ms.
Multiple Sclerosis
Waikato

ManuScript

Working Together to Provide a Service of Excellence
Mahi tatau ki te whakawhiwhi he hapori rawe

Issue 74 - August 2022

Inside:

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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S.P.A.N. Trust

Mindfulness Meditation

Many of you will be familiar the term 'mindfulness'. Some of you may even practice it already. It is outlined in Step 4 of the OMS book by Professor Jelinek and is frequently discussed in the mainstream these days.

So, what is mindfulness? Mindfulness is being fully present and engaged in the moment, aware of our thoughts and feelings without distraction or judgment. Meditation is a practice we can use to help us live more mindfully. Becoming aware of our thoughts and how they impact our feelings and behaviour is not as easy as it sounds. Our minds are usually very busy! One thing I hear from many people when mindfulness comes up is "I can't meditate! I've tried but my mind wanders off and my thoughts won't stop". This is a common misconception, that meditation is about trying to stop our thoughts, when in fact it is about learning to observe them through a gentle and nurturing lens. Meditation may not feel easy to begin with, but as with any new skill, the more you practice the easier it becomes. There is a quote that I love by a Zen master called Shunryu Suzuki who says: "Our practice cannot be perfect but without being discouraged by this, we should continue it. This is the secret of practice".

The beautiful thing about mindfulness is that it doesn't matter where you are or what level of experience you have, anyone can start practicing at any moment. Even just five minutes a day can start to have an impact! There is also a growing list of scientifically proven health benefits, some of which include:

- Reduced anxiety
- Reduced depression
- Reduced pain
- Reduced blood pressure
- Better concentration
- Improved self-awareness and self esteem

I thought I would offer a short practice that you can try at home. This practice helps focus your awareness by counting the breath. We can do this by counting each inhalation and exhalation, beginning with one and counting up to ten. Read this through and then have a go!

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Mindfulness Meditation

Continued from page 1

Sit or lie down in a position that is comfortable but allows you to be alert (we don't want to drift off before finishing reading the magazine!)

Gently close your eyes and focus your attention on your breath, just observing it as it flows in and out.

Inhale and at the end of inhalation count "one" in your mind.

Exhale and at the of the exhalation count "two".

Continue counting the breath in this way until you get to "ten" then return to one and begin again.

Your mind may start to wander off and that's okay. When you notice it has wandered gently bring your focus back to your breath and begin counting again at "one".

Do this for as long as you feel comfortable - five minutes is a great place to start.

This is a great practice to use as we begin to explore mindfulness. Sitting and breathing in this way when we are feeling stressed or overwhelmed, can really help centre us and come back to the present moment. I hope you find it useful.

By Jessica Mills

Jess is a Health Outcomes Researcher and a volunteer with MS Auckland. Her research involves speaking to people who live with various heath conditions to better understand how this impacts their lives, and then developing new ways of measuring these things. She spent almost four years in the UK working primarily in MS research, developing new measures in mobility, walking ability and upper limb function. She says she was fortunate to meet some truly incredible people living with MS.

The Helm Charity Golf Tournament

Since 2016, the Helm has been organising charity golf tournaments with the proceeds being donated to local charities. This year MS Waikato was chosen as recipients of this, we were blown away to receive an incredible $20,000.

We would like to extend a huge thank you to the Helm, in particular Joe Te Paa and Niven Johnson and to the many wonderful businesses and individuals who supported the event through both sponsorship and participation. Thank you too, to Ash Muir for nominating us.

We would like to share a couple of photos with you, firstly of our Chairperson Keith Small being presented with a cheque by Joe Te Paa and Jayson Stringer of the Helm. The second a photo of Niven and Joe at the tournament.

Client Survey

MS Waikato strives to provide a service of excellence. To enable us to do this effectively it is essential for us to conduct regular client surveys. As a not for profit organisation we are dependent on funding and fundraising to provide our services. We want to ensure that the funds we do have are used effectively. This is your opportunity to let us know your views, how you rate the services provided and if you have any comments or feedback you would like to share with us, perhaps with our staff, services, resources available, newsletter etc.

For those of you who have provided us with an email address this will be sent to you via email with a link to complete this online. If we don't have your email address a survey and envelope for return will be included with this newsletter. Please complete the survey and return to us by the 5 September.

