Ground-breaking discoveries, life-changing advances

Our 2025 Impact Report

Medical Research Foundation



Put simply, our purpose is to improve health and change lives through research.

Your support allows us to do this, giving hope to people whose health conditions have been overlooked for too long.

Thanks to you, we're supporting some of the brightest and best medical researchers in the world, who are dedicating their lives to solving neglected health problems.

Your support has led to incredible breakthroughs, from transforming pain management in babies, to improving the lives of people with eating disorders. It has laid the groundwork for new treatments, alleviating the physically and mentally scarring impacts of eczema, and helping researchers to combat drug-resistant superbugs.

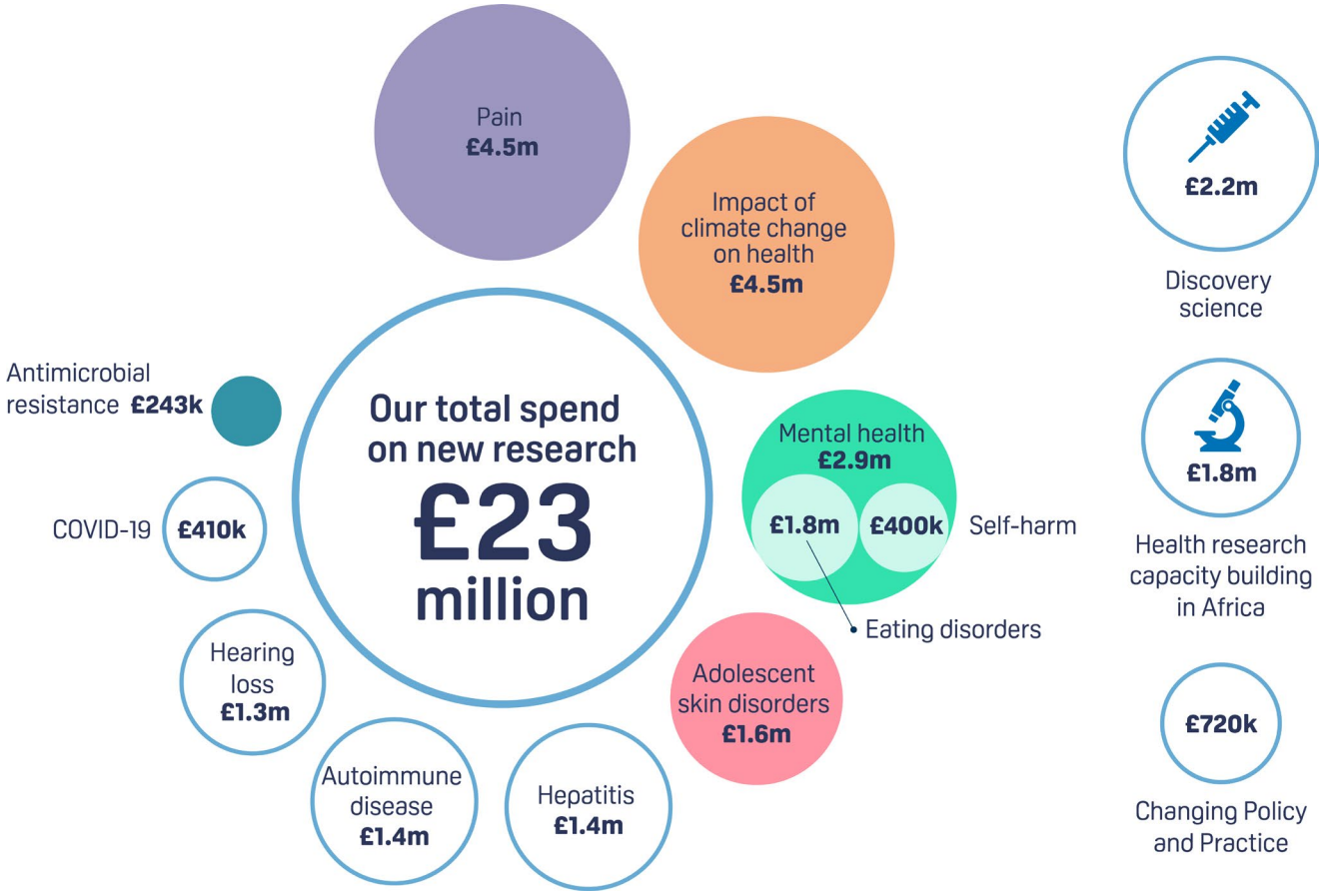
The impacts of your support are wide-ranging, benefitting society, the economy, public policy, healthcare services, and most importantly of all – quality of life for people in the UK and around the world.

The stories in this publication showcase just some of the life-changing science you've made happen, in pain research, mental health, skin disorders, climate change and health, and much more.



For Akshay, living with a skin disorder has been extremely challenging – both physically and emotionally. Now, by taking part in research, he's ensuring other teens don't have to suffer like he did.

Between 2019 and 2024, you helped us fund 192 researchers, through more than 200 research awards



You can read about the colour-coded areas throughout this report.

