Winter 2023

MNDnews

The newsletter of the Motor Neurone Disease Association of Tasmania

Member Spotlight:

Greg Clausen

mnd Tasmania

Until there's a cure, there's care

MESSAGE FROM THE PRESIDENT

We have had some great successes over the last couple of months to raise greater awareness and funds for MND Tasmania and those living with the disease, and we have met some amazing people along the way too!

The Annual General Meeting was held in Hobart on 19th March, at the Menzies Institute of Medical Research, as well as online. It was a great morning, and a fantastic opportunity to meet south-based members and carers in person, as well as those who joined us online, to discuss how we can help our members who face this difficult time. It was a privilege to be able to hold our meeting at the Menzies Institute and its state-of-the-art facilities. Tracey Dickson and researchers from the Menzies presented on their important work and scientific developments on MND research. We also saw a shuffle in the Board, with Saga Hassinen taking the reins from long-standing Fundraiser Lead, and much loved, Michelle Macpherson. And Tracey Dickson took on the role of Vice President. We are forever grateful to Michelle for everything that she has done over so many years on our Board!

Paul Kelly, a member of the MND Tasmania community who we met at the Annual General Meeting, is now a collaborator on our newsletters and social media activities. It is a privilege to have him and his journalism and communications expertise helping us to make this newsletter an interesting and informative read for all. We have added a 'Board Member Spotlight' section to help you get to know who we are, and what motivated us to join the Board of MND Tasmania.

A special mention to the Dept. of Health, State Government, for approving our grant application! Until now, MND Tasmania received no support from State Government. The funds will be used towards supporting our valued Advisor Service.

We are very grateful to local businesses in our community that chose MND Tasmania to receive much needed funds raised through their networks and fundraising events. We would like to give a special mention to 2PM Technology Services, InfraBuild Launceston, Hobart Pathology and Salters Hire.

We welcome new members to the MND Tasmania family in 2023. We are here for you and will support you on the journey ahead. Please reach out to us through the Board and through our wonderful MND Advisors.

We love to hear from our members, so please write and share your stories, opinions, questions, or any thoughts about this newsletter. Write to me at info@mndatas.asn.au and see our contact details on the back page.

Kate Todd
President

MND TASMANIA SAYS THANK YOU

Annual Fishing Competition

Shane Ling, one of our biggest supporters, prepared another great event in memory of his fishing partner and good friend, Gary Alexander! The recent Burnie 4x4 and Launceston Angling Annual Fishing Competition raised a mammoth $14,000 for MND Tasmania.

Thank you again to all involved. It's events like these that advocate for the cause and bring precious moments of comfort to all.

New Members

We welcome new members living with MND and their families to the MND Tasmania community, network, and services.

Please feel free to contact our MND Advisors for Tasmania (see contact details on the back page). The MND Advisor service is managed on our behalf by MND Victoria, with MND Advisors who travel State-wide, as required, to support our members on a needs basis.

2PM Services Quiz Night

2PM Services (2PM) is an award-winning Hobart based consultancy, specialising in business and technology advisory and project delivery services.

Every year, they select a local charity or organisation to raise funds for. We are delighted that MND Tasmania was chosen to be the recipient of all funds raised in their recent Quiz Night! Our Board members, Tracey Dickson, Saga Hassinen, and Steve Isaac, attended the event, and had a great night!

We are touched by 2PM Services' generosity, and we thank them very much.

Linda Britts, Simon Hynes, Steve Isaac (MND Tas), Zac Gorman, Jason Gorman (CEO of 2PM), Meegan Wilmot, Saga Hassinen (MND Tas), Matt Abbott , Kristy Nash.