If you have any questions or difficulty in accessing the survey please contact Janet on 07 8344740 or janet@mswaikato.org.nz. Thank you for your support.

Depression

Many people may loosely say 'depression' to describe short periods of feeling down or low. Clinical depression is something much more severe, which prevents you from functioning normally and continues for more than a couple of weeks.

Up to half of people with MS might experience depression at some point. It is often misunderstood, and it can be hard to get a diagnosis. But even without a 'label', there are ways to work on improving how you feel.

Signs of depression

If you think you might be depressed, it's important to talk to your health care professional as soon as you can, so you can start to get help. Depression isn't something you can prevent, so you shouldn't feel embarrassed or ashamed of what you're going through.

You doctor may diagnose you with depression if you have at least five of the following symptoms for at least two weeks:

- depressed mood, feelings of hopelessness and despair
- significantly reduced interest or pleasure in most activities
- changes in appetite and noticeable weight loss or gain
- insomnia (inability to sleep) or hypersomnia (excessive sleeping)
- feelings of excessive restlessness or sluggishness
- fatigue or loss of energy
- feelings of worthlessness, excessive or inappropriate guilt
- reduced ability to think or concentrate, or indecisiveness
- recurrent thoughts of death or suicide

These symptoms would need to be severe enough to upset a daily routine, interfere with relationships, or severely impair work. Health care professionals will also need to establish that the depression is not linked to another cause, such as medication or bereavement.

What causes depression?

There are three main points of view about the causes of depression:

- Depression is a medical disease, caused by a neuro-chemical or hormonal imbalance
- Depression is caused by certain styles of thinking
- Depression is a result of negative experiences

The most commonly held view is that depression is generally caused by some combination of these three factors.

Depression and other MS symptoms

Some symptoms of depression are also symptoms of MS, and it can be difficult to identify what is causing them. For example, fatigue can be related to depression, or may be a direct result of MS, or a combination of the two.

In some conditions there can be a link between being disabled and having depression, but in MS, depression does not seem to be related to how disabled a person is. For example, someone with little physical disability may experience severe depression and vice versa.

There is also no clear link between how long someone has had MS and the risk of being depressed. For example, someone who is recently diagnosed can be as depressed as someone who has had MS for many years.

Nerve damage and depression in MS

Research has been done to see if depression can be directly linked to MS-related damage in particular areas of the brain.

Some studies have suggested that there is a link, though they also suggest that MS-related nerve damage is only part of the equation.

Other factors, including psychological reactions to living with MS, side effects of medication, individual situations and social circumstances are also thought to play a part.

Treatments for depression

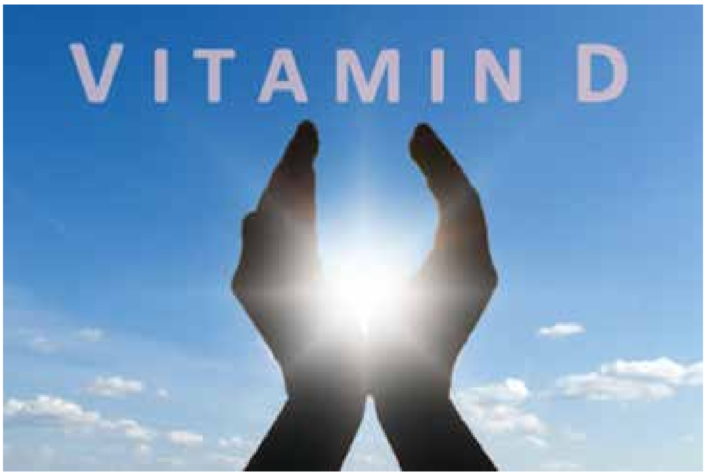
If your doctor thinks you might be depressed, they should complete an assessment and draw up a list of factors that may be contributing to it. They should develop a proper depression management strategy, and further assessment, treatment and support should be given.

This might include:

- antidepressants - most common are selective serotonin reuptake inhibitors (SSRIs)
- talking therapies - including psychotherapy and cognitive behaviour therapy (CBT). They can help you develop the 'coping skills' needed to deal with depression-related difficulties.
- St John's Wort - might work as well as some antidepressants in mild depression, but not severe. Speak to your GP before taking any complementary medicine.

https://www.mssociety.org.uk/about-ms/signs-and-symptoms/mental-health/depression

Is there any proof that vitamin D supplements can prevent MS or keep symptoms of MS from worsening?



