Living with motor neurone disease
Contents

What people say about this guide 2
Foreword 3
How to use this guide 4
Do you need to read it all? 4
Finding the content you need 4
What is the Understanding My Needs booklet for? 4
When to use the MND alert wristband 5
Responding to your views 5
Further support 5

Part 1: What is MND?
Section 1: Motor neurone disease (MND) 7
Section 2: Symptoms and management 12
Section 3: What do I need to think about? 18

Part 2: Living with MND
Section 4: Emotional impact 23
Section 5: Family, children and friends 28
Section 6: Getting around 32
Section 7: Everyday activities and personal care 38
Section 8: Speech and communication 46
Section 9: Eating and drinking 54
Section 10: Your finances 62
Section 11: Planning ahead 68

Part 3: Accessing services and support
Section 12: How statutory services can help you 75
Section 13: How health and social care professionals can help you 78
Section 14: How we can help you 82
Section 15: Useful organisations 88

Part 4: Helping you to keep track
Introduction 94
Personal details 95
Contact record 96
Appointment and communication record 103
Equipment record 107
Medication record 110
References 112
Acknowledgements 112
Index 113
We welcome your views 119
What people say about this guide

From people living with or affected by MND:

“A useful guide to refer back to once the shock of diagnosis is overcome.”

“Knowing who you can contact and where to begin asking is a great advantage.”

“Glad to see you have emphasised the importance of planning ahead... also not buying equipment without appropriate advice.”

“Having the information to gain the resources you may need is invaluable and could save time, money, distress and confusion.”

From health and social care professionals:

“The best thing is the level at which this is pitched and the prompts to seek further advice on individual circumstances. If you had tried to cover every person’s experience, there would be far too much information and none of it would be accessible. I think the balance here is just right.”

Idris Baker, Consultant in Palliative Medicine
ABM University Health Board, South Wales

“Congratulations on an excellent, highly understandable and very readable information set.”

Pam Bostock, Consultant Occupational Therapist - Neurology, Adult Ability Team, Staffordshire and Stoke on Trent Partnership NHS Trust

The MND Association would like to thank the Tesco Charity Trust, and the Evan Cornish Foundation for their support which has made the production of Living with motor neurone disease possible.

The MND Association has been certified as a producer of reliable health and social care information.

www.theinformationstandard.org
Foreword

My name is Gina Bellman. I’m an actress, a mother and the daughter of someone who is living with MND. If you are opening your copy of *Living with motor neurone disease*, right now, then you are having the exact same experience as I had several years ago when my own mother was diagnosed. Until that moment we had all been feeling a little bit windswept. We felt like we had been blown from pillar to post whilst various diagnoses were being discussed and explored.

Speaking to an adviser at the MND Association and opening my own copy of the guide felt like a well-earned moment of calm, where I could finally take some control and learn about what we were up against. *Living with motor neurone disease* provides a candid, but sensitive overview of MND and can direct you to where you can access support.

Engaging as early as you can with the variety of support on offer, may help you to make choices to ensure the best possible quality of life for you or your loved one. This guide enables you to read as much or as little as you want, when you feel ready to do so, with lists of further information if needed. MND is a complex condition. Each individual will have a different experience, depending on rate of progression, symptoms and their own circumstances.

*Living with motor neurone disease* has all the information you need and is carefully divided into sections so that you can refer to what is relevant to you as and when you need it.

It is simply written with bullet points and with refreshingly little medical jargon. When I received my copy, I highlighted the information that was relevant to us and forwarded it to our immediate family and support group.

This meant that we were all on the same page and could learn together moving forward. There is no question that MND can be totally overwhelming, but we have learned that if you take it one symptom at a time, it can lighten the load a little.

MND often feels very isolating, but support from people in similar circumstances can be very encouraging. The guide includes quotes, tips and experiences from others affected by the disease.

Please use this guide as a starting point to help you learn about MND and adjust to a different way of living, and remember that the MND Association is ready to listen, support and provide further direction as needed.

Wishing you all the best,

Gina Bellman
MND Association ambassador
How to use this guide

If you have been diagnosed with motor neurone disease (MND), this guide will help you find out more about this condition and its likely impact. The aim is to help you plan for the practical, emotional and financial challenges ahead, and maintain the best possible quality of life.

Do you need to read it all?
Not all of the content will necessarily apply to you and certainly not all at once. The individual experience will always be unique. For that reason, each section acts like an overview for a particular subject, with directions to further information should you need more detail. The choice is yours.

As MND is progressive, it may be useful to scan through so you know where to find appropriate guidance in the future.

Finding the content you need
This guide is divided into four main parts, with colour coded sections to help you find the subject matter you need easily:

Part 1 – What is MND?
The first part explores the facts about the disease and what to consider when you are first diagnosed.

Part 2 – Living with MND
The second part looks at how to manage everyday routines with MND and the support available.

Part 3 – Accessing services and support
The third part directs you to available services and support.

Part 4 – Helping you to keep track
We have also included various write-on pages at the end of this guide, to help you keep important notes and contact details.

The following features in the guide may be helpful:

- **Key points**: to highlight important areas you may need to consider
- **Further information**: a list of additional resources at the end of each section to help you order or download what you need
- **Quotations**: to share feedback from other people affected by MND.

What is the *Understanding My Needs* booklet for?

This guide is accompanied by the *Understanding My Needs* booklet, to help you communicate your needs with hospital staff, care workers and other professionals. It can also be used at appointments to save repeating the same information.

Due to its rarity, not all health professionals have experience of MND, so this booklet can help to inform your health and social care team. They may be able to help by adding notes for you, when appropriate.

In some regions, hospitals/clinics may have their own version which they prefer you to use. The use of ‘patient records’ to which you can add your own comments is increasing. Talk to your health and social care team to discuss the best way forward, but the *Understanding My Needs* booklet is specifically designed to support someone with MND.
When to use the MND alert wristband

An alert wristband has been included in the folder with this guide. It is your choice whether to wear the wristband or not, but it can be worn all the time if required. If you need emergency treatment and are unable to communicate for any reason, it will let hospital staff know you have MND. It also states that you may be at risk with oxygen and directs professionals to further online information, as they may not be aware of this concern with MND.

See the heading Support for breathing problems in Section 2: Symptoms and management for more details about oxygen.

See the heading MND alerts in Section 11: Planning ahead for more about alert resources.

Responding to your views

Your expectations about information really matter to us and we greatly value your input. Our approach to Living with motor neurone disease is based on feedback from other people living with or affected by MND, who asked us to:

• provide information in clear sections, for you to read at your own pace
• ensure information is simple and direct to avoid feeling overwhelmed
• make it easy to find the subject matter you need with clear references to further information
• provide directions to services and support, so you know where to go for help
• include tips to help you plan ahead more effectively
• make it easier to tackle difficult conversations about the disease with health and social care professionals, and family and friends.

If needed, do ask for information at appointments with health and social care professionals. If you are disabled and need information in a particular format, this should be provided by the health or social care service you are dealing with. This is now mandatory in England - for more details, search for accessible information standard at: www.england.nhs.uk

Further support

Part 3: Accessing services and support explains both our services and appropriate external support. If you have any specific questions, please contact our helpline MND Connect:

MND Connect
MND Association
PO Box 246
Northampton NN1 2PR
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org
Website: www.mndassociation.org

If you live in England, Wales or Northern Ireland

While the MND Association is keen to help everybody affected by MND, our charity supports those living in England, Wales and Northern Ireland. We endeavour to ensure our information is relevant to all three and to indicate major differences between England, Wales or Northern Ireland. However, as the NHS and government structures work in slightly different ways, the terms and processes they use can vary. Always check with your local service providers for guidance on specific types of support.

If you live in Scotland

Please contact MND Scotland for advice on specific support and services in Scotland.

See Section 15: Useful organisations for contact details.
Part 1: **What is MND?**

Section 1:  Motor neurone disease (MND)
Section 2:  Symptoms and management
Section 3:  What do I need to think about?
What is MND?
A French doctor called Jean-Martin Charcot first described motor neurone disease (MND) in 1874.

The term covers a group of related diseases that attack the motor neurones (sometimes referred to as motor neurons). These are the nerves in the brain and spinal cord that control how your muscles work. This means that messages gradually stop reaching muscles, leading to weakness, stiffness and wasting.

MND is a progressive disease, which means symptoms get worse over time. It can affect how you walk, talk, eat, drink and breathe. In some cases, it can also affect how you think and behave.

However, not all symptoms happen to everyone and it is unlikely they will all develop at the same time, or in any particular order.

“I hadn’t a clue what motor neurone disease was.”

Although MND is life shortening and there is currently no cure, symptoms can be managed to help maintain the best possible quality of life.

See Section 2: Symptoms and management.
Who does it affect?

Studies of MND indicate that:

• MND is a disorder which can affect adults of any age, but usually when they are more than 40 years old
• it is most common in people aged 55–79 years
• six people per day are diagnosed with MND in the UK
• it affects up to 5,000 adults in the UK at any one time.

What does it affect?

Your nervous system is made up of two main groups of nerves:

• nerves controlling the senses, such as touch and sight, known as sensory neurones (not generally affected by MND)
• nerves controlling the way our muscles move, known as the motor neurones (affected by MND).

The motor neurones are split into two groups:

Upper motor neurones: which run from the brain into the spinal cord carrying instructions to the lower motor neurones. Upper motor neurone damage tends to result in weak and stiff muscles.

Lower motor neurones: which run from the spinal cord and control muscles using the instructions received from the upper motor neurones. Lower motor neurone damage tends to result in weak and floppy muscles, and a twitching sensation that ripples under the skin (known as fasciculation).

With MND, the motor neurones become damaged and can no longer carry messages to the muscles. As this damage worsens, it can cause loss of mobility and movement, and difficulties with speech, swallowing and breathing.

The muscles first affected tend to be those in the hands, feet or mouth.

Up to half of people with MND experience changes to their thinking and behaviour.

In most cases, the changes are mild, but may be more severe for a small number of people.

See Changes to thinking and behaviour in Section 2: Symptoms and management.

MND does not usually affect the senses, bladder and bowel, or sexual function.

The effects of MND can vary enormously from person to person. Each individual will have a very different experience, from symptoms and disease progression, to the length of survival time after diagnosis.

How is MND diagnosed?

MND can be extremely difficult to diagnose for several reasons:

• it is a comparatively rare disease
• it can take time for someone to see their GP, as early symptoms, such as clumsiness, mild weakness or slightly slurred speech may have been thought due to other causes
• the disease affects each individual in different ways, as not all symptoms may be experienced or appear in the same order
• there is no test to prove someone has MND, although testing is used to eliminate other potential conditions.

Tests

If your doctor thinks you may have a neurological problem, he will refer you to a neurologist at your local neurology department.

You may then need a series of tests. You normally attend these as an outpatient, but in some cases you may be required to spend a short stay in hospital.

Clinical examination: helps a neurological consultant recognise signs and determine which tests are appropriate, depending on your symptoms.
**Blood Tests:** look for a rise in a substance called creatine kinase. This is produced when muscle breaks down. It is sometimes found in the blood of people with MND, but may indicate other medical conditions.

**Electromyography (EMG):** is sometimes called the needle test, as fine needles record natural nerve impulses within certain muscles. When muscles start to lose their nerve supply, this can be detected by abnormal electrical activity, even if muscle activity is as yet unaffected.

**Nerve Conduction Tests:** apply an electrical impulse through a small pad on the skin to measure the speed at which nerves carry electrical signals.

**Transcranial Magnetic Stimulation (TMS):** measures the activity of the upper motor neurones to assist diagnosis.

**Magnetic Resonance Imaging (MRI) scans:** involve being placed in a cylinder-like machine to take internal images of the body. These help to rule out conditions such as stroke, Alzheimer’s disease, Parkinson’s disease, multiple sclerosis, tumours and trapped nerves, as well as injury to spine and brain.

**Other tests:** may be requested by your neurologist if their findings indicate they could be useful.

---

**Why include life expectancy here?**

Any information or discussion about life expectancy is likely to be upsetting. However, MND is a complex and challenging condition. This means lots of decisions may need to be made about future care, treatment of symptoms, and practical and financial matters. It can help to understand how the types of MND are likely to progress. This makes it easier to make informed and timely choices when planning ahead.

Life expectancy for each type of MND is based on average expectations from clinical studies. It is not an exact figure, as the speed at which the disease progresses can be rapid for some and slower for others.

**Amyotrophic lateral sclerosis (ALS):** is the most common form, involving both upper and lower motor neurones. It is characterised by weakness and wasting in the limbs, muscle stiffness and cramps. Someone may notice they are tripping when walking or dropping things. Average life expectancy is between two to five years from onset of symptoms.

**Progressive bulbar palsy (PBP):** affects only a small proportion of those diagnosed with MND, and involves the upper and lower motor neurones, particularly those linked to the bulbar regions in the early stages (muscles of the face, throat and tongue). Symptoms may include slurring of speech or difficulty swallowing. Average life expectancy is between six months to three years from onset of symptoms.

**Progressive muscular atrophy (PMA):** affects only a small proportion of those diagnosed with MND, mainly causing damage to the lower motor neurones, particularly those linked to the bulbar regions in the early stages (muscles of the face, throat and tongue). Early symptoms may show as weakness, diminished reflexes or clumsiness of the hands. Average life expectancy is usually more than five years. An email support group exists for people with this rare form.

See [Further information](#) at the end of this section.

---

**Are there different types of MND?**

There are four main types of MND, each affecting people in different ways. However, these can have overlapping symptoms, which make it difficult to give an exact diagnosis.

The most common form is amyotrophic lateral sclerosis (ALS). Although other forms may be diagnosed, it is possible they will progress into the more typical form of ALS.

The following definitions talk about life expectancy, so you may not want to read any more at this stage. If so, please move to the heading What causes MND?
Primary lateral sclerosis (PLS): affects only a small proportion of those diagnosed with MND, damaging only the upper motor neurones. This causes weakness in the lower limbs, although some people experience clumsiness in the hands or speech problems. Reflexes can become exaggerated. Average life expectancy may be more than 10 years. An email support group exists for this rare form.

See Further information at the end of this section.

Kennedy’s disease
Kennedy’s disease is a rare neurological disease, causing increasing weakness, wasting of muscles and hormonal changes. It is not a type of MND, but can be confused with MND at diagnosis.

Most people with Kennedy’s disease develop symptoms at 30-60 years old, but it can appear when older or younger. There is no known cure, but most people with the disease live an average life span. Symptoms can be managed to improve quality of life.

Kennedy’s disease is caused by a genetic mutation, which can be diagnosed through gene testing. Usually, only men show symptoms, but women can carry the genetic mutation and in rare cases may develop symptoms. The MND Association offers support if you have Kennedy’s disease and this guide may be useful where symptoms are similar.

See Further information at the end of this section for details about our information sheet on Kennedy’s disease.

What causes MND?
It is still not possible to give a clear answer about the causes of MND as each individual may be affected by a different combination of triggers. However, when you are being diagnosed, a neurological consultant will probably ask you about any family history of MND or frontotemporal dementia (FTD). If not, it is worth asking the consultant to discuss family history, as this may help determine if an inherited gene is one of the likely factors.

MND with no apparent family history:
Most cases of MND occur with no apparent family history of the disease and the precise causes in these instances are not yet known. Multiple genetic and environmental triggers are thought to be involved, with genes playing a small role. The environmental triggers may be different for each individual, so there is no simple way of identifying what may have played a role in the onset of the disease.

MND where there is a family history:
In a small number of cases, there is a family history and the genetic input is more significant. Where this occurs, the disease is caused by a mistake in the genetic code which can be passed down, although other triggers may still be necessary for the disease to emerge.

If you are concerned about the possibility of a family history of MND and what that could mean for those close to you (in terms of inheriting the genetic code), you may wish to seek genetic counselling. Although sensitive to the emotional aspects of the situation, genetic counselling is not a form of psychotherapy. A genetic counsellor explains the facts as clearly as possible, and gives you accurate information on the implications for your family.

This will include information about options such as genetic testing, to help you make up your own mind if this is a choice you wish to make. Some genetic testing is possible, but not everyone with a family history would benefit. Currently, testing is only available for four of the genes that play a part in inherited MND and results are not necessarily conclusive.

“Many tears have been shed and we wondered why I had been ‘chosen’. ”
Part 1: What is MND? / Motor neurone disease (MND)

Choosing to be tested can be a very difficult decision, as it affects the wider family. We would advise genetic counselling from a neurological expert experienced in MND. In the first instance talk to your neurological consultant for advice.

For more information about inherited MND and genetic counselling see Further information at the end of this section and our research sheets on inherited motor neurone disease.

Research into MND

There has been an acceleration of world-wide research into the disease and its causes, including projects funded by the MND Association. As a result, our understanding of MND and the way motor neurones function is constantly advancing. You can keep up to date with latest findings through the research pages on our website, at:

www.mndassociation.org/research

Some research projects and clinical trials need the participation of people with MND, and occasionally their families. We know how keen some people are to help in this way and have developed a research list to help record this interest. Find out more at:

www.mndassociation.org/researchlist or contact us to see if you meet the qualifying criteria: Telephone: 01604 611880 Email: research@mndassociation.org

Key points

• MND affects the motor neurones which we use to control movement. It does not usually affect the senses.
• There is no single test for MND. Testing is used to rule out other conditions.

“ I am optimistic there will be a cure one day. It’s a challenge for the 21st century and I think science will find a way.”

Further information:

We have a range of numbered information sheets, including:

1A: NICE guideline on motor neurone disease
2B: Kennedy’s Disease
2C: Primary lateral sclerosis (PLS)
2D: Progressive muscular atrophy (PMA)
9A to 9C: our range of sheets on thinking and emotions in MND

Also research sheet B:
Part one – Introduction to inherited motor neurone disease
Part two – Genetic testing and insurance
Part three – The options available when starting a family

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262 Email: mndconnect@mndassociation.org

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

Our research website pages:
www.mndassociation.org/research

Online forum:
http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.

PMA/PLS email support group:
if you wish to join the email support group for primary muscular atrophy and primary lateral sclerosis, please email your details to care@mndassociation.org
2: Symptoms and management

This section will help you to find out about the likely symptoms of motor neurone disease (MND) and how these can be managed.

What are the symptoms?
Not everyone will experience all of the following symptoms, or in any particular order. You may even have symptoms that are not mentioned here, as the disease can affect everyone differently, or you could have another unrelated problem which also requires medical attention, so please speak to your GP about any concerns.

Muscle weakness
What is happening? When the messages from the motor neurones reduce, the muscle they connect to is used less and tends to decrease in mass (to waste). This causes weakness and can affect balance and posture, with the risk of falls.

What can be done? Muscle wasting cannot be reversed by exercise, as the progression of the disease cannot be undone. What exercise can do is to assist flexibility and range of movement in your joints, help to maintain unaffected muscles, and support posture and balance. Ask your GP or health and social care team for a referral to a relevant physiotherapist, who can recommend an exercise programme appropriate to your needs. You can also ask for a referral to a dietitian to discuss ways of maintaining your weight, to prevent any further muscle breakdown through weight loss.

See Swallowing problems later in this list of symptoms.

Twitching (and fasciculations)
What is happening? Twitching, and the rippling sensations under the skin called fasciculations, are often among the first and most annoying of symptoms. Some people feel the rippling effect in individual muscles, but this can be more widespread.

What can be done? Talk to your GP, consultant or specialist nurse, as medication may help to relieve this symptom. In many cases, this symptom fades over time.

Muscle tightness and/or cramping
What is happening? Due to the breakdown of messages from the motor neurones, general muscle tightness or spasticity can impact on mobility, affect coordination of movement and may cause pain or increase the risk of falls. Sudden muscle cramps are also common and can be very painful.

“At the moment the disease has only affected my left arm.”

“My limbs became unusually stiff in the middle of a climb I had made several times before. I dismissed the problem as paranoia for my approaching 40th birthday.”
What can be done? Talk to your health and social care team as physiotherapy or medication may provide some relief and they can advise on managing falls. Appropriate positioning when seated or lying down can also help you feel more comfortable.

Breathing problems
What is happening? Problems with breathing may develop, usually in the later stages of the illness. The internal respiratory process is not affected, but the muscles involved in the voluntary control of breathing can become impaired.

What can be done? If you have shortness of breath, fatigue, disturbed sleep, morning headaches or daytime sleepiness, you may be referred to a respiratory consultant for assessment. Depending on your needs and preferences, assistance can include breathing exercises, physiotherapy, advice on careful positioning, guidance on effective coughing, medication and specialist equipment for assistive ventilation.

See heading Support for breathing problems later in this section.

Swallowing problems
What is happening? If the bulbar muscles weaken (those in the face, mouth and throat), swallowing can be affected. Disruption of the normal eating and swallowing process is referred to as dysphagia, which can result in inadequate food and fluid intake. Weight loss may occur, but this can also be due to muscle wasting.

What can be done? Discuss any issues with your health and social care team and ask to be referred to a speech and language therapist (SLT) and a dietitian. They will assess your weight and ability to swallow, and advise on how to manage coughing and choking, should these occur. Calorie and protein content can be increased with supplements and changes to diet. Alternative feeding options, such as a gastrostomy (using a tube inserted into the abdomen) can supplement or replace meals.

See Section 9: Eating and drinking for more details about nutrition and the types of gastrostomy available, such as PEG.

Saliva and mucus problems
What is happening? If swallowing is impaired, saliva can gather in the mouth and throat, and lead to drooling, which many find embarrassing. Saliva may be watery or thick and ropy. Decreased fluid intake can make mucus secretions thicker which may be more difficult to clear due to reduced coughing pressure. Dryness of the mouth can occur from medication, thrush, dehydration or breathing through the mouth.

What can be done? Talk to your health care team as various options can be offered, depending on the circumstances. These can include advice on diet and fluid intake, the use of medication and occasionally suction machines for clearing out the mouth.

Speech and communication difficulties
What is happening? With weakening of the bulbar muscles (those in the lower face and throat), speech can be affected and poor respiratory support can also weaken the voice. Difficulty with speech is often referred to as dysarthria.

What can be done? A speech and language therapist (SLT) can assess your needs, provide therapy techniques and advise on suitable communication aids. An occupational therapist (OT) can assess your requirements regarding how you physically access any equipment or aids. Speech and communication aids are often referred to as Augmentative and Alternative Communication (AAC) and can range from low tech (gestures, notepads, alphabet boards, etc) to high tech (computer based).

See Section 8: Speech and communication.
Fatigue

What is happening? Loss of physical function means that everyday routines become more tiring. Fatigue can also occur from breathing problems and breathlessness, low calorie intake and dehydration.

What can be done? Develop flexible routines to make the most of the times you feel alert and to allow for rest. Your occupational therapist (OT) can advise on fatigue management and aids to make daily tasks easier and your dietitian can advise you on increasing your calorie and fluid intake.

See also Breathing difficulties and Swallowing problems as listed above.

Pain

What is happening? Pain may be experienced due to muscle cramps, stiff muscles and joints, muscle spasms, skin pressure or constipation. You may also experience discomfort from fluid retention or swelling, caused by limited mobility (known as oedema). However, in all cases it is important to have the pain assessed, as it may not be connected to MND.

What can be done? Talk to your health and social care team for advice on careful positioning, support and pressure care, and suitable medication. If you have fluid retention or swelling, you may be referred to the lymphodema service. If pain is persistent, you can be referred to a palliative care or pain clinic.

Emotional lability (also known as pseudo-bulbar effect)

What is happening? You may experience inappropriate laughing and/or crying, which can be difficult to control and feels distressing. This does not affect everyone with MND and is an involuntary response.

What can be done? Talk to your health and social care team who can support. Medication may help to relieve this symptom. This can also be alarming for those close to you or providing support, but if it is recognised as a part of MND, it can be easier to manage.

See Section 4: Emotional impact for more detail on emotional lability.

Emotional reactions

What is happening? You may feel you are on an emotional roller coaster, experiencing multiple emotions, such as anxiety, fear, anger, sadness, depression and disbelief. These reactions are normal.

What can be done? Trying to understand what you are feeling can be the first step towards managing these emotions. If these feelings are persistent and extreme, you may find it helpful to talk to your health and social care team. In some instances medication can help and/or a referral to an appropriate counsellor or psychologist.

