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# breakthrough

44 / AUTUMN 2026



IMMUNE EXHAUSTION
GLYMPHATIC SYSTEM
BRAIN MICROSTRUCTURE
RESEARCH BITES
FUNDRAISING

ME RESEARCH UK

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# EDITORIAL

Jonathan Davies
Chair, Board of Trustees

As I write, the rain is cascading down from the sky, bringing much needed moisture and hope to our parched landscape. In another sign of the changing season, welcome to our Autumn 2026 edition of *Breakthrough*.

This edition brings further substantive and encouraging updates on the groundbreaking research we are funding on your behalf, with two separate reports from the team at Griffith University in Australia, news of a new study in Belgium looking at the immune system, and an update from the Research Fellow we are co-funding at Leicester University.

We hope you will find plenty to keep you interested and encouraged by the scale and spread (both geographically and by subject area) of high-quality research that your continued support has allowed us to fund.

With more potential research projects in the pipeline, we remain completely committed to our mission of informing, influencing and investing in biomedical research that we hope and believe will ultimately provide answers for everyone whose lives are affected by ME/CFS.

As you know, we are entirely reliant on the generosity of all those who raise funds or donate money to allow us to invest in high-quality biomedical research.

We have highlighted some specific fundraising opportunities on pages 24 and 25, and some of your recent and wonderful fundraising stories on pages 26 and 27.

Thank you all for your continued support – we can't do it without you!



# IMMUNE WARS

*Researchers at Vrije Universiteit Brussel have started work on a new ME Research UK-funded study investigating whether the immune system is exhausted in people with ME/CFS*

People with ME/CFS often mention that their disease started after an infection, or that they need longer than normal to recover from a cold or flu.

This suggests there might be some problem with the immune system in ME/CFS. However, we don't understand whether the immune system is inherently weaker in people with the disease, or whether viruses and bacteria stay longer in the body making the immune system fight for so long that it becomes exhausted.

Working jointly in VU Brussel and KU Leuven in Brussels, Dr Andrea Polli, Prof. Lode Godderis, PhD student Yanthe Buntinx and their colleagues plan to explore this issue.

The researchers plan to answer the question: is the immune system in people with ME/CFS exhausted by prolonged activation (immune exhaustion) or is it inherently weaker and more vulnerable (this is called immune senescence).

In both cases, the cells of the immune system are likely to be dysfunctional and less able to use energy to function. The researchers will therefore also study how these cells produce and use energy, and how that links to immune exhaustion and senescence.



**Name**
Dr Andrea Polli

**Position**
Postdoctoral Research Fellow

**Institution**
Pain in Motion Research Group,
Vrije Universiteit Brussel,
Brussels, Belgium

**Main research interests**
Background in rehabilitation sciences and physiotherapy; research focuses on exploring epigenetic and biological mechanisms in chronic pain, ME/CFS and long COVID.

**More information**
researchportal.vub.be/en/persons/andrea-polli/

Other experiments will investigate whether immune exhaustion can be reversed using treatments such as immune checkpoint inhibitors (which release the brakes on the immune system), and whether markers of immune exhaustion and senescence can predict the occurrence of post-exertional malaise (PEM) following an exercise test.

**Objectives**
The study will include 60 people with ME/CFS (diagnosed using the Canadian Consensus Criteria) and 60 healthy volunteers matched for age, sex and body mass index.

All of these individuals were participants in two studies conducted by the researchers over the last 3 years, so much of their data has already been recorded, including assessments of ME/CFS symptoms using a number of validated questionnaires.

In addition, blood samples have already been collected before and after the participants underwent a physical stress procedure which induced PEM. Much of the work of the current study will be to analyse these samples for the following different measures:

- Markers associated with immune exhaustion (PD-1, Tim-3, TIGIT, TCF-1, Tox, T-bet and Eomes).
- Markers associated with immune senescence (CD57, KLRG1 and CD28).
- The response of dysfunctional immune cells (white blood cells) to treatment with immune checkpoint inhibitors.



*Yanthe Buntinx*

- The metabolic profile of immune cells.
- Epigenetic changes to the DNA from immune cells; that is, genetic changes that can turn genes on or off.