Research over the years has shown that maintaining adequate levels of vitamin D may have a protective effect and lower the risk of developing multiple sclerosis (MS). A number of studies have shown that people who get more sun exposure and vitamin D in their diet have a lower risk of MS. Therefore, vitamin D supplementation is considered an important modifiable environmental risk factor for development of multiple sclerosis.

Some studies suggest that for people who already have MS, vitamin D may offer some benefits. These benefits include lessening the frequency and severity of their symptoms, improving quality of life, and lengthening the time it takes to progress from relapsing-remitting multiple sclerosis to the secondary-progressive phase. But the evidence isn't conclusive. Vitamin D supplementation in people with MS appears to be safe but at high doses can lead to changes in calcium levels. More research is needed to determine whether it's truly beneficial.

Experts also need to better understand how vitamin D might affect MS. When a person has MS, his or her immune system attacks the coating that protects the nerve cells (myelin). Research suggests that a connection between vitamin D and MS could be tied to the positive effects vitamin D has on the immune system.

The connection between vitamin D and MS is strengthened by the association between sunlight and the risk of MS. The farther away from the equator a person lives, the higher the risk of MS. Sunlight is the body's most efficient source for vitamin D — suggesting that exposure to sunlight may offer protection from MS.

The Institute of Medicine recommends 600 international units (IUs) of vitamin D a day for adults up to age 70. The recommendation increases to 800 IUs a day for adults age 71 and older. The recommendation for women who are pregnant or breast-feeding is 600 IUs per day. However, the Institute of Medicine recommends avoiding taking more than 4,000 IUs a day.

Research studies have indicated that taking 400 IUs or more of vitamin D per day significantly decreases the risk of MS in women.

If you are diagnosed with vitamin D deficiency, it may be appropriate to use up to 50,000 IUs weekly for up to three months until your vitamin D levels become normal, and then switch to a maintenance dose. The maintenance dose varies, but is usually between 2,000 and 5,000 IU daily.

Very large doses of vitamin D over an extended period can result in toxicity. Signs and symptoms include nausea, vomiting, constipation, poor appetite, weakness and weight loss. In addition, vitamin D toxicity can lead to elevated levels of calcium in your blood, which can result in kidney stones.

If you're considering vitamin D to reduce your risk of or help manage multiple sclerosis, talk with your doctor about what's both safe and helpful for you.

https://www.mayoclinic.org/diseases-conditions/multiple-sclerosis/expert-answers/vitamin-d-and-ms/faq-20058258

MS Awareness Week

MS Awareness week takes place from the 12th to the 18th September, this is a national awareness week to raise public awareness and understanding of MS. As a charity; it is also an opportune time for us to fundraise to support our services. We are seeking volunteers to assist with our stalls or perhaps you may like to organise a fundraiser or stall yourself. We would love to hear from you, if you are able to help, please phone Janet on 834 4740 or email janet@mswaikato.org.nz.

A spoonful of branaplam helps the huntingtin go down

Branaplam was originally designed to treat spinal muscular atrophy, but a new paper outlines how it could hold promise for treating Huntington's. This oral drug lowers huntingtin protein and will now be tested in a study called VIBRANT-HD.

Scientists at Novartis and The Children's Hospital of Philadelphia have recently published a paper detailing how the drug branaplam, originally developed for the neurological disease spinal muscular atrophy (SMA), could be repurposed to treat Huntington's disease. Branaplam can lower levels of the huntingtin protein and is now being tested in the clinic in a phase IIb study, VIBRANT-HD.

Huntingtin-lowering therapies are being pursued by lots of companies

Despite setbacks with some recent clinical trials, many experts in the field agree that huntingtin-lowering remains an attractive strategy for treating HD. Every person with HD has an expansion in their huntingtin gene which means they will make an expanded form of the huntingtin protein. This expanded form of the protein seems to be toxic and is thought to cause to the signs and symptoms of HD. If we can reduce the amount of this toxic form of the protein, researchers hope we might slow or stop the progression of HD.

Lots of companies are working on huntingtin-lowering therapies, racing to see if their drug will help slow or halt symptoms for people with HD.