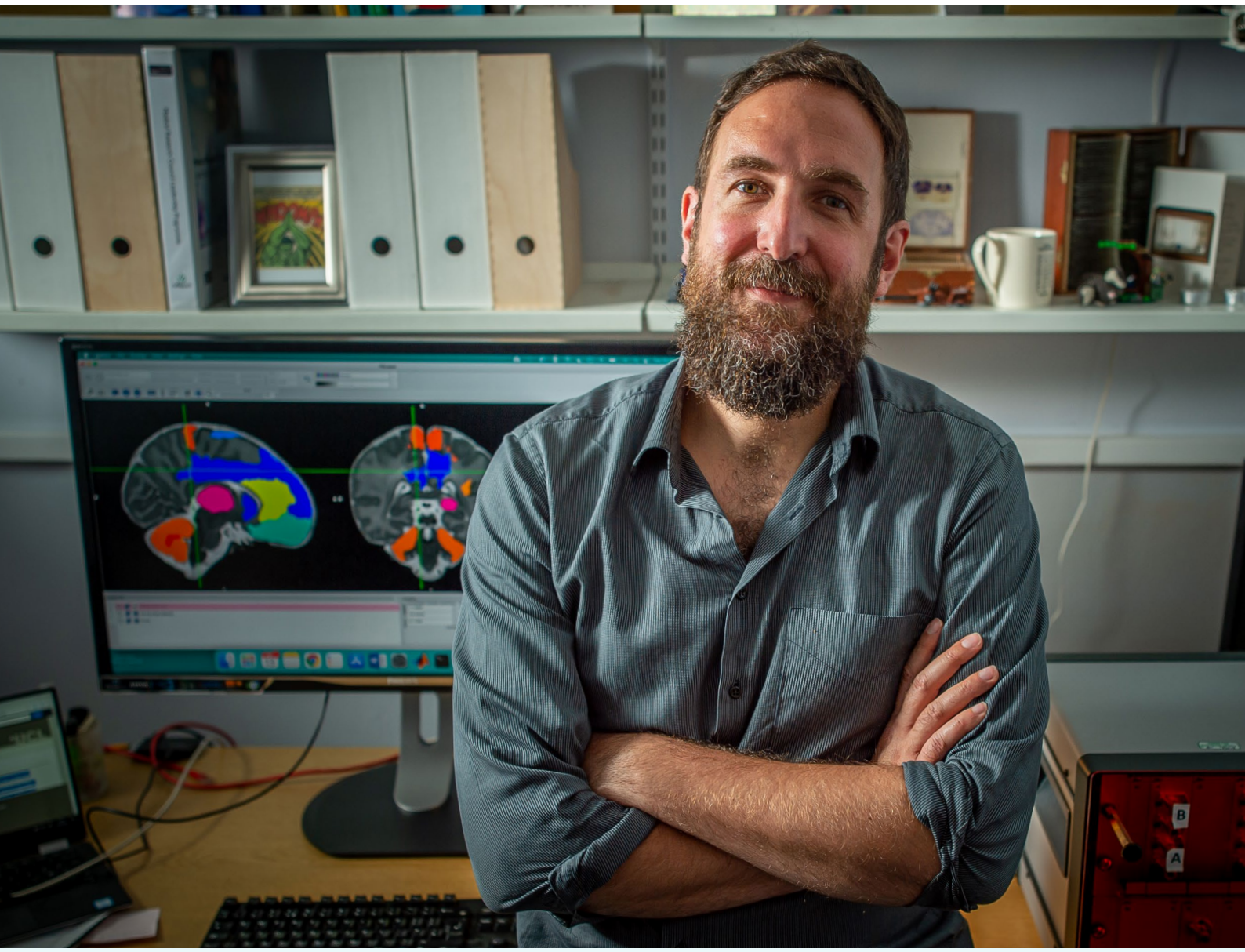
Thanks to you, since 2019, our researchers have:

Transformed care and treatment

Our researchers have shaped 329 government policies and healthcare practices, by serving on expert committees, improving care and treatments, and more.

Advanced global knowledge

Foundation-funded researchers have shared their discoveries in more than 1,093 research publications, expanding the world's understanding of overlooked and underfunded health conditions.



Forged new partnerships

Your support has sparked 190 unique research collaborations, including 68 international partnerships, uniting experts to tackle today's and tomorrow's health challenges.

Earned international recognition

Over 200 academic prizes have been awarded to our researchers, including prestigious fellowships and honorary degrees, demonstrating the quality and broad impact of their work.

Secured major investment

Our researchers have attracted more than £106 million in external funding, ensuring research into overlooked conditions can make a difference for many years to come.

Pain

Right now, **chronic pain affects nearly 28 million people in the UK.** That's more than a third of the population living in pain for more than three months.

Pain is often difficult to treat, and we don't know why certain people are more vulnerable to it. There's a pressing need to understand pain more fully.

Long-term under-investment in pain research has led to huge gaps in understanding, and – as a result – to a lack of effective treatment options.

Since 2019 you've helped fund 18 researchers, who are studying pain across the lifespan – from the earliest experiences of pain in babies and children, through to pain in young people and adults.

"I always knew my babies were feeling something. These are our children. We know when they're in pain."



Abbie's twin girls were born prematurely at 27 weeks. For five months, they endured numerous painful procedures in intensive care. Now, Abbie is campaigning to make this heart-breaking experience easier for other families.

Transforming pain management in babies

Thanks to you, Professor Lorenzo Fabrizi from UCL is uncovering how babies experience pain – a crucial step towards transforming how pain is managed in neonatal care.

We awarded Lorenzo an Emerging Leaders Prize for pain research in 2020 and later, a Changing Policy and Practice Award, specifically designed to help him share his exciting discoveries with the world.

"One in 10 babies worldwide is born prematurely," Lorenzo explains. "The sickest and most premature babies spend an average of 44 days in neonatal care, with 40% of that time in intensive care, where they may undergo around 10 painful procedures every day."

"All of this is happening at a time when the brain is developing rapidly," says Lorenzo. Pain in young babies is not only distressing in the moment for the child, their families, and carers, but crucially, unmanaged pain can have lasting effects on a child's development and future health.

Beyond crying: what can brain imaging tell us?

Lorenzo used brain imaging techniques to better understand infants' experience of pain. "Before we started using these methods, pain was assessed only from behavioural observation," Lorenzo explains. "But responses like crying can be misleading – hunger or cold can look the same as pain."

"Behavioural responses are also subjective – relying on a carer's intuition," he adds.

Through brain imaging, Lorenzo's team found a strong cortical response in babies' brains, in the absence of any behavioural signs like crying – revealing that infants can be processing pain even when we can't see it through observation alone.

New insights about how babies feel pain

Lorenzo's research reveals babies process pain very differently from adults. "The response to a painful stimulus is very different in a neonate compared to an adult," he says. "Brain circuitry, which is responsible for brain processing, is still not fully mature – even at term age."

Their brain imaging demonstrated that the brain connections necessary for pain perception develop after 32 weeks of gestation and continue to mature post-birth.

Full-term babies adapted to repeated painful stimuli, showing decreased brain responses over time. In contrast, preterm babies do not adapt, indicating a higher vulnerability to repeated pain, again highlighting the importance of monitoring painful experiences in premature infants.

Real-world changes

"Our research could influence neonatal pain management in two main ways," says Lorenzo. "First, by providing an objective way to measure pain processing. Using brain scans allows us not to rely solely on a carer's intuition."

The second approach involves timing painful procedures when the baby's brain is less receptive to pain. "The brain oscillates between different states spontaneously," he explains. "If we time procedures when the brain is naturally less receptive, we can reduce the pain experience."



Professor Lorenzo Fabrizi

"Pain in young babies is not only distressing in the moment for the child, their families, and carers, but crucially, unmanaged pain can have lasting effects on a child's development and future health."



Pureza Laudiano-Dray

Thanks to our Changing Policy and Practice Award, Lorenzo's team have now developed a pain severity scale based on 59 clinical trials, ranking 15 common neonatal procedures – such as heel pricks and collecting blood samples – on a scale from 0 to 100. The scale recommends things parents and clinicians can do to mitigate pain for each procedure, such as skin-to-skin contact.

Pureza Laudiano-Dray, a research nurse at University College London, has helped Lorenzo to develop and distribute the pain severity scale to hospitals across the country.

"Parents are often not fully aware of how painful a procedure is, what it involves, or when it will happen."