**Potential benefits**

A better understanding of changes to the immune system in ME/CFS, and how immune cells produce and use energy, will not only help us understand the pathological mechanisms underlying the disease, but could guide new therapies targeting these mechanisms.

The researchers highlight that study of the immune system is much more advanced in diseases such as cancer, where the development of immunotherapies has revolutionised treatment. Their hope is that these breakthroughs can now be transferred to ME/CFS.

## THE BIG GIVE

Projects like this one in Belgium would not be possible without the generosity of our supporters. And a great way to give is via the Big Give Christmas Challenge.

Every pound donated to us via the Big Give from 1 to 8 December 2026 will be matched by our Pledgers, effectively doubling your donation.

Thanks to your support, we raised more than £38,000 last year – every penny going to valuable ME research.

To find out more and make a donation, keep an eye on our website and social media at the beginning of December.



# WASTE MANAGEMENT

*Dr Kiran Thapaliya at Griffith University reports dysfunction of the glymphatic system in the brains of people with ME/CFS, which may contribute to some of the symptoms of the disease*

The team led by Dr Leighton Barnden at Griffith University in Australia are often featured in the pages of this magazine. In a series of experiments, they have investigated abnormalities in brain structure and function in ME/CFS, and have recently published two more papers reporting their findings.

You can read about the second on page 22, but this first paper, written by Dr Kiran Thapaliya and colleagues, used neuroimaging to explore the glymphatic system in people with ME/CFS.

The glymphatic system is responsible for clearing waste products from the brain, like the role of the lymphatic system in the rest of the body.

This involves the exchange of cerebrospinal and interstitial fluid, and is important because it washes away metabolic waste like amyloid-beta (the driving force of Alzheimer's disease) and distributes essential nutrients such as glucose, lipids and amino acids.

The researchers used a non-invasive imaging technique involving MRI (magnetic resonance imaging) to evaluate fluid dynamics in the brain. The technique is called DTI-ALPS (diffusion tensor imaging along the perivascular space). While DTI-ALPS has been used to assess glymphatic function in neurodegenerative diseases like



**Name**
Dr Kiran Thapaliya

**Position**
Research Fellow

**Institution**
National Centre for Neuroimmunology and Emerging Diseases, Griffith University, Queensland, Australia

**Main research interests**
Developing advanced neuroimaging techniques to investigate brain alterations associated with ME/CFS, long COVID and Gulf War Illness using magnetic resonance imaging.

**More information**
experts.griffith.edu.au/23460-kiran-thapaliya

Alzheimer's disease and multiple sclerosis, it has not previously been used in ME/CFS, despite the fact that the disease is associated with symptoms such as cognitive dysfunction and sleep difficulties.

Sleep disturbance is thought to impair glymphatic function, resulting in metabolic waste products building up in the brain, potentially causing inflammation leading to ME/CFS symptoms, and this appears to be a vicious cycle.

**What did they do?**
The study was funded by ME Research UK with the financial support of the Fred and Joan Davies Bequest.

DTI-ALPS was used to assess glymphatic function in 31 individuals with ME/CFS and 27 healthy controls. In addition, symptoms were assessed using a range of validated tools, while brain imaging data was acquired using an MRI scanner.

**What did they find?**
The DTI-ALPS index (which estimates the efficiency of the glymphatic system) was significantly lower in people with ME/CFS than in healthy controls. This indicates impaired glymphatic clearance in people with ME/CFS; i.e. the brain cannot efficiently flush out waste products in these individuals.

Furthermore, greater severity of sleep disruption and cognitive impairment was associated with poorer functioning of the glymphatic system, suggesting that glymphatic dysfunction could potentially contribute to the neurological symptoms of ME/CFS.



Interestingly, the findings were only applicable to one side of the brain: the right hemisphere. There were no differences on the left. According to the researchers, this kind of hemispheric asymmetry has previously been reported in other diseases affecting the brain such as temporal lobe epilepsy and Parkinson's disease.

Due to a lack of studies on glymphatic function in ME/CFS, a direct comparison with other findings was not possible. While the underlying cause of right-hemisphere predominance remains unclear, the research group pointed to their prior work demonstrating asymmetric cortical thickness and volume in individuals with ME/CFS.