See Section 4: Emotional impact.

Changes to thinking and behaviour

What is happening? You may find it harder to think, concentrate, interact with others and plan things as easily as you used to. These changes to thinking and behaviour are known as cognitive change. Up to half of people with MND are thought to be affected, with mild effects in most cases. A few people experience more noticeable change and a very small percentage develop a type of dementia called Frontotemporal Dementia (FTD), which is more severe.

What can be done? Additional support is likely to be needed, including mental health and psychological services. If you or your carer have any concerns, ask your neurologist about the possibility of screening. This assessment process can help detect changes to thinking and behaviour, so that appropriate support can be arranged.

See Further information at the end of this section.
What is not affected by MND?

The following are usually unaffected, although each individual has a different experience. Talk to your GP or health and social care team if you have any concerns, as there may be an underlying condition.

**Taste, sight, smell, touch and hearing**

Senses are generally unaffected, but some people experience changes to taste, skin hypersensitivity or problems with temperature regulation.

**Incontinence**

Bowel and bladder functions are not usually affected by MND, but mobility problems can make it more difficult to access and use toilet facilities. Constipation may occur due to changes in eating, dehydration, anxiety, medication and poor mobility. Diarrhoea can occur as a result of persistent constipation. Any changes to bladder and bowel function should be investigated and may not be due to MND.

**Sexual function and expression**

Sexual function is not usually affected, but a person’s perception of their own sexuality may change. Physical changes can affect intimacy at all levels from cuddling to sexual expression. Open discussion with your partner, and possibly the help of your health and social care team, can help you to maintain intimacy if this is important to you.

**Eye muscles**

Most people with MND retain the ability to move their eyes. If neck muscles are affected, the use of appropriate head supports can help.

Are there any specific treatments for MND?

Much can be done to manage symptoms, to enable you to maintain independence for as long as possible and to help you deal with the emotional impact of MND. Through MND care centres and networks, and neurological centres, a wide range of health and social care professionals are likely to be involved with you and your family. This is often referred to as a multi-disciplinary team (MDT). MDT expert care, combined with treatments or therapies as featured below (when relevant to your needs), may help you to maintain the best possible quality of life, for as long as possible, when living with the condition.

See Section 13: How health and social care professionals can help you.

Depending on your symptoms and progression, discussions with your health and social care team are likely to include the following:

**Riluzole**

Currently, there is no treatment that will halt the progress of the disease, although one drug, riluzole, has shown a modest benefit for some people. Researchers continue to investigate other drugs in the laboratory and through clinical trials, with the help of people living with MND.

Riluzole is licensed for the treatment of MND and has been approved for use on the NHS. It is not a cure, but it is the first medicine to show a modest impact on survival, of a few months. Riluzole is available in tablet or liquid form.

See Further information at the end of this section.
Support for breathing problems
If you experience breathing difficulties, there are a number of treatments and therapies to help.

"Wearing my [NIV] ventilator 24 hours a day allows me to lead what I call a ‘normal’ life and doesn’t stop me from doing anything I want to do."

Ask your health and social care team for a referral to a respiratory consultant for guidance. This will include discussion about supported breathing, which is your decision to make. This generally involves two options:

- Non-invasive ventilation (NIV), where a portable machine supports your own breathing by providing extra air through a mask.
- Invasive ventilation (tracheostomy), where a machine takes over your breathing through a tube inserted into the windpipe through the neck.

Some people choose invasive ventilation to avoid the need for a mask. However, invasive ventilation can raise serious questions about quality of life when life is extended in this way, as other disabilities caused by MND will continue to progress.

See Further information at the end of this section for information sheets on breathing and ventilation.

Oxygen and MND: In most cases, ventilation uses normal air to help you breathe. Extra oxygen is not usually recommended with MND as it can upset the balance in your body between oxygen and carbon dioxide. However, it may be used with caution if your oxygen levels are low.

An alert wristband has been included in the folder with this guide. It is your choice whether to wear the wristband or not, but if you need emergency treatment and are unable to communicate for any reason, it lets hospital staff know you have MND and may be at risk with oxygen. They may not all be aware of this concern with MND.

Tube feeding
See Section 9: Eating and drinking for information about nutrition, swallowing difficulties and the possibility of tube feeding, if required.

Physiotherapy
See Section 6: Getting around for guidance on physiotherapy, exercise and assisted exercise.

Complementary therapy
Many people living with MND find that some use of complementary therapies can help to relieve some symptoms and reduce stress. However, it is important to recognise these therapies are not a treatment or cure for MND.

Complementary therapy is not considered to be part of conventional medicine, but it is felt to ‘complement’ conventional treatments if used in combination.

A wide variety of complementary therapies exist, such as massage, acupuncture and reflexology. These therapies are increasingly available on the NHS and some general practices now provide access to them. Hospices usually offer a selection of complementary therapies as part of their service.

"A reflexologist kindly massages my feet, hands and arms, which helps with circulation and generally feels good. These appointments were facilitated by the local hospital."
Key points

- Not all health and social care professionals are familiar with MND due to its rarity. They may not be aware of every symptom. Ask questions or request referrals if you notice signs of any symptoms that may require specialist help.

- Not everyone gets the same symptoms at the same time or in the same order. If planning ahead for equipment or aids, ask for an independent assessment of your needs by a relevant member of your health and social care team to avoid any unnecessary expense.

- Contact your GP before undertaking a complementary therapy, to check it will not conflict with any current treatment and ask to be referred to a registered practitioner.

- If you have any difficulties with the supply of riluzole, please contact MND Connect.

See Further information for contact details.

Further information:
We have a range of numbered information sheets, including:

1A: NICE guideline on motor neurone disease

1B: Information about MND or Kennedy's disease in other languages or Braille

2A: Kennedy's disease

5A: Riluzole

6A: Physiotherapy

6B: Complementary therapies

7A: Swallowing difficulties

7B: Tube feeding

7C: Speech and communication support

8A: Support for breathing problems

8B: Ventilation for motor neurone disease

8D: Troubleshooting for non-invasive ventilation (NIV)

8E: Air travel and ventilation for motor neurone disease

9A to 9C: our range of sheets on thinking and emotions in MND

11C: Equipment and wheelchairs

13A: Sex and relationships for people living with MND

13B: Sex and relationships for partners of people living with MND

Most of our publications can be downloaded from our website: [www.mndassociation.org](http://www.mndassociation.org) or you can order them from MND Connect, our support and information helpline: Telephone: 0808 802 6262 Email: mndconnect@mndassociation.org

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

Online forum: [http://forum.mndassociation.org](http://forum.mndassociation.org) hosted by the MND Association for you to share information and experiences with other people affected by MND.
3: What do I need to think about?

This section will help you to consider some of the things you can do to maintain the best possible quality of life with motor neurone disease (MND).

After a diagnosis is made and you know why symptoms are occurring, you can make informed decisions to make life more comfortable.

MND is a complex condition that requires a wide range of support from a variety of health and social care professionals. There is a huge amount to think about and this can begin to feel overwhelming. However, this section features the top 15 suggestions based on repeated feedback from other people affected by MND. In other words, ‘things I wish I had known at the start.’

1. Don’t rush into purchasing equipment:
Before making decisions about equipment or aids, have your needs assessed by the relevant professional, eg an occupational therapist or speech and language therapist. Equipment may not always be suitable for everyone and mistakes can be costly. You may be able to obtain certain items through the NHS or social services.

See Section 7: Everyday activities and personal care.

See Section 12: How statutory services can help you.

2. Financial choices can have hidden consequences:
For example, early retirement payments may affect access to certain benefits. Don’t rush decisions that will affect finance or work and seek advice from an independent financial adviser and a benefits adviser.

See Section 10: Your finances.

3. Think about home adaptations as early as possible:
Adapting your home can take time and you may need to seek assistance with funding, which can also be a lengthy process. Investigate this as soon as possible if you think it may be necessary. An occupational therapist can help advise about your future needs.

See Section 6: Getting around.

“The problem with MND is that it is always moving on while you play catch up.”

You will find further detail throughout the remainder of this guide, but the following list provides simple starting points. Whether these will all apply to you depends on your individual circumstances, but they may help you to approach the future with more knowledge and confidence.
4. **Make sure major equipment will continue to work for you:**
   
   Try to consider your future needs when looking at equipment, particularly installations, such as mobility aids. Seek assessment from your occupational therapist. For example, a stairlift may not be effective later on if you need a wheelchair, as this requires two wheelchairs, one for each floor, and transition between chair and stairlift. A through-floor lift or downstairs conversion may allow for easier access and there may be statutory or charitable funding to assist.

   See Section 6: *Getting around.*

5. **Seek assessment if you need assistance with care:**
   
   Adult social care services can provide a needs assessment for yourself, and a carer’s assessment for your main carer, to identify needs, plan for emergencies and help provide social care assistance. Support can vary between different regions, local authorities and health and social care trusts, so explore what’s available to you during assessment.

   See Section 12: *How statutory services can help you.*

6. **Provide a full picture of your care needs:**
   
   If you are being assessed for care needs or making a claim for benefits (eg Personal Independence Payment), give lots of detail and always describe your worst day, not your best, to obtain the appropriate level of support. Keep a diary of your progression, to provide real examples of how long tasks take and the impact of the disease on your routines.

7. **Keep a log of questions and contacts:**
   
   If you have queries for your health and social care team, make notes so you don’t miss anything when you meet. If you feel tired or overwhelmed at an appointment, written notes can be very helpful.

   See the forms included at the end of this guide. These can help you keep track of notes and queries, including a Contact record and Appointment and communication record.

8. **Managing bank accounts:**
   
   If you live with a spouse, partner or related carer, it can be helpful to add their name to your bank account, as a joint account. This means they can help to manage finance should this become difficult for you to access. However, always ask your bank for advice, as there may be other things you need to consider.

   See Section 10: *Your finances.*

9. **Check out the benefits system:**
   
   If you have not previously accessed benefits, this can feel uncomfortable and bewildering, but it is important to find out what you are entitled to. It is your right.

   See Section 10: *Your finances.*
10. Find out what the local specialist palliative care team or hospice can do:

Palliative care is about achieving the best possible quality of life for you, and those close to you, through symptom management and support services. Palliative care teams and hospices can do a great deal to improve your well-being. If you build a relationship with them, it may decrease any time spent in hospital, as their knowledge of your case can be extremely helpful. Not everyone needs this straight away, but talk to your neurologist or GP about a palliative approach and whether a specialist referral would help, whether this is immediately after diagnosis or later on. Some hospices take self-referrals.

See Section 13: How health and social care professionals can help you.

11. Find out as much as you can about treatments:

Decisions about treatment or medical intervention with MND can be difficult, due to the unpredictable nature of its progression. Discuss options with your health and social care team, so that you know what is possible, what it could mean for you and optimum timing for specific interventions. In all instances the choice of whether to accept what is on offer is yours, but try to make decisions based on clear information. Your health and social care team can advise.

The regular support meetings held by my local branch are invaluable – people affected by MND are the only ones who can really ‘tell it as it is’.

12. Have difficult conversations as early as possible:

Planning ahead for the later stages of MND can feel intimidating and means having difficult conversations with your health and social care team and your family. If your speech and communication are affected, you may find it easier to discuss plans earlier rather than later. Many people report that having made their wishes known, they feel calmer.

See Section 11: Planning ahead.

13. Remember MND is rare:

Your GP and your health and social care contacts may not have previous experience of working with MND, so publications like this can help equip you with the knowledge to make the most of your relationships with these professionals. We provide information, education and support services about MND to professionals, through our regional care development advisers and our MND Connect helpline.

Telephone: 0808 802 6262
Email: mndconnect@mdassociation.org

Health and social care professionals can also reference the NICE guideline on motor neurone disease, from the National Institute for Health and Care Excellence. This sets out recommendations for the treatment and care of MND. We provide an information sheet about this - 1A: NICE guideline on motor neurone disease.
15. If you have questions, concerns or just need a listening ear:
You can also contact our helpline MND Connect:
Telephone: **0808 802 6262**
Email: **mndconnect@mnassociation.org**
They can direct you to all our services, branches, groups, your local regional care development adviser and relevant external organisations for support.

*See Section 14: How we can help you.*

If needed, do ask for information at appointments with health and social care professionals. If you are disabled and need information in a particular format, this should be provided by the health or social care service you are dealing with. This is now mandatory in England - for more details, search for accessible information standard at: **www.england.nhs.uk**

"The MND Association provides a bridge to direct people to access care and support through its publications and helpline."
Part 2: Living with MND

Section 4: Emotional impact
Section 5: Family, children and friends
Section 6: Getting around
Section 7: Everyday activities and personal care
Section 8: Speech and communication
Section 9: Eating and drinking
Section 10: Your finances
Section 11: Planning ahead
4: Emotional impact

This section will help you to identify and manage some of the more difficult emotional responses you may feel after diagnosis.

Every individual is different and your emotions will be influenced by your own particular circumstances, culture and beliefs. Whatever responses you feel in the weeks and months following diagnosis, it is important to remember these reactions are natural and shared by many. You are not alone. There is help and support available.

Reactions

For most people, a diagnosis of MND comes as a shock. However, for some there can also be a sense of relief after a period of great uncertainty. Once you know what is happening, you can take action to make life as comfortable as possible.

Yet, as you begin to deal with the diagnosis and what it will mean, the range of emotional responses can feel very confusing. It is not uncommon to feel mixed emotions, as you can experience more than one distinct feeling at a time, such as anger and guilt.

You may experience:

- shock
- fear for the future
- disbelief at the diagnosis, and denial
- anxiety for family, children and friends
- grief for the loss of the future you expected
- anger at the medical profession or family and friends
- isolation because you suddenly feel different from others
- intense sadness
- guilt that you may be the cause of stress for others
- relief that you finally know what is happening to you.

Feeling overwhelmed

Some or all of these reactions may feel overwhelming for a while and you need to work through them at your own pace. You may need to get the situation straight in your own mind before seeking support or information. Gradually though, you may wish to review your life and plans.

One of the most difficult things at this time is to get a balance between keeping a positive mental attitude and accepting that you have a life-shortening illness. You may feel determined to face the disease head on and fight it, or you may prefer to deal with it one day at a time.

"I think a lot about living and not about dying. I may not be around a year from now, but on the other hand neither might anyone else. Why spend time worrying about the worst scenario?"

Discussing and acknowledging feelings with those close to you is vital. MND affects them too and sharing highs and lows means you can all support each other. They may even wish to access information on the disease and support services before you feel ready to do so. They will have personal questions about what is happening and seeking information can help them to adjust.

See Section 5: Family, children and friends for help on how to handle these sensitive conversations.
If your partner or a family member helps to support you, we also provide information specifically for family carers. This includes emotional and practical guidance to help them cope, particularly as they face the challenges of the caring role.

See Further information at the end of the section for carer information.

Emotional lability

You may find you tend to laugh or cry at inappropriate times. This can be difficult to stop and you may feel out of control, which is often distressing for yourself, but also for those close to you, who may not understand.

This is called emotional lability (also known as pseudo-bulbar effect) and is a symptom of MND, though it is not necessarily experienced by everyone with the disease.

It is an abnormal motor response caused by the effects of MND on the pathway between the outer layer of the brain and the brain stem. This means your responses may not match how you feel. For example, you may laugh uncontrollably, but feel sad, or you may cry, but feel happy.

In many cases this is a temporary symptom that reduces over time, but if the responses are persistent and causing distress, talk to your GP. If your GP is not familiar with emotional lability, try to talk to an appropriate member of your health and social care team with experience of neurological conditions.

You may find that understanding the symptom is enough to help you and your family to manage the impact. Others find emotional lability limits where they go and what they do, and that medication or other assistance helps.

Some people with MND experience changes to thinking and behaviour (called cognitive change). In these instances, it is more common to experience emotional lability. However, it is very important to be aware that emotional lability is not in itself a sign of other changes to thinking and behaviour.

Depression

With any serious illness, it is quite normal to experience low moods at times.

"You really need to be kind to yourself...It's ok to feel 'Poor me!'"

If you find it particularly difficult to recover from feeling low, it may be time to seek some help. Try to be aware of signs such as:

- difficulty sleeping
- loss of interest
- loss of appetite
- lack of energy.

Bear in mind that there could be other underlying causes for these effects which may be due to physical symptoms rather than depression. Whatever the cause, if they persist or feel overwhelming, you can seek help. There is no reason why you should have to go through them alone and there are effective treatments available. Speak to your health and social care team for guidance.

See Section 13: How health and social care professionals can help you.

"I have an advice sheet with me that I can give to people if I break down, as when this happens I cannot speak or communicate. It is very alarming for people around me."
Intimacy and sexuality

For many of us, physical intimacy is very important. Touch and being close to your partner can be an essential part of showing affection and sharing emotional support. Intimacy does not necessarily always include sex, but sex may be a significant part of your emotional life. Many people affected by MND worry about the impact of the disease on sexual expression.

“ It is easy for the person with MND to withdraw and for the carer to be preoccupied with caring. It is important to take time to remember to show the other that you still care. I can’t stress how important this is.”

MND does not affect sexual function, but impaired movement can make sexual expression more difficult. However, open discussion with your partner can be very helpful. You may also find it useful to talk to someone from your health and social care team for guidance should you have specific questions.

You and your partner may have questions about how MND will affect intimacy and how you can solve these issues. We provide helpful and candid information if you have concerns.

See Further information at the end of the section for information sheets on sex and relationships.

Rethinking and planning

A diagnosis of MND may alter the direction you expected your life to take, but it should not stop you making new plans. By becoming as informed about the disease as you can, you can learn to manage it and find support. This will help you to achieve the best possible quality of life.

“ It really can’t be emphasised enough to listen to professionals who have helped people go through this before… Please listen, I know it is hard, but it could save you pain and keep you well that bit longer.”

The urge to deny the impact of the diagnosis can be strong, followed by ‘Why me?’ This is normal and understandable, but too much focus on this may delay how you take control of managing the illness. Although different for each individual, MND is always one step ahead. It is unpredictable and, for some, progression is rapid. It is important to become informed about the types of decision you are likely to face in the future.

The following may help you find a positive way to deal with the diagnosis:

Accommodating and accepting change:

- means adapting to change and being able to recognise what is now, in comparison to what was
- means using available support to make life easier, for example, using a walker or wheelchair for safer mobility when required
- does not mean giving up or giving in
- is proactive, turning ‘Why me?’ into ‘What can I do?’

Decision making:

- can be better supported through discussion with those close to you and your health and social care team, but ultimately, you have the final say
- should be flexible, as you may need to revise or reverse decisions as your symptoms change.
Staying in control:
• means trying to keep involved in the world around you, as MND can feel very isolating
• means giving yourself permission to laugh when needed, as humour can help to defuse those difficult moments
• is about planning ahead to ensure support is already in place when you need it
• means being aware of your future needs, while managing the disease one day at a time.

“ It’s important to stress that although people may not want to discuss things immediately, they can always seek help at a later stage.”

Emotional support and guidance
For professional guidance please talk to your GP and your health and social care team. They can offer a range of assistance, from how to manage difficult emotions, to medication for specific symptoms.

If you are feeling particularly overwhelmed, ask your GP to be referred to a counsellor or psychologist for guidance, although there may be a waiting list. Palliative care teams and hospices usually offer counselling and spiritual guidance as part of the palliative care approach.

When you feel ready, you can read more about palliative care in Section 11: Planning ahead.
Some people affected by MND find complementary therapies help relieve stress and can be very calming. These should always be taken with a qualified and registered practitioner.

The MND Association is here to help you in any way we can, with advice, information and support. Our helpline MND Connect can direct you to services or just provide a listening ear. For many, joining a local branch or group of the MND Association to meet other people affected by the disease can be supportive. If you decide this is not for you, it may be something to consider at another time.

If you have access to an Association visitor in your area, they can support by telephone, email or through face to face visits.

See Section 14: How we can help you.

The MND Association online forum also provides a safe place for you to communicate openly with other people who are living with or affected by the disease. You can also view the forum conversations without joining if you prefer. Although your particular experience of MND is unique to you, there will be many examples of shared issues and practical tips.

See Further information at the end of this section for contact details.

“ The MND Association is the cushion from the falling sensation you get when you are diagnosed.”
Key points

- Whatever emotions you experience, you are not alone and these feelings are usually a normal response to difficult circumstances. If overwhelmed, do seek support from your health and social care team.
- Talking to those close to you, and to your health and social care team, is an essential part of finding ways to manage how you feel and enable you to cope with the challenges ahead.

See Section 5: Family, children and friends for help on how to handle sensitive conversations with those close to you.

- If you feel persistently low and unable to manage, do seek help from your health and social care team.

Further information:

We have a range of numbered information sheets, including:

6A: Physiotherapy
6B: Complementary therapies
9C: Managing emotions
13A: Sex and relationships for people living with MND
13B: Sex and relationships for partners of people living with MND

We also provide the following publications:

Caring and MND: support for you
a comprehensive guide focused on the well-being of family and unpaid carers.

Caring and MND: quick guide
a small A5 booklet to help someone new to the caring role become aware of available support.

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org.
MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

Online forum:
http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.

Samaritans:
Telephone: 116 123
Sharing the news of your diagnosis may feel very difficult to do.

The reactions of other people to your diagnosis will vary greatly, influenced by their own circumstances, their relationship with you, their age and the way they respond to crises. These reactions are natural responses to troubling news that will bring change and emotional impact.

How do I tell people about this?

How and when you inform others about your diagnosis is up to you. You should do what feels right for you. You may feel that:

- you need time to adjust before telling anyone else
- you only wish to tell your immediate family while you adjust
- you want all close contacts to be aware.

MND is progressive and the effects will be visible to others. The more people know, the easier it is for them to adjust too. It can also help them to understand how to offer support in ways that suit you.

You may not want to explain the situation over and over again if this feels stressful. If you are married, or in a relationship, this may also be true for your partner. A close friend may be prepared to communicate on your behalf to reach a wider circle. There are many ways they can do this, perhaps by email or sending information about MND with their message.

It may help to keep any initial conversations quite simple in case people feel overwhelmed. As time goes on, you may wish to give more detail about how the disease is affecting you, so that people know how to support you.

Changing roles

Living with MND can result in normal routines and lifestyles being turned upside down. This can lead to significant emotional changes for everyone in your immediate circle.

Tasks that were traditionally yours may be taken on by someone else, careers may be put on hold and money worries can increase. Your own sense of purpose may need to adapt rapidly, but family roles can all change, and this is not always easy.

If your main carer is also your partner, this may cause strain, although some people find it strengthens their relationship. However, it cannot be emphasised enough how important it is for your carer to consider their own well-being, as MND is progressive and your need for support will increase.

See Further information at the end of this section for publications designed to support family carers.

See Section 14: How we can help you for information about MND Support Grants, including grants for carers.

“ My way of telling my workmates was to use a humorous approach with the ‘good news, bad news’ idea. The good news is we finally know what’s wrong and the bad news is there’s no cure yet. I found it broke the ice nicely.”
Many will try to hide their own feelings to protect you and it may take time to develop open communication. Try to recognise when people close to you need to share their feelings and encourage open conversations. This will enable understanding and help you all to develop better ways of coping as a team.

Accepting external support for some of your care can be very beneficial. This may help you to hold on to what was unique about close relationships before you had MND. It can also provide a rest for your main carer, as their well-being can come under pressure through fatigue and worry.

If your main carer is your partner, you may each have concerns about how MND will affect intimacy and sexual expression. Again, open communication is very helpful and you may find it beneficial to talk to your health and social care team about specific worries.

See **Further information** at the end of the section for information sheets on sex and relationships.

### Feelings of isolation

People with MND, and their main carers, often talk about a sense of growing isolation, for various reasons:

#### Social networks may grow smaller:

Physical hobbies and certain types of employment may become difficult as the disease progresses. There may be ways to do things differently, if you wish to remain involved. This can help to maintain relationships based on these activities.

Speech and communication may become affected:

This can make social interaction more difficult. There are therapies and communication aids to assist, but you may need to explain to others how to listen and respond to you in different ways.

See **Section 8: Speech and communication**.

### Some friends may retreat:

There could be many reasons for this, including fear of saying or doing ‘the wrong thing’. It is also possible they lack understanding, for example, if you are affected by emotional lability and they are unaware of this symptom.