When Pureza first started working in neonatal care in the early 2000s, the idea that babies could feel pain was still quite controversial. "Back then, there was still quite a lot of debate about how babies feel pain and whether certain procedures hurt them," she explains.

While understanding of neonatal pain has improved over the past few decades, Pureza notes that there is still a lack of focus on pain management in neonatal units. “In my experience,” Pureza says, “the long-term impact of pain during this stage of life is not something that all nurses are fully aware of.”

There’s also limited knowledge about how painful certain procedures are. “Skin-breaking procedures are often seen as more painful because they draw blood,” says Pureza. But Lorenzo’s research has shown that even procedures which do not break the skin, such as suctioning or inserting a feeding tube, can be painful for infants.

The communication challenge

This knowledge gap has made it difficult for neonatal staff to give parents clear information about their baby’s experience. “As a nurse,” Pureza explains, “it can be really hard to know if a baby is in pain. When parents ask, ‘How painful is it?’ it’s sometimes difficult to give a confident answer.”

Having a child in a neonatal unit can be an especially difficult time for parents. “It is very hard. There are strong emotions, and they really appreciate support, warmth, and kindness from staff,” Pureza explains. “Having information and support is so important for them. That’s what we need to really foster.”

Transforming neonatal care

Pureza has established a network of ‘pain champions’ – nurses, doctors, occupational therapists, physiotherapists, and clinical psychologists – who are committed to implementing the pain severity scale in their units.

Feedback from neonatal staff has been very positive. The scale has been praised for its simplicity and clarity.

For Pureza, the response from parents has been particularly rewarding. “Parents have found it easy to understand, and many said they’d like to see the scale placed beside the cots,” she says. “To me, this was the biggest learning – it showed us that parents really do want this kind of information.”

The next steps for Lorenzo and Pureza are to translate the scale into multiple languages and simplify the scientific language to make it even more accessible.

“The impact on patients is direct,” says Lorenzo, “enhancing their experience of clinical care at the time that they’re experiencing it, but also improving their long-term outcomes.”

“I want to thank the Foundation’s donors for prioritising this area of research. Your support will have a real impact on the healthcare system, patients and families, and society as a whole.”





"I always knew my babies were feeling something. These are our children. We know when they're in pain."

When Abbie gave birth to identical twin girls prematurely at 27 weeks and five days, they each weighed about a pound. For the next five months, they were in a neonatal intensive care unit 80 miles from home, undergoing numerous medical procedures. Now, as the girls turn three, Abbie reflects on their time in neonatal care, and the difference a pain severity scale could have meant to them.

"The girls had what were described as 'stormy' clinical journeys," Abbie explains. "They each experienced major surgical procedures, episodes of sepsis, and too many blood and platelet transfusions to count. One of my daughters had a bowel perforation and subsequent ileostomy, which was thankfully later reversed. She also had laser eye surgery."

"The day-to-day care also involved hourly blood tests and lots of lumbar punctures just a myriad of daily procedures."

Abbie often felt the decision-making around her children's care was determined by the clinicians. "I don't remember a lot of communication about those day-to-day tests and treatments," she says. "A lot of procedures were seen as 'this happens all the time here, this is what we do.'"

"The pain severity scale is incredible because it's telling me what I already know – with the caveat of what we can do to help the pain. Having access to a scale like this would have been empowering. It's equitable access to information that is there for us all to read and understand."

Abbie wished staff were more direct about the pain the twins were experiencing. "Some clinicians are concerned about talking about pain with families. But they don't need to be concerned. We want to know the facts. These are our children. We know they're in pain. You can't Disney-fy this."

"The pain severity scale is incredible because it's telling me what I already know – with the caveat of what we can do to help the pain."

Reflecting on those five intense months, Abbie says, "It was a hideous time. I now look back on that period and I don't know how we did it. We felt tremendous fear, worry, and sheer fright that we would lose them at any moment."

Abbie is now an advocate for better awareness of family experiences in neonatal care. Her aim is that parents are viewed as equitable partners in their baby's care. "Right now, there are people sitting in the chair that I sat in," she says. "And tomorrow there'll be someone else. We need to do better for them. We need to listen to families, and improve services based on what they tell us."

Treating nerve injury after whiplash

Whiplash – a neck injury caused by sudden movement of the head – is a leading cause of chronic pain, with around 30-50% of people developing persistent pain symptoms due to their injury. Professor Annina Schmid, Specialist Physiotherapist and Professor of Pain Neurosciences at the University of Oxford, is a leading expert in this area.

Thanks to your donations, Annina has been investigating how and why persistent pain develops after a whiplash injury, and whether this is caused by injury to nerves. Her work has helped to uncover why so many whiplash patients experience chronic pain, while others do not.

Examining levels of pain after whiplash

“Around 50-70% of people are able to recover from whiplash, sometimes spontaneously,” Annina explains. “Whiplash in fact covers a spectrum of injuries. The most common is whiplash associated disorder type 2, where people experience musculoskeletal issues like neck pain and stiffness in the absence of nerve injuries on routine clinical assessments. Many of these patients develop chronic pain but we don’t fully understand why, as diagnostic tests don’t tend to show anything abnormal.”



While certain factors, like higher initial pain intensity and post-traumatic stress, could contribute to poorer rates of recovery from an injury like whiplash, it has been difficult to pinpoint which patients will ultimately experience persistent pain symptoms.

Annina and her team set out to answer just this. “We invited people with acute whiplash injury to see us one month after their injury,” she explains.

The team performed tests on nerve function and structure, including detailed neurological examinations, sensory testing, and skin biopsies to examine nerve fibre integrity. They also used a blood marker to assess the level of nerve damage. “We repeated these measures again at the six-month mark and asked patients if their symptoms still persisted.”

Identifying nerve injuries

Annina wanted to determine whether there are any indications that patients with whiplash injury have signs of nerve fibre damage within one month after injury. The team also sought to understand how this damage evolves over time.

“We successfully identified a subgroup of patients with signs and symptoms of nerve injury, which so far has gone unnoticed in routine clinical examinations,” Annina says. “This finding shows there may be a distinct subgroup with specific treatment needs, as nerve-related pain is treated differently to other types of pain.”

"Our robust measures have demonstrated the presence and development of nerve injuries in these patients," says Annina. The team's findings highlight the need for more in-depth and detailed clinical assessments, to ensure patients with potential nerve injuries like these are not overlooked.

Joel Fundaun, a postdoctoral researcher from Annina's group, adds, "Current treatments for people with whiplash injury do not include any nerve-related options. While our study didn't test treatments, it lays the groundwork for future research to explore targeted nerve-directed treatment options for this subgroup."

Annina also believes the study will validate patients facing stigma associated with whiplash injury. "Often, we can't find evidence of injury to nerves after whiplash. This can make patients feel invalidated or question their pain. Now that we have found evidence of nerve involvement in some patients, it may help reduce that stigma."