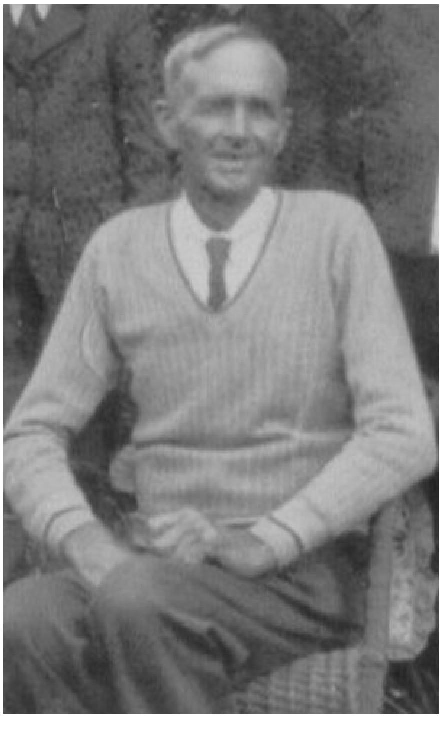
Board Member Spotlight: Chris Symonds

As a Board member and Vice President of MND Tasmania, I would like to share the reason why I came to be on the Board and other community involvements that keep me focused on the positives while living with Kennedy's Disease (KD).

KD is a disease with the same symptoms as MND, but with slower progression. Like MND, there is no cure or treatment, with MND Tasmania Advisors providing support as required. KD is genetically inherited, with symptoms affecting only males, who often present around the age of 40. There are only a small number of cases of KD in Tasmania.

My involvement with MND Tasmania goes back to the 2016 AGM which I attended in Launceston with my cousin Dennis Lyne, a past MND Tasmania Secretary who sadly passed in 2017 because of KD.

Dennis was one of four family members who had the gene passed to us by our carrier mothers (unknown to them) from our grandfather, Arthur Hubert Whetham (pictured below), a farmer and orange orchardist in Lisarow NSW.



KD continues in my family with my three female children. Fortunately, there is now the opportunity for female carriers to seek support to screen out the KD gene when they have children.

Since retiring as a Senior Manager with Caterpillar in 2010, I have been able to focus on my personal health, family, sailing and community involvement.

I joined the MND Tasmania Board to offer my support because I enjoy being involved in governance and, as the only current Board member living with MND or KD, I can offer a lived experience.

The MND Tasmania Board has exceptional representation at present. However, several of our Board members have indicated that they will be retiring at the next AGM, so we would like to invite people to nominate for these vacancies.

My other community roles are Commodore of the Wynyard Yacht Club (WYC), and involvement in Sailability and MAST Powerboat licence programs. WYC has been extremely successful in inclusion and diversity, winning five Tasmanian Club of the Year awards since 2014. A new $3.8m state of the art community clubhouse facility is the result of this success, setting WYC up as a key destination for water-based learning and events.

I also Chair the Premier's Disability Advisory Committee which includes nine others living with, or closely associated with, disability. The advisory position has strong links to State Government, which can provide networking opportunities such as the recent Government support provided to MND Tasmania.

For me, being positive about the future, focused on personal health, keeping busy, and not being afraid to ask for support when required, is key to maintaining good health and wellbeing.

I hope this tells a little of my story as to why I am involved in MND Tasmania.

Thank you for your support!

The Student Representative Council at Longford Primary School recently initiated an MND Tasmania focused fundraiser in honour of Katherine Moore. Katherine was a long serving, much loved, and very valued member of the school community.

Emma Forsyth, our Northern Tasmania Advisor, loved attending their School Assembly in May and meeting all who were involved in this wonderful initiative.

We are very grateful to all of the Longford Primary School community!

We are grateful for the support we received from InfraBuild Launceston, Graham and Sally Keating, Kathryn Laing, Suncoast Engineering, Bob and Pat Greenhill, Tasmanian Home Nursing & Community Support, Jason Barker, and Drew Berwick.

▲ *Longford Primary School Representative Council - Ruby Green, Lailah Robins, Lillian Young, Aimee Morgan, Emma Forsyth (centre), Lily Febey, Ethan Sutton, and Finn Cloudsdale.*

UPCOMING
EVENTS

Tasmanian Government, Department of Health – Grant Funding

In December 2021, Vice President Chris Symonds approached the then Health Minister and Deputy Premier, Jeremy Rockliff, for funding for MND Tasmania to support those living with MND and Kennedys Disease (KD). At this time, MND Tasmania was not receiving any support from State Government.