See **Section 4: Emotional impact**.

Where people do continue to visit and maintain contact, you may find it helpful to:

- keep them informed of changes so they know what to expect (MND is rare and they may not fully appreciate the impact of the disease)
- let them know the best times of day to visit, as your routines may change and you may feel more energised at certain times
- let them know how long to stay, to help you avoid fatigue
- make a list of tasks that others might be able to help with (people like to offer practical support and a ready list gives them choice and saves you trying to think of instant tasks)
- open difficult conversations to give them ‘permission’ to ask about things that may concern them
- encourage your inclusion at social gatherings for as long as you feel this is right for you.
You may find new ways to develop social contacts by exploring different types of social activity. This could include new hobbies, or joining a local branch or group of the MND Association. Meeting other people in a similar situation and sharing experiences can help to remove the feeling of isolation for both you and your carer. Not everyone feels this is appropriate for them at first, but you can join a branch or group at any point.

If you have access to an Association visitor in your area, they can contact you by telephone, email or visit face to face, to provide support and helpful information. See Section 14: How we can help you.

The MND Association online forum also provides a safe place for you to communicate openly with other people who are living with or affected by the disease. You can also view the forum conversations without joining if you prefer. This can still help to reduce isolation. Although your particular experience of MND is unique to you, there will be many examples of shared issues and practical tips.

See Further information at the end of this section for contact details.

Communicating about MND to children and young people

It is natural for any parent to want to protect their children from distress or worry. Yet even young children notice far more than we realise. Without information and explanations, children may:

- feel isolated and forgotten
- rely on their imagination to provide answers,

which can be far more damaging and distressing than reality

- think their thoughts or actions can influence the wider world and, seeing someone they love gradually get worse, they may feel it is somehow their fault
- try to find out more information on their own, which may not be from an accurate source.

When communicating sensitive issues to children, start by talking about things the child will already have noticed. For example, if leg muscles are affected, explain how this will make it increasingly difficult to walk. If facial muscles have been affected, explain how it may be difficult to smile, but this does not mean you are angry.

You may be worried about getting upset, but this can give children and young people permission to release some of their own emotions. By talking about MND you are clearly demonstrating it is not a taboo subject, but one that is safe to discuss.

There is no need to give all the information at once. How much and how often you should talk to children will depend on their age and how quickly the disease is progressing. However, it is important to be clear in your explanations to avoid misunderstanding.

It may help to use information about MND specifically for young people: See Further information at the end of this section for publications we have produced to help adults and children communicate about MND.

If teachers at the child's school are told how the disease is affecting the family, they can be a source of support for the child.

As they get older, children gain a different level of understanding. They may seek information on their own and know more.
than you realise, but still need to talk to you. If they shoulder a heavy responsibility as a young carer, they may also feel torn between home and student life.

Encouraging young people to maintain their links with the outside world is vital. Reassure them that their friends and activities are essential in maintaining a balanced life.

**See Section 14: How we can help you for information about grants for young people affected by MND.**

**Key points**

- There are specialist services and organisations that can help you, your family and those close to you to work through sensitive and difficult issues.

  **See Further information at the end of this section for examples and for contact details of MND Connect who can direct you to a wide range of support**

- Try to find out what children think is happening, as it may be worse than you expect and you can help them to understand.

- Working together to keep things as open and positive as possible can really help to improve quality of life.

**Further information:**

We have a range of numbered information sheets, including:

- 4A: **Communicating about MND with children and young people**
- 13A: **Sex and relationships for people living with MND**
- 13B: **Sex and relationships for partners of people living with MND**

Publications specifically to help children and young people:

**When someone close has MND**

an activity workbook for children aged four to ten, to help a trusted adult communicate about MND at a pace they feel is appropriate for the child and for the child to explore ways of coping.

**So what is MND anyway?**

a publication for young people and young carers, with input from young people who have been affected by MND.

We also provide the following publications:

- **Caring and MND: support for you**
  a comprehensive guide focused on the well being of family and unpaid carers.

- **Caring and MND: quick guide**
  a small A5 booklet to help someone new to the caring role become aware of available support.

Most of our publications can be downloaded from our website: [www.mndassociation.org](http://www.mndassociation.org) or you can order them from MND Connect, our support and information helpline:

- Telephone: **0808 802 6262**
- Email: [mndconnect@mndassociation.org](mailto:mndconnect@mndassociation.org)

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

**See Section 14: How we can help you.**

**Online forum:**

[http://forum.mndassociation.org](http://forum.mndassociation.org) hosted by the MND Association for you to share information and experiences with other people affected by MND.

- **Samaritans:**
  Telephone: **116 123**

- **Childline:**
  Telephone: **0800 1111**

- **The Carers Trust:**
  support for all family carers at [https://carers.org](https://carers.org) and see their online facility for young carers at [https://babble.carers.org](https://babble.carers.org)

- **Carers UK:**
  information and advice for all family carers at: [www.carersuk.org](http://www.carersuk.org)
  - **0808 808 7777** (England)
  - **02890 439 843** (Northern Ireland)
  - **02920 811 370** (Wales)
6: Getting around

This section will help you to find safe ways to maintain movement and mobility in your everyday life, to prolong independence and support social contact.

MND affects everyone in different ways, but impact on movement, mobility and posture is to be expected as the disease progresses. This can be extremely frustrating and, for some, may result in falls and injury. It can also restrict living independently at home.

Accepting that you may have to find new ways of doing things can be difficult. However, there are many ways to find support and this can genuinely improve quality of life for yourself and for those close to you.

"The ability to adapt to change can make such a difference to the experience of living with MND."

Who can help me maintain mobility?

A physiotherapist can:
- help maximise your movement, mobility, balance and posture
- assess your needs regarding appropriate walking aids
- recommend an exercise programme appropriate for you and advise carers on assisted or passive exercise (where they move your limbs)
- advise you and your carer on moving and handling
- provide guidance on positioning for comfort
- provide advice on how to manage falls
- suggest ways to manage fatigue
- provide advice on respiratory care, which may help relieve fatigue.

An occupational therapist can:
- advise how to maintain independence in all aspects of self care and daily living activities
- provide guidance on falls prevention
- recommend how to retain posture, minimise pain and reduce discomfort
- advise about adapting your home environment for wheelchair accessibility or for equipment to help you with mobility or household tasks
- provide advice to you and your carer on moving and handling
- suggest ways to manage fatigue
- provide guidance on how to maintain social activity and personal hobbies or interests
- support the psychological and emotional impact of having to manage the changes being experienced.

A district or community nurse can:
- help monitor and advise on pain control and medication
- provide advice on how to manage falls
- provide advice to you and your carer on moving and handling
- provide guidance on how to care for swollen hands or feet.
Will exercise help?

It is the nerves supplying the muscle, rather than the muscles themselves that are damaged in MND, so excessive exercise is not usually recommended and can cause fatigue. General exercise such as walking and swimming are fine, but don’t push yourself beyond your natural limits.

Try to conserve energy for activities that are important to you. A physiotherapist can advise you and your carer on exercises that will suit you and these exercises need to be tailored to your individual needs. What may suit one person with MND may not be ideal for another.

It is also important to get advice as your condition changes and exercise routines may need to adjust.

“Physiotherapy has helped me feel proactive rather than a helpless victim.”

Exercise cannot reverse damage to muscle groups already weakened by MND. However, it can help to:

- maintain muscles not already affected by MND
- maintain range of movement in joints to help prevent stiffness and pain.

Assisted exercise (or passive exercise where someone else moves your limbs) can help to relieve stiffness and pain. This type of exercise can also help ease discomfort if poor circulation occurs and limbs are swollen. Again, a physiotherapist can advise on a programme that will be appropriate.

How do I manage fatigue?

You may find that fatigue is a persistent issue. This may be due to a variety of reasons, such as:

- using extra effort to do things, due to weakened muscles
- feeling tired if you have problems with your breathing
- not eating enough if you experience swallowing difficulties.

Not everyone will necessarily experience all of these issues, but fatigue may still be felt.

It might be helpful to take on the idea that you have a ‘bank account’ of energy to spend each day. Plan to do essential tasks first or those you really want to do. Leave or get assistance for others. If you overspend on energy one day, you may feel extremely tired the next. Try to:

- listen to your body and pace yourself
- prioritise tasks, manage your time and be flexible with routines
- use equipment to help you do things more easily
- talk to your physiotherapist, occupational therapist and dietitian about ways to manage fatigue
- talk to your health and social care team about any breathing problems
- plan a rest day both before and after a particularly busy time, such as a family event.

What support is available?

You need to be assessed for the most suitable equipment and aids. In most cases an occupational therapist is your first contact for advice and arrangements regarding equipment, but other members of the health and social care team may also be involved. The following indicates the type of support that may be available to help with movement and mobility.

For balance, walking or personal mobility:

- use devices such as splints or braces to support vulnerable joints and assist with problems such as foot drop, where the muscles in the foot become less responsive
• use walking aids like sticks, crutches, a walking frame or a rollator (a frame with wheels). Sometimes this can be difficult if the arms and hands are weak
• consider if a wheelchair may be useful (see later heading).

Rollator, or wheeled walking frame

If experiencing pain, cramps and/or stiffness:
• talk to your health and social care team to assess what may be causing the problem
• a physiotherapist or occupational therapist may be able to help
• explore changes to seating and positioning and whether splints, braces or a support collar may be helpful
• use a specialist chair and bed, walking aids and pressure relieving cushions and mattresses
• ask about pain control and medication.

To move from chair to bed, bath or toilet:
• you and your carer need to be shown safe moving and handling techniques and how to use equipment - ask your occupational therapist, physiotherapist, or community or district nurse for advice or guidance to qualified help
• use equipment such as hoists, riser recliner chairs, sliding boards and rotating transfer frames

Mobile hoist
• consider adapting the bathroom to a level access shower and use a wheel-in shower chair
• slippery materials may also assist the ability to move around and slide, eg when in bed, but care must be taken to avoid falls
• a memory foam mattress may make it more difficult to move in bed.

To get in and out of the house:
• use ramps and widen doors
• install environmental controls to open doors and control appliances, such as the television.

To move between floors:
• use stair rails and grab rails if safe to do so
• consider if a stairlift will be suitable, which may depend on how easily and safely a person can transfer to and from the seat - think about how their symptoms may progress
• consider if a through-floor lift will be suitable, which can take a wheelchair - these need space and can be costly, but provide a practical way to access bed and bathroom
• adapt your home to enable you to live downstairs or to be wheelchair accessible
• plan any conversions or extensions as early as possible, as these can often take a year or more.
Local authorities differ greatly in their approaches to assisting people with disabilities with home adaptations such as stairlifts and lifts. This is particularly true with a disease like MND where needs change. However, if you decide to buy or hire a lift privately, please talk to an occupational therapist first. These expensive items have little second-hand value and you need to know if they are safe for you to use.

You may be eligible for a Disabled Facilities Grant (DFG) towards the cost of lifts, conversions and extensions. Ask your occupational therapist to advise, but it can be a lengthy process to get a grant. You will also be financially assessed to work out how much you may need to contribute. Explore options as early as you can.

See Further information at the end of this section for details about DFGs.

To get in and out of a car:
- ask your occupational therapist for advice on equipment and techniques to help, such as a lever in the door catch to help with grip or a cloth swivel cushion to help turn the upper body into the car
- if your carer finds bending and stretching difficult, try a long strap under the feet to help lift them into the car
- think about adapting your car or consider changing to a wheelchair adapted vehicle (WAV), which may be accessible through the Motability scheme.

See Further information at the end of this section for publications on driving, vehicles and general transport.

How do I apply for a wheelchair?
Wheelchairs range from simple manual versions to specialised chairs for posture and powered chairs for indoor and outdoor use.

A posture and mobility assessment is essential to work out which type of wheelchair will meet your needs. The service providing the wheelchair should review your needs if they change.

Who provides the assessment?
Your GP, physiotherapist or occupational therapist can refer you for assessment, as follows:
- England – at a local NHS wheelchair service
- Wales – through the Artificial Limb and Appliance Service

"I remain determined to get on with my modified life... my outlook, by necessity, is having to change."

Powered neuro wheelchairs
A range of powered neuro wheelchairs are now available, suitable for use with MND. The MND Association worked with three wheelchair manufacturers to create these and the resulting wheelchairs can be ordered by all wheelchair services.

Wheelchair support from the MND Association
If all enquiries for wheelchair support have failed through external wheelchair services, we may be able to help. A Department of Health grant, along with other funding, helps us provide specialist MND wheelchair therapists at various MND care centres and networks. These therapists can advise you and assist wheelchair services with training, guidance and support.

See Further information at the end of this section for relevant publications and Section 14: How we can help you for details about the MND Association Wheelchair Service.
Private hire or purchase
If you decide to buy privately, it is still essential to seek assessment from a qualified health professional to ensure you purchase the right chair for your needs. Assessment should consider:

• your size, shape and posture
• any pressure relief needs
• how, when and where the chair will be used
• your environmental needs, to check accessibility.

If you are assessed by a local wheelchair service, ask for a copy of your assessment. This can help a local dealer or distributor advise on the most suitable wheelchairs for you to test.

The British Red Cross
This independent charity lends or hires manual wheelchairs for short periods.
See Further information at the end of this section for contact details.

Shopmobility
Many large shopping centres and retail parks offer schemes where you can phone ahead and book a wheelchair. Look for your local contact in the telephone directory or search for Shopmobility online.

Scooters
Some people may find a scooter useful for a while, but an assessment should be undertaken with your occupational therapist, as they can be costly and have limited usefulness. Your nearest Disabled Living Centre can offer advice and some centres offer scooter training. You may need insurance to use a scooter away from the home environment.

See Further information for information on choosing the right vehicle.

Wheelchair and scooter safety:
• check brakes and tyre pressure regularly
• carry extra layers for warmth if likely to be in cold conditions for long periods, as temperature control can be more difficult with MND
• ensure clothing and covers are tucked in to avoid getting caught in the wheels
• a wheelchair should never be lifted with someone in it
• a wheelchair should not be pushed forward down a step or kerb
• apply brakes when getting in and out of a wheelchair or a scooter
• move footplates clear when getting in and out of a wheelchair
• use a safety belt, particularly over uneven ground.

Splints may offer extra comfort and security if needed. These can provide hand, foot, neck and chin supports. Talk to your health and social care team to explore suitable options.

“The Motability car has given Dad a new lease of life and so much freedom, so the benefits really do outweigh the costs.”

Transport and travel
We provide a range of information sheets to answer your concerns about:

• driving
• adapted vehicles and the Motability scheme
• Blue Badge
• public transport
• scooters
• disability transport schemes
• holiday and long distance travel.

See Further information at the end of this section.
Key points

- If you are a driver who has been diagnosed with MND, you must notify your car insurer and the DVLA immediately. This does not necessarily mean you will have to stop driving, but you may need to be assessed. See Further information for information on driving.

- Always get an independent assessment by an appropriate health and social care professional before making major decisions about aids or home adaptations. The professional will be able to help you consider both present and future needs to help you make an informed choice.

- Bear in mind that if you use a wheelchair and you have a stairlift installed, you will probably need to purchase another wheelchair – one for transfer on each floor.

Further information:

We have a range of numbered information sheets, including:

1A: NICE guideline on motor neurone disease
6A: Physiotherapy
8E: Air travel and ventilation for motor neurone disease
10C: Disabled Facilities Grants
11C: Equipment and wheelchairs
12A: Driving
12B: Choosing the right vehicle
12C: Travel and transport
12D: Planning a holiday

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

MND Association Support Services:
Email: support.services@mndassociation.org
Telephone: 01604 611802 for guidance on our financial support and equipment loan services.

Online forum: http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.

The British Red Cross: www.redcross.org.uk or telephone 0344 871 1111 to find out about short term hire of manual wheelchairs.
7: Everyday activities and personal care

This section will help you find ways to prolong independence with everyday activities and personal care.

Muscle weakness and fatigue can make everyday tasks difficult. At first, you may feel reluctant to change the way you manage routine activities or to use equipment or aids to assist. Yet this type of support can help you and those close to you to save energy for the things you really want to do.

If you tire easily
- prioritise your tasks – what can be done less or not at all?
- plan your week and pace yourself and any activities
- carry out tasks while sitting and take frequent rests
- organise your home so that important items are to hand
- use labour-saving gadgets
- think about your posture and positioning and if an activity causes you pain, stop doing the task
- consider your future care needs and plan ahead.

Where to go for help and advice on equipment and aids

There are many ways of adapting everyday tasks to maximise independence, including the use of equipment and aids.

However, before buying equipment always seek advice from an expert. Not all aids are suitable for every individual and mistakes can be costly. You may even be able to obtain equipment on loan or through statutory services (those provided free by health or social care services).

See Section 12: How statutory services can help you.

Relevant professionals can help to assess your needs:

Occupational therapists (OTs) for advice on assistive equipment, alternative ways of doing tasks and the possibility of a Disabled Facilities Grant (DFG) for adapting your home. You can contact OTs through social services, your health and social care team or your local hospital.

We have a good occupational therapist and physiotherapist who organise the equipment required and a good palliative care team who look after our needs.”

Physiotherapists for advice on appropriate exercise, posture, balance and ways to help you to move about. Your doctor can arrange a referral. In some areas, community physiotherapists make home visits.

Community/district nurses for nursing care, advice about equipment in your own home and liaison with your doctor or consultant. They can be contacted through your doctor’s surgery.

Specialist suppliers for product demonstrations, although there is a risk of commercial bias. Some have showrooms where you can try a range of equipment and some may visit your home with selected items. See an occupational therapist first, for advice on what will suit your home and current/future needs.
Contact your local adult social care services for advice about provision in your area. They can direct you to the nearest independent Disabled Living Centre to try out equipment and speak to trained advisers. They will also have lists of services and suppliers.

If an item is not supplied by social services or the NHS, you can source products through specialist suppliers, mail order, the internet or various general stores.

See Further information at the end of this section and Section 14: How we can help you for details about MND Association support services including local branch and group support meetings.

Bathing and showering

Bathing and showering may begin to feel tiring, although showering usually requires less effort. If you decide to install a new shower, consider a level access unit (without a shower tray) for ease of access. Your occupational therapist can advise about what will work in your bathroom.

I feel at risk getting in and out of the bath, or need help:

Non-slip mats and grab rails can help increase safety. Bath boards can be fitted across the bath for transfer. A bath seat can help you transfer in and out and some bath seats are powered.

I am unable to get in and out of the bath:

A mechanical or powered hoist or a level access shower facility can help.

I find it difficult to stand under the shower:

For over-bath showers, you can use slatted bath boards and grab rails for support. In shower cubicles, grab rails, wall-fixed seats and shower stools are helpful. For level access showers, use a wheeled shower chair.
I have difficulty directing the spray with a hand-held shower:
While sitting on a bath board, fill the bath in the normal way and scoop water in a lightweight plastic jug. Hair can also be washed in this way. Long-handled sponges can help you reach your back and feet.

I have difficulty gripping:
Fit tap turners and use soap on a rope or a soap dispenser. A flannel mitt may be better than using a hand held flannel or sponge.

I get tired standing at the sink:
A perching stool with a forward tilting seat helps to provide good positioning for arm function and reduces the energy needed for standing.

Getting dry is so tiring:
Instead of towelling dry, put on a towelling bathrobe, lie on the bed and relax for 10 minutes (wrap your feet in a towel too).

Using the toilet
Equipment to access the toilet is generally regarded as essential by health authorities, so ask about available provision. An occupational therapist can advise, but some items such as commodes may be available through a district nurse.

I feel at risk getting on and off the toilet:
Try a raised toilet seat, toilet surround and grab rails to support you. Wheeled shower chairs are often designed to fit across washer dryer toilets offering dual purpose assistance. If you need to use a hoist, some adapted toilets can be too high for mobile hoists and a ceiling track may be required.

I worry about personal hygiene:
A 'bottom wiper' with a long looped handle and paper grip may help and portable bidets can fit into a toilet. A powered washer/dryer toilet unit can be connected to your electric/water supplies, which enables a spray washer and warm air dryer to be operated by hand or foot switches.

What do I do when away from home or if I use a wheelchair?
Portable urine bottles (men) or urine pans (women) can be discreetly carried. Various other portable devices are available to assist.

I have difficulty adjusting my clothes to use the toilet:
Attach a tab or key ring to fly zippers. French knickers are loose around the leg and can be pulled to one side, or try adapted underwear.

See Clothing and dressing and Further information later in this section.

I find it difficult to manage when I have my period:
Self adhesive pads and adapted applicators are available from chemists if you have a weak grip. If menstruation becomes very difficult to manage, ask your doctor about using contraceptives to stop periods. It is also possible to have a chemically induced menopause, but this needs discussion with your doctor to understand the possible impact of this treatment.

Clothing and dressing
With MND, getting dressed and undressed can be tiring, or difficult if your grip is affected. You may also need to think about comfort and temperature control. It can be helpful to:
- adapt fastenings to make them easier to manage, eg using velcro, larger zip pulls or elastic shoelaces
- use dressing aids like button hooks for assistance
• try different types of material for temperature control (cotton and cotton-rich fabric is usually best)
• wear loose fitting layers to help trap heat (remove layers if hot)
• start out feeling warm, if going outside in the cold, (warm your clothes before putting them on) and cover up well, including your head
• sit in a quilted bag for warmth, rather than a blanket which can slip. For wheelchair users, special shower-proof capes and sitting bags can protect against the cold.
For many people, clothing is not just a matter of comfort and ease, but something that enables you to present yourself in the way you wish. With MND you may spend a good deal of time sitting, which may be worth considering when thinking about style. For example:
• visual impact may be more focused on the upper part of your body
• hemlines of trousers and skirts may become an important factor as clothes can ride up when sitting.
For an information sheet on clothing, see Further information later in this section.

Mouth care

Mouth care is an important part of general health, but fatigue and a weak grip may cause problems. Your dentist can advise, but it may help to:
• use an electric toothbrush if these feel comfortable
• make the toothbrush handle thicker by pushing it into sponge tubing
• rinse the mouth with a fluoride mouthwash (or swab the mouth with a lint free cloth soaked in the mouthwash)
• clean dentures over a basin of water to avoid breaking if dropped and try scrubbing them against a nailbrush attached to a surface using suction cups
• use an artificial saliva spray to ease a persistently dry mouth.
For an information sheet on mouth care, see Further information later in this section.

Personal appearance

How you look and feel about yourself can add to your sense of well-being. Many hairdressers and beauty therapists will visit you at home, but specialist equipment can help on a daily basis. As many tasks require you to raise your arms, a mobile arm support may be worth considering, but these can be expensive if purchased privately. An occupational therapist can advise on suitable solutions and help you avoid costly mistakes.

How can I take care of my nails more easily:

See a chiropodist or podiatrist for help with your feet if necessary. Extra length nail clippers and scissors with easy grip handles may help.

I’m worried about shaving:

Electric razors are usually easier to grip and safer for someone else to use if you need additional help. Beauty therapists can help with shaving and depilation, including for eyebrows, nose and ear.

I find it difficult to wash, brush or comb my hair:

Inflatable hair washing trays can be used while you lay on a bed. If you have a weak grip, a long-handled comb or hairbrush may help or fit a loop to the back of a brush for easier hold. If holding a hairdryer is difficult, try a hairdrying stand.

I find it difficult to apply make-up:

Supporting your dominant elbow on a pressure pad, and using the other hand to support your wrist, may help initially with applying make-up if your shoulders are weaker. If you find it particularly difficult or have a weak grip, a beauty therapist or close friend may be able to teach your partner how to apply your make-up and skin care products.
Comfort

If you are less active you may need to think about:

• positioning yourself with care and changing position frequently
• ensuring skin is kept clean and dry
• asking your physiotherapist about assisted exercise to maximise flexibility
• exploring helpful options for seating, such as riser recliner chairs
• exploring helpful options for sleeping, such as profiling beds (where your back or legs can be elevated).

Ask your occupational therapist and district nurse about adapted seating and beds. Some items may be available through statutory services, but it is really important to get the measurements right to maintain comfort.

See Section 12: How statutory services can help you.