The researchers believe that multiple factors could be responsible for the reduced glymphatic function in ME/CFS, including sleep deprivation, reduced physical activity, elevated stress, omega-3 (essential fatty acid) and high blood pressure.

**Conclusions**

This preliminary study provides first evidence of glymphatic dysfunction in ME/CFS, associated with sleep dysfunction and impaired concentration.

The researchers suggest that impairment of the glymphatic system may contribute to accumulation of metabolic waste products in the brain, causing inflammation and ultimately leading to the neurological symptoms experienced in ME/CFS.

This was a preliminary, cross-sectional study with a small sample size, and the findings should be considered as exploratory. Factors such as being left or right-handed, sleeping position and an uneven distribution between the sexes could influence the results, and were not controlled for.

Future research must therefore prioritise a larger sample size with balanced cohorts to validate the findings, and long-term follow-up studies are needed to establish whether the abnormalities progress over time.



# BRAIN PUZZLES

*Tanoj Bahadur Singh and colleagues at Griffith University have detected subtle changes in the brain microscructure in ME/CFS and long COVID that might help explain symptoms*

This is the second article in this issue reporting findings from the prolific team at Griffith University led by Dr Leighton Barnden, and this one focuses on brain tissue changes in ME/CFS and long COVID. Again, the work was funded by ME Research UK with the financial support of the Fred and Joan Davies Bequest.

The cognitive difficulties – often described as 'brain fog' by people with these conditions – point to possible abnormalities in brain function, and this has been supported by the group's findings so far.

To date, the researchers have reported brainstem volume changes linked to pain and breathing difficulty; impaired functional connectivity between specific brain regions; increased brain neurochemical levels; and alterations in the hippocampus, a region involved in memory and learning.

Their latest findings, reported by doctoral student Tanoj Bahadur Singh and colleagues, examine whether people with ME/CFS and those with long COVID have subtle differences in brain tissue compared with healthy individuals.

**What did they do?**

The researchers recruited 37 people with ME/CFS, 19 people with long COVID and 27 healthy controls. Participants with ME/CFS met either the Canadian Consensus Criteria or the In-

ternational Consensus Criteria and had received a formal diagnosis from a physician. Participants with long COVID met the WHO working case definition.

Once all participants had provided their informed consent, the team used two advanced MRI techniques — diffusion tensor imaging and diffusion kurtosis imaging — to identify very small changes in brain structure that may not be visible on standard MRI scans.

The researchers also looked at whether clinical measures such as duration of illness and fatigue severity correlated with the results from brain imaging.



*Tanoj Bahadur Singh*

**What did they find?**

The findings from this study were complex, but, in simple terms, suggest that ME/CFS and long COVID may involve subtle changes in the brain's microstructure – very small-scale differences in the organisation of brain tissue. Specifically, there were three main findings.

***(1) People with ME/CFS had microstructural alterations in:***

- The cingulum – a nerve pathway deep inside the brain that connects different regions of the limbic system to regulate emotion, memory and pain.
- Supplementary motor areas – part of the brain that contributes to movement control.
- Parts of the corpus callosum – a bundle of nerve fibres which plays a role in how we think, remember and communicate by allowing the left and right sides of the brain to communicate.

***(2) People with long COVID had microstructural alterations in regions including:***

- The fusiform gyrus – part of the brain that is critical for visual processing like recognising faces and identifying objects.
- The precentral gyrus – a very important structure involved in executing voluntary movements.
- The major white matter tracts – bundles of myelinated axons (nerve fibres wrapped in a fatty, insulating layer called a myelin sheath) that act as communication highways connecting different parts of the brain and spinal cord.

***(3) Differences between ME/CFS and long COVID***

A direct comparison between these patient groups found a difference in the left corona radiata – a superhighway in the brain that transmits motor, sensory and cognitive information between the outer cerebral cortex (the wrinkly layer of gray matter responsible for things like conscious thought, reasoning, memory, sensory processing and muscle control) and deeper brain structures like the thalamus (an egg-shaped structure deep in the brain that acts as the body's primary information relay station) and spinal cord. This suggests that the two conditions may have partly distinct patterns of brain involvement.