Supporting Allied Health Professionals

Being a physiotherapist herself, one of Annina's ambitions was to highlight the contributions of Allied Health Professionals to pain research.

"It's very difficult for Allied Health Professionals to enter clinical academic pathways," says Annina. "With the Foundation's help, we were able to support Joel, also a physiotherapist, in this project, and he earned his PhD at the University of Oxford as a result. I'm immensely proud that this project not only led to exciting clinical results, but also helped to build capacity that will hopefully have a lasting impact."

Working towards better treatments

Now, Annina wants to explore new treatment options for nerve-related pain in whiplash patients. "Can we help reduce or prevent chronic pain by providing more personalised and targeted treatment? This is the direction in which we hope to progress; from discovery research to making a tangible change to treatment."

Since winning our Emerging Leaders Prize in 2020, Annina has gone on to receive a highly prestigious fellowship from the Wellcome Trust. She has also secured larger grants, including one from the Advanced Pain Discovery Platform, expanded her research group, and was awarded a professorship at the University of Oxford.

Her team would like to extend a huge thank you to donors of the Foundation, whose support has helped them achieve these goals.

"Pain research is desperately needed. The Foundation's funding has enabled us to deliver exciting and potentially ground-breaking results in the field of whiplash, taking us closer to developing targeted and effective interventions for people living with pain."



Professor Annina Schmid

"Can we help reduce or prevent chronic pain by providing more personalised and targeted treatment? This is the direction we hope to progress, from discovery research to making a tangible change to treatment."

Eating disorders

Eating disorders can have a devastating impact on people of all ages, genders, cultures, ethnicities, and backgrounds – yet little is known about what causes them in the first place.

Around 1.25 million people in the UK have an eating disorder, and the scale of the problem is rising, with more young people than ever before receiving treatment. Despite this, research investment continues to languish behind the already limited funding available for other mental health conditions.

Since 2019 you've helped fund seven researchers who are revealing more about the causes of eating disorders, to improve prevention, diagnosis, and treatment.



"Being Autistic, I struggled to understand what was happening with my eating disorder treatment."

Emily has endured immense challenges as an Autistic person undergoing traditional eating disorder treatment. Now her experience is helping to reshape care for others.

Improving the lives of people with an eating disorder and autism

Eating disorders, like anorexia nervosa, often co-exist alongside other mental or physical health problems. Researchers are particularly interested in the role of neurodivergence, with studies indicating that 35% of people with an eating disorder also have autism or show high levels of autistic traits. Despite this, there has been very little research into the overlap between the two, leading to poorer treatment outcomes for people with autism.

Thanks to you, we've funded ground-breaking research by Professor Kate Tchanturia MBE from King's College London, which has led to the development of PEACE (a 'Pathway for Eating disorders and Autism developed from Clinical Experience'), a pioneering new clinical pathway.

To recognise Kate's incredible impact on the lives of people with eating disorders and autism, she received an MBE in the 2025 New Year Honours.

How do eating disorders and autism overlap?

"There are lots of overlapping symptoms in anorexia and autism, including inflexible thinking styles and difficulties in social and emotional areas, such as recognising your own emotions, expressing them, and interacting with others," says Kate.

In one Foundation-funded study, Kate recruited and tested over 170 young women with current diagnoses of anorexia nervosa, a group who had recovered from the disorder, and a 'healthy' control group. Her team explored data from brain scans and interviews to examine the interlinked effects of anorexia, autism and ageing.

"Through this study, we wanted to help clarify whether current diagnostic tools are valid and reliable for identifying women who have autism, on top of the eating disorder we know they have already."

"We hope our findings will support clinicians to identify vulnerable patients, at an early stage, who may be unlikely to respond to current eating disorders treatments and require individualised support instead."

The need for individual, personalised treatments

"We think the presence of both conditions could affect eating disorder recovery, and predict a more chronic course of illness," Kate explains.

Many patients with eating disorders like anorexia nervosa do not respond to available treatments. Research suggests that the co-occurrence of autism could be a key contributing factor.

"It is really important to determine if a person with an eating disorder has autism as well, because it has a massive impact on how we design our clinical care. People with both anorexia and autism usually require beds in treatment facilities for a longer period, and often, these patients still suffer severe outcomes following discharge from clinics."

Research from Kate's group shows that patients with both disorders may benefit from different types of treatment that incorporate social skills and emotional awareness training, as well as the use of distinct communicative styles.



Professor Kate Tchanturia MBE

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Where does PEACE come in?

PEACE was set up to support people with both an eating disorder and autism, as well as their carers and clinicians. The pathway is adapting standard treatments to make clinical practices more suitable for neuro-diverse requirements. This will help to address the social and emotional challenges faced by patients with both conditions when undergoing treatment.

Patients on the PEACE pathway spend significantly less time in hospital compared to those without it. It is estimated that this has saved the healthcare system nearly £275,000 over the course of just a year. Through close engagement with NHS eating disorders services and autism working groups, Kate and her team are working hard to share PEACE-related findings and resources. They want to continue promoting personalised care for people with co-occurring autism and eating disorders.

So far, Kate and her team have trained over 3,000 professionals across national and international eating disorder services. They have also implemented the PEACE pathway in a range of new clinical settings, including NHS trusts in Birmingham and Scotland, and other health systems in Australia and Canada.

Your support empowers our researchers to develop more effective treatment approaches – which provide a better experience of care and improved outcomes – for patients facing life-threatening mental illnesses like this.



Since 2018, our eating disorders researchers have authored 36% of all UK-based research publications on eating disorders, helping to advance knowledge and understanding around these devastating conditions.



For every £1 spent on eating disorders research, our researchers have secured over £1.25 in additional funding – ensuring their life-changing work can make a difference for many years to come.



Despite these efforts, **we receive four-and-a-half times more applications for eating disorders funding than we can fund**. That's why we need your help – to fund even more life-changing medical research.



"Being Autistic, I struggled to understand what was happening with my treatment. The environment was overstimulating – bright lights, noisy spaces, and forced social interaction, which made it difficult to engage. When I couldn't process what was happening, I was labelled as non-compliant. Staff resorted to restraints and medication rather than adjusting the approach to fit my needs."

Emily, 31, is one of many young people who have had to endure immense challenges as an Autistic person undergoing traditional eating disorder treatment.

"Things improved when I was referred to the autism and eating disorder service. Instead of being forced into long talking sessions, I was given the option to draw or write things down. Small adjustments – like reducing brightness, allowing me to close my eyes, and breaking down sessions into manageable parts – it all made a huge difference."

Emily is a lover of music, poetry, and art. She is also an expert by experience in autism, mental health and eating disorder services, where she helps clinicians to adapt their services for neurodiverse needs.