Good positioning can help with pain relief, so take your time when settling into a chair or bed for long periods. Extra cushioning can also be helpful, such as an underblanket or duvet between the mattress and sheet.

“ I have my own single profiling bed and my wife has a standard single bed that we can push together or apart. Now I don’t disturb her by adjusting position throughout the night.”

Around the house

If you have a reduced grip, general activities around the home can become difficult. Wherever possible try to:

• avoid lifting heavy objects and slide items along surfaces where safe and possible to do so
• use both hands if you do need to carry items
• if carrying items is particularly difficult, rollators (wheeled walking frames) often have a carrying shelf, or you can use a household trolley if safe to do so

Rollator, or wheeled walking frame

• use lightweight equipment and appliances with improved hand grips or enlarged handles
• use labour-saving devices wherever possible, such as gadgets to help open jars, cans and bottles, or plastic levers on butterfly type taps. Enlarged key grips make opening locks easier and a plastic enlarger can be fitted over Yale locks.

You may find it useful to have environmental controls installed, which enable you to control electrical devices (such as the television, lights and powered curtains) with adapted switches. These switches can be accessed from where you are sitting or lying and are operated through muscle movement suited to your needs, such as the head, knee or foot. Talk to your occupational therapist for guidance. Many systems can now be operated by wireless technology, so you can access them from your laptop, tablet or smartphone. Plug-in timers can also be used to control heaters, appliances or lighting at set times.
Cooking
A wide range of labour-saving kitchen gadgets are available from general stores, mail order or the internet, but check how easy they are to operate before buying. Adapted aids can be sourced through specialist suppliers, but talk to your occupational therapist to discuss what will be suitable.

I get very tired trying to cook:
A microwave oven can be useful for heating pre-prepared food to save time and effort. When preparing food, use a perching stool for support.

I find it difficult to open cupboard doors and drawers:
Use a multi-purpose knob turner (these can usually be used to operate taps and open jars or bottles too), or try adhesive velcro loops attached to cupboard doors.

I have difficulties eating and drinking:
See Section 9: Eating and drinking for information on how to manage related issues.

How do I get my care needs assessed?
You may not feel you require any external help at the moment, but it is worth noting how to get help and guidance when needed.

This is normally done by asking adult social care services to provide you with a needs assessment. Ask your local authority about this in England and Wales, or your local health and social care trust in Northern Ireland.

If you have a carer, they can also request a carer’s assessment of their needs. Both types of assessment provide advice and information and may lead to arrangements for services and support, either now or in the future.

These allow you to explore aspects of personal care, respite care, emergency support (eg should your carer be ill) and a variety of other needs.

If you have an assessment, give as much detail as you can to ensure any resulting arrangements provide the best possible support. What you find physically possible can vary daily with MND, so it is important to let the assessor know what assistance you need on a bad day. It may help to keep a...
diary before the appointment to track any progression. This may help you and the assessor to consider future needs.

A financial assessment will determine the amount you may need to contribute to any agreed services. Services can either be arranged or you can decide to receive direct payments as part of a personal budget, so you can choose services yourself. If you do select direct payments, you are responsible for the money received and will need to keep records.

You and your carer have the right to an assessment of your individual needs. Our publications include content about your rights, assessment and direct payments. See Further information at the end of this section for details about relevant publications.

See Further information at the end of this section for carer information.

NHS continuing healthcare

If your primary health care needs become complex, you may wish to ask your GP about how to get assessed for NHS continuing healthcare. If you meet the criteria, this means the NHS will fully fund all your care needs. This is a complicated application process, involving members of your health and social care team. It is worth exploring the requirements carefully before applying. We provide an information sheet on this subject. There are no guidelines for NHS continuing healthcare in Northern Ireland. If you are resident there and need this type of support, please contact your local health and social care trust.

See Further information at the end of this section and Section 12: How statutory services can help you regarding social care, direct payments and NHS continuing healthcare.

Key points

• Before making any decisions about equipment and aids, seek an independent assessment from an occupational therapist. Private purchases can be costly and may not suit your needs, or your home.

• An independent assessment also enables you to discuss ways of adapting your routines and methods to help maximise independence.

• You may develop a wide range of homemade solutions and techniques, which can be very effective, but check with your occupational therapist for advice on safety, eg be careful not to overload plug extensions.

• If you have professional carers coming into your home, think of ways to help them help you, eg use colour coded towels for face and body to keep these separate and provide a quick reference list of any special requirements.

• As MND progresses, your needs will change. If something has not worked before, it may be worth trying again.
Further information:
We have a range of numbered information sheets, including:

1A:  NICE guideline on motor neurone disease
6A:  Physiotherapy
10A: Benefits and entitlements
10B: Direct payments and personalisation
10C: Disabled Facilities Grants
10D: NHS continuing healthcare
10E: Work and motor neurone disease
10F: Your rights to social care
11A: Clothing
11B: Mouth care
11C: Equipment and wheelchairs
12A: Driving
12B: Choosing the right vehicle
12C: Travel and transport

We also provide the following publications:

Caring and MND: support for you
a comprehensive guide for carers.

Caring and MND: quick guide
summary information for carers.

Most of our publications can be downloaded from our website: www.mndassociation.org
or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org
MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

MND Association Support Services:
Email: support.services@mndassociation.org
Telephone: 01604 611802 for guidance on our financial support and equipment loan services

Online forum:
http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.
8: Speech and communication

This section will help you understand how MND can affect your ability to communicate and what can help.

We all need to get things done and to share our thoughts and feelings with others. Communication is not just about speech and writing. We also express ourselves by gestures, facial expressions, laughter and tears.

MND may affect your ability to do all these things. One of the main challenges of living with MND is to overcome these problems, if they happen.

This is important, not only to reduce any sense of isolation, but to remain able to communicate your needs and wishes. It can also help to plan ahead as much as possible, as difficult, sensitive or lengthy discussions may become harder to manage if you do have speech and communication problems.

See Further information at the end of this section for details about our information sheets on speech and communication, and swallowing.

What is happening when we talk?

When we speak, air from the lungs passes up the windpipe and through the vocal cords, which vibrate and produce sound. Shaping this sound with the muscles of the tongue, lips, teeth and palate produces speech.

How MND can affect speech

Not everyone with MND experiences problems with speech, but for some people muscles in the mouth, throat and chest are affected. This can cause:

• weakness in the muscles of the tongue and lips, making it difficult to speak clearly
• difficulty with sounds such as consonants ‘p’, ‘b’, ‘t’, ‘d’, ‘k’, ‘g’
• weakness of the soft palate, allowing air to leak out of the nose giving your voice a nasal quality
• weak vocal cords, which can make your voice sound hoarse, low pitched and monotonous
• speech to become slow, slurred and indistinct, making it difficult to produce intelligible speech
• problems with muscles in your chest, which can affect your breathing so that your voice becomes soft and faint.

Who can help?
Your GP can refer you to a speech and language therapist (SLT), who can advise on how best to use your voice if it changes, recommend appropriate therapies or assess your needs for equipment to help you communicate.

Extending your ability to speak, unaided
You may find it helpful to:
• speak more slowly
• pause more frequently to take a breath and clear your mouth of saliva
• over emphasise words and break them into distinct syllables
• save energy by using short sentences
• get your meaning over early in a sentence by starting with a key word
• avoid background noise
• make sure your listener is actively listening and watching for non verbal clues
• use gestures to emphasise or replace speech.

If speech problems are increasing
• work out some hand signals for frequently used phrases with your immediate family and other carers
• establish a ‘yes’ or ‘no’ signal, which could be a particular sound, slight head movement, limb movement, blinks or eyebrow raising
• compile a list of regular questions and requests so your partner can go through the list until you indicate yes or no by an agreed signal.

You may not realise how your voice sounds to others. People close to you are more likely to understand what you’re saying, but often strangers can’t. Strangers may think that you are drunk, which can be hurtful and embarrassing, or that you have a hearing impairment. It can help to:
• carry a message to explain to strangers and to help you avoid repeating explanations (we can supply pocket sized notepads and a card with an explanation from the MND Association)
• keep a pen and pad handy or a wipe clean ‘magic slate’ – some people use text phones or computer tablets to type and show what they want to say, but this can become difficult if your arms and hands are affected.

When you know that you are going to be seeing your doctor or other professional, you may find it helpful to prepare a written list of the main things that you want to say or ask.

It is important to remember that you will need to deal with different situations and environments. What works in a quiet sitting room with friends may not work in a noisy shop. It’s worth practising different tactics so that you can cope in a wider range of situations.

“If I cannot say as much as I used to say, I have to say it better. So the choice of words becomes crucial.”
Advice for families and carers

Share your frustration and challenges with your main carer, family and friends. Involve them in finding ways to help.

It may help to show them the following tips:

- impaired speech does not mean impaired understanding, so don't feel you have to simplify statements for someone with MND
- don't change the speed or volume of your speech, unless the person with MND has a hearing loss
- be patient if the person with MND speaks slowly, as it may be taking a lot of effort
- encourage the speaker with MND to pause between phrases and rest often
- encourage over-articulation of speech to make up for slower and weaker movements as this will help make speech clearer
- face one another and watch the person's face and lips
- for longer conversations, sit in a quiet room, turn the television off and avoid distractions
- keep a pencil and paper or a communication board handy
- if speech is becoming tiring for the person with MND, encourage them to use eye pointing or gesture
- use questions that only need a yes or no answer. For example ‘Would you like a cup of tea?’ rather than ‘Would you like tea or coffee?’

Alternative ways of communicating

There are a huge range of techniques and aids to support or replace spoken communication. The term used to describe these is Augmentative and Alternative Communication (AAC).

There is no ‘best’ type of AAC system for someone with MND. Each solution has pros and cons and the most suitable one for an individual will depend on their personal preferences, abilities and needs.

Specialist assessment, with a speech and language therapist, is necessary to help you identify the most appropriate solutions by considering both current and future needs. This is important as some technologies can be very expensive and will not suit everyone.

There are two main types of AAC system:

Unaided communication: such as body language, gesture, pointing, signing, and facial expression. These may become difficult with MND, depending on your symptoms.

Aided communication: from simple tools (non-electronic) to electronic systems and software technology.

Simple tools include:

- pen and paper
- writing boards, wipe boards, magnetic sketch boards or slates
- communication charts
- letter, word or image boards and books, such as an alphabet board where you point to correct letters or words to create your message. If need be, someone else can scan their finger across the board until you signal the correct choice. The alphabet can be handled in sections such as A-K or L-Z, to speed up this process. There are different designs available or you can create your own.
- Eye-pointing frames (E-Tran frames) on stiff, transparent plastic allow you to indicate a letter, word or symbol with eye movement.

“Electronic aids are not for me – at this stage a notepad and pen are much easier.”

Electronic and software communication aids include:

- voice amplifiers if your speech is clear, but faint
- voice activated computer applications where you have difficulty typing
- voice output communication aids where you have difficulty speaking
• computer based systems, which can range from general email to sophisticated eye gaze systems.

Depending on the system requirements, electronic and software communication aids can be operated on a variety of equipment, including personal computers, laptops, tablets and smartphones. Some solutions are now available as an app (an app is a special software ‘application’ that can be quickly downloaded and used on portable devices like smartphones and tablets).

What do I need to consider?

A speech and language therapist, with relevant experience of MND, can assess your current and future needs. The following may also be useful:

I want to use synthesised speech, but have never used a computer:

A portable electronic communication aid may be an easier option. Powered by rechargeable batteries, with a keyboard and display screen, these can be operated by a single switch if you have limited hand movement. You type a sentence and press a button for the machine to speak it, and you can select from a range of voices. Frequently used words and phrases can be pre-set and text prediction can be used to speed up communication.

I have a smartphone and haven’t looked back. I intend to get a tablet later, to ensure it is the most up to date.”

See Further information at the end of this section - our information sheet on Speech and communication support provides more details about communication aids.

Using my computer or electronic aid is difficult with restricted hand and arm function:

If your speech is unaffected, voice recognition systems allow you to operate a computer by speaking commands. If not, you may be able to use adapted switches or more complex eye-gaze systems to continue operating a computer independently. Eye gaze and similar tracking systems allow you to select items on the screen through eye or head movement. For communication aids, you need to be assessed by a speech and language therapist, as not all solutions suit everyone and some can be very expensive.

If you have restricted arm or hand movement, you also need to be assessed by an occupational therapist. Other equipment may be needed, such as arm supports, clamps to hold hardware in place or an adjustable table.

I don't like the synthetic voices on speech systems and would like to know more about voice banking:

Advances in software have made it possible to select a wider range of realistic synthetic voices, which can be used through speech software.

A synthetic version of your own voice may be able to be used if ‘banked’ before speech problems have advanced. If your own voice has already changed, a friend or relative may be willing for you to bank their voice for use in the future. This may help you to find a voice or accent that feels more suitable.

Voice banking can be expensive, depending on the software used. It may take time and patience, as a lot of words and phrases need
to be recorded for it to work. A speech and language therapist may be able to advise, as these systems are relatively new.

See Further information at the end of this section - our information sheet on Speech and communication support provides more details about voice banking.

I don’t currently use a computer – is it worth the effort?

If you have never used a computer before, you may feel wary. However, it is worth asking someone to show you how to use the controls and try to explore. Computers, laptops, tablets and smartphones can all help you to communicate and join social groups. This can include synthesised speech, the internet, email, online forums, social networks, office software, creative software and games.

What happens if I cannot use my computer or electronic aid for any reason?

Try to use a combination of high and low-tech options. This ensures you have a simple means of communication should your system break down, run out of power or for situations when you cannot use this type of aid.

I’d like a smartphone or tablet to make use of the latest apps:

Wireless technology can offer a range of solutions through internet access and apps. Try various options before purchase to find what suits you. For example, some people find touch screens helpful, but if you have restricted hand function a keyboard or alternative method of access may be easier to operate.

I find it difficult to lift my head, which makes using aids difficult:

You may need to be assessed for a head support, which will raise your eye level. This will make it easier for you to use a range of communication aids, both simple and electronic.

I have started to have trouble with spelling and word recognition:

With MND, some people experience changes to thinking and the way they process information. For example, spelling may become an issue. If this makes word grids or text based software difficult to use, you may find symbols and images quicker to identify. If you are being assessed for communication aids, explore this type of difficulty with your speech and language therapist to ensure your needs are met.

It is very hard to anticipate the progression of the disease before the effects are actually happening to you.”

Will I need to change to a different communication aid in the future?

What you use is likely to change as your MND progresses. Also technology is advancing rapidly in this arena, so improved solutions may become available as your needs change. What may not have been suitable at one point may become relevant in the future, so always be prepared to try something again.

Where can I try out different communication aids?

A speech and language therapist with relevant experience of MND, can advise on the solutions most suited to your needs and will be able to demonstrate some of them. You may also be referred to a specialist centre where you can try out a wide variety of equipment, with advice about how it can be funded. Speech and language therapists who are unfamiliar with MND, may find our AAC Pathway useful. This helps them identify likely communication needs and appropriate solutions to suit each individual. This is
available to professionals through our Communication Aids Service.

See Section 14: How we can help you for contact details.

Is there any funding available to help with the cost of communication equipment?

Try not to rush into private purchases before being assessed, as communication aids can be expensive and your needs are likely to change as MND progresses. You may be able to access support and funding for communication aids from:

The NHS: you are strongly recommended to consult your speech and language therapist to find out what is available.

The MND Association: we may be able to offer a limited amount of financial support or equipment loan where statutory services cannot supply. This can only be given following an assessment by a speech and language therapist.

Other charities: some organisations will fund communication systems. If you work, these sources of help can sometimes be sought through your employer.

Access to Work scheme: this scheme offers advice, support and information for you and your employer. The scheme may help with costs for assistance to enable you to continue working, including communication aids. Contact your local Jobcentre Plus or look for further detail at: www.gov.uk/access-to-work

For more on work related matters and other financial support, see Section 10: Your finances.

Other communication systems

Most of the following solutions are generally available, or seek guidance from your occupational therapist.

Telephones:

It may be helpful to use:

• a hands-free system with a built in microphone and loudspeaker to enable you to talk without lifting the handset

• a mobile or smartphone to enable texting, stored contact numbers and wider functionality

Alarms:

Telephone systems can be activated by a small alarm button, usually worn around the neck or on a wristband. These are known as telecare assistive technologies. Ask your local adult social care service about available systems and costs. This type of system would automatically contact emergency services and a contact of your choice, should you need urgent help.

You may also need to alert others in the house if you need assistance. Special bleepers are available or intercoms which can be plugged into 13 amp sockets. You can also use a simple solution, such as a doorbell connected to a switch or pressure pad.

Environmental controls:

These allow you to control electrical facilities around the home, such as the TV, using a remote device. This means you don’t have to keep asking for help and can maintain independence for longer.

Ask about environmental controls if you have a needs assessment - even if you don’t need this support immediately, it may help to know how to access these systems in case your situation changes.
Key points

- If you have speech problems, take your time, say the important things and ensure you make your thoughts and wishes known.
- If you sense that your speech is becoming affected, you may wish to have difficult discussions while it is still relatively easy to question and communicate.

See also Section 5: Family, children and friends and if you are ready to think about the later stages of MND, Section 11: Planning ahead.

- To avoid wasting time and money on unsuitable aids, get specialist advice from your speech and language therapist even if buying your own communication aids. Always try out devices before purchase.
- Always have a simple method of communication available, especially if you tend to use electronic aids that may break down.
- Try to have regular reviews with your speech and language therapist as your needs are likely to change.
- If you would like to explore voice banking, look at the options as soon as possible. Your voice has to be recorded before speech problems develop, for the technology to work.

Further information:

We have a range of numbered information sheets, including:

1A: Nice guideline on MND
6A: Physiotherapy
6B: Complementary therapies
7A: Swallowing difficulties
7C: Speech and communication support
13A: Sex and relationships for people living with MND
13B: Sex and relationships for partners of people living with MND

We also provide the following publications:

- **Caring and MND: support for you**
  a comprehensive guide focused on the wellbeing of family and unpaid carers.

- **Caring and MND: quick guide**
  a small A5 booklet to help someone new to the caring role become aware of available support.

Most of our publications can be downloaded from our website: [www.mndassociation.org](http://www.mndassociation.org) or you can order them from MND Connect, our support and information helpline:

Telephone: **0808 802 6262**
Email: [mndconnect@mndassociation.org](mailto:mndconnect@mndassociation.org)

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

**Communication Aids Service:**
For guidance about speech and communication support.
Telephone: **01604 611767**
Email: [communicationaids@mndassociation.org](mailto:communicationaids@mndassociation.org)

**Online forum:**
[http://forum.mndassociation.org](http://forum.mndassociation.org) hosted by the MND Association for you to share information and experiences with other people affected by MND.
9: Eating and drinking

This section will help you to find ways to adjust to any problems with eating and drinking.

Not everyone has the same symptoms, but it can be difficult to eat and drink as much as you need, should you experience:

• swallowing difficulties
• problems with hand and arm control
• reduced mobility (making food preparation difficult)
• muscle wasting (leading to weight loss)
• fatigue (when eating and drinking may feel very tiring).

For many of us, eating and drinking is not just about wellbeing, but about social activity. When swallowing goes wrong you cannot eat, drink or even swallow saliva with your usual control. You may feel like avoiding food-related social events for fear of embarrassment. Modifying your eating and drinking techniques may help you to feel less anxious, maintain a nutritious diet and join in.

Who can help me?

Your primary contacts are likely to be:

Speech and language therapist (SLT) for expert assessment and advice about eating and drinking techniques, and food consistencies, to help ensure a safe swallow.

Dietitian for guidance on food types, diet and how to keep you nourished (they usually work closely with the SLT).

Occupational therapist (OT) for advice on posture, equipment and aids to help if you develop weakness in your arms and hands.

Physiotherapist for advice on posture, exercise, assisted exercise and how to deal with any experience of choking.

GP for general medical advice, prescriptions and referrals.

Pharmacist for guidance on types of medication for particular circumstances, eg liquid or soluble form.

How will MND affect my eating and drinking?

MND affects nutrition in several ways:

• problems with chewing and swallowing, resulting in loss of body fat as less food is taken in
• where nerves are affected, unused muscles begin to waste and more energy is needed by healthy muscles to compensate
• if swallowing becomes difficult, you may be tempted to eat and drink less and to avoid foods which cause problems
• if your mobility is affected you might be tempted to cut down on drinks to reduce the number of trips to the toilet
• your appetite may reduce.

Over a period of time, these effects may lead to a series of problems:

• weight loss, feeling tired and loss of strength
• constipation (from dehydration, change of diet and poor mobility)
• dentures can become loose
• skin may become loose, dry and flaky with a risk of developing pressure sores.

Some of these issues are directly linked to MND, so improving your diet will not eliminate them entirely, but maintaining adequate nutrition will lead to greater wellbeing.
Swallowing

We rarely think about the way we swallow. It is a complex process, partly under our voluntary control and partly automatic. Dysphagia is the medical term used when the normal eating and swallowing process goes wrong. With MND, this happens when muscles around the mouth and throat weaken and become difficult to co-ordinate.

See Further information at the end of this section for information on swallowing difficulties.

This can cause some or all of the following problems:

- food and liquid may dribble out of the mouth
- poor chewing means food is not ready to swallow or positioned at the back of the mouth for swallowing
- each mouthful of food can take several attempts to clear
- a gag reflex, due to muscles not working well together
- food/liquid may trickle into the lungs due to a delayed swallow reflex. This is called aspiration and may lead to chest infection.

Some people also experience either very thin saliva that pools in the mouth or thick stringy saliva that is very difficult to clear. Combined with a weak cough this can be distressing, where saliva, food or liquids may cause choking. However, there are ways to help avoid experiences of choking and to control them if they happen. Your physiotherapist, speech and language therapist and district nurse can advise.

For detailed guidance on swallowing difficulties, including saliva problems, coughing and choking, see Further information at the end of this section.

With all these issues, talk to your wider health and social care team as a variety of help, advice, equipment, aids and in some instances, medication can be offered.

The MND Association provides a MND Just in Case Kit (JIC Kit) to help with respiratory problems, saliva issues and choking. This can be ordered by your GP who determines your needs and prescribes any medication for the kit. This is then kept at your home for instant access, eg if a doctor is called out of hours. Information is provided in the kit both for health professionals and family carers. The JIC Kit can provide reassurance and many people find it comforting to plan in this way, even though an emergency may never happen.

What should I eat and drink?

We are generally encouraged to eat less fat and sugar in our diets. However, with MND, you may experience weight loss from muscle wasting or eating difficulties. This means you need foods with higher calories.

“A I was aware I had lost weight. Continuing on a low fat, low sugar diet was not the name of the game.”

A dietitian can advise on this and tell you whether supplements or fortified foods may be suitable. This may vary depending on your dietary needs. If you have another medical condition such as diabetes, or problems with thickened saliva, it is especially important to consult a dietitian.

There is no specific diet for MND, but a balanced diet should include:

- **Protein:** for repair and regrowth
  - Eggs, milk, cheese, meat, fish, pulses

- **Carbohydrates:** for energy and maintaining weight
  - Starch: bread, rice, cereals, pasta, potatoes
  - Sugar: jam, honey, syrup, chocolate

- **Fat:** for energy and to help the body absorb other nutrients
  - Butter, margarine, oil, dairy products, meat

- **Vitamins and minerals:** for healthy skin, eyes, bones, teeth and hair
  - Fruit, vegetables, milk, meat
Fibre: for a healthy digestive system
Wholegrain cereals, wholemeal bread, fruit, vegetables

Water: to prevent dehydration
Tea, soft drinks, fruit, vegetables, sauces, ice lollies, sorbets

There is no specific reason why you cannot still enjoy alcohol if you wish to, but some people with MND find it can cause coughing. Diluting may help with this. Bear in mind that alcohol can dehydrate the body and in excessive amounts may affect balance. When taking any type of medication, always check with your doctor if it is safe to continue drinking alcohol.

Consistency of foods
Swallowing problems vary widely and what one person finds easy to eat may be difficult for another. In general, liquids cause more difficulty than solids, and food of a semi-solid consistency (like porridge) is the easiest to swallow. Experiment to find what suits you best and try to:

• select foods that are already the right consistency for you
• cook meat and vegetables until tender so they can be broken up and chewed more easily
• moisten food with gravy, custard and sauces (sweet and savoury)
• soften hard foods (dunk biscuits or spread butter thickly on hot toast)
• peel and stew hard fruits like apples
• use a hand or electric blender to change the consistency of foods.