The Health Minister invited MND Tasmania to write a letter requesting funding for consideration in the 2022 budget. The letter was completed and submitted in December 2021.

MND Tasmania were notified of our successful application in July 2022.

An agreement is now in place for funding of $70,000 over the 2023-24 financial year, and $75,000 over the 2024-25 financial year. Funds will be used towards supporting the Advisor Service which was co-funded by MND Victoria.

MND Tasmania are extremely grateful for the support now offered by The Tasmanian Health Department in supporting our members.

MND Tasmania AGM

At the AGM, our President, Kate Todd, provided a summary of the previous year's activities and achievements, and acknowledged the efforts of the voluntary Board.

We also heard from our Treasurer, Jules Driessen, who provided an update on our sound financial position due to fundraising efforts and bequests.

Tracey Dickson presented the latest developments on MND research and answered questions. We also heard from PhD student, Fariha Kabir, who gave us an overview of her MND research which was presented at the 2022 MND Australia conference.

MND Support Groups

The MND Support Groups in Tasmania are independently run by community members for community members. We appreciate their willingness to devote their time in volunteering for such a worthy cause.

North West MND Support Group

The NWSG in Ulverstone invites all MND Tasmania members and supporters to its meetings.

WHEN: At 11 am on the first Wednesday of the month, except January

WHERE: Ulverstone Returned Servicemen's Club Back Room, 21 King Edward Street, Ulverstone

CONTACT: Junene Stephens is the secretary and can be contacted on 0428 252 763 or email: jstephens@berendsen.net.au

Northern MND Support Group

This is an informal catch-up style group where members come together to talk all things MND and Kennedy's Disease, as well as to share experiences and helpful tips.

The group are now commencing in-person catch ups once again, which will coincide with the MND Clinic dates.

Please contact Emma Forsyth for more information on 0456 182 551 or at eforsyth@mnd.org.au

MND RESEARCH

The MIROCALS trial and beyond

By Ms. Pippa Pringuer[1] and Dr. Chien-Hsiung (Alan) Yu[1]

Dr Alan Yu is Head of the Neuroinflammation Laboratory at The Florey Institute. Dr Yu studies the inner workings of the innate immune systems, including how they function against infection. His research investigates the molecular events behind the immune-mediated neurodegenerative pathway in MND. His work has been recognised internationally and he continues to secure grants to progress research into MND.

One in 10,000 Australians will be diagnosed with MND in their lifetime, and this number is projected to increase with time. Unfortunately, we do not yet have an effective therapy that is able to stop or slow down progression of the disease.

Abnormal build-up of proteins is a common feature across neurodegenerative diseases, including MND. This build-up of protein is associated with the death of motor neurons in the brain and spinal cord (known collectively as the central nervous system or CNS), which can impair our ability to move, swallow, breathe and speak. At present, scientists and neurologists are working together to understand how these harmful processes are triggered, in order to catch and treat the disease early enough to halt its progression.

Our immune system generates inflammatory responses that work to fight infection and maintain tissue health through coordination between multiple types of immune cells. These cells can promote and control inflammation in a ‘seesaw’ fashion to ensure sufficient defence against disease-causing agents, as well as to protect our body from excessive inflammation – not too little, not too much, but JUST RIGHT. Importantly, dysregulation of these immune responses can play a key role in damaging the health and function of motor neurons in MND. Therefore, modulating our immune system to avoid these disease-causing processes could provide a new therapeutic strategy for MND.