**What does it mean?**

Overall, these changes could help explain neurological symptoms such as cognitive difficulties and fatigue, although the study does not prove cause and effect. However, it is worth noting that those with ME/CFS had significantly longer illness duration compared with those with long COVID, a factor that may limit the comparability of the two groups.

Additionally, as noted by the research team, those with long COVID were not screened for ME/CFS (or vice versa) – again something which may complicate interpretation of the findings.

**Conclusions**

The research adds to growing evidence that ME/CFS and long COVID

> **"small changes in the brain microstructure could help explain neurological symptoms such as cognitive difficulties and fatigue**

are associated with measurable biological changes. However, because the study involved a relatively small number of participants, larger studies, which follow participants up over time, are needed to validate the findings and to establish whether the abnormalities progress over time.

And this is precisely what the Griffith group plan to investigate in their ongoing ME Research UK-funded study tracking changes in the structure and function of the brain over time in ME/CFS.





# RESEARCH BITES

## GENERAL ANAESTHESIA

*Steinkirchner, BMC Anesthesiology, 2026*

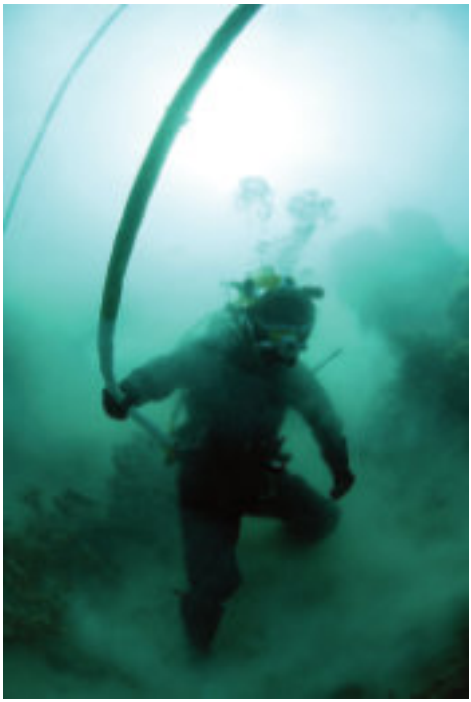
There's a lack of information about anaesthesia in people with ME/CFS, but one recent, small study assessed a number of factors (blood pressure, heart rate, pain, recovery time) during and shortly after surgery in people with the illness. Those with ME/CFS reported more pain after surgery, and their blood pressure and heart rate were slightly lower during surgery, but in general there were no major safety problems linked with general anaesthesia. However, larger studies that follow participants throughout the surgical journey are needed, especially those investigating pain control.

## SYMPTOM CLUSTERING

*Habermann-Horstmeier, J Transl Med, 2026*

Researchers in Germany have investigated whether the symptoms of ME/CFS cluster together in predictable patterns. By analysing data from 748 individuals, they found that symptoms did indeed fall into four distinct clusters: brain, immune, autonomic and gut. That is, patients with symptoms in one of these groups were more likely to have other symptoms in the same group. These findings support the view that ME/CFS is not only a complex and heterogeneous disease, but may also involve multiple underlying biological processes that give rise to different presentations.





## MACHINE LEARNING

*Heidarifad, Int J Mol Sci, 2026*

Scientists have been developing a method which they hope will be able to differentiate between people with ME/CFS and healthy controls. Blood samples were taken after a stress test designed to induce post-exertional malaise, and analysed for molecular changes. Machine-learning models were used to look for patterns, and found disturbances in amino acids (protein building blocks), lipid regulation and metabolism in ME/CFS. This was a small, exploratory study, so it remains to be seen whether the findings will ultimately translate into a practical and accurate diagnostic test.

## HYPERBARIC OXYGEN

*Kim, J Transl Med, 2026*

Hyperbaric oxygen therapy has proved effective for a number of conditions, but its value in ME/CFS is subject to ongoing debate. A recent, small-scale study has reported significant improvements in physical functioning, exercise capacity, muscle strength and information processing in people with ME/CFS who underwent treatment with hyperbaric oxygen. The results also suggested a beneficial effect on the function of the thalamus in the brain, which is involved in information processing. The study had its limitations, but the researchers are following up with more experiments using improved methods.