Don’t be tempted to mash or purée foods sooner than necessary. You may cope with different consistencies on different days. It is important to keep biting and chewing as long as you can to help keep the tongue mobile and play its part in helping you to swallow.

It is important to remember that adding water to food will only increase its volume. It will not increase the energy, protein, vitamins and minerals.

Foods most likely to cause problems include:
• mixed textures and liquids with bits in, such as minestrone soup
• foods that need a lot of chewing, such as fresh bread, vegetable skins, raw vegetables and some meats
• stringy food, such as bacon or old green beans
• coarse hard food, such as nuts or hard toast
• foods that get sticky in the mouth like bread, mashed potato or white rice
• some cooked vegetable skins can be difficult to clear from the roof of the mouth, such as tomato
• crumbly foods like biscuits, cakes and crunchy cereals.

Spicy or sharp foods can help stimulate saliva to ease swallowing, but can make some people cough.

Consistency of liquids
The Eatwell Guide, by Public Health England, recommends we drink 6-8 glasses of fluid every day. However, swallowing muscles need to be finely tuned to cope with fast flowing clear liquid. An early sign of swallowing difficulties may be coughing when drinking. Even a tiny amount ‘going the wrong way’ will make you cough.

Try thicker fluids or foods high in fluid such as:
• milk shakes, fruit purees and homemade or bought ‘smoothies’
• yoghurt, custard, mousses, jelly or ice cream
• soups.

Thickeners can be added to food and drinks, such as:
• flour, cornflour, arrowroot, rice flour, ground rice or semolina
• instant mash potato
• breadcrumbs or cereal (eg Weetabix)
• powder prescribed by your GP to add texture or thicken.
What can I do to make eating and drinking easier?

Always talk to your health and social care team about any problems with eating and drinking. The following suggests some potential solutions to common concerns:

I tend to regurgitate food or experience reflux (acid or heartburn):

Eat smaller portions more often, rather than larger meals. It can help to remain sitting upright for half an hour after a meal. Avoid foods that tend to repeat or cause acid, eg spicy foods, acidic foods and caffeine, and talk to your GP about medication that may help.

I find it difficult to eat and socialise at the same time:

It can be tempting to rush through food in order to join a conversation, but take your time if you have swallowing difficulties. Some people prefer to eat separately and just share a few mouthfuls with others so they can focus on being sociable.

I get very tired and eating takes a long time:

Try several small meals rather than one large one. If it takes a long time to eat, an insulated plate will keep food warm.

Chewing and swallowing are becoming more difficult:

Small mouthfuls are usually easier to manage. Swallow each one before taking the next, as the swallow clears the throat as well as the mouth. Sometimes you may need several swallows to clear each mouthful.

Straws are useful for drinking, but my suction ability has reduced:

Ask your speech and language therapist and your dietitian about adapted straws with one way suction, where a valve prevents the fluid from slipping back down the straw. Please note that with swallowing difficulties, using straws may carry the risk of aspiration (fluid ‘going down the wrong way’ into your airway or lungs).

I like food to look good:

Attractively presented meals can help stimulate the appetite. If food needs to be blended or pureed, keeping flavours and colours separate (rather than combining everything) can be helpful.

I find it difficult to grip utensils and sit correctly:

Your occupational therapist and speech and language therapist can advise about posture and equipment that can help, such as arm supports and adapted utensils.

Taking medication is very difficult:

Some can be crushed and mixed with soft foods to make them easier to swallow. Ask your GP or pharmacist for advice, as some medication can be provided in another form, eg as a liquid, patches, suppositories or a drug that dissolves easily under the tongue.

My sense of taste has altered or disappeared:

This happens for a small proportion of people with MND. Strong, spicy or acidic flavours may help, but some people find these cause coughing. Taste may be affected by thrush or sticky saliva, which can coat the mouth, so talk to your GP who may be able to help.
I have a very dry mouth:
Discuss with your GP, as some medications can cause a dry mouth and artificial saliva sprays and gels may help. You may be dehydrated if the amount you drink has reduced. Increase your fluids, thickened if necessary. Sips of very cold water or ice cubes on sticks may help. Fill a small spray bottle with water and cool it in the fridge.

I keep biting my cheeks and tongue:
Seek advice from your speech and language therapist for guidance on techniques to avoid this.

My partner or carer seems to eat at different times, or separately:
If this happens and worries you, your partner or carer may need reassurance that it is okay to eat with you, even if they are eating different types of food. They may feel a sense of guilt about this and open communication may be needed to clear any concerns. It is important that your carer eats well, as they may neglect their own needs when focused on support.

I worry about mouth care:
Ensure that all food has been cleared from the mouth at the end of a meal. Clean teeth thoroughly, at least twice a day. An electric or long angle-headed toothbrush may help, with a small amount of low foaming toothpaste. Have regular dental checkups (some dentists may make home visits).

For more about mouth care with MND, see Further information at the end of this section.

Tube feeding
If eating and drinking seems likely to become a problem, ask your health and social care team to explain tube feeding. Then you can make an informed decision whether or not to use this. Two methods are:

- nasogastric, where a narrow feeding tube is passed through the nostrils, down the back of the throat and into the stomach
- gastrostomy, where a feeding tube is inserted directly into the stomach through the abdomen.

The most popular method for long term use is a gastrostomy, where a tube is inserted through the abdominal wall by a minor operation, so you can receive specially prepared liquid feeds.

“I wanted to fight the disease, and not accept defeat. I believed that a liquid feed through a tube couldn’t be as beneficial as a ‘healthy diet’. This proved to be wrong on both counts.”

This is offered in three forms known as PEG (Percutaneous Endoscopic Gastrostomy), RIG (Radiologically Inserted Gastrostomy) or PIG (Per-oral Image Guided Gastrostomy). The difference is in how the tubes are inserted, but the end result is the same.

Important facts about a gastrostomy:
- the tube can be discreetly hidden under your clothes
- once the tube is fitted, you can still enjoy food and drink by mouth, for as long as you feel safe or wish to do so
- you will receive all the nutrients and fluids you need and your dietitian will advise on feeds and timings
- the special feed is provided on prescription and delivered to your home
Part 2: Living with MND / Eating and drinking

• anxiety about meals should lessen, for you and for your carer or partner who is reassured that you are receiving what you need
• your dietitian may prescribe a high calorie liquid feed to help you regain lost weight, then adjust the feeds to help keep your weight at the right level for you
• tube feeding can reduce the risk of chest infections from small amounts of food or drink entering the airway when swallowing
• a feeding tube generally lasts for one to two years and can be replaced easily if necessary
• you should have an improved sense of wellbeing as your energy levels increase.

The decision is yours. You may prefer not to be fed by tube and to continue the way you are, with advice from your dietitian and speech and language therapist.

However, if you do wish to go ahead, it is better to think about tube feeding before considerable weight loss has occurred.

Before making a decision, discuss the options with your family, dietitian, speech and language therapist and doctor to be as informed as possible.

This can be a good time to talk through the choices available to you regarding feeding in the later stages of the disease.

When you have made up your mind, you may find that the decision you make is not the one that relatives and carers would prefer you to make. Talking together will hopefully bring you to a shared understanding.

As your MND progresses you may change your views on feeding. You may then wish to have a tube inserted or, if you have had one, you may decide to discontinue using it. Again, discuss this with your carers, family and health and social care team.

For detailed information on tube feeding and making the decision, see Further information at the end of this section.

If you are concerned about treatment decisions during the later stages, you can refer to Section 11: Planning ahead, when you feel ready.

“Pouring liquid feed down the tube and flushing with water and cleaning very quickly became part of the daily routine. It doesn’t disrupt or prevent any activity.”
Changes in bladder and bowel habits

While mobility problems can make it more difficult to access and use toilet facilities, MND does not usually affect the muscles that control bladder or bowel action. Any changes should be investigated, as they may not be due to MND. However, you may experience changes due to:

• not having enough food, liquid or fibre
• some types of medication
• reduced mobility and weakness of the pelvic floor, abdominal muscles or diaphragm
• adjustment to gastrostomy feeds, which may cause constipation or diarrhoea in the early stages.

It may help to:

• eat more foods containing fibre
• increase your liquid intake
• talk to a physiotherapist about assisted exercise
• ask your dietitian, GP, district nurse or pharmacist for advice.

If your normal pattern of passing urine has changed, it may be linked to your diet. Bladder irritants can include:

• alcohol
• citrus drinks, such as orange and pineapple juice
• caffeine (tea and coffee)
• concentrated urine, due to drinking less.

It may be tempting to reduce the amount you drink if it takes more effort and time to get to the toilet, but it is important to keep well hydrated.

Key points

• Even if you feel tube feeding may not be right for you, find out about it as soon as you can. Your views may change as you become more informed or as your needs progress.
• Discussions on eating and drinking can be quite detailed and you may wish to explore all options early, in case you experience any problems with speech and communication later on.
• Good nutrition is important, but eating and drinking are about enjoyment as well as health. Select the flavours, amounts of food and times of meals that suit you best.
Further information:

We have a range of numbered information sheets, including:

1A: NICE guideline on motor neurone disease
7A: Swallowing difficulties
7B: Tube feeding
11B: Mouth care
11C: Equipment and wheelchairs

We also provide the following publications:

MND Association Recipe Collection
easy swallow meals.

Caring and MND: support for you
a comprehensive guide for carers.

Caring and MND: quick guide
summary information for carers.

Most of our publications can be downloaded from our website: www.mndassociation.org
or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org
MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

MND Association Support Services:
Email:
support.services@mndassociation.org
Telephone: 01604 611802 for guidance on our financial support and equipment loan services.

Online forum:
http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.
10: Your finances

This section will help you identify options regarding financial support, entitlements and employment, if you have been diagnosed with MND.

While you may feel you need to act quickly following a diagnosis of MND, try not to make any hurried financial decisions. Consider all options and gather as much information as you can first.

Please note: this information does not represent legal advice. Each individual has different circumstances and we advise contacting a qualified expert for specific queries, such as a benefits adviser.

The financial impact of MND and where to get help

MND affects everyone in different ways and the rate of progression can vary, but your daily life will need to adapt.

"Dependent on individual circumstances, each person affected has different worries or concerns."

This can create many pressures. Not only will you face personal and emotional challenges, but additional financial costs to help you maintain mobility and physical independence for as long as possible. While facing these challenges, you may also need to consider whether to continue your employment if you work.

This can all feel overwhelming at first, but you can find advice from various sources.

See Further information at the end of this section for helpful publications and key contacts relevant to financial support.

Practical financial support is available from:

- statutory services (those provided free by social services and the NHS)
- the Government, in the form of benefits and entitlements
- voluntary organisations and grants, particularly those relevant to disabilities
- the MND Association.

See the later heading in this section: What are statutory services? and the sections in Part 3 of this guide: Accessing services and support.

Where statutory funding and services are not available, we offer a limited amount of financial support from the MND Association. We consider a variety of needs such as respite care, adaptations and equipment rental, following an independent assessment of need and an application from a health and social care professional. We also loan certain items of equipment and aids, following similar criteria.

We can help direct you to appropriate services. You may also find it useful to contact your local authority or council about local services and discounts for people affected by disability, for example, local parking concessions through the Blue Badge scheme.

Taking a break from work

If you are an employee you may be entitled to take sick leave, depending on your symptoms. If your employer does not operate their own sickness scheme, they still
Part 2: Living with MND / Your finances

have a duty to pay you Statutory Sick Pay (SSP) should you meet the criteria.

Taking a period of leave after diagnosis may give you time to consider your options, but paid or unpaid leave is at the discretion of your employer.

Will I have to leave work?

If you work, you may worry how MND will affect your employment. This can be unsettling, but when to leave work is a personal choice and everyone's experience is different.

Your care needs will increase over time. If your partner is your main carer and employed, juggling work and care can be very challenging. Both of you may need to consider your work options, which can affect your:

• sense of purpose
• standard of living
• social network
• daily routines
• approach to accepting financial support.

MND symptoms can vary widely, but physical tasks will become harder and you may feel increasing fatigue. It may not be safe or legal to continue some types of work, eg driving heavy vehicles.

Please note: If you drive at work or socially, you are legally required to contact your car insurer and the DVLA to inform them following diagnosis. You may be able to continue driving, but will need a medical assessment.

You will need to consider all possibilities and it may be useful to discuss options with:

• your partner, family and friends
• your employer
• the person who is likely to become your carer
• a social worker from your local authority

" I was determined to carry on teaching and I believe my pupils benefit from having me as a teacher and a positive role model. It’s an opportunity for the children to realise that being disabled is not a negative thing."

" Trade unions have funds and access to other areas too and can help as mediators."

• an adviser for the Access to Work scheme, should you want support to continue working (ask for details from your regional Access to Work contact centre or your local Jobcentre Plus)
• a benefits adviser at your local Jobcentre Plus
• your local Disability and Carers Service, Department of Work and Pensions (DWP) local service or, in Northern Ireland, your local social security office (for help with claim applications if your disability means you need assistance)
• local care services and organisations
• an independent financial or benefits adviser about the impact on your income, entitlements and pension
• our advice information and support team, MND Connect.

See Further information at the end of this section for contact details.

Some of the options to consider are:

• shorter or flexible working hours
• home working and teleworking
• a needs assessment by a social worker or health worker to help determine your current and future care needs
• adapting the work environment to prolong your ability to work, for as long as it is safe to do so (help may be available from the Access to Work scheme)
• voluntary redundancy or leaving work
• early retirement (always take advice from a pensions adviser before making any decisions, as taking your pension early can impact on other financial aspects, such as benefits).

“ In some cases, private insurances take your last 12 months of earnings to determine how much they will pay you, which may affect you if you go part-time.”

Benefits and entitlements
There are various benefits and entitlements specific to your needs and those of your carer. Many are means tested, where your income and savings are assessed to see if you qualify or need to contribute.

It is useful to be aware of at least the following:
See information sheet 10A – Benefits and entitlements for details on who qualifies, how to apply and various other benefits, as listed in Further information at the end of this section.

Attendance Allowance: Not means tested. Provided for people over 65 to help support with care costs. Attendance Allowance is not affected by the introduction of the Personal Independence Payment (PIP) – see later heading.

Carer’s Allowance: Not means tested, as savings are not taken into account, but your earnings may affect your entitlement. Available to carers who provide 35 hours or more of unpaid care per week to someone receiving Attendance Allowance, the middle/higher rate care component of Disability Living Allowance or the daily living component of Personal Independence Payment (PIP).

Carer’s Credit: If caring creates gaps in a carer’s work history, this credit protects their National Insurance to build qualifying years for state pension.

“ I was in work when diagnosed and found it difficult to know what benefits I was entitled to.”

Carer Premium: A top-up to assist carers on a low income, who receive certain benefits. See also Universal Credit, which is gradually replacing various benefits, including Carer’s Premium.

Council Tax Reduction: Means tested. If you need help to pay your Council Tax bill on a low income, you may be able to get this reduction from your local authority (or Rate Relief in Northern Ireland).
Disabled Band Reduction Scheme: If you live in a bigger or adapted property due to disability, you may be able to avoid paying more in Council Tax in England and Wales. For Northern Ireland, see Disabled Persons Allowance – Rates.

Disability Living Allowance (DLA): Not means tested. This was provided to help support people under 65, who were assessed with care or mobility needs resulting from disability. See also Personal Independence Payment (PIP) which has now replaced DLA for new claims. Most existing DLA claims are now being reassessed and transferred to PIP.

Disabled Facilities Grant (DFG): Means tested. A local authority grant which may be available to help towards adapting a home to enable someone with disabilities to continue living there.

Disabled Persons Allowance – Rates: If additions or adaptations have been made to your home due to disability, you may qualify for this reduction in rates in Northern Ireland. For England and Wales, see Disabled Band Reduction Scheme.

Employment and Support Allowance (ESA): An allowance if your ability to work is limited by ill-health or disability. If you have paid enough National Insurance you may be able to claim contribution-based ESA, which is not means tested. If not, you may still be able to claim income-based ESA, which is means tested. In some cases you may be able to claim a combination of contribution-based and income-based ESA. See also Universal Credit, as this is gradually replacing various benefits, including income-based ESA.

Housing Benefit: Means tested. If you’re on a low income, whether working or not, and need help to pay all or part of your rent, you may be able to get housing benefit (or a rate rebate in Northern Ireland). See also Universal Credit, as this is gradually replacing various benefits, including Housing Benefit.

Income Support: Means tested. If you’re over 18 and under state pension age and do not have enough money to live on, you may qualify for Income Support. If you receive this, you qualify for certain other entitlements. If over state pension age, you can claim Pension Credit instead. See also Universal Credit, as this is gradually replacing various benefits, including Income Support.

Pension Credit: Means tested. There are two parts: the Guarantee Credit, designed to top up your income to a guaranteed minimum level, and Savings Credit, to help people with retirement provision in addition to their state pension. You may get one or both of these elements.

Personal Independence Payment (PIP): Not means tested. This is designed to help with some of the extra living and mobility costs of long-term illness or disability. PIP has now replaced Disability Living Allowance (DLA) for new claimants of working age and existing DLA claimants are gradually being reassessed and transferred to PIP (unless you are over 65 and applied for DLA before you were 65, in which case you will remain on DLA). Attendance Allowance (AA) will continue and is not affected by the change to PIP.

Budgeting loans: Means tested. Budgeting loans or short-term benefit advances are available to help you manage difficult situations. You pay these back over time. Local welfare assistance schemes may also be available from your local authority, but these will vary, depending on where you live.

Tax Credits: Means tested. Tax credits are means tested payments from the government to provide support if you have children or a low income. See also Universal Credit, which is gradually replacing various benefits, including tax credits.

Universal Credit: Means tested. This is gradually being introduced to provide a single, integrated benefit for people on a low income, whether in or out of work. It will replace: Income Support, Job Seekers Allowance (income-based), Employment Support Allowance (income-based), Housing Benefit, Child Tax Credit and Working Tax Credit.
Will statutory services help me financially?

Statutory services are those provided by the Government, usually through adult social care services or the NHS, to provide support to people with social care or health needs. If you qualify, you can select to have services arranged for you or to receive payments to choose services for yourself.

You have the legal right to apply for this type of support and to receive it, as long as you meet the qualifying criteria.

Your care needs will increase over time and you may wish to explore what is available through your local social services. This can be done through a needs assessment for yourself and a carer’s assessment for your carer.

For more detail about statutory services and assessments see the sections in Part 3: Accessing services and support.

To find out what the NHS can provide, talk to your GP or health team.

Key points

- Try not to rush any decisions - it is particularly important to gather as much information as you can, before taking any action that will impact on your finances.
- Financial choices can have hidden consequences. For example, early retirement payments may affect access to other benefits.
- When completing claim forms, describe your worst day, not your best, to help you receive the level of support you really require. Emphasise the way MND progresses, as your needs will increase over time.
- Detailed examples of your challenges will improve your applications. For example, ‘Getting dressed can be difficult’ is not very clear, but ‘Getting dressed takes at least two hours, as I have to rest frequently and I can no longer handle fastenings’ gives a more complete picture.
- If you live with a spouse, partner or related carer, it can be helpful to add their name to your bank account, as a joint account, to ensure they have ease of access to help manage finances. However, ask the bank for guidance. There may be procedures they need to follow or other help they can offer.
- You may also wish to consider setting up Power of Attorney for a trusted carer.

See Section 11: Planning ahead

- If money problems occur, a reputable financial adviser or debt counsellor may be able to advise. Let your bank know what is happening and your mortgage company if you own property. They can help, but only if they know about your concerns.
Further information:
We have a range of numbered information sheets, including:
1A: NICE guideline on MND
10A: Benefits and entitlements
10B: Direct payments and personalisation
10C: Disabled Facilities Grants
10E: Work and motor neurone disease
10F: Your rights to social care
12A: Driving
12B: Choosing the right vehicle
12C: Travel and transport

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 808 6262
Email: mndconnect@mndassociation.org
MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

MND Association Support Services:
Email: support.services@mndassociation.org
Telephone: 01604 611802 for guidance on our financial support and equipment loan services.

Online forum: http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.

Further sources of help can be found in Section 15: Useful organisations or try these contacts:

Government online information: www.gov.uk for current details about benefits, entitlements and your state pension. For Northern Ireland visit www.nidirect.gov.uk

Local authority/health and social care trust:
Contact your local authority in England or Wales, or your local health and social care trust in Northern Ireland, for details about adult social care services and regional support organisations.

Working Families:
Advice on employment and work/life balance for parents and carers. Freephone helpline 0300 012 0312 or visit www.workingfamilies.org.uk
11: Planning ahead

This section will help you to plan ahead for the later stages of MND.

The following includes information about end of life concerns, so you may not want to read any more at this stage. Refer to this section when you feel ready.

Why has this been included?
Recent studies have revealed that we need to work harder to provide opportunities for people living with or affected by MND to discuss the later stages of the disease, including end of life decisions.

Our aim is to improve these conversations, as and when appropriate, by:

• providing training to our staff and volunteers
• providing clear information to help decision making
• calling for and providing better training and education for health and social care professionals involved with MND.

Planning for end of life can be complicated. We provide more detail in other publications so that you can find guidance when you need it.

The following will highlight what to consider and why.

See Further information at the end of this section for additional publications about end of life decisions, when you feel ready to access more detail.

Why would I need to plan ahead?
Discussions about later stage symptoms or end of life concerns can feel overwhelming. Some prefer not to think about this at all, while others prepare for the later stages of MND as soon as they can.

"I must thank you for focusing my mind on this matter which I had ignored."

If your speech and communication abilities are affected during the course of the disease, complex and difficult discussions will become even more challenging. Some people with MND experience changes to the way they think and process information, which can make planning and decision making more difficult. Preparing early ensures your wishes and preferences are fully considered. This can also help to reduce concern, so that you can focus on things you really want to do.

See Section 2: Symptoms and management and Section 8: Speech and communication

Most people have wishes they want to communicate about the end of their lives and are naturally concerned for those they love. You may have wishes based on:

• personal preferences
• family needs
• cultural choices
• religious or spiritual beliefs.
These wishes may impact on:

- how medical treatment is provided and in what circumstances
- how your finances will be arranged and managed
- how legal arrangements are handled, e.g. Lasting Power of Attorney (or Enduring Power of Attorney in Northern Ireland) or your will
- guidance for your family and carer, to help them support you in the way you would prefer and to help support them in return.

When ready, try to consider what you want to happen when your care needs become more complex and if you would like professional guidance. We would advise talking to your:

- family
- carer
- health and social care team
- legal adviser
- spiritual or religious representative (if relevant).

We are also here to help you gather information or identify options if you need us, through our MND Connect helpline. This may help you to start tackling this area if you find it particularly difficult. If you are in touch with an Association visitor or a branch or group, they can offer local information and support.

See Further information at the end of this section for contact details.

"Main concerns are probably for my wife and my son… How she is going to be in the future is obviously a great concern to me."

"When is the right time to talk about it? Maybe we ought to talk about these things more, probably just to make sure they’re clear in everybody’s mind as to what’s going to happen.”

**Family and children**

When someone is near the end of life, it is important that concerns and fears are talked through. This can help the person with MND, but can also reassure those they are close to. Often, understanding the practical aspects of what is involved at end of life can reduce fear. This can take time, which can become very precious. Having these difficult conversations as early as possible can be very positive, giving everyone a chance to talk and share their feelings more easily.

There is a natural desire to protect children from distress, but they can sense tension and become insecure if not included. They may try to seek out information on their own or even blame themselves. Children also have things they need to say and do at this time. Yet, if talking to your wider family about sensitive issues is difficult, it can be even more so with children and young people. We provide publications to help you with this and to help children and young people explore ways to cope with the situation.

See also Section 5: Family, children and friends for more detailed guidance on difficult conversations.

Further information at the end of this section provides details of publications about MND for children and young people.
Palliative and hospice care

Many people are fearful that palliative or hospice care means they have reached the final stages of a life-shortening condition. However, palliative care is very much concerned with quality of life from the point of diagnosis onwards. It is designed to help you receive the best possible practical and emotional support, including symptom management, according to your wishes.