The clinical trial, “Modifying Immune Response and Outcomes in ALS” (MIROCALS), extended the use of Interleukin-2 (IL-2), a molecule involved in control and modulation of immune responses, in large-scale groups of patients with MND. Previous studies have shown that low-doses of IL-2 were well-tolerated, and increased the number and function of Regulatory T cells (Tregs) in the blood of MND patients. These immune cells play an important role in controlling systematic inflammation by suppressing other cells in the immune system. For this reason, this new phase II trial was designed to validate the effectiveness and safety of low-dosage IL-2 in MND patients shortly after their diagnosis. Participants were randomly assigned to a group that received IL-2 or a group that took a placebo tablet. The participants and the researchers were not told who received IL-2 and who received the placebo. The study went for 18-months, with 220 patients recruited from clinics across France and the United Kingdom. To assess the effect of IL-2 treatment, a range of outcomes, including survival time and the Revised Amyotrophic Lateral Sclerosis Functional Rating Scale (ALSFRS-R) score, were compared between the treatment and placebo-control groups. The primary analysis of survival showed an overall 19% decrease in the risk of death in those who received IL-2, a finding which was not statistically significant.

Participants who took part in the trial had highly variable symptoms and this can make it difficult to measure the effect of new treatments on symptom severity and the speed of progression. To this end, the MIROCALS trial also evaluated levels of phosphorylated neurofilament heavy chain (pNFH) in the cerebrospinal fluid (CSF - fluid that flows around the brain and spinal cord), which is a known brain biomarker for MND and other neurodegenerative diseases. When neurons become damaged or die, the building blocks of these neurons can begin to fall apart into fragments (Figure 1), which can be released into the CSF, or even the bloodstream. Measuring the pNFH building block in the CSF is therefore a useful measure

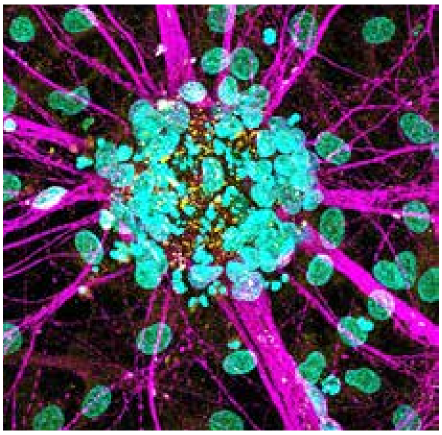


Figure 1. Degenerating motor neurons in Motor Neurone Disease.

Using stem cell technology, scientists are now able to make motor neurons in a dish to study the biology of MND and treatment efficacy in humans. This image shows degeneration of motor neurons, as indicated by broken neuronal structure. (Cyan – cell nucleus; Magenta – neuronal axon; Yellow – motor neurone marker).

Image provided by Dr. Alan Yu.

of neurodegeneration, and was used in this study to control for disease severity. The MIROCALS trial found a significant 40% decrease in the risk of death in those with low to moderate pNFH levels, corresponding to mild disease progression. No significant treatment effect could be detected in rapidly progressive patients with high pNFH levels. Overall, this first large-scale IL-2 trial delivered a proof-of-concept that neuroinflammation can be targeted by inducing Treg activation as a treatment option to reduce the risk of death in early-stage patients.

Despite the promising results of this study, there remain many considerations to address in evaluation of the applicability of IL-2 or Treg activation as a treatment for MND. It is known that IL-2 can activate not only Tregs but also other T cell populations that can cause inflammation and death of cells in the circulation. The neuroprotective effects observed in this trial by IL-2 treatment or Treg activation in the peripheral system remain to be investigated in detail. On the other hand, over-activation of Tregs may increase the risk of infection in the peripheral immune system, as these cells are involved in suppression of the immune response. Additional analyses of IL-2 treatment would be required to further assess the potential risks associated with this treatment. Furthermore, many studies have suggested differences in the mechanisms and nature of immune regulation in peripheral immune system compared to local cells in the CNS. Treg activation is likely a secondary, or even further downstream, immune effect.

More significant effects may be observed by targeting primary responses in order to effectively slow or halt disease development. Therefore, it is worth questioning how effective it is to target regulatory T cells, which are involved in dampening peripheral immune responses, to treat inflammation in the brain and spinal cord.