Lots of companies are testing huntingtin-lowering drugs in the clinic, including Roche, Wave Life Sciences, and uniQure, all of whom are using slightly different approaches to target the genetic message which is made into the huntingtin protein. The drugs they have developed cannot easily spread through the body, so they are given to patients through spinal tap or direct injection into the brain. While this means the drug can get to the parts of the body most badly affected by HD, these procedures are demanding for patients and very expensive. These are also not treatment options which could be trivially rolled out to the global community of people with HD due to healthcare access issues and prohibitive costs.

Repurposing an SMA drug to try to treat HD

What scientists call "small molecule therapies" are an attractive option to treat diseases affecting the brain. This type of drug can often be formulated so it can be taken orally as a pill or syrup, which is much easier for patients, and these drugs have a better likelihood of crossing from the bloodstream into the brain so patients can avoid onerous procedures. For a long time, it was a pipedream for many folks in the HD community that a small molecule huntingtin-lowering therapy could ever be made and then, two independent companies did just that! Very similar drugs developed by both Novartis and PTC Therapeutics can lower huntingtin – we recently wrote about a paper which describes the PTC drug on HDBuzz. Now we have more details about the Novartis drug, called branaplam.

Branaplam targets machinery in our cells which processes genetic messages, called splicing machinery. Each genetic message can be thought of like a story book, and when the story is over, the final part of the message reads the genetic equivalent of "the End" to tell the cell that the sequence for that message is complete. Drugs like branaplam rejig the pages of the story book so "The End" is read before it makes sense. When this happens, the cell will destroys the message and won't make the associated protein, similar to how you might get rid of a book that had a premature ending which made no sense.

"For a long time, it was a pipedream for many folks in the HD community that a small molecule huntingtin-lowering therapy could ever be made and then, two independent companies did just that!"

Branaplam was originally developed for a fatal childhood disorder called SMA because it also changes the levels of a protein called SMN2, which underlies that disease. Scientists at Novartis discovered that branaplam also changed the levels of the huntingtin protein so switched gears to test if branaplam would be a good treatment for people with HD and have now published their findings which we'll digest for you here.

Working out how branaplam lowers levels of the huntingtin protein

First, the research team treated cells in a dish with branaplam and looked at how the genetic messages in the cells were affected. They found that a signature in the huntingtin genetic message, which is normally chopped out by the splicing machinery, called a pseudoexon, was kept in the message molecule in branaplam treated cells. The scientists went on to show that this reduced the amount of the huntingtin genetic message because keeping in the pseudoexon genetic code, targets the huntingtin message to the trash bin of the cell. When the branaplam treated cells were no longer treated with the drug, this effect was reversed, and the levels of the huntingtin message bounced back to normal.

Whilst changes to the huntingtin message are a good sign, what we are really interested in is the levels of the huntingtin protein. The team measured huntingtin protein levels when different amounts of branaplam was dosed in cells in a dish and showed that the more drug was given, the more the level of huntingtin protein was lowered.

Continued on page 6

HD Research

Continued from page 5

The team next tested if this finding held true for cells in a dish derived from people with HD i.e. folks who have the Huntington's disease mutation. They showed that the levels of huntingtin message and protein were also reduced by branaplam in these cells too. Branaplam targets machinery in our cells which processes genetic messages, called splicing machinery

Insights from branaplam in HD animal models and SMA patients

Next, the scientists went on to see how branaplam performed in a mouse model of HD. Mice were given different oral doses of branaplam and then the levels of the huntingtin message were measured in different areas of the brain. In four different brain regions, they showed that the level of the huntingtin message including the pseudoexon was increased the more drug that was administered. This was matched by a decrease in the levels of the huntingtin protein. The scientists found that if mice were no longer treated with branaplam, the effect was reversed and huntingtin levels bounced back.

Lowering the levels of huntingtin is all well and good, but what the research team really wanted to know is if this improved symptoms in the HD mouse model. Next, they tested the motor skills of the HD mice who had been treated with branaplam and compared them to HD mice which hadn't be treated as well as regular lab mice. The scientists suggest that the branaplam treated mice are more like the regular mice but the presented data is fairly limited.

The team finally looked at the levels of the huntingtin message in blood from branaplam treated SMA infant patients. Patients in the open-label extension of the SMA branaplam trial received weekly doses of branaplam for over 2 years. After over 900 days, a sustained decrease in the levels of the huntingtin message in these blood samples could still be seen, showing ~40% decrease at this timepoint in the study. The Novartis team believes this indicates that the drug was having the desired effect over a long period of time in people.