INTERVIEW

# DR ALKISTI MANOUSAKI

*Alkisti Manousaki is a Daphne Jackson Trust Fellow at the University of Leicester, jointly funded by ME Research UK and the Medical Research Council. Her research looks for biological clues that may help explain why ME/CFS affects more women than men. Here she talks about her career, her fellowship, and what she hopes her work will uncover.*

**Could you tell us about yourself?**
I'm originally from Greece where I studied molecular biology and genetics before moving to the UK. Here, I completed a Master of Research and a PhD at the University of Manchester, in which I studied mitochondria – the tiny structures inside cells that help produce energy – and their role in health and disease.

After my PhD, I worked on several research projects in areas of science which use living cells or biological processes to develop new tools, products or technologies. I collaborated with academic and industry partners, and developed key skills in advanced imaging, large-scale experiments and data analysis. I later took maternity leave, during which I completed an online course in computational biology. I'm now pleased to be back in research as a Daphne Jackson Fellow.

**What is your project about?**
My research aims to understand why ME/CFS affects women more often than men by focusing on the X chromosome. Chromosomes – tiny packages of DNA wrapped around proteins – carry the instructions the body needs to grow, function and stay healthy.

The X chromosome is one of the two sex chromosomes in humans and many other mammals. Females usually have two X chromosomes, while males usually have one X and one Y chromosome. The X chromosome carries hundreds of important genes. Many of these genes are linked to

immunity and energy production, both of which are known to be involved in ME/CFS. This means that changes in how X chromosome genes are regulated could be important for understanding the disease.

Changes in X-chromosome gene regulation have already been linked to conditions that are more common in women and share biological features with ME/CFS, including lupus and long COVID. However, the possible role of the X chromosome in ME/CFS has not yet been well explored. My project will look closely at cells and genes to see whether changes in X-linked gene activity are associated with altered immune responses and energy levels, and whether these could help explain why ME/CFS is more common in women. Ultimately, I hope this work will help identify biological markers of ME/CFS and support the development of better tests and treatments.

**How important is this fellowship to your research career?**

Returning to research after a career break can be challenging, especially in a competitive field such as women's health disease and ME/CFS. The Daphne Jackson Fellowship provides a structured and supportive route back, and provides time for retraining, mentoring and career development. So far, it has helped me refresh existing skills, build new expertise, and regain momentum in research. It has also introduced me to a strongly connected community of ME/CFS researchers, patients and supporters. Hearing directly from people with ME/CFS has helped me understand the disease in a way that reading papers alone cannot. That support has been very important, both for rebuilding my research career and for helping me establish myself in a new field.

**What inspired your interest in ME/CFS?**

Before I began my fellowship application, I had heard of ME/CFS, but I had not fully appreciated how complex and varied the disease is. My interest in the disease grew as I developed ideas for the fellowship. I wanted to focus on an illness where there is a clear need for more research, and ME/CFS was scientifically compelling because it affects many parts of the body, has no known cause, and is far more common in women than in men. In addition, the problems seen in energy use and immune function align closely with my background in mitochondrial biology. Researching ME/CFS gives me the opportunity to apply my existing expertise to a new area where the biology is still not well understood.

**Have you been surprised by anything you have learnt?**

One of the things that surprised me most was how much ME/CFS can affect people's daily lives, often in ways that are not visible to others. The disease can vary greatly from person to person, and its effects can be unpredictable. I was also struck by the gap between the seriousness of the




disease and the amount of research attention it has historically received.

**What's your typical working day?**
My work combines laboratory experiments with data analysis. In the lab, I study human immune cells from well characterised cohorts like the UK ME/CFS Biobank, and use advanced microscopy and molecular biology techniques to look at the genes on the X chromosome, how they are regulated, and how changes in their activity may affect mitochondrial function and the immune system. I then analyse these data to identify patterns that could help explain what is happening in ME/CFS and why it affects women more often than men.