The MIROCALS trial provides encouraging data, and has helped to advance our new therapeutic strategies by aiming to intervene in the onset and progression of MND. Indeed, recent discoveries from our group, and others, have demonstrated exciting preclinical potential therapeutics that block immune processes in the brain or spinal cord for new treatments of MND. Notably, existing biomarkers which occur upon death of neurons, including pNFH used in this trial, do not sufficiently catch disease development early enough and are not specific to MND. We suggest that these cell signalling pathways in the CNS should continue to be assessed for new diagnostic biomarkers occurring before the death of neurons, to help detect and treat MND at the earliest possible timepoint.

The journey towards finding real cures and treatments is still challenging, as MND is a complex disorder with unknown causes and many triggers. Nevertheless, more and more interdisciplinary research programs have been established, bringing together the expertise of biomedical and clinical scientists, industrial partners, and patients, families, and carers. Use of this collective knowledge will continue to enable new discoveries, advancement of our understanding of the biology of this devastating condition, and new treatments and technologies which will be available to the medical and patient community. Support of innovative ideas and early- and mid-career researchers (EMCR) will remarkedly speed up the hunt for a cure, as exploration into new therapeutic targets allows us to see light at the end of the tunnel.

1 Neuroinflammation Laboratory, The Florey Institute of Neuroscience and Mental Health, Parkville VIC 3052, Australia

Pictured - Dr Alan Yu

LIVING BETTER

Preventing and Managing Pain

This article is written with thanks and acknowledgements to the MND Clinic team at Northern Health, and is based upon a health professional webinar they presented for MND Victoria this autumn.

MND affects the neurones (nerves) that control movement, but not the neurones that carry sensory messages, including pain. This means that MND itself does not cause pain, but symptoms of MND can cause pain. There are often a combination of factors that can contribute to pain in MND. Pain can include physical and emotional aspects.

Causes of pain in MND include:

- Muscle cramps/spasms
- Spasticity (overactive muscles)
- Joint stiffness and pain related to difficulty moving and changing position
- Risk of injury to joints related to muscle weakness (e.g. arm weakness: shoulder joint injury)
- Pressure areas related to difficulty changing position
- Pain related to the emotional impacts of living with MND
- Itch
- Neuropathic (nerve) pain
- Headaches relating to breathing problems
- Issues related to previous joint or muscle injuries.

Preventing pain

The good news is that there are many things that can be done to prevent and manage some types of pain related to MND. Taking a whole team approach including a Neurologist, Allied Health Care Team (including Physiotherapist, Occupational Therapist etc), Nurse and sometimes Palliative Care team can be very helpful in managing pain.

Cause of pain	How to prevent pain
Shoulder injury due to not protecting the shoulder joint when moving/ lifting. Weakened (underactive) shoulder muscles do not hold the top of the arm bone in the shoulder socket, making the shoulder vulnerable to injury.	❋ Talk with a Physio or Occupational Therapist about how high you can safely lift your arm above your head. ❋ Make sure that your carers do not assist you under your arm or by pulling on your arm when changing position in bed or chair. ❋ Consider wearing a sling on your arm when walking/ sitting in a chair, to help protect your shoulder joint. ❋ Use a pillow to support your shoulders in bed.
Pressure areas can occur when it is difficult to change your position in a chair or bed, and you are sitting/lying in the same position for long periods.	❋ Let someone know when you feel uncomfortable and need some help to change your position. ❋ Talk with an Occupational Therapist or Physio about getting a pressure care cushion if you use a wheelchair and a pressure care mattress. They can assess the best type of cushion/mattress for your needs. ❋ Regular changes of position can help reduce the risk of pressure areas. This includes even slight changes of position e.g., the angle of recline of a chair. ❋ Talk with a Nurse or Occupational Therapist about how best to care for your skin.
Joint stiffness related to staying in the one position for long periods. When muscles are very weak, tendons can become shortened causing contractures.	❋ Exercise/regular changes of position and gentle assisted movement of body can help to reduce pain related to joint stiffness and can help to prevent contractures. ❋ The right mattress, pressure cushion and seating can also help to manage joint stiffness. ❋ Equipment to help you to move in bed. ❋ Medications can also help to prevent and manage pain associated with tendon shortening.