Emily was only 12 when she was diagnosed with anorexia nervosa. Over the course of her teenage years, Emily's eating disorder led her to multiple inpatient admissions. She was only finally diagnosed with autism in adult services, which then led to her referral to an autism and eating disorder service.

Since 2023, Emily has worked closely with Professor Kate Tchanturia and the PEACE pathway, reviewing clinical care, and using her lived experience to help improve autism-inclusive treatment.

"One of the most important aspects to me is creating a safe environment. Many inpatient settings are too clinical and overstimulating."

"PEACE has developed accessible resources, including sensory-friendly meal planning tools, that can help make treatments more accessible. Understanding distress levels is also key, and treatment should involve back-up plans, where professionals communicate notes rather than requiring patients to repeat their stories."

As part of her work with PEACE, Emily has developed sensory-friendly tools for soothing distress (like the 'Purrble' toy robot) and created hospital 'communication' passports. Both techniques will help to clearly outline patients' needs, distress signals and required adaptations.

"Early intervention is crucial. If someone shows Autistic traits, there shouldn't be a long wait for a formal diagnosis before adapting their care. If I'd had access to PEACE earlier, my experience would have been vastly different."

"I hope to see PEACE pathways implemented in all services, making autism-inclusive treatment the standard."

"Everyone deserves a treatment approach that sees them as a person first, not just a diagnosis."

Preventing eating disorders: exploring the role of decision-making

Thanks to you, research by Dr Amy Harrison from UCL has shown – for the first time – that less advantageous decision-making skills in childhood are associated with eating disorder symptoms in adolescence.

In a study of more than 11,300 boys and girls across the UK, Amy's Foundation- and Medical Research Council-funded research reveals that teaching strong decision-making skills in childhood could protect against eating disorder symptoms in adolescence.

This discovery has paved the way for innovative prevention tools, which could benefit thousands of young people and their families.

Wide-ranging impacts, "on all areas of life"

"Eating disorders have a devastating impact on all aspects of your life," says Amy. "They affect your physical health, such as making you very lethargic and weak. They impact your mental health, including your self-esteem and how you feel about yourself and your body. And they can make you feel very low and anxious."

"They also impact your social life. People often find it very difficult to socialise, because they're worried about losing control or avoiding opportunities to eat. And people's social networks get smaller. Friends often back off. And if people go into hospital for long periods, that can be very disruptive to things like education and employment."

A growing problem

Amy says "all eating disorders are on the rise, particularly following the COVID-19 pandemic, where more people were presenting with disorders, more people were relapsing, and getting the symptoms back and struggling." She adds, "we've often thought about eating disorders in girls and women, but we know that more men are coming forward with symptoms. They're also affecting people across the lifespan."

Assessing how people make decisions

For the first time, Amy was able to bring together developmental psychologists, epidemiologists, and herself as a clinical psychologist, to look at decision-making and eating disorders in a large sample of children.

When they were 11 and 14, the children took on something called the 'Cambridge Gambling Task', which assesses how people make decisions, in a range of different scenarios.

Amy and her colleagues found that people who made less advantageous decisions on the gambling task were more likely to present with symptoms of eating disorders in adolescence, and this was the case at multiple ages. She also discovered that people with eating disorder symptoms developed their decision-making skills more slowly than their peers.

"We would expect people across adolescence to get better at making advantageous decisions because we learn and our brain develops," says Amy, "but we didn't see that as much in the eating disorder group. Their peers' skills developed as expected, but the group with eating disorders didn't improve as much on the task."



Dr Amy Harrison

"This research could have far wider impacts, such as reducing waiting times for NHS services and preventing people from getting stuck in the system for years. It could also impact policies related to children's and young people's mental health, offering new insights into skills that could help."

Helping young people to ‘get better’ at decision-making

There’s an emerging train of thought that people’s cognitive skills might actually contribute to the illness, a theory supported by Amy’s findings. This means that training people to get better at decision-making, might offer protection against eating disorder symptoms.

Amy says, “We’re developing a game to help young people to make more advantageous decisions, under conditions where thoughts or behaviours associated with eating disorders might be triggered. For example, at the school canteen, a fellow student saying they’re skipping lunch because they feel overweight – how do you make an advantageous choice there? Do you join in, comfort them, or consider the consequences?”

Preventing symptoms in the first place

The ultimate aim, Amy says, is to prevent these symptoms from developing in the first place. “This could have far wider impacts, including reducing waiting times for NHS services and preventing people from getting stuck in the system for years. It could also impact policies related to children’s and young people’s mental health, offering new insights into skills that could help.”

As well as enabling her ground-breaking research discoveries, Amy says support from the Foundation has “really advanced my career as a woman in science,” including a promotion to associate professor at UCL.

Most importantly, Amy says, the research has touched people’s hearts. “When I talk about our research in carers’ groups and patient support groups in hospital settings, people find it fascinating and extremely helpful for offering insights into their difficulties. The idea that we could potentially protect against these symptoms, almost like a cognitive vaccination, is something to be proud of.”

“It could potentially stop at least one person, but hopefully many more, from having to deal with these life-changing illnesses.”





"I had to drop out of school for a year to focus on recovery. Even when I returned, I struggled to focus or care about my education, which had always meant so much to me."

Maya, 17, lives in London. She's currently studying maths, economics, and religious studies at sixth-form college.

"My struggles with eating began during the pandemic, around the summer of 2020. At first, it was about wanting to look better when returning to school, but by December 2020, I started restricting my food intake more severely. I had always compared myself to others, and food and body image became a significant part of that."

"I was diagnosed with anorexia in April 2021, at the age of 13, after fainting and falling down the stairs. My parents were relieved to understand what was going on, but it was a difficult time, as my dad was in and out of hospital for his cancer and my grandad had just died."

Maya was in hospital for 10 days and has since accessed various Child and Adolescent Mental Health Services.

"Anorexia has significantly impacted my life, especially my education. I had to drop out of school for a year to focus on recovery. Even when I returned, I struggled to focus or care about my education, which had always meant so much to me. I managed to do my GCSEs on time, but I know there could have been improvements, if I had been able to engage properly throughout my education. I relapsed in February 2024 and had to leave school again, which meant I had to retake the year. Now I'm doing very well in school, but I often reflect on how different things could have been."

Like the participants in Dr Amy Harrison's study, Maya has often struggled with making decisions. "Decision-making has always been a challenge for me. I often feel torn between different motivations, making it hard to be 100% sure about any decision. Large and long-term things are particularly difficult, and I tend to avoid them. Decisions around food can be difficult too. I'm able to eat anything now, but I struggle to make choices as I don't often know what I truly want. I think support with decision-making skills would be useful, as the anxiety and repercussions of decisions can make me worry."

"I wish more people understood that I'm doing better now and I don't need them to accommodate my eating disorder. To anyone going through a similar journey, I would say to stop focusing on the eating disorder. It's easier said than done, but by surrounding yourself in it, it's impossible to break free."