**Can you tell us about where you are doing your fellowship?**
I am based at the University of Leicester, within the Molecular and Cell Biology department, which provides an excellent environment for translational biomedical research. The facilities here include advanced microscopes, specialised cell culture spaces, and dedicated areas for working safely with patient samples. The University also supports collaboration across different research areas. This is especially important for a complex condition like ME/CFS, where progress depends on bringing together expertise in cell biology, genetics, immunology, advanced imaging and clinical research.

**Do you work collaboratively with others in different research fields?**
My project is highly collaborative. I work with ME/CFS experts from other universities, researchers with experience in long COVID and immune biology, and colleagues with expertise in blood cells and X-

chromosome regulation. Their input helps ensure the work is grounded in ME/CFS research while also drawing on knowledge from related fields.

**What do we already know about this area of research?**
ME/CFS affects women around four times more often than men, and that pattern is one of the most striking features of the disease. In some other conditions that also affect women, such as lupus and long COVID, researchers have found signs that genes on the X chromosome may not be controlled in the usual way. I want to explore whether something similar could be happening in ME/CFS. My main question is whether the X chromosome helps drive changes in the immune system and in the way cells produce energy.

**What is the most challenging aspect of ME/CFS research?**
The disease is not the same for every person. It can differ in symptoms, severity and what is happening inside the body. Another challenge is that the disease likely involves several body systems working together, rather than having one single cause.

**What have you enjoyed most during your fellowship so far?**
I love being back in the lab and learning new techniques. It has been exciting to enter a new research field, work as part of a team and exchange ideas. The most challenging part is working with human samples, which can vary and are often more limited than laboratory models.

**Will you continue to research ME/CFS after finishing the fellowship?**
I definitely want to continue working in ME/CFS research and pursue an academic research career. By the end of the fellowship, I hope to have developed new approaches for studying ME/CFS, identified key biological features, and laid the groundwork for future biomarker research. I hope this will help me move towards full research independency, and a few years later I would like to be leading my own research in this area.

**Have you any advice for early career researchers studying ME/CFS?**
ME/CFS research can benefit from ideas and methods from many different scientific background, but it is essential that those new to the fields take time to understand the disease and approach it with curiosity and an open mind. It is also important to connect ME/CFS researchers, where possible and appropriate, with people who have lived experience of the disease. Their insights can help shape research questions in meaningful ways.

I would sincerely like to thank ME Research UK and MRC UKRI for supporting my Fellowship. I am also deeply grateful to the ME/CFS community, whose support makes this research possible. It is a privilege to have the opportunity to contribute to ME/CFS research.

# GIFTS OF HOPE

*Dr Rebecca Williams Dinsdale, a prize-winning triple graduate and person with lived experience of ME/CFS, shares how kindness, grief and love inspired a lifetime of giving*

**I've always loved the idea of fundraising**

It started when I was very little and a lady was collecting in the street and giving out stickers for a donation. I really wanted a sticker, and she had a kindly face. I beseeched my daddy for some money, and an epic life lesson ensued.

He said that we didn't give because we got something for doing it; we gave because it was the right thing to do. He also explained that Gift Aid and an ongoing donation helps charities to plan and helps people in the long term.

The morals stuck and led to a lifetime of trying to contribute whether there was an acknowledgement of it or not.

When my granny lost her sight, I helped her write the cheques to her



charities. Personally, she lived very frugally, but gave immensely.

I saw just how generous she was to others, and no-one knew a thing about it – except her best pal with the wobbly writing on the cheque stubs!

**Science is our best hope**

At school we had a sponsored silence in aid of Help the Aged, and it was the best hour of my school life. The certificate I received was signed by a man called Hugh Faulkner. A decade later, we would become friends as he started the CFS Research Foundation with his remarkable wife, Anne. That coincidence was astonishing, and I knew after five years of severe ME that science was our best hope.

I was privileged to attend Hugh's memorial service and saw his beautiful grandchild, beaming with loving pride, as he held a plate of donations that reached his chin. It took me a month to recover from going, but a lifetime to savour it.

When we are very ill, it is hard to fundraise or even think that it could be possible. However, battling back at illness in the most productive of ways is empowering.

**Fundraising can be joyous**

After a decade of raising small amounts with help from family and fitter friends, my husband Kevin and I had an ethical wedding.