Cause of pain	How to prevent pain
Neck pain related to neck weakness.	• Using a tilt in space chair with a headrest can help to rest your neck. • Sometimes using “recline” on a chair can also help. • Talk with a Physio about a plan to support your neck, including neck support cushions.
Constipation pain	• A Dietitian or Continence Nurse can assist. • Sometimes medications can assist.

Complementary therapies

Some people find that massage and acupuncture can be helpful. It is helpful to look for a qualified therapeutic masseuse with experience working with people diagnosed with MND and other neurological conditions. View the massage recording on our website at www.mnd.org.au/page/114/carer-support or scan the QR code above for more information.

Managing pain

There are medical treatments for many types of pain in MND. Neurologists and Palliative Care Specialist Doctors can work together to manage pain in people living with MND (not just at end of life). Palliative Care Doctors and Nurses are specialised in treating pain. Some drugs that can sometimes be prescribed in MND:

- Paracetamol
- Anti-inflammatory drugs
- Opioid drugs
- Antidepressant and Anticonvulsant medications can also be used to treat pain.

Regular monitoring allows medications to be adjusted over time to best manage pain and limit side effects. It is important for the healthcare team to assess pain at different times for people living with MND.

If you have a community palliative care service involved, there is often after-hours telephone support that can be very helpful.

If you have swallowing problems, it is still possible to take pain medication. Pain medications can be given by mouth (chewable, dissolving in the mouth, in a liquid, mixed with fluids/foods), via a feeding tube, via a patch worn on the skin or via injections or syringe drivers (portable, battery-operated pump that delivers medication under the skin). Your healthcare team can help advise you about the best way for you to take pain medication.

If speaking is difficult, ask a Speech Pathologist to set up a method so you can communicate if you have pain - letting others know where your pain is, the type of pain and how severe it is.

Cause of pain	How to prevent pain
Spasticity (overactive muscles)	• Magnesium, Oral Baclofen (if tolerated), Botox injections for localised spasticity, Cannabis products (limited evidence for Cannabis products at this stage) • Stretching and positioning • Splints e.g., ankle knee orthosis if you have foot drop, resting hand splints etc.
Neuropathic pain (due to damage to the nerve) and **itch** • Pins and needles • Sensitive skin • Stronger reactions to touch/pain etc.	Medications • Pregabalin/Gabapentin • Amitriptyline (also helps with mood and anxiety) • Duloxetine (also helps with mood and anxiety). Itch (uncommon) • Check it is not a side effect of drugs • Turn/position to reduce itch on back.
Pain related to the **emotional impacts** of MND and grief	• Doing things for yourself whenever possible • Counselling • Multi-disciplinary team support • Sometimes medications can also be used.

First steps

If you have pain, talk with your GP, Neurologist and health-care team.

They can assess what is causing your pain and work together with you to come up with a plan to treat your pain.

PERSONAL STORY

An interview with our member, Greg Clausen

Paul Kelly interviewed his friend Greg (pictured) for this segment. Paul has a communications degree and journalism experience; he is now one of the contributors to this newsletter.

There are currently 2,100 people living with MND in Australia. In Tasmania, there are around 50. One of those is Greg Clausen. A former engineer at TasWater, Greg first noticed symptoms of MND back in 2019. “The first incident that I thought something was amiss was when I was at work and went out for a walk at lunch time,” Greg said. “I was walking through a parking lot and tripped on a speed hump and fell face first on the ground. My left leg had a slight stiffness about it.” From there, Greg underwent a year-long process of medical investigations, and was eventually diagnosed with Primary Progressive Multiple Sclerosis. “I joined the MS support groups and continued on with life,” Greg said.

It was another 18 months before Greg eventually received the revised diagnosis of MND. During this period of time, Greg had to adjust to mild disability. While there has been some emotion involved, Greg says that he has tried to see things through a big picture.

“I think that the disease has made me emotional, but I’m not sad. I have endeavoured to have a spiritual life, and an aspect of this is not to take life too seriously. The body is only a body. My mind and thinking seems strangely divorced from the body. I am not stressed by the fact that I have MND.”

