend until smooth adding more water depending on the thickness of cream required.

Keep covered up to 3-4 days in the fridge

Tip: Healthier sugar free jam can be made by mixing a little fruit puree with a tbsp of chia seeds and let set for about 10 mins until thick.



Cambridgeshire Lupus Group Website. We are in the process of updating the format of the Cambridgeshire Lupus Group website. Please visit the current site and let us know what you would like to see on it.

<http://cambridgeshirelupus.org.uk/>

DIARY DATES



Cambridge Coffee and Chat

Saturday 7th July 2018 - 11.00am Sunflower Restaurant, Scotsdale's Garden Centre, Great Shelford, Cambridge.

Ely Coffee and Chat

Saturday 14th July 2018 - 11.00am - Costa Coffee Ely Leisure Village, Downham Road, Cambridge Contact Lara.

Peterborough Coffee and Chat

Saturday 21st July 2018 - 11.00am - The Restaurant Van Hage Garden Centre Peterborough Garden Park

St Ives Coffee & Chat

Saturday 4th August 2018 – 11.00am – The Dolphin Hotel, London Road, St Ives.

Cambridge Coffee and Chat

Saturday 6th October 2018 - 11.00am Sunflower Restaurant, Scotsdale's Garden Centre, Great Shelford, Cambridge.

Ely Coffee and Chat

Saturday 13th October 2018 - 11.00am - Costa Coffee Ely Leisure Village, Downham Road, Cambridge. Contact

Peterborough Coffee and Chat

Saturday 20th October 2018 - 11.00am - The Restaurant Van Hage Garden Centre Peterborough Garden Park

St Ives Coffee & Chat

Saturday 3rd November 2018 – 11.00am – The Dolphin Hotel, London Road, St Ives.

Contact Lara or Davina for details

You don't need to let us know you are coming to any of our coffee and chat meetings – just turn up!!



Don't forget that we have a Facebook page where you can find our diary of events, pictures, discussions, handy tips and lots of fun things.

Search for:

Cambridgeshire Lupus Group

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Newsletter	Helen Parish John Webb		

Please use our group email address: mail@cambridgeshirelupus.org.uk to contact any committee member or any of our contacts. Please respect the fact that most of your committee and contacts have lupus too. Calls should be between 9am and 8pm.



LUPUS UK
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Romford, Essex RM1 3NH
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