At the time I was very unwell, so we held an afternoon church service with a request for no gifts – only donations to ME research. The joy of raising thousands of pounds made up for any lack of material goods.

My lovely mother was a very generous woman and a great supporter of any fundraising effort. We had the desperate situation where she was diagnosed with early-onset dementia in her 50s.

She wanted me to take her funeral service as I had been a minister, and we collected donations for ME Research UK.

Fundraising can be joyous and worthy of all the stickers in the world, coupled with a deep knowing that every effort was made when it mattered most. Thank you beyond measure for being at our side and on our side.

**Words of gratitude**

Thank you to all those who work and support ME Research UK. We need, respect and admire every effort the charity makes on our behalf.

We bless the volunteers, whose time is invaluable and tones of interaction delightful.

We cherish the scientists working away in labs and libraries, and salute the diligence and determination of PhD candidates plodding through endless research papers, trials and references. A career in caring for those so neglected and abandoned is a true vocation.

Every hour of research is an hour to help brave people who are torn away from normal living and endure immense amounts of struggle and suffering.



# LOOKING FOR A CHALLENGE IN 2027?

We have charity places available for two upcoming events, and we would love to have some of our supporters join the ME Research UK team.

*14 March*
**Run South London Half Marathon**
We have 5 charity places for this half marathon. Take on 13.1 miles through South London and make it your next personal challenge, while raising funds for ME Research UK.

*4 April*
**Brighton and Hove 10K**
We have 3 charity places available for this run, which is a great option, especially for anyone new to fundraising who wants to take on a personal challenge while making a real difference.

Email us at **contact@meresearch.org.uk** to start your fundraising journey.

ME Research UK has teamed up with MyCharity Mobile, the mobile service that can also help support ME Research UK at no extra cost to you.

MyCharity Mobile is built on a simple idea: a great mobile service should not only connect people to each other, but also connect them to the causes they care about.

Subscribers receive premium nationwide coverage, and MyCharity Mobile donates 15% of their monthly spend to a partner charity of their choice.

The service is powered by Vodafone, and there's no contract, no credit checks and no annual price increases.

Find out more on our website: meresearch.org.uk/mycharity-mobile






## CHRISTMAS CARDS

This year's Christmas Card collection is now on sale, and this issue of *Breakthrough* includes a leaflet giving details of the cards and how to order.

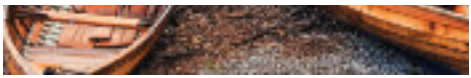
There are eight designs available (nine online), and a number of ways to buy, including post or our online shop: meres.uk/card-shop.

As always, every purchase helps to support our work.





# FUNDRAISING



## WINDERMERE SWIM

Sophie Allen challenged herself to swim 1 mile at the Great North Swim at Windermere Lake in June. 'For 11 years of my life swimming was my entire personality. However, that changed when unexplainable symptoms started to affect my swimming, and later my life.' Sophie says her fundraising is 'so we can live a normal life and enjoy the things others take for granted'. Thank you so much to Sophie and all her supporters, and congratulations on the achievement.

## STRUGGLE:TEN

'Struggle:Ten is a bike ride like none I have ever done before. It goes up and down for 250 km around the Yorkshire Dales. I signed up knowing if I was fit enough it would be a fantastic day.' Ian Murdie decided to use the opportunity of participating in the ride to raise money for ME Research UK, since he has friends and a close family member who have lost years of their life to this debilitating illness. Many congratulations, Ian, and thank you for your fundraising.