You can receive palliative care at home, in hospital, in a nursing care home or at a hospice.

Where available, palliative care can be particularly beneficial for people with MND, and for those close to them. As the disease progresses and the care needs become more complex, much can be done to relieve symptoms and provide guidance. This does not necessarily mean admittance to a hospice or hospital.

We advise asking your GP if you can be considered for referral to a palliative care team as soon as you have been diagnosed. The knowledge a palliative care team or hospice can build about the individual may help to reduce time spent in hospital if urgent or emergency treatment is required.

You may find that hospice services are restricted in your area, but palliative care teams can also be accessed through hospitals and clinics.

“Things have improved dramatically since my local hospice has become involved...they have stepped in and fought my corner for me and pushed for situations to be resolved. I didn’t realise that their remit was as wide as it is and they have really lessened our burden.”

What else do I need to consider?

Planning ahead can be complex and will be influenced by your specific symptoms, personal circumstances and beliefs. Your preferences may also change over time.

The following areas may be useful to review. When you feel ready, we recommend exploring these in more detail, so that you can make informed and timely decisions.

See Further information at the end of this section for relevant publications and contacts to help you explore further.

Late stage symptoms: as your needs become more complex, your health and social care team will be able to advise. There are options such as ventilation to help with breathing, or tube feeding to support with eating and drinking. Ask for guidance as soon as you begin to experience any symptoms, as some interventions may be difficult to introduce in later stages.

See Section 2: Symptoms and management, Section 9: Eating and drinking, and Further Information at the end of this section.

MND Just in Case Kit: a box containing medication prescribed by your GP, that you keep at home for emergency use. This can help with breathlessness and anxiety, and having the box at hand can be reassuring. Your GP can request the kit, free of charge, from the MND Association. There is a section with medication that visiting health professionals can use. There is also a section with medication and instructions that a carer can use, which should be explained to the carer by the GP, or a community or district nurse.

Advance Care Plans: a document in which you record preferences about your care in case you become unable to make your wishes known. It is not a legal document, but health teams will take note of choices about where you wish your care to take place, spiritual or religious beliefs, and how you would like care provided.
Advance Decision to Refuse Treatment (ADRT): a document that lists any treatments you do not wish to receive and in what circumstances. It only becomes valid if you lose the ability to make or communicate those decisions. It is important to create an ADRT with your doctor or health team, so that you have a full understanding of your options and the implications. Such decisions also need to be communicated to all appropriate members of your care team and family.

An ADRT cannot be used to request any form of treatment to deliberately hasten death, but it can include the right to refuse life-sustaining treatment. When completed correctly and witnessed, an ADRT is legally binding in England and Wales, but not in Northern Ireland or Scotland (although it must still be taken into account by the health and social care team and anyone making decisions on your behalf). An ADRT can be reviewed and amended at any time should your wishes change.

See Further information at the end of this section.

A will: a legally binding document that states your decisions about what will happen to your possessions and money after your death. There is usually a cost associated with making a will, but this is something we should all do. If you die without a will (known as dying intestate), your possessions will be distributed amongst members of your family as defined by law, which can make managing your affairs more difficult for your loved ones, particularly if they are not legally related to you, e.g. cohabiting partners will not have the same legal standing as a married partner.

Lasting Power of Attorney (LPA): a legal document registered with the Office of the Public Guardian (OPG), for which you will be charged a fee. An LPA allows a trusted friend or relative to make decisions on your behalf if you are unable to communicate your wishes, or lack capacity to make decisions. There are two types of LPA:

- for property and finance (which can also be used by the appointed person if you still have capacity, should you agree)
- for health and personal welfare, where the appointed person makes decisions on your behalf if you lack capacity. This can invalidate any previous ADRT.

In Northern Ireland this is known as an Enduring Power of Attorney (EPA) and is registered through the Office of Care and Protection. EPA only enables decisions on your behalf concerning property and finance, not personal welfare or care related matters.

NHS continuing healthcare: describes a package of care arranged and fully funded by the NHS to meet complex health needs. The primary need must be a healthcare need for the package of care to be agreed, following assessment to determine if you are eligible and what level of funding and care would be appropriate. Continuing Healthcare works in a similar way in England and Wales. In Northern Ireland there is no guidance on NHS-funded healthcare, but the health and social care trusts are encouraged to refer to the criteria used in the rest of the UK.

See Further information at the end of this section.

Preferred location of care and place of death: where to receive care and preferred place of death are often major concerns. Your wishes should be respected, but this may depend on circumstances and your health needs. Location choices include nursing care homes, a hospice, a hospital or remaining at home. It is really important that the person with MND, their family, carer and health team are all involved in discussions about arrangements, to help ensure best possible support. Such decisions often change with time and should be regularly reviewed.
Funeral arrangements: you may want your funeral arranged in a specific way. If so, it can be helpful to leave instructions for those close to you or discuss your wishes. This may involve messages, chosen words or music, or things you would like included because of belief or faith. If you are concerned about the cost, a pre-paid plan might be possible, or the person arranging the funeral may be entitled to a benefit payment to help with this. A funeral director will be able to provide guidance about arrangements.

Organ and tissue donation: if you are interested in organ or tissue donation, we recommend exploring possible arrangements for this at the earliest opportunity. This can be more complex to arrange with MND, but we provide information to help.

See Further information at the end of this section for our publication, End of Life: a guide for people with motor neurone disease, which includes Section 12: Organ and tissue donation.

MND alerts
If you need urgent treatment or care, but cannot communicate for any reason, a range of tools can help alert hospital staff and care workers that you have MND. These can be used in addition to advance care plans and ADRTs (see previous heading, What else do I need to consider?).

These alerts are important, as not all health and social care professionals are experienced with MND. An alert makes them aware of your condition and may have another function, such as warning professionals that you may be at risk with oxygen. Oxygen should be used with caution with MND, as it may upset the balance of your breathing.

A wide variety of alerts are available, including:

MND alert card: our small card for you to carry in a purse, wallet or pocket. We have enclosed one in the folder of this guide. It tells professionals who provide urgent treatment that you need specialist help, with space to record key contacts.

MND alert wristband: this has a similar purpose to the MND alert card, but can be worn all the time. We have enclosed one of these wristbands in the folder of this guide. It states that you have MND, with a web page address for professionals about urgent care.

Understanding my needs: our write-on booklet to help you record your needs and personal background. We have enclosed one in the folder of this guide. Once completed, keep this with you to help inform anyone involved in your treatment or care.

MND checklist: our form to help you think ahead following diagnosis. This may help you better manage your condition and arrange for appropriate support.

Message in a bottle: a sticker on your fridge and the inside of your front door tells paramedics that an alert bottle can be found in the fridge. This can contain essential personal and medical details. The bottle is not large enough to hold items such as an ADRT, but you could enclose a note about where to find important documents. Bottles are free of charge from your local chemist. You can find details through the Lions Club. Search for message in a bottle at: http://lionsclubs.co

MedicAlert: this registered charity provides an identification system for individuals with medical conditions or allergies. Usually in the form of a bracelet or necklet, which you purchase, the scheme is supported by a 24-hour emergency telephone service. You can find details at: www.medicalert.org.uk

Carer emergency card: a card that carers can carry in case they are involved in an emergency and unable to communicate. Usually linked to a registration service, the card alerts authorities so you can be supported if your carer is unable to help. Ask your local authority in England or Wales if they have a carer card scheme, or your local health and social care trust in Northern Ireland.

Telecare and telehealth: if you have a needs assessment, ask about equipment to send messages to a health monitoring service. This may be helpful if you have a fall or need urgent assistance. There may be a charge for this service.
Key points

- As difficult as it may be to have discussions about later stages, some people with MND experience increasing problems with speech and communication. The later you leave these arrangements, the harder it may be to have detailed conversations.
- Ensure your family know passwords for computer access to important files and where to find all important documents.
- Your views may change over time, in surprising ways. Don’t worry about expressing this. If you feel differently about anything, you have the right to change instructions and to have your views and wishes respected.

So what is MND, anyway?

a publication about MND and its impact for young people and young carers up to the age of 18.

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

MND Connect can also help you locate external services and providers, and introduce you to our services as available, including your local branch, group, Association visitor or regional care development adviser (RCDA).

See Section 14: How we can help you.

Further information:

We have a range of numbered information sheets, including:

1A: NICE guideline on motor neurone disease
7A: Swallowing difficulties
7B: Tube feeding
7C: Speech and communication support
8A to 8E: our range of sheets on breathing and ventilation support for MND
10D: NHS continuing healthcare
11C: Equipment and wheelchairs
14A: Advance Decision to Refuse Treatment (ADRT)

We also provide the following publications:
End of life: a guide for people with motor neurone disease
a candid and comprehensive guide about end of life decision making to help you plan ahead.
Tissue donation for motor neurone disease research
research sheet L.

When someone close has MND
a workbook for children aged 4 to 10 to help a trusted adult communicate with them about MND.
Part 3: Accessing services and support

Section 12: How statutory services can help you
Section 13: How health and social care professionals can help you
Section 14: How we can help you
12: How statutory services can help you

This section will help you identify some of the services and support to which you may be legally entitled.

What are statutory services?

Statutory services are those agreed by statute (in law) as your legal entitlement, as long as you qualify for the particular service. These services include:

**Health care**: where your health needs are supported. This includes symptom management and palliative care for long-term illness, to help you maintain the best possible quality of life. It also includes urgent or emergency care, if required.

**Social care**: where personal and practical care support is provided to help you manage daily routines and lead as independent a life as possible. This may include the provision of equipment and aids.

**Benefits and entitlements**: where you can claim for financial support, if you qualify for a specific award. Try to explore statutory services before applying for other funding or support. In many cases, voluntary organisations and charities can only help where statutory services do not provide a service or fail to supply in a timely way.

See *Further information* at the end of this section for helpful publications and contacts for statutory services.

**Adult social care services**

You can have a needs assessment and your carer a carer’s assessment to work out any help you both need. To ask for an assessment, contact adult social care services through your local authority in England and Wales, or your local health and social care trust in Northern Ireland.

Assessment is an opportunity to consider services you may need and find out about:

- relevant health or social care professionals
- care services and agencies
- community palliative care, day therapy units and hospice day care
- counselling
- respite services and urgent care cover
- financial and benefits advice
- useful local or national charities.

Ask for a separate assessment by an occupational therapist, who can look at how to prolong independence through:

- lifting, bathing and other aids to assist daily living
- appropriate seating
- advice about disabled facilities grants if you need to adapt your home.

Your needs assessment will result in a personal care plan, for agreed services. These may be subject to means testing, so you may need to contribute to costs.

You can choose to receive direct payments to allow you to choose your own services instead of having these arranged.

“We have a problem recruiting as we are in a rural area… with social services carers we knew we would always have cover.”

See *Further information* at the end of this section for more details about direct payments and personalisation.
Urgent or emergency care cover
If your carer is unable to provide support for any reason, contact your local adult social care services department. A limited out-of-hours Emergency Duty Team (EDT) may be able to arrange assistance, including bank holidays and weekends. It is worth keeping contact details for your local EDT to hand.
If you are in touch with one of our Association visitors, they may know about local care support, or contact our helpline MND Connect.
See Further information at the end of this section for contact details.

Making a complaint
If you feel that you are not receiving appropriate treatment or social care, you have the right to complain. In most cases, discuss your concerns first with the service or professional involved, as this may help to solve the problem. If not, you can take the matter further and there are organisations set up to help patients with queries and complaints.
The NICE guideline on motor neurone disease (from the National Institute for Health and Care Excellence) sets out recommendations for the treatment and care of MND, that health and social care professionals should follow. This may help to support you when making a complaint and we provide an information sheet about this, 1A: NICE guideline on motor neurone disease.
See Further information at the end of this section for details about patient councils and relevant publications.

Benefits and entitlements
You may be able to claim benefits and entitlements after diagnosis. This is your right, so try to explore these as soon as you can. If a claim has a qualifying period, check if you can be fast tracked to speed the process.
See Section 10: Your finances for details about the types of claims you can make and Further information at the end of this section for other publications and contacts.

NHS services
NHS services for primary or emergency healthcare are free. MND is complex and will involve a variety of specialists.
See Section 13: How health and social care professionals can help you to explore the types of professional you are likely to meet.
In time, you may need more intensive support with MND. You may become eligible for NHS continuing healthcare, which is a package of care arranged by and fully funded by the NHS, to meet complex care needs. The primary need must be a healthcare need and you will be assessed to see if you qualify.
Personal health budgets may also be available, where you can use an agreed budget to select the health service provider you prefer. You can find out more in our information sheet 10B: Direct payments and personalisation.

Key points
• When completing claim forms, explain your worst day, not your best, to help you receive the level of support you need.
• Details about your needs can help get best results from an assessment or a claim. For example, ‘Getting dressed can be difficult’ is not very clear, but ‘Getting dressed takes at least two hours, as I have to rest frequently and I can no longer handle fastenings’ gives a more complete picture.
• Support can vary between different regions, so explore what is available to you during assessment. We recommend asking about urgent or emergency care support.
• If you need further information about a health or social care service, do not hesitate to ask for this. If you are disabled, it should be provided to you in a format that is accessible to you.
• Equipment and aids to support your daily living are often available through statutory services and do not have to be bought.
• Before purchasing equipment or aids, have your needs assessed by an appropriate health or social care professional, as items may not be suitable for everyone and mistakes can be costly.
• Think about whether your home might need to be adapted as early as possible, as this can take time and you may need to seek assistance with funding. An occupational therapist can advise.

Further information:
You may find these information sheets helpful:
1A: NICE guideline on MND
1B: Information about MND or Kennedy’s disease in other languages or Braille
3A: MND care centres and networks
10A: Benefits and entitlements
10B: Direct payments and personalisation
10C: Disabled Facilities Grants
10D: NHS continuing healthcare
10E: Work and motor neurone disease
10F: Your rights to social care

We also provide the following publications:
Caring and MND: support for you
A comprehensive guide for carers, including information about carer’s assessment.

So what is MND, anyway?
A guide for young people affected by MND, including information for young carers and how their needs are assessed.

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from our information and support team MND Connect:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

Further sources of help can be found in Section 15: Useful organisations or try these contacts:
13: How health and social care professionals can help you

This section will help you to identify the range of health and social care professionals that may become involved in your care.

Health services include support from your GP, such as advice on symptom management and medication.

Many GP surgeries can now offer you access to your records online. It is worth asking about this, as it may help you to keep track. This service sometimes enables you to book appointments online, too. If you have speech and communication difficulties, this may be helpful.

If needed, do ask for information at appointments with health and social care professionals. If you are disabled and need information in a particular format, this should be provided by the health or social care service you are dealing with. This is now mandatory in England - for more details, search for Accessible Information Standard at: www.england.nhs.uk

Your GP is also your first contact for referral to other services. These may include specialist consultants, local neurological services, MND care centres and networks (see section 14) or NHS continuing healthcare. Other health and social care professionals can also make referrals.

As MND is rare, many health and social care professionals do not have experience with the disease, or see very few cases. At MND care centres and networks, and local neurological services, professionals are more likely to have relevant expertise.

With MND, you are likely to meet a wide range of health and social care professionals. If you have regular appointments at an MND care centre, network or local neurological service, you may have access to a multidisciplinary team or MDT, where professionals work together to provide co-ordinated care and linked services.

See Further information at the end of this section for helpful publications and key contacts relevant to this section.

The multidisciplinary team

The multidisciplinary team supporting you and your carer will probably include some or all of the following:

**Consultant:** usually a neurologist for assessment, diagnosis, symptom management and advice on care management. Depending on symptoms, you may be referred to other consultants, such as a consultant specialising in respiratory medicine, palliative care or the digestive system.

**Community or district nurse:** for help with medication, monitoring of symptoms, skin pressure, provision of home nursing equipment and advice on local services. A community or district nurse works closely with your GP and can make home visits if needed.

**Neurology or MND specialist nurse:** for specialist advice and information about neurological conditions such as MND. Please be aware that not all areas may support this specialist nursing staff.

**MND care centre co-ordinator:** sometimes a specialist nurse, this role provides assistance at an MND care centre or network. A similar role may be available in other neurological teams. The co-ordinator helps to link you
with the multidisciplinary team, community services and the MND Association.

**Specialist palliative care services**: including symptom management, advice and support, counselling, emotional and spiritual support, complementary therapies and information resources. This is often through a hospice as an outpatient, but short stay admissions may be needed for assessment or palliative care support. Hospice care is specialist care, designed to support the best possible quality of life during a chronic or progressive illness. Many hospice services are available for your family and your carer, as well as yourself, and these can be provided at home.

**Wheelchair services**: for assessment of seating needs and co-ordination of provision for a wheelchair, as appropriate. Please be aware that there are often waiting lists for this provision. If you find this is the case in your area, please call our Support Services team for advice.

See Further information at the end of this section for contact details. See also Section 6: Getting around and Section 14: How we can help you.

**Occupational therapist (OT)**: for advice on posture and equipment, to help you continue daily routines with as much independence as possible.

**Physiotherapist**: for guidance on managing symptoms, such as fatigue, cramps and stiffness in joints and muscles. They can advise on appropriate exercise, passive or assisted exercise and positioning to maximise comfort. Please be aware that exercise cannot delay the progression of the disease. However, it may help to maximise the use of muscles not yet affected and increase flexibility in your joints.

**Speech and language therapists (SLT)**: for help with speech and swallowing difficulties. Assessment with an SLT is recommended if you consider purchasing any communication aids. These can be very expensive, and not all solutions suit everyone. An SLT often works closely with a dietitian if you experience swallowing difficulties.

**Dietitian**: for help with nutrition, maintaining a healthy weight, safe eating and drinking, and guidance about tube feeding.

**Pharmacist**: for advice on the best types of medication in particular circumstances, eg many medicines can be dispensed in liquid form for ease of swallowing.

**Counselling and psychology services**: for emotional and psychological support. Your GP can usually refer you to an appropriate service, counsellor or psychologist, but there may be a waiting list. Your local hospice will usually be able to offer counselling as part of their palliative care support.

**Complementary therapist**: for therapies that may help to ease symptoms and reduce feelings of anxiety, such as massage, reflexology or acupuncture. These therapies do not replace conventional medicine, but work alongside it.

**Social worker or care manager**: these professionals work for adult social care services and help provide assessment of needs, information about local services and support.

**Benefits adviser**: for help with benefit claims and enquiries. They are not directly linked to other members of your health and social care team, but may contact them on occasion to seek medical evidence to support a claim. You can also search for government online information about benefits at: www.gov.uk or for Northern Ireland at: www.nidirect.gov.uk

See Section 12: How statutory services can help you for more detail.

See Section 14: How we can help you for details about our services and contacts, including regional care development advisers and Association visitors.
Making a complaint
If you feel that you are not receiving appropriate treatment or social care, you have the right to complain. In most cases, discuss your concerns first with the service or professional involved, as this may help to solve the problem. If not, you can take the matter further and there are organisations set up to help patients with queries and complaints.

See Further information at the end of this section for details about patient councils who can advise and assist with complaints, and our own helpline contact details if you have questions about how to proceed. See Section 15: Useful organisations for more contacts.

The NICE guideline on motor neurone disease (from the National Institute for Health and Care Excellence) sets out recommendations for the treatment and care of MND, that health and social care professionals should follow. This may help to support you when making a complaint and we provide an information sheet about this, 1A: NICE guideline on motor neurone disease.

See Further information at the end of this section for details about relevant publications.

Further information:
You may find these information sheets helpful with regard to how health professionals can assist you:
1A: NICE guideline on motor neurone disease
1B: Information about MND and Kennedy's disease in other languages and Braille
3A: MND care centres and networks
5A: Riluzole
6A: Physiotherapy
6B: Complementary therapies
7A: Swallowing difficulties
7B: Tube feeding
7C: Speech and communication support
8A to 8E: our range of sheets on breathing and ventilation support for MND
10D: NHS continuing healthcare
11C: Equipment and wheelchairs
13A: Sex and relationships for people living with MND
13B: Sex and relationships for partners of people with MND
14A: Advance Decision to Refuse Treatment (ADRT)

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from MND Connect, our support and information helpline:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

Further contacts on next page.
Further sources of help can be found in Section 15: Useful organisations or try these contacts:

**Health in Wales:**
online information about NHS services in Wales, [www.wales.nhs.uk](http://www.wales.nhs.uk)

**Health Professions Council (HPC):**
a register of qualified health professionals
Telephone: **0300 500 6184**
[www.hpc-uk.org](http://www.hpc-uk.org)

**NHS Choices:**
online information about health choices for specific conditions with an Information Prescription Service [www.nhs.uk](http://www.nhs.uk)

**NHS 111:**
The NHS 24-hour help service. Telephone **111** for urgent, but non-emergency medical advice or go to the NHS Choices website: [www.nhs.uk](http://www.nhs.uk)

**NHS Direct Wales:**
similar to NHS Direct, but particular to Wales
Telephone: **0845 46 47**
[www.nhsdirect.wales.nhs.uk](http://www.nhsdirect.wales.nhs.uk)

**NHS Northern Ireland:**
online information about NHS services in Northern Ireland [www.hscni.net](http://www.hscni.net)

**Local authorities or health and social care trusts:**
contact your local authority in England or Wales, or your local health and social care trust in Northern Ireland to find out contact details for adult social care services, needs assessment and how to make a complaint about social care.

Confidential advice and making a complaint about healthcare:
for England, contact the Patient Advice and Liaison Service (PALS). Search for PALS on the NHS Choices website: [www.nhs.uk](http://www.nhs.uk)

For Northern Ireland, see the Patient and Client Council at: [www.patientclientcouncil.hscni.net](http://www.patientclientcouncil.hscni.net)

For Wales, refer to your local Community Health Council (CHC):
[www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils](http://www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils)

**MND Association Support Services:**
for guidance on our MND support grants and equipment loan services:
Telephone: **01604 611802**
Email: support.services@mndassociation.org

**Online forum:**
[http://forum.mndassociation.org](http://forum.mndassociation.org) hosted by the MND Association for you to share information and experiences with other people affected by MND.
14: How we can help you

This section will help you access the services and support we offer at the MND Association.

We are a charity dedicated to improving the lives of people affected by MND in England, Wales and Northern Ireland. Scotland is supported by a different organisation called MND Scotland.

See Section 12: Useful organisations for contact details.

Our overall vision is a world free from MND.

Our mission is to:

• improve care and support for people with MND, their families and carers
• fund and promote research that leads to new understanding and treatments, and brings us closer to a cure for MND
• campaign and raise awareness, so the needs of people with MND and everyone who cares for them, are recognised and addressed by wider society.

The earlier we can help you, the more we can accomplish on your behalf. You may at times feel very isolated, but you are not alone in this.

The following headings list our services and contact details.

MND Connect helpline

Our helpline provides support and information for people living with MND, their carers and families, our volunteers, and health and social care professionals.

The team can direct you to practical support, including our own services and appropriate external organisations. If you simply need to talk to someone, they can listen.

“ I found the helpline invaluable…We were able to gain knowledge about the condition, and were prepared (as much as you can be) for each stage of the illness and the options available.”

The service is available Monday to Friday, from 9am to 5pm and 7pm to 10.30pm.

Telephone: 0808 802 6262
Email: mndconnect@mnassociation.org
MND Association
PO Box 246, Northampton NN1 2PR

MND Connect is accredited by the Helplines Standard.

Association visitors (AVs)

AVs are volunteers who provide free and confidential personal guidance to people with MND, their carers, and close family and friends. An AV can help you identify problems as they arise, answer questions and discuss how you might get support.

All AVs are carefully selected, undergo a thorough training programme and a Disclosure and Barring Service (DBS) check. They are based in the local community as members of a team and can make contact with you by phone, email or visiting you at home.
If you would like to be supported by an AV, your local regional care development adviser (RCDA) can help arrange this where an AV is available (see next heading).

If an AV is not available in your area, we can offer ongoing support and help through our helpline or your local branch or group. Please see other headings in this list for details of these services.

Our work with volunteers is accredited by the Investing in Volunteers standard.