"The next step for branaplam is a phase IIb study called VIBRANT-HD; this will be the first time branaplam is tested in adults with HD"

What's next for branaplam?

We recently heard from scientists at Novartis at the recent CHDI therapeutics meeting who gave us updates on their branaplam program. Dr Beth Borowsky gave us details of a now completed phase I study, where the drug was tested for the first time in adults to figure out a safe amount and frequency of dosing. As branaplam was originally developed to treat SMA in infants, figuring out a safe dose for adult patients is an important first step.

The next step for branaplam is a phase IIb study called VIBRANT-HD. This will be the first time branaplam is tested in adults with HD and this study will work out what dose of the drug needs to be administered to lower huntingtin. Branaplam will be given as an oral liquid, like cough medicine, that people in the trial will drink once a week. Different patients will be given different doses of branaplam so Novartis can work out what dose will work best for a second phase of the trial. Lots of different clinical measurements will be collected from participants in the trial, including levels of various biomarkers, like huntingtin and neurofilament. Recruitment for this trial is underway and hopefully we'll hear updates on how the trial is proceeding soon.

By Dr Rachel Harding March 16, 2022
Edited by Dr Jeff Carroll https://en.hdbuzz.net/323

HD Family Education Day

To be held Saturday 29th October, Chartwell Room, Hamilton Gardens, 9.30–2.00.
A valuable education day for those affected by Huntington's Disease.

Key speakers include:

Dr Matt Phillips, neurologist – who will discuss metabolic strategies and general medical questions

Dr Malvinda Singh – HD Youth Organisation, latest research and treatments

Alice Nunn, North End Law – Enduring power of attorney, advance care planning and wills

Ruth Mylchreest CNS neurology, Liz Hogan and Karen Bird –
Enroll HD and HD services that are available

Morning / afternoon tea and lunch will be provided.
Enjoy a walk around the beautiful gardens at the end of the day.
Bookings are essential; a fee of $10 per adult (over 16) will apply.
To register for the event please contact Liz on 07 834 4741 or email liz@mswaikato.org.nz

NOTICE BOARD

Subscriptions

Please note 2022 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.

Dogs in Homes

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

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.

Alinker

MS Waikato has an Alinker which is for client use. If you are interested in trialling this for about 6 weeks please contact Liz for further information.

Wheelchairs

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

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.

Payments

If you wish to make any payments directly to MS Waikato please pay into account number 02 0316 0488196 000

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

MS Family Camp

Totara Springs

With our 2020 camp cancelled and reduced numbers at the 2022 camp, both due to Covid we will hold another camp in 2023, this will now be held 3 – 5 March.

Cost will be $100 per adult & 15+, $60 5 – 14 year old, under 5's free.

Register interest with Liz now, preference will be given to those originally booked for the 2022 camp but missed out.

TravelScoot

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

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

Donations

Donations to MS Waikato can be made at anytime 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. Donations can also be made directly to the MS Waikato bank account, 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

Entertainment Book

MS Waikato are selling the Entertainment books 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 visit https://nz.entdigital.net/orderbooks/1b54128 or contact janet@mswaikato.org.nz to receive this link.

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MSWT EVENTS CALENDAR

September 2022

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

October 2022

SUN	MON	TUE	WED	THU	FRI	SAT
30	31 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton					1 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
2	3 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	4 **MS Support Group** Churchill Café Te Awamutu 10.30am	5 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	6 **MS Support Group Hamilton** The Café, Summerset Down the Lane, Dixon Rd Hamilton, 10.30am	7	8 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
9	10 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	11	12 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	13	14	15 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
16	17 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	18	19 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	20	21	22 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
23	24 **Labour Day**	25	26 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	27 **MS Support Group** Mometewa Te Aroha 10.30am	28	29 **MS Walking Group** 9am, The Veranda Cafe, Hamilton Lake **HD Family Education Day**

November 2022

SUN	MON	TUE	WED	THU	FRI	SAT
		1	2 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	3 **MS Support Group Hamilton** Venue to be advised 10.30am	4	5 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
6	7 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	8	9 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	10	11	12 **MS Walking Group** 9am The Veranda Cafe Hamilton Lake
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27	28 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton	29	30 **MS Exercise Class** 10.30am - 11.30am Anytime Fitness cnr Anglesea / Clarence St, Hamilton			

Please cut here

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