"By living with my grandma and doing things with her that I might not have been interested in at first – it made me realise that there's more to life than your eating disorder."

Note: Maya wants to remain anonymous, so a stock image has been used to illustrate her story.'

Self-harm

Self-harm is a major public health issue, with as many as **one in six teenagers known to have self-harmed at some point in their life.**

Despite its increasing prevalence in young people across the UK, there is a lack of research focusing on the underlying causes of self-harm – something that limits treatment options and the chances of successful early intervention.

Since 2019 you've helped us fund two researchers, who have significantly improved our understanding of what causes self-harm. These insights have informed larger-scale prevention and treatment studies, all of which are aimed at improving the lives of young people.



"I often feel overwhelmed, especially when I've been scrolling for a long time. Suddenly realising I've been on my phone for hours can leave me feeling drained and anxious."

Rebecca is helping researchers understand the effects of digital technology on our mental health, both positive and negative.

Exploring the mental health impacts of phone and social media use

When children first started getting smartphones a decade ago, there was no research about their impact. Now, researchers are increasingly interested in both the positive and negative effects of digital technology on our mental health.

There's no doubting that smartphones and social media have become integral aspects of all our lives. Studies in the UK have found that adolescents spend on average four hours per day on their smartphones, and up to five hours on social media. But what impact is this having, especially on young people who are already struggling with their mental health?

Thanks to donations from the Orange Tree Trust and the Charles and Elsie Sykes Trust, we've supported vital new research in this area, led by Professor Rina Dutta from King's College London's Institute of Psychiatry, Psychology & Neuroscience.

High levels of problematic phone use

Rina's latest study has revealed high levels of problematic mobile phone use, disturbed sleep, and self-harm among young people with mental health conditions.

In partnership with YoungMinds, the '3S-YP' study recruited 362 young people aged between 13 and 25 years old who had accessed mental health services in South-East London.

Rina and her team found that more than 80% of the 362 young people had self-harmed at least once, and high levels of depression, anxiety, and disturbed sleep were all common.

On the use of digital technology, more than half reported using social media or their smartphones after midnight on a weekday. As well as this, nearly a quarter were found to use social media for more than five hours on a weekday.





Professor Rina Dutta

"Ultimately, we hope these findings will lead to better support for young people who are struggling with their mental health."

The researchers were able to build an accurate picture of each participant's behaviour, using innovative research techniques which were co-produced alongside young people with lived experience of self-harm. It included sourcing data from electronic health records, as well as the participants' smartphones and social media accounts.

Everyone in the study provided data over the course of six months, to establish how patterns of social media and smartphone use can be associated with self-harm and mental health.

A comprehensive approach



Rina says, "While there has been extensive debate about the relationship between social media and smartphone use and rates of self-harm, studies up to this point have largely been limited by their design."

"Studies so far have only been able to demonstrate associations rather than providing any insight into the relative timings of different behaviours or underlying mechanisms. Our comprehensive approach is allowing us to properly investigate the impact of digital technology on youth mental health."

Rina says these studies have laid the foundation for future work in this area, which is much needed. "Ultimately, we hope these findings will lead to better support for young people who are struggling with their mental health."

"Young people from YoungMinds Youth Advisor programme have been involved in every part of this study, using their skills and experience to guide researchers," says Hannah Kinsey, Head of Training and Service Design at YoungMinds.

"This is a ground-breaking approach to participation, which shows how important it is to involve young people in both designing research and understanding the impact of social media on them."



"Studies like this raise awareness of how social media can impact young people's mental health, both positively and negatively."

Rebecca, 24, is a YoungMinds Youth Advisor on Professor Rina Dutta's project. Like all of us, she spends a lot of time on her phone – around seven hours a day, including two to three hours on social media.

Rebecca is keen to point out the many benefits of using digital technology – from staying connected with family and friends, to providing daily motivation and sparking creativity. "Seeing someone else's progress can be incredibly inspiring, making me think, 'If they can do it, I can do it too.'"

"It's also a reminder that I'm not alone in my struggles. When I see people responding to posts saying, 'Oh my gosh, I didn't know you were going through this, I'm going through it too,' it feels comforting."

On the flip side, social media often plays on Rebecca's insecurities.

"Content around body image and big life achievements are major triggers for me, even if I know much of it is filtered or curated. When people my age share posts about buying a property, or achieving a significant milestone like that, it makes me question if I'm doing enough – even if I know I am. It's hard not to compare myself and feel like I'm falling behind."

"I often feel overwhelmed, especially when I've been scrolling for a long time. Suddenly realising I've been on my phone for hours can leave me feeling drained and anxious."

Rebecca thinks young people should be taught about the threats posed by digital technology from an early age, as well as how to use it in a healthy and positive way.

"When I was younger, we had public health practitioners teaching us about how to brush our teeth, from the age of six. Since phones and social media aren't going away, I think it's important we promote digital literacy, so that people can spot when there's a problem."

Reflecting on her involvement with Professor Dutta's research, Rebecca says: "Studies like this are important because they raise awareness of how social media can impact young people's mental health, both positively and negatively."

"Research can influence how professionals, schools and even the social media platforms themselves approach digital wellbeing. The more evidence we have, the better we can design support systems, set healthy boundaries, and educate others in ways that are based on real experiences."

Skin disorders

For young people, **skin disorders can be both physically and mentally scarring,** yet effective treatments are scarce.

They are particularly common during adolescence, with eczema alone affecting 20% of children in the UK.

Since 2019, you've helped fund four researchers, who are working hard to improve the diagnosis and treatment of skin disorders in young people.


GRAY-NICOLLS

Giving young eczema sufferers a ‘healthier, happier future’

Eczema, or atopic dermatitis, is the most common inflammatory skin condition worldwide, affecting millions of children and adults. In the UK, around 20% of children are living with the skin condition, but its impact goes far beyond the skin.

Often beginning before the age of two, eczema can have a profound impact on a child’s quality of life. Frequently, the persistent itching leads to chronic sleep disturbance, which over time can disrupt memory, concentration, and mood. For young people, this often translates into challenges at school, increased anxiety, depression, and social withdrawal.

Professor Carsten Flohr and his team from King’s College London and Evelina London Children’s Hospital are working alongside collaborators from the universities of Surrey, Oxford and Copenhagen. The team are exploring the links between eczema, sleep, and mental health in children and adolescents – research which could pave the way for vital new treatments.

Long-term effects of sleep disturbance

As a clinician at Guy’s and St Thomas’ Hospital, Carsten has supported children of all ages living with eczema.

“In my clinic I’m very often confronted with teenagers who are half-asleep as I’m talking to them,” Carsten explains. “The disrupted sleep and body clock often go back to infancy, with these children never establishing a proper day-night rhythm.”