Regional care development advisers (RCDAs)

RCDAs have expert knowledge of the management and care of people with MND. They work closely with local service providers to ensure care and support is available at the right time.

RCDAs either have a professional health and social care background or significant experience that will help them in this role. They also manage a regional team of Association visitors (AVs), where available.

Our RCDAs are listed on our website at www.mndassociation.org/rcda or contact our MND Connect helpline:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

Local branches and support groups

We have a network of more than 85 branches and groups, run by volunteers, throughout England, Wales and Northern Ireland. They provide a warm welcome, friendship and the opportunity to meet others affected by MND.

Our branches and groups offer guidance and support, including get-togethers and group meetings specifically for carers. People can share emotional and practical support, and exchange information.

Our branches are listed on our website at: www.mndassociation.org/branchesandgroups or contact our MND Connect helpline to help you find the nearest location:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org
MND care centres and networks

We part-fund MND care centres and networks across the UK, with more planned. These offer specialist help to manage the complexity of the disease, supporting people with MND, their carers and families.

If you cannot get to a care centre or network easily, you and the person you support can still receive co-ordinated care through regional neurological services and local specialist palliative care services.

All of the care centres and networks bring together a range of health and social care professionals to provide co-ordinated care. They are usually referred to as a multidisciplinary team.

“\nThe care centre staff are all brilliant. It’s a great place to go and get help with medical problems.\”

Care centres are not a ‘building’ and usually take place in an established clinic area in one place, such as a hospital. Networks work in a similar way, but do not have a fixed location, in order to provide a service across a wide geographical area.

Care centres and networks sometimes run clinical drug trials and undertake clinical research about MND. They also help to educate colleagues in the community and share good practice to improve MND care and support.

To find your nearest MND care centre or network, contact our MND Connect helpline:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

Equipment loan and MND support grants

Our Support Services team may be able to provide certain items of equipment and communication aids on loan, or consider requests for MND support grants.

All statutory funding and services should be explored first. However, loaned items can be provided if you have to wait for health and social care services to arrange equipment or if they are unable to provide an item.

The following types of grant are available:

MND Care Grants

Provided to: people living with MND, of any age.

Amount provided: depends on the type of spend and the value of any previous grants provided.

Application: by a health or social care professional following assessment of need, where this need cannot be met through the services they link to, or where provision will be delayed.

Can be used for: a variety of purposes, such as home adaptations, equipment or respite care.

Carer’s Grant

Provided to: carers who are not paid for the support they give and who are 19 or older.

Amount provided: up to £500 is available in any one year.

Application: by the carer, or on their behalf by one of our Association visitors or a health and social care professional.

Can be used for: a variety of purposes, such as driving lessons, towards a carer break or for respite care.

Young Person’s Grant

Provided to: a child or young person aged 18 or under, who is affected by MND in their immediate or close family.

Amount provided: up to £250 is available in any one year.
**Application:** by a family member for the young person, or on their behalf by one of our Association visitors or a health or social care professional.

**Can be used for:** a variety of purposes, such as decorating their room at home, a family day out or for equipment to help the young person, such as a laptop.

If you have any queries, please contact our Support Services team:

Telephone: 01604 611802
Email: support.services@mndassociation.org

See information sheets 22A to 22E, which provide details about benefits and other financial support.

**MND Association Wheelchair Service**

Our Support Services team may be able to help. The MND Association’s wheelchair service consists of MND specialist wheelchair therapists and a wheelchair co-ordinator. The therapists link into MND care centres and networks, and NHS or other external wheelchair services. They provide posture and mobility assessments to determine people’s wheelchair needs. They also support other wheelchair services through education and training, and joint assessments.

The co-ordinator develops links with external wheelchair services and helps progress reported problems with delays, service or provision. The co-ordinator also processes applications for support grants to fund wheelchair top-ups for non-standard features or additional equipment.

For further information, please contact:

Email: wheelchairs@mndassociation.org

**Communication Aids Service**

Our Communication Aids Service helps people with MND, carers, families, and health and social care professionals, with queries about communication aids.

The service provides limited financial support for communication aids or some items on loan, if unavailable or delayed through health and social care services.

Our aim is to improve provision and information on a local and national level, through collaboration with health and social care professionals.

"Now I know there is help out there about voice banking and communication aids, with people willing to do all they can. This is very comforting. Thank you."

Telephone: 01604 611767
Email: communicationaids@mndassociation.org

**Our website**

Please visit the MND Association website to find out more about MND, our services and the MND Association at:

[www.mndassociation.org](http://www.mndassociation.org) including news about our research, volunteering, fundraising and campaigning activities.

"Well-targeted and accurate, the website provides a wealth of very useful information."

Care information and publications

We provide a wide range of care information and publications.

"I felt I was no longer alone in my fight."

Our information is developed and revised under The Information Standard, an accreditation run by NHS England. This means it is considered trustworthy, relevant and up-to-date. Look for the marker:

You can download the majority of our information from our website at: www.mndassociation.org/publications or contact our MND Connect helpline to order printed copies:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

Online forum

Our online forum is a safe place to share experiences, ideas and a wealth of information, with other people affected by MND.

"The forum can be such a help to those people who may feel isolated in everyday life...This can really support those with MND and their families, as well as carers."

You can access the forum from our website or by using the following internet address:
http://forum.mndassociation.org

Membership

Membership of the MND Association is free for people living with MND, their spouses, partners and carers. It enables you to join a community of people who all share the same vision of a world free from MND. As a unified force, our membership creates a powerful voice to support lobbying and campaigns on behalf of all people affected by MND.

By becoming a member, you can access the following benefits:

• our quarterly magazine, Thumb Print, which features the latest news on care and research as well as inspirational stories from others affected by MND
• an introduction to your nearest branch or group
• our Annual Impact Report, which demonstrates the difference made by us over the last financial year
• invitations to conferences and seminars, including our regional conferences
• the authority to vote at national and local AGMs, including the election of MND Association Trustees.

"At the AGM last September, we met people from all over the country. There were also people from the MND Association and a doctor from Sheffield talking about the latest research."

To become a member, contact us by:

Telephone: 01604 611855
Email: membership@mndassociation.org
Support for minority and ethnic groups

We are here for everyone living with or affected by MND in England, Wales and Northern Ireland.

We acknowledge that people have differing needs, backgrounds, culture and faiths. Other aspects of diversity may also influence the way care and support should be offered and provided.

The MND Association supports equality in all of its services. Please ask the service you are dealing with if you have any particular preferences or needs that you wish to be taken into consideration.

Information in other languages

We provide introductory information in additional languages to English and a limited translation service for further care publications. You can find out more at: www.mndassociation.org/languages

If you need further help, contact our MND Connect helpline or ask someone to contact the team on your behalf. They can help answer your questions or direct you to appropriate support.

See earlier heading in this section, MND Connect helpline.

Key points

• We support everyone with or affected by MND in England, Wales and Northern Ireland (support is provided in Scotland by MND Scotland).

• Our services are free for people with MND, their partners and carers.

• If you need assistance to contact any of our services or external services, contact our MND Connect helpline:

  Telephone: 0808 802 6262
  Email: mndconnect@mndassociation.org

Further information

A list of other contacts can be found in Section 15: Useful organisations.

“I don’t have family here in the UK, neither does my son, so we feel very lonely without money, moral support or information. Help!”
15: Useful organisations

This section will help you identify some of the organisations that may be able to provide further information or support.

Access a wider list of useful organisations on our website at: www.mndassociation.org/usefulorgs. We also list relevant organisations at the end of all our information sheets.

Contact your local authority in England and Wales, or your local health and social care trust in Northern Ireland, to find out about services in your area. They may offer a directory on their website.

See toolkit item 4: Contact record which enables you to collate telephone and email details for regular contacts.

If you would like to know more about organisations that support carers, children or young people affected by MND, we provide publications to meet their needs:

See Further information at the end of Section 5: Family, children and friends.

Organisations

We do not necessarily endorse the organisations listed here and cannot be held responsible for anything stated on their website or supplied as a service or a product.

We keep this information updated, but the contact details may change before the next revision. If you need help locating an organisation, contact our helpline, MND Connect:

Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

The helpline team can also direct you to our services and local support.

Access to Work

To help you and your employer support your work routines.

Telephone: 0345 268 8489
Textphone: 0345 608 8753
Email: atwosu.london@dwp.gsi.gov.uk
Website: search for access to work at www.gov.uk or for Northern Ireland at: www.nidirect.gov.uk

Adult Social Care Services

Contact your local authority for a needs assessment, carer’s assessment or social care advice. For Northern Ireland, search for health and social care trusts at www.nidirect.gov.uk

Advicenow

Online information on rights and legal issues.
Website: www.advicenow.org.uk

Age UK

Information, advice and advocacy for people in later life, including guidance on benefits.

Age UK, Tavis House, 1-6 Tavistock Square, London WC1H 9NA
Telephone: 0800 169 2081 (England)
08000 223 444 (Wales)
0808 808 7575 (Northern Ireland)
Email: through website contact page
Website: www.ageuk.org.uk

Asian Health Agency

Information and support for Asian elders, disabled people and carers across the UK, with care services across many London boroughs.

Email: through website contact page
Website: www.taha.org.uk
Blue Badge Scheme
A blue badge enables access to a range of parking benefits and other motoring concessions for people with severe mobility difficulties. Contact your local authority or look online at GOV.UK
Website: search for blue badge at: www.gov.uk or in Northern Ireland at: www.nidirect.gov.uk

BME Health Forum
An organisation helping to improve health services for black and minority ethnic groups. Their work is based in London, but their site includes patient information on rights for healthcare and how to access support.
BME Health Forum, 80a Church Street, London NW8 8ET
Telephone: 07958 479 217
Email: through website contact page
Website: www.bmehf.org.uk

BACP (British Association for Counselling and Psychotherapy)
A body representing counselling and psychotherapy in the UK who can direct you to trained practitioners.
BACP, BACP House, 15 St John’s Business Park, Lutterworth LE17 4HB
Telephone: 01455 883300
Email: bacp@bacp.co.uk
Website: www.bacp.co.uk

British Red Cross
For health and social care assistance, equipment hire (eg standard wheelchairs) and various disability living aids for purchase.
British Red Cross, 44 Moorfields, London EC2Y 9AL
Telephone: 0344 871 11 11
Email: information@redcross.org.uk
Website: www.redcross.org.uk

Carers Trust
Support for carers.
Carers Trust, 32-36 Loman Street, London SE1 0EH
Telephone: 0844 800 4361 (England) 0292 009 0087 (Wales) 028 9099 9476 (Northern Ireland)
Email: info@carers.org (England) wales@carers.org (Wales) ni@carers.org (Northern Ireland)
Website: www.carers.org

Carers Trust (young carers)
Support for young carers – see also Carers Trust.
Website: https://babble.carers.org

Carers UK
Information, advice and campaigning for the rights of carers.
Carers UK, 20 Great Dover Street, London SE1 4LX
Telephone: 0808 808 7777 (England and Wales) 028 9043 9843 (Northern Ireland)
Email: through the website contact page
Website: www.carersuk.org

Childline
Counselling and a free 24-hour helpline for children or young people in distress or danger.
Childline, Via NSPCC, Weston House, 42 Curtain Road, London EC2A 3NH
Telephone: 0800 1111
Email: through the website contact page
Website: www.childline.org.uk

Chinese National Healthy Living Centre
Advice on health issues for people in the Chinese Community.
Chinese National Healthy Living Centre, 29-30 Soho Square, London W1D 3QS
Telephone: 020 7534 6546
Email: info@cnhlc.org.uk
Website: www.cnhlc.org.uk
Citizens Advice Bureau
Free information and advice on legal, money and other problems. Contact your local bureau for support – you can search for your local branch on their website.
Telephone: 03444 111 444 (for England or contact your local branch)
03444 77 20 20 (for Wales)
Website: www.citizensadvice.org.uk
(online help site)
www.adviceguide.org.uk (for Northern Ireland)

Community Law Service
Independent advice and representation, including welfare benefits, debt and housing. Contact your local service through your telephone directory or by searching for community law service online.

Disabled people’s organisations
For local disability advice. These organisations were previously known as Disability Information and Advice Line services (DIALs) run by and for disabled people. They are now hosted by Scope.
Helpline: 0808 800 3333
Email: helpline@scope.org.uk
Website: www.scope.org.uk/support/disabled-people/local-advice

Disability Law Service
Contact the DLS for assistance on disability law.
Disability Law Service, The Foundry,
17-19 Oval Way, Vauxhall, London SE11 5RR
Telephone: 0207 791 9800
Email: advice@dls.org.uk
Website: www.dls.org.uk

Disability Rights UK
Information, products and services designed by and for disabled people.
Disability Rights UK, Ground Floor, CAN
Mezzanine, 49-51 East Rd, London N1 6AH
Telephone: 020 7250 8181
Email: enquiries@disabilityrightsuk.org
Website: www.disabilityrightsuk.org

The Disabled Living Foundation
For a wide range of support and aids for people with disabilities.
Disabled Living Foundation, Unit 1, 34 Chatfield Road, Wandsworth, London SW11 3SE
Telephone: 0300 999 0004
Email: info@dlf.org.uk
Website: www.dlf.org.uk

GOV.UK
Online government information about financial help and benefits.
Website: www.gov.uk (England and Wales)
www.nidirect.gov.uk (Northern Ireland)

Health in Wales
Online information about NHS services in Wales including a directory of the Welsh health boards. (See also NHS Direct Wales).
Email: through the website contact page
Website: www.wales.nhs.uk

Health and Care Professions Council (HCPC)
A register of health professionals who meet HCPC standards of practice, with a search facility to find professionals, including psychologists, physiotherapists, occupational therapists and speech and language therapists.
Health Professions Council, Park House, 184 Kennington Park Road, London SE11 4BU
Telephone: 0300 500 6184
Website: www.hpc-uk.org

Healthtalk.org
A website of personal health experiences, including a series of interviews with people affected by or living with MND.
Email: info@healthtalkonline.org
Website: search for motor neurone disease at: www.healthtalk.org
**Independent Age**  
Independent advice on a range of care issues, including assessments, getting help at home, paying for care, benefits and hospital discharge.  
Independent Age, 18 Avonmore Road, London W14 8RR  
Telephone: 0800 319 6789  
Email: advice@independentage.org  
Website: www.independentage.org

**Jobcentre Plus**  
Contact your local Jobcentre Plus for advice about employment and some benefit claims.  
Search for your local office through the Gov.uk website.  
Telephone: 0800 055 6688  
Textphone: 0800 023 4888  
Email: through website contact page  
Website: search for jobcentre plus at: www.gov.uk which will also link you to jobs and benefits offices for Northern Ireland, or search for these at: www nidirect.gov.uk

**Lesbian and Gay Foundation**  
Information and advice for lesbian, gay and bisexual people.  
Lesbian and Gay Foundation, 5 Richmond Street, Manchester M1 3HF  
Telephone: 0345 3 30 30 30  
Email: info@lgf.org.uk  
Email: through website contact page  
Website: www.lgf.org.uk

**Lions Clubs International**  
(British Isles and Ireland)  
A community service organisation, helping to promote the Message in a Bottle scheme to assist paramedics in case of emergencies.  
Lions Clubs International, 257 Alcester Road South, Kings Heath, Birmingham B14 6DT  
Telephone: 0845 833 9502  
Email: info@lionsclubs.co  
Website: http://lionsclubs.co

**Medic Alert**  
An identification system for individuals with medical conditions, usually in the form of bracelets or necklets, supported by a 24 hour emergency telephone service.  
Medic Alert, MedicAlert House, 327-329 Witan Court, Upper Fourth Street, Milton Keynes MK9 1EH  
Telephone: 01908 951045  
Email: info@medicalert.org.uk  
Website: www.medicalert.org.uk

**Motability**  
For details about vehicle leasing or hire purchase through the Motability scheme.  
Motability Operations, City Gate House, 22 Southwark Bridge Road, London SE1 9HB  
Telephone: 0300 456 4566  
Email: through website contact page  
Website: www.motability.co.uk

**MND Scotland**  
Support for people affected by MND in Scotland.  
MND Scotland, 2nd Floor, City View, 6 Eagle Street, Glasgow G4 9XA  
Telephone: 0141 332 3903  
Email: info@mnscotland.org.uk  
Website: www.mnscotland.org.uk

**NHS Choices**  
Online health information including the Information Prescription Service, for information according to need.  
Telephone: 111 for urgent, but non-emergency medical advice  
Email: through the website contact page  
Website: www.nhs.uk

**NHS 111**  
The NHS online/telephone help and support service, providing health advice and information, 24-hours a day, 365 days a year.  
Telephone: 111 for urgent, but non-emergency medical advice  
Email: through the website contact page  
(see NHS Choices)  
Website: www.nhs.uk
NHS Direct Wales
Similar to NHS Direct, but particular to Wales and the Welsh NHS structure.
Telephone: 0845 46 47
Website: www.nhsdirect.wales.nhs.uk

NHS Northern Ireland
Online information about NHS services in Northern Ireland.
Email: through the website contact page
Website: www.hscni.net

Office of Care and Protection
Information about Enduring Power of Attorney for Northern Ireland. For Lasting Power of Attorney in England and Wales, see Public Guardianship Office.
Office of Care and Protection, Room 2.2A, Second Floor, Royal Courts of Justice, Chichester Street, Belfast, BT1 3JF
Telephone: 028 9072 4733
Email: enquiries@ncpc.org.uk
Website: search for power of attorney at: www.courtsni.gov.uk

Pension Service
For queries and claims regarding pensions and pension credit.
Telephone: 0800 731 7898
Textphone: 0800 731 7339
Website: www.gov.uk/contact-pension-service

For Northern Ireland:
Telephone: 0300 123 3014 (enquiries) 0808 100 2658 (claims)
Website: search for state pension at: www.nidirect.gov.uk

rica
Free, unbiased reports for disabled people, based on consumer research.
rica, Unit G03, The Wenlock, 50-52 Wharf Road, London N1 7EU
Telephone: 020 7427 2460
Email: mail@rica.org.uk
Website: www.rica.org.uk

The Patient Advice and Liaison Service (PALS)
Confidential advice about NHS services and complaints.
Telephone: contact your local hospital, GP or health clinic
Website: search for PALS on the NHS Choices website: www.nhs.uk

For Northern Ireland:
Patient and Client Council
Freephone: 0800 917 0222
Email: info.pcc@hscni.net
Website: www.patientclientcouncil.hscni.net

For Wales:
Refer to your local Community Health Council (CHC):
www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils

Outsiders Trust
Support on relationships and sexuality for disabled people.
Outsiders Trust, WestEnd, Redwood Farm, Barrow Gurney, Avon, BS48 3RE
Telephone: 07074 993 527
Email: sexdis@Outsidersorg.uk
Website: www.outsiders.org.uk/outsidersclub

Office of the Public Guardian
Information about Lasting Power of Attorney and the Mental Capacity Act. For Enduring Power of Attorney in Northern Ireland, see Office of Care and Protection.
Public Guardianship Office, PO Box 16185, Birmingham B2 2WH
Telephone: 0300 456 0300
Email: customerservices@publicguardian.gsi.gov.uk
Website: search for lasting power of attorney at: www.gov.uk

For Wales:
Refer to your local Community Health Council (CHC):
www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils

The Patient Advice and Liaison Service (PALS)
Confidential advice about NHS services and complaints.
Telephone: contact your local hospital, GP or health clinic
Website: search for PALS on the NHS Choices website: www.nhs.uk

For Northern Ireland:
Patient and Client Council
Freephone: 0800 917 0222
Email: info.pcc@hscni.net
Website: www.patientclientcouncil.hscni.net

For Wales:
Refer to your local Community Health Council (CHC):
www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils

Office of Care and Protection
Information about Enduring Power of Attorney for Northern Ireland. For Lasting Power of Attorney in England and Wales, see Public Guardianship Office.
Office of Care and Protection, Room 2.2A, Second Floor, Royal Courts of Justice, Chichester Street, Belfast, BT1 3JF
Telephone: 028 9072 4733
Email: enquiries@ncpc.org.uk
Website: search for power of attorney at: www.courtsni.gov.uk

Pension Service
For queries and claims regarding pensions and pension credit.
Telephone: 0800 731 7898
Textphone: 0800 731 7339
Website: www.gov.uk/contact-pension-service

For Northern Ireland:
Telephone: 0300 123 3014 (enquiries) 0808 100 2658 (claims)
Website: search for state pension at: www.nidirect.gov.uk

rica
Free, unbiased reports for disabled people, based on consumer research.
rica, Unit G03, The Wenlock, 50-52 Wharf Road, London N1 7EU
Telephone: 020 7427 2460
Email: mail@rica.org.uk
Website: www.rica.org.uk

The Patient Advice and Liaison Service (PALS)
Confidential advice about NHS services and complaints.
Telephone: contact your local hospital, GP or health clinic
Website: search for PALS on the NHS Choices website: www.nhs.uk

For Northern Ireland:
Patient and Client Council
Freephone: 0800 917 0222
Email: info.pcc@hscni.net
Website: www.patientclientcouncil.hscni.net

For Wales:
Refer to your local Community Health Council (CHC):
www.wales.nhs.uk/ourservices/directory/CommunityHealthCouncils

Office of Care and Protection
Information about Enduring Power of Attorney for Northern Ireland. For Lasting Power of Attorney in England and Wales, see Public Guardianship Office.
Office of Care and Protection, Room 2.2A, Second Floor, Royal Courts of Justice, Chichester Street, Belfast, BT1 3JF
Telephone: 028 9072 4733
Email: enquiries@ncpc.org.uk
Website: search for power of attorney at: www.courtsni.gov.uk

Pension Service
For queries and claims regarding pensions and pension credit.
Telephone: 0800 731 7898
Textphone: 0800 731 7339
Website: www.gov.uk/contact-pension-service

For Northern Ireland:
Telephone: 0300 123 3014 (enquiries) 0808 100 2658 (claims)
Website: search for state pension at: www.nidirect.gov.uk

rica
Free, unbiased reports for disabled people, based on consumer research.
rica, Unit G03, The Wenlock, 50-52 Wharf Road, London N1 7EU
Telephone: 020 7427 2460
Email: mail@rica.org.uk
Website: www.rica.org.uk
REMAP
A charity of volunteers who make bespoke aids for disabled people.
Remap Head Office, D9 Chaucer Business Park, Kemsing, Sevenoaks, Kent TN15 6YU
Telephone: 01732 760209
Email: through the website contact page
Website: www.remap.org.uk

Samaritans
Confidential 24-hour emotional support by telephone, email, letter or face-to-face in most branches.
Samaritans, P.O. Box 9090, Stirling, FK8 2SA
Telephone: 116 123 (or contact your local branch)
Email: jo@samaritans.org
Website: www.samaritans.org

Shopmobility
A scheme in many towns and shopping centres, providing manual or powered wheelchairs or scooters, for loan or hire.
Telephone: 01933 229644
Email: shopmobility@bhta.com
Website: www.shopmobilityuk.org

Turn2us
Online help about benefits, grants, financial support or funding.
Website: www.turn2us.org.uk

Working Families
Helping people and employers find a better balance between work and home.
Working Families, Cambridge House, 1 Addington Square, London SE5 0HF
Helpline: 0300 012 0312
Email: advice@workingfamilies.org.uk
Website: www.workingfamilies.org.uk

Key points

• Before selecting or purchasing any specialist equipment or aids, have your needs assessed by an appropriate health or social care professional, as items may not be suitable for everyone and mistakes can be costly.
• You can note details of local organisations on the contact record, in the Helping you to keep track pages at the back of this guide.

Further information:
We offer a range of publications to help you manage life with MND. Each of these lists organisations relevant to the subject being covered.

Most of our publications can be downloaded from our website: www.mndassociation.org or you can order them from our information and support team MND Connect:
Telephone: 0808 802 6262
Email: mndconnect@mndassociation.org

MND Association Support Services:
For guidance on our MND support grants and equipment loan services:
Telephone: 01604 611802
Email: support.services@mndassociation.org

Online forum:
http://forum.mndassociation.org hosted by the MND Association for you to share information and experiences with other people affected by MND.
Helping you to keep track

The five forms on the following pages have been developed to help you keep important information in one place. It is your choice if you wish to use these pages or not, but they may help if you meet a wide variety of health and social care professionals.