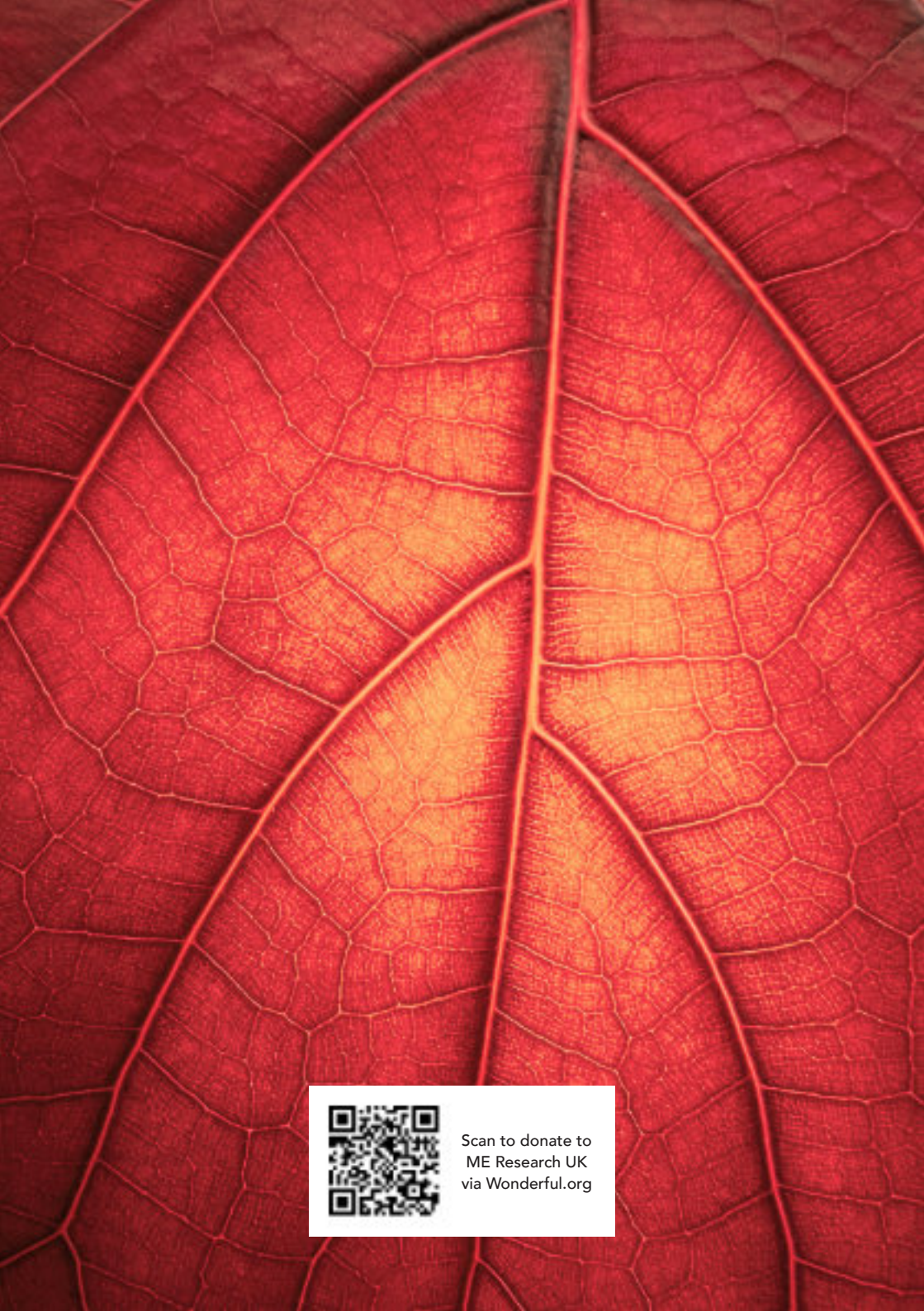

## WALKING FOR ME

Joanna and her husband Mark built a life together in Somerset. The couple, who recently celebrated their 22nd wedding anniversary, enjoyed a busy and active life. But Mark lives with ME/CFS and over the past two years his condition has progressed. Wanting to raise awareness of the realities of living with ME/CFS and to support the search for answers, she signed up for Walk for ME and set out to raise funds for research. This became an opportunity to spread hope and to connect with others affected by the disease. Thank you so much, Joanna.

## BIRTHDAY FUNDRAISERS

If running, swimming, cycling or walking aren't right for you, there are still plenty of other ways you can help raise much-needed funds for ME/CFS research. Many people ask for donations to charity on their birthdays via social media, and we're very gratetful for all these efforts and all the other fundraising events taking place throughout the year.

*For more inspiration about ways you can help raise funds, please visit* ***meresearch.org.uk/support-us***.


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