Not only are the young people affected, but their families and carers are too – who often struggle with the restricted treatment options available for their loved ones. “I sometimes get videos from parents filming their child scratching in their sleep,” he says.

The implications of eczema on sleep have been understood for a long time. Past studies have tracked the impact of night-time scratching using movement monitors, but they haven’t explored what’s happening beneath the surface, including the brain.

Research highlights a striking connection between sleep disturbance and mental health issues. For example, children with eczema who sleep poorly are 40 to 50% more likely to have ADHD than those without eczema.

Exploring what’s going on at a deeper level

While past research has linked eczema to sleep problems, Carsten noticed a significant gap in the research landscape. Previous studies had not yet drilled down into the finer connections that may exist between skin inflammation, sleep disturbance, and possible inflammation elsewhere in the body, such as the brain or the blood.

To help fill this knowledge gap, Carsten has built a diverse team of experts spanning multiple disciplines, including specialists in children’s sleep medicine and circadian rhythms, and researchers from the King’s College London Institute of Psychiatry, Psychology and Neuroscience, who specialise in the links between systemic inflammation and brain inflammation.

With the Foundation award, Carsten has been able to, as he describes it – “bring the modern sleep lab into the home”, using multiple small devices to monitor a range of indicators in children with eczema, allowing them to measure brain activity, heart rate, respiratory rate and movement.



Professor Carsten Flohr

"Sleep disturbance is torture. Eczema is a serious disease if you've got it severely, and the impact on people's quality of life must not be underestimated."

The study focuses on 12- to 18-year-olds. By linking MRI scans with sleep data, the team is uncovering how eczema-related inflammation may be affecting brain function.

A path to new therapies

Carsten is hopeful this research could help lay the groundwork for new therapies for children with eczema. He offers the example of neurofeedback – a therapy that uses real-time monitoring of brain activity to help regulate brain function and improve sleep and wellbeing.

“Sleep disturbance is torture,” says Carsten, “Eczema is a serious disease if you’ve got it severely, and the impact on people’s quality of life must not be underestimated.”

The implications of sleep disturbance in the early years can last well into adulthood, impacting patients’ mental health and workplace performance.

By uncovering how eczema, sleep, and brain inflammation are connected, Carsten’s research could lead to new therapies.

Thanks to you, this vital work is making a real difference – giving young people the chance of a healthier, happier future.



A member of Carsten’s team taking a sample, to check for skin inflammation.



"It's not just something that goes away after 10 minutes when you put cream on. It's constantly having to keep your skin moisturised. It's wearing clothes that make you feel uncomfortable. It's having the capacity to keep experimenting with creams. It's just a much bigger fight."

At first glance, Akshay seems like any other sporty, sociable teenager. But managing severe eczema has shaped much of his day-to-day life.

"I haven't had a week of good sleep for years," says Akshay, 17. "Growing up, my eczema meant I couldn't wear certain clothes, couldn't go in the sea on holiday, simple things like that. I was always going to the doctor and as a child, that made me feel like something was wrong with me. Missing school didn't make me feel good either. But the sleep – that's probably been the worst part."

His mum, Sheena, remembers how it all began. "It started with a little itchy patch on his elbow when he was about three or four. But it got progressively worse every year. By around nine or ten, we were putting cream on up to eight times a day."

The impact on Akshay's sleep has been huge. "When I'm trying to sleep and I get itchy, that itch just spreads more and more. It causes me to get really hot, and then it's a while before I can fall asleep," says Akshay. "Sometimes I'd wake up in the middle of the night and start scratching and wouldn't be able to get back to sleep for some time. When I was 10 or 11, it was most nights."

Sheena adds, "One in three nights minimum, I'd go into his room and literally hold his arms down so he wouldn't scratch himself. And he still wouldn't sleep. That year, he must have gone into school late once every two weeks."

"In class, I can't do anything to stop it," Akshay says. "It just takes my attention away from whatever I'm learning and onto my skin. It's not like I can put cream on during the lesson, so I just have to get through it."

Regularly playing football and cricket also aggravates Akshay's eczema. "He'd come back from a football match and his skin would be a mess and you're back at square one – meaning another disrupted night," explains Sheena. "If he wasn't so passionate about sport, I think he would have stopped."

Over time, the family built up an understanding of which treatments worked – and which didn't. "We've tried endless creams and tried various diets. I'd go into the GP with a spreadsheet of everything we'd tried – every cream, every steroid, every moisturiser we were using."

Akshay reflects on the toll this has all had on his mental health. "Sometimes it just feels like too much," he explains. "I'm fine with all the problems until a certain point – every few months I have to let it all out."

The family were invited to join Professor Flohr's 'Mind and Skin' study after visiting the Severe Eczema Clinic at Guy's and St Thomas's Hospital. As part of this, Akshay underwent cognitive tests, skin checks and sleep monitoring using advanced technology, including smart watches, electrodes and MRI scans.

"The research showed that my sleep was even more disrupted than I thought," he says. "It was interesting. I know there's no set answer to all of this, but I just wanted a guideline – a vague answer to how eczema is affecting me."

For Sheena, taking part was about helping others too. "I know how horrendous his sleep was. If there's anything people can do to stop that happening to other children, then we wanted to help with it."

Now, both hope to see a more widespread understanding of what severe eczema really means. "It's not just something that goes away after 10 minutes when you put cream on," Akshay says. "It's constantly having to keep your skin moisturised. It's wearing clothes that make you feel uncomfortable. It's having the capacity to keep experimenting with creams. It's just a much bigger fight."

Climate change and health

Climate change is a severe and continually growing threat to human health globally. Current estimates suggest that climate change-related illness and disease will cause a quarter of a million additional deaths per year, between 2030 and 2050 (World Health Organization).

It will impact on our health through heat-related illnesses, physical or mental harm from extreme weather, and food and water insecurity. Globally, changes to temperature, rainfall and humidity will also influence the transmission and distribution of vector-borne diseases, such as malaria.