The five forms are:

1. **Personal details:**
   to record basic information about yourself to save time at appointments.
   We also supply a form in the folder of this guide, called, *Understanding my needs*. This is designed to help hospital staff and care workers provide you with suitable support.

2. **Contact record:**
   to keep a central list of key people and services with their contact details.

3. **Appointment and communication record:**
   to help you prepare for appointments and keep notes.

4. **Equipment record:**
   to note the equipment you receive and contacts for support.

5. **Medication record:**
   to note when and how much to take of any medication, nutritional supplement or tube feed.
Personal details
By recording your details here, you can use this page to show health and social care professionals if they need your basic information. This can be very helpful as you are likely to meet a wide span of professionals. Keep the guide safe if you complete this page, as it will contain confidential data.

My information:

<table>
<thead>
<tr>
<th>Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Tel:</td>
</tr>
<tr>
<td>Mobile:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
<tr>
<td>NHS number:</td>
</tr>
<tr>
<td>Date of birth:</td>
</tr>
</tbody>
</table>

My main contacts are:

<table>
<thead>
<tr>
<th>Next of kin - Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Main carer - Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MND Association contact - Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Email:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>GP - Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of my MND care centre, network or neurological service:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone:</td>
</tr>
<tr>
<td>Address:</td>
</tr>
</tbody>
</table>
Contact record
This will help you keep a central record of all contacts for easy reference.

MND Association services

<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>MND Connect</td>
<td>0808 802 6262</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:mndconnect@mndassociation.org">mndconnect@mndassociation.org</a></td>
</tr>
<tr>
<td></td>
<td>MND Association, PO Box 246, Northampton NN1 2PR</td>
</tr>
<tr>
<td>Association visitor</td>
<td></td>
</tr>
<tr>
<td>Branch or group</td>
<td></td>
</tr>
<tr>
<td>Regional care development adviser</td>
<td></td>
</tr>
<tr>
<td>Support services (MND support grants and equipment loan)</td>
<td>01604 611802</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:support.services@mndassociation.org">support.services@mndassociation.org</a></td>
</tr>
<tr>
<td></td>
<td>MND Association, PO Box 246, Northampton NN1 2PR</td>
</tr>
<tr>
<td>Switchboard</td>
<td>01604 250505</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:enquiries@mndassociation.org">enquiries@mndassociation.org</a></td>
</tr>
<tr>
<td></td>
<td>MND Association, PO Box 246, Northampton NN1 2PR</td>
</tr>
<tr>
<td>Membership enquiries</td>
<td>01604 611855</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:membership@mndassociation.org">membership@mndassociation.org</a></td>
</tr>
<tr>
<td></td>
<td>MND Association, PO Box 246, Northampton NN1 2PR</td>
</tr>
</tbody>
</table>
## MND Association services (continued)

<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Online forum</td>
<td><a href="http://forum.mndassociation.org">http://forum.mndassociation.org</a></td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.mndassociation.org">www.mndassociation.org</a></td>
</tr>
<tr>
<td>MND Association publications</td>
<td><a href="http://www.mndassociation.org/publications">www.mndassociation.org/publications</a> or contact the MND Connect helpline (see earlier in list)</td>
</tr>
<tr>
<td>MND Association information feedback</td>
<td><a href="mailto:infofeedback@mndassociation.org">infofeedback@mndassociation.org</a></td>
</tr>
</tbody>
</table>

### Healthcare services

<p>| MND care centre or network          |                                                                                  |
|------------------------------------|                                                                                  |</p>
<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neurology clinic</td>
<td></td>
</tr>
<tr>
<td>Consultant</td>
<td></td>
</tr>
<tr>
<td>GP</td>
<td></td>
</tr>
<tr>
<td>District nurse</td>
<td></td>
</tr>
<tr>
<td>MND specialist nurse</td>
<td></td>
</tr>
<tr>
<td>Palliative care nurse</td>
<td></td>
</tr>
<tr>
<td>Occupational therapist (OT)</td>
<td></td>
</tr>
<tr>
<td>Speech and language therapist (SLT)</td>
<td></td>
</tr>
</tbody>
</table>
## Healthcare services (continued)

<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiotherapist</td>
<td></td>
</tr>
<tr>
<td>Dietitian</td>
<td></td>
</tr>
<tr>
<td>Pharmacist</td>
<td></td>
</tr>
<tr>
<td>Counsellor</td>
<td></td>
</tr>
<tr>
<td>Psychologist</td>
<td></td>
</tr>
<tr>
<td><strong>NHS 111</strong></td>
<td>Telephone 111 if you need urgent, but non-emergency medical help.</td>
</tr>
<tr>
<td><strong>999</strong></td>
<td>Telephone 999 for emergency help.</td>
</tr>
</tbody>
</table>
## Social care and related services

<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult social care services (local)</td>
<td></td>
</tr>
<tr>
<td>Local authority (England and Wales) or local health and</td>
<td></td>
</tr>
<tr>
<td>social care trust (Northern Ireland)</td>
<td></td>
</tr>
<tr>
<td>NHS Wheelchair service (local)</td>
<td></td>
</tr>
<tr>
<td>Jobcentre Plus (local branch)</td>
<td></td>
</tr>
<tr>
<td>Carer’s Allowance Unit</td>
<td>0345 608 4321</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.gov.uk/carers-allowance-unit">www.gov.uk/carers-allowance-unit</a></td>
</tr>
<tr>
<td>Citizen’s Advice Bureau (local branch)</td>
<td></td>
</tr>
<tr>
<td>The Pension Service</td>
<td>0800 731 7898</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.gov.uk/contact-pension-service">www.gov.uk/contact-pension-service</a></td>
</tr>
</tbody>
</table>
Social care and related services (continued)

<table>
<thead>
<tr>
<th>Name or organisation</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Religious or spiritual guidance</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Name or organisation</td>
<td>Contact details</td>
</tr>
<tr>
<td>----------------------</td>
<td>----------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Appointment and communication record

You may find this helpful to prepare for appointments or communications. List any questions beforehand and either make notes during the meeting or ask the health and social care professional to write down the answers for you. If you begin to attend a lot of appointments, you may wish to use this layout in a notebook instead.

<table>
<thead>
<tr>
<th>Day, date &amp; time</th>
<th>Who with</th>
<th>Questions you want to ask</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Monday 25 July 2013 11.30am</td>
<td>My GP, Dr Smith</td>
<td>My joints feel stiff. What can I do to maintain flexibility?</td>
<td>Dr Smith recommended specific assisted exercises and will refer me to a physiotherapist with experience of MND.</td>
</tr>
<tr>
<td>Day, date &amp; time</td>
<td>Who with</td>
<td>Questions you want to ask</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>---------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Day, date &amp; time</td>
<td>Who with</td>
<td>Questions you want to ask</td>
<td>Notes</td>
</tr>
<tr>
<td>------------------</td>
<td>----------</td>
<td>---------------------------</td>
<td>-------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you have a great many appointments, you may wish to use this layout in a notebook instead.
**Equipment record**

You can use this form to record any equipment you receive and who will be your main contact in case you need support.

<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Person or provider to contact</th>
<th>Contact number or email address</th>
</tr>
</thead>
</table>
| Example: 25 July 2013 | Rollator walking frame     | Anne Jones  
A Made-up Equipment Service | Add contact details as appropriate          |
<p>| | | | |
|                    |                             |                                                |                                             |
|                    |                             |                                                |                                             |
|                    |                             |                                                |                                             |
|                    |                             |                                                |                                             |
|                    |                             |                                                |                                             |</p>
<table>
<thead>
<tr>
<th>Date</th>
<th>Item</th>
<th>Person or provider to contact</th>
<th>Contact number or email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Medication record**

Keeping a record of any medications, nutritional supplements or tube feeds can help you, and those who support you, to track when you need to take each item.

<table>
<thead>
<tr>
<th>Name of medications, supplements or tube feeds</th>
<th>Quantity, frequency and how taken</th>
<th>Date prescribed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of prescribed medications, supplements or tube feeds</td>
<td>Quantity, frequency and how taken</td>
<td>Date prescribed</td>
</tr>
<tr>
<td>---------------------------------------------------------</td>
<td>----------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
References

An extensive reference list of the evidence used to support this guide is available on request. Please make your request by email to: infofeedback@mndassociation.org or write to us at:

Information feedback
MND Association
PO Box 246
Northampton NN1 2PR

Acknowledgements

Our deepest thanks to the following:

The Tesco Charity Trust and the Evan Cornish Foundation for their support, which has made the production of Living with motor neurone disease possible.

To our many contributors who are living with or who have been affected by MND for their valuable insight and reviews. Their experiences of managing MND have provided significant input to the development of this guide. We would like to emphasise how vital this joint work has been and how much their continued feedback will be valued.

Nick Palmer, for his kind permission to use extracts from his article, My life with MND.

And for their expert guidance and kind contributions during the development of this information:

Idris Baker, Consultant in Palliative Medicine, ABM University Health Board, South Wales

Pam Bostock, Consultant Occupational Therapist - Neurology Adult Ability Team, Staffordshire and Stoke on Trent Partnership NHS Trust

Amanda Campbell, Clinical Psychologist, Community Neuro-Rehabilitation, Walsall Healthcare NHS Trust

Alison Dick, MND Network Co-ordinator, Northern Ireland MND Care Network, Belfast Trust

Timothy Harrower, Consultant Neurologist and Senior Clinical Lecturer, Royal Devon and Exeter Foundation Trust Hospital

Emma Husbands, Palliative Medicine Consultant, Gloucestershire Hospitals NHS Trust

Lesley Johnston, Advice and Information Officer, Carers Northern Ireland

David Oliver, Consultant in Palliative Medicine, Wisdom Hospice, Rochester, and Honorary Reader, Centre for Professional Practice, University of Kent

Beth Simmons, Home Enteral Feeding Dietitian, South Warwickshire Foundation Trust

Nina Squires, Specialist Speech and Language Therapist, County Health Partnerships, Queen’s Medical Centre, Nottingham

Linda Tuttle, MND Specialist Nurse and MND Care Centre Coordinator, Leeds General Infirmary
Index

AAC Pathway 50
abdomen 58
accepting change 25
access to grants 75
Access to Work scheme 51, 63
Accessible Information Standard 5, 21, 78
acupuncture 16
adapted seating 42
adapted switches 49
adapted underwear 40
adapted utensils 57
adapted vehicles 36
adapting the work environment 63
adapting to change 25
adapting your home 18, 32, 38
Adult Social Care Services 19, 39, 75-79
Advance Care Plans 70
Advance Decisions to Refuse Treatment (ADRT) 71
aided communication 48
alcohol 56, 60
Alert wristband 5, 72
alphabet board 48
alternative communication 48
alternative feeding methods 16, 58, 60, 70
Amyotrophic lateral sclerosis (ALS) 9
appetite 24, 54
appliances 42
Appointment and communication record 103
appropriate seating 75
apps 50
aspiration 55
assessment 19, 43, 63, 66, 75
assisted exercise 42, 54, 60, 79
Association visitors (AVs) 26, 30, 76, 82
Attendance Allowance (AA) 64
Augmentative and Alternative Communication (AAC) 13, 48
balance 32, 33
balanced diet 55
bank account 19, 66
bath boards 39
bath seat 39
bathing aids 39, 75
bathing and showering 39
bathroom 39
beliefs 23, 72
benefit system 19
benefits 18, 19, 64, 76
benefits adviser 18, 63
biting my cheeks and tongue 58
bladder 15, 60
bladder irritants 60
blood tests 9
Blue Badge scheme 36, 62
bowl 15, 60
braces 34
branch or group 30, 83
breathing problems 13, 16, 33
breathing support 13, 16, 33
breathlessness 14, 70
budgeting loans 65
bulbar muscles 13
caffeine 60
calories 14, 55
car insurer 37
Carer’s Allowance 64
carer 19, 24, 43, 44, 48, 58, 66, 75
carer emergency card 72
Carer’s Premium 64
car carrier services and agencies 75
carer’s credit 64
carrierr’s group 43
causes 10
changing roles 28
charitable funding 19, 75, 84
chest infection 55, 59
chewing 54, 55, 57
children 30, 69
chiropodist 41
choking 13, 55
citrus drinks 60
citation forms 66, 77
clinical examination 8
clinical trials 11, 15
clothing 40
cognitive change 14, 24
comfort 42
commode 40
communication 46-52
Communication Aids Service 85
community/district nurses 32, 38, 78
Complaints 76
complementary therapies 16, 26, 79
computer based systems 49
concentrated urine 60
consistency of foods 56
consistency of liquids 56
consonants 46
constipation 14, 15, 54, 60
consultant 78
contact record 96
conversions 34
cooking 43
coughing 13, 55, 56
Council Tax Reduction 64
counselling 75
Counselling and psychology services 79
Cramping 12, 14, 34
cultural choices 68
cushioning 42
day therapy units 75
daytime sleepiness 13
debt counsellor 66
decision making 18-21, 25
dehydration 13, 14, 15, 54, 60
dental checkups 41, 58
dentures 41, 54
Department of Work and Pensions (DWP) 63
depilation 41
diagnosis 8, 9, 18, 23, 28, 63
diaphragm 60
diarrhoea 15, 60
diabetes 62
diet 54-56
dietitian 13, 14, 33, 54, 55, 58, 59, 79
difficult conversations 20, 28, 29, 46, 69
difficulty sleeping 24
direct payments 44, 76
Disability and Carers Service 63
Disability Living Allowance (DLA) 65
disability transport schemes 36
Disabled Band Reduction Scheme 65
Disabled Facilities Grant (DFG) 35, 38, 65
Disabled Living Centre 39
Disabled Persons Allowance - Rates (Northern Ireland) 65
district/community nurse 32, 38, 78
disturbed sleep 13
downstairs conversion 19
dressing 40
dressing aids 40
drinking 54-61
driving 36-37
drooling 13
drugs 15
dry mouth 41, 58
DVLA 37, 63
dysarthria 13
dysphagia 13, 55
early retirement 18, 64, 66
early symptoms 8, 17
eating 54-61
eating and drinking techniques 54-61
electric toothbrush 41
Electromyography (EMG) 9
emotional impact 23-27
emotional lability 14, 24, 29
emotional reactions 14, 23
emotional support 26
employment 62-64
Employment and Support Allowance (ESA) 65
<table>
<thead>
<tr>
<th>Topic</th>
<th>Page References</th>
</tr>
</thead>
<tbody>
<tr>
<td>end of life concerns</td>
<td>68-73</td>
</tr>
<tr>
<td>energy</td>
<td>24, 38</td>
</tr>
<tr>
<td>entitlements</td>
<td>62-67, 75-76</td>
</tr>
<tr>
<td>environmental controls</td>
<td>34, 42, 51</td>
</tr>
<tr>
<td>equipment</td>
<td>18, 19, 38, 42, 44, 47, 54, 75, 77</td>
</tr>
<tr>
<td>equipment loan (MND Association)</td>
<td>84</td>
</tr>
<tr>
<td>equipment loan (other)</td>
<td>38</td>
</tr>
<tr>
<td>Equipment record</td>
<td>107</td>
</tr>
<tr>
<td>everyday activities and personal care</td>
<td>38-45</td>
</tr>
<tr>
<td>everyday tasks</td>
<td>38</td>
</tr>
<tr>
<td>excessive exercise</td>
<td>33</td>
</tr>
<tr>
<td>exercise</td>
<td>32, 33, 54, 79</td>
</tr>
<tr>
<td>eye gaze systems</td>
<td>49</td>
</tr>
<tr>
<td>eye muscles</td>
<td>15</td>
</tr>
<tr>
<td>eye-pointing frames</td>
<td>48</td>
</tr>
<tr>
<td>facial expressions</td>
<td>46</td>
</tr>
<tr>
<td>falls</td>
<td>32</td>
</tr>
<tr>
<td>family</td>
<td>23-27, 28-31, 48, 69</td>
</tr>
<tr>
<td>family history of MND</td>
<td>10</td>
</tr>
<tr>
<td>fasciculations</td>
<td>12</td>
</tr>
<tr>
<td>fastenings</td>
<td>40</td>
</tr>
<tr>
<td>fatigue</td>
<td>13, 14, 32, 33, 38, 54, 63</td>
</tr>
<tr>
<td>fatigue management</td>
<td>14</td>
</tr>
<tr>
<td>feeling overwhelmed</td>
<td>23</td>
</tr>
<tr>
<td>finances</td>
<td>62-67</td>
</tr>
<tr>
<td>financial assessment</td>
<td>44</td>
</tr>
<tr>
<td>financial support</td>
<td>62-67</td>
</tr>
<tr>
<td>flexibility</td>
<td>42</td>
</tr>
<tr>
<td>flexible working hours</td>
<td>63</td>
</tr>
<tr>
<td>friends</td>
<td>28, 29, 48</td>
</tr>
<tr>
<td>Frontotemporal Dementia (FTD)</td>
<td>14</td>
</tr>
<tr>
<td>funeral arrangements</td>
<td>72</td>
</tr>
<tr>
<td>gag reflex</td>
<td>55</td>
</tr>
<tr>
<td>gastrostomy</td>
<td>13, 58</td>
</tr>
<tr>
<td>genes</td>
<td>10</td>
</tr>
<tr>
<td>genetic counselling</td>
<td>10</td>
</tr>
<tr>
<td>genetic testing</td>
<td>10</td>
</tr>
<tr>
<td>gestures</td>
<td>46</td>
</tr>
<tr>
<td>getting dressed</td>
<td>40</td>
</tr>
<tr>
<td>getting dry</td>
<td>40</td>
</tr>
<tr>
<td>GP</td>
<td>54, 66, 70, 78</td>
</tr>
<tr>
<td>grab rails</td>
<td>34, 39, 40</td>
</tr>
</tbody>
</table>
Index (continued)

loss of interest 24
lower motor neurones 8
lymphodema service 14
Magnetic Resonance Imaging (MRI) scans 9
make-up 41
making a complaint 76
mask 16
massage 16
mattresses 34
means tested 64
medical intervention 20
MedicAlert 72
Medication record 110
membership of the MND Association 86
memory foam mattress 34
menstruation 40
Message in a bottle 72
minority and ethnic groups 87
mixed emotions 23
MND Association website 85
MND Care Centres 15, 78, 84
MND Checklist 72
MND Connect 82
MND Just in Case Kit (JIC Kit) 55, 70
MND specialist nurse 78
MND Support Grants 84
mobile arm support 41
mobile hoist 34, 39
mobility 32-37
mobility aids 19
mobility problems 12, 32-37
money problems 66
morning headaches 13
Motability scheme 36
motor neurone disease 7
motor neurones 7-8
motoring vehicles 35
mouth care 41, 58
mouthwash 41
movement 32-37
mucus 13
multi-disciplinary team (MDT) 15, 78, 84
multiple emotions 14, 23
muscle spasms 12, 14
muscle tightness 12
muscle wasting 12, 13, 54, 55
muscle weakness 12, 38
nasogastric feeding 58
neck muscles 15
needs assessment 19, 43, 63, 66, 75
Nerve Conduction Tests 9
neurological services 15, 78, 84
neurologist 78
NHS continuing healthcare 44, 71, 77
NHS services 18, 39, 51, 66, 76
NHS wheelchairs 35
NICE guideline on MND 20, 76
non-invasive ventilation (NIV) 16
non-slip mats 39
Northern Ireland 5, 44, 63, 69, 75, 79
nursing/care home 70
nutrition 54-61
occupational therapist (OT) 13, 14, 18, 32, 33, 36, 38, 39, 40, 41, 44, 54, 75, 77, 79
occupational therapy assessment 75
oedema 14
online forum 21, 26, 30, 86
over-bath showers 39
oxygen 16
pain 14, 32-34, 38
pain clinic 14
pain control 32, 34, 42
palliative care 14, 20, 26, 70, 75, 79
partner 28, 29, 58, 63
passive exercise 32, 33, 79
passwords 73
PEG (Percutaneous Endoscopic Gastrostomy) 58
pelvic floor 60
Pension Credit 65
perching stool 40, 43
personal appearance 41
personal budget 44
personal care plan 75
Personal details form
personal health budget
Personal Independence Payment (PIP)
pharmacist
physiotherapist
physiotherapy
PIG (Per-oral Image Guided Gastrostomy)
planning ahead
podiatrist
positioning
positive mental attitude
Power of Attorney
preferred place of care
pressure care
pressure relieving cushions
pressure sores
Primary lateral sclerosis (PLS)
profiling beds
Progressive bulbar palsy (PBP)
Progressive muscular atrophy (PMA)
pseudo-bulbar effect
psychologist
public transport
quality of life
questions
raised toilet seat
ramps
referral
reflexology
reflux
Regional care development advisers (RCDAs)
research
respiratory consultant
respiratory problems
respite care
RIG (Radiologically Inserted Gastrostomy)
riluzole
riser recliner chairs
rollator
safe swallow
saliva
saliva spray
school
scooters
Scotland
self care
self-employment
self-referrals
senses
sensory neurones
sexual expression
sexual function
shaving
Shopmobility
shortness of breath
shower
shower cubicles
shower stools
sight
skin
skin hypersensitivity
smartphones
smell
social care services
social contact
social networks
soft palate
spasticity
special feed
specialist palliative care services
specialist suppliers
speech and communication
speech and communication aids
speech and language therapist (SLT)
spiritual guidance
spiritual or religious beliefs
spiritual support
splints
stair rails
stairlift
statutory services 18, 19, 38, 62, 66, 75-77
Statutory Sick Pay (SSP) 63
stiff joints 14
stiffness 12, 14, 33-34
suction ability 57
suction machines 13
supplements 13, 55
support collar 15, 34
support groups 30, 83
swallowing 13, 54-61
switches 43
swollen hands or feet 14, 32
symptom management 12-17, 20, 78-79
symptoms 12-17
synthesised speech 49
synthetic voices 49
taking medication 57, 110
tap turners 40
taste 15, 57
Tax Credits 65
teachers 30
telecare assistive technologies 51
teleworking 63
temperature regulation 15
tests 8
therapies 15
thick stringy saliva 13, 55
thin saliva 13, 55
through-floor lift 19, 34, 35
tissue donation 72
toilet 40
tongue 46
touch 15
tracheostomy 16
Transcranial Magnetic Stimulation (TMS) 9
translation service 87
transport and travel 36
treatments 15, 20
tube feeding 13, 16, 58, 60, 70
twitching 12
types of MND 9
unaided communication 48
Understanding my needs (booklet) 4, 72
Universal Credit 65
upper motor neurones 8
urine bottles and pans 40
useful organisations 86
vehicles 35
ventilation 13, 16, 70
vocal cords 46
voice activated computer applications 48
voice amplifiers 48
voice banking 49
voice output communication aids 48
voluntary redundancy 64
Wales 5
walking 32-37
walking aids 32-37
walking frame 34, 42
wall-fixed seats 39
washer/dryer toilet 40
weak cough 55
weight loss 13, 54, 55
wellbeing 20, 28, 29, 41, 54
wheelchairs 19, 35, 79, 85
wheelchair accessibility 32, 35
wheelchair and scooter safety 36
Wheelchair Service 35, 79, 85
wheeled shower chair 34, 39, 40
Wills 71
word recognition 50
Wristband 5, 72
young carers 31
young people 30
We welcome your views

The MND Association encourages feedback about any aspect of the information we produce.

If you would like to provide feedback about *Living with motor neurone disease*, please use our online feedback form at: [www.surveymonkey.com/s/lwmnd](http://www.surveymonkey.com/s/lwmnd) or alternatively, the printed feedback form included in the folder.

Your feedback is really important, as it helps us to develop new materials and improve our existing information, for the benefit of people living with MND and those who care for them.

To find out more about how you can help shape our information, please contact us at infofeedback@mnassociation.org or write to us at:

Care information feedback
MND Association
PO Box 246
Northampton NN1 2PR
Document dates:
Last revised: 8/16
Next revision: 8/19
Version: 1

MND Association
PO Box 246, Northampton NN1 2PR
Tel: 01604 250505
Fax: 01604 624726
Website: www.mndassociation.org

Registered Charity No. 294354

© MND Association 2016
All rights reserved. No reproduction, copy or transmission of this publication without written permission.