"I don't have any systematic strategies for managing my MND, except that I aim to retain my independence as much as possible. I exercise what I still can. But when it comes time to let others do more for me, like at the nursing home, I'm not fazed by that. I'll do what I can."

This year, Greg made the decision to move into a nursing home. "My wife and I lived at Fern Tree. I could have stayed home for longer, but I felt that Sue (Greg's wife) was not really coping," Greg said. "There was no prospect of family providing an indeterminate period of support and I was isolated in Fern Tree without transport, so there was nothing I could do. By going to the nursing home when I did, I felt I could develop a social network and contribute in some way to nursing home life."

For Greg, adjusting to life at the nursing home has been fairly smooth and he has been busy contributing to the community there. "I have found the food and care good," he said. "I am now settled. I have made it my business to do something about social engagement and it is beginning to take shape."

Greg has found that he can use his knowledge of technology "to bring about a healthier social environment."

"I realised very early on that I have the technical skills to set up YouTube as a valuable resource for residents and carers."

"I think the biggest problem of nursing home life is that very little attention is paid to accommodate the needs of residents who have little or no cognitive decline. So you find the entertainment is bingo or word puzzles or quizzes and the like. I am setting up an in-house YouTube system so that carers can easily find interesting content for residents to discuss, listen, or do activity to, to promote social cohesion. Further down the track, I could make videos to upload to YouTube and residents could share them with distant family members."

Due to MND, Greg's speech has become difficult, and it has been challenging to navigate this aspect of the disease at the nursing home. "My main MND concern is communication. I am now almost unintelligible to others. The care staff tend to have poor English fluency, so on top of my MND, it can be doubly difficult. Also, there are 3 shifts per day and many don't wear name tags, so it is difficult to get to know some of them unless they make the effort."

Going forward, Greg plans to continue to do what he can to improve nursing home life and to meditate. "I feel the urge to refocus on meditation. My other project has been to make the nursing home chapel more accessible and attractive for residents by removing some fixed seating, rearranging the space, having more space for mobile chairs and installing a TV permanently on a wall."

"I think that it is important to cultivate a positive attitude to the end-of-life experience," Greg said. "Nursing Home life is no picnic, but I set out to be as active as I can be. Don't wait to be entertained!"

MND ADVISORS AND NDIS SUPPORT COORDINATORS

Client Numbers

We are currently supporting 48 registered members:

North West Region Tasmania	9
North Region Tasmania	18
Southern Tasmania	21
TOTAL	48

CURENTLY SUPPORTING **48** REGISTERED MEMBERS

DELIVERED **1,053** HOURS OF SERVICE in the last quarter

MND Tasmanian Board Members:

MND Tasmania has a volunteer Board and no paid staff.

President: Kate Todd

Senior Vice President: Tracey Dickson

Vice President & Public Officer: Chris Symonds

Secretary: Lucy Polizzi

Treasurer: Julie Driessen

Member Support: Elisa Howlett

Fundraising: Saga Hassinen

Ordinary Directors: Steve Isaac

MND Advisors and NDIS Support Co-ordinators

Northern Tasmania: Emma Forsyth (Mon - Thur):
p: 0456 182 551 or e: **eforsyth@mnd.org.au**

Southern Tasmania: Jenny Fuller (Tue, Wed, Fri):
p: 0412 599 365 or e: **jfuller@mnd.org.au**

Team leader: Kim Hamilton (Tue - Fri):
p: 0422 149 445 or e: **khamilton@mnd.org.au**

FREECALL 1800 777 175

This number is at the MND Victoria office (Monday - Friday, 9 am - 5 pm). To assist the volunteer receptionist, please say that you are calling MND Tasmania. If you wish to speak to a Board member or an MND Advisor, you will be asked for your contact details and your call will be returned by that person as soon as possible.

Right: Emma Forsyth
Below: Jenny Fuller

We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands in which we live, work, and learn. We recognise and respect the enduring relationship they have with their lands and waters, and we pay our respects to Elders past, present, and emerging.

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