Estimating the scale and range of these effects on our health, or identifying the measures needed to mitigate them, is extremely difficult. **That's why research in this area is so urgently needed.**

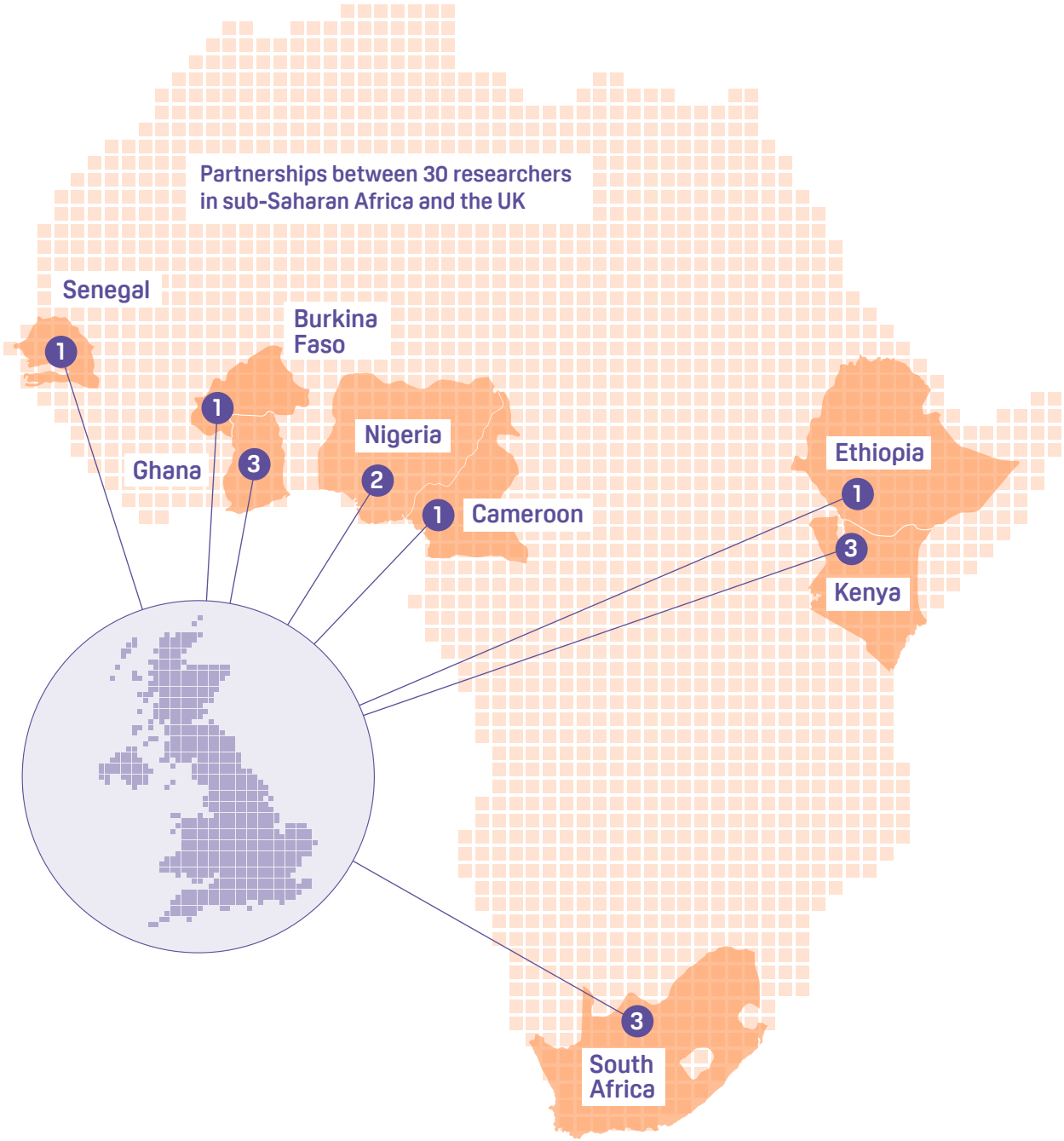


Tackling the health impacts of climate change

Over the last few years, we've funded partnerships between 30 researchers in sub-Saharan Africa and the UK to investigate the impacts on air quality and lung health, disease transmission, maternal health, and more.

Through our Emerging Leaders Prize, we have built on this support, funding future science leaders in the UK to advance their research and careers.

Although these initiatives have only just begun, their impact on people affected by climate change will be felt for many years to come.







Dr Adelaide Lusambili and Dr Cherie Part | Dr Davies Adeloye and Dr Obianuju Ozoh

"Our research addresses the urgent health risks posed by extreme heat, to mothers and babies in rural Kilifi, Kenya. As global temperatures continue to rise, we're gathering evidence and finding solutions to help vulnerable families and shape policies for climate-resilient housing."

Dr Cherie Part

Protecting mothers and babies from extreme heat

Dr Adelaide Lusambili and Dr Cherie Part from the Africa International University, Kenya, and the UK's London School of Hygiene & Tropical Medicine are studying the effects of extreme heat exposure on mothers and babies in sub-Saharan Africa.

As climate change causes temperatures to rise, millions of women and babies around the world will be exposed to extreme heat. We know this is very dangerous, but we don't know exactly how heat exposure affects pregnant women, new mothers, and infants. As a result, it is very difficult to design measures to protect them.

This project will gather crucial evidence and develop new ways to protect the health of mothers and their babies, in partnership with their local communities.

Air pollution and respiratory health in Nigeria

Dr Obianuju Ozoh and Dr Davies Adeloye from the University of Lagos, Nigeria, and the UK's Teesside University are investigating the impact of climate change on respiratory health in South-West Nigeria.

Nigeria's fast-growing population and increased activities like burning waste, cutting trees, and factory pollution are harming the environment, climate, and people's health – especially their breathing.

Through population-based household studies, they are collecting data on individual exposure to air pollution, and comparing this to the development of respiratory problems.

Antimicrobial resistance

Antibiotics play a critical role in modern medicine, providing a safe and effective means of treating bacterial infection. **But over time, microorganisms evolve ways to resist treatments.** Antibiotic misuse and overuse has only accelerated this process.

We're now seeing the emergence of drug-resistant superbugs, which could make many forms of modern medicine – like surgery or chemotherapy – much riskier.

Superbugs are already claiming lives, killing 1.2 million people in 2019 alone. This could reach 10 million lives per year by 2050, if no action is taken.

Thanks to you – through our unique £4 million PhD programme – we've now trained 27 future research leaders, who are tackling the global threat of drug-resistant superbugs.



"Being able to combine clinical work with my research has allowed me to make better care decisions and improve patient outcomes."

By boosting the immune response in ageing lungs, Wezi's work could curb infections and cut antibiotic use – both critical steps in the fight against superbugs.

Fighting back against superbugs – enhancing the immune response in ageing lungs

As we get older, our immune system weakens, making us more vulnerable to infections like pneumonia. In turn, this leads to greater reliance on antibiotics, contributing to the growing challenge of drug-resistant superbugs. Dr Wezi Sendama, based at Newcastle University, is working to change that.

Wezi's research focuses on how ageing affects immune responses in the lungs. By identifying ways to boost natural immunity, his work could reduce the severity of infections, decrease antibiotic use, and therefore play an important role in the fight against antimicrobial resistance.

Ageing and our lungs

"As we get older, our immune system becomes less capable of responding to threats", says Wezi, "and its ability to limit collateral damage to our tissue becomes impaired."

"That means that older people are more susceptible to respiratory tract infections like pneumonia, and when they get them, they can be more severe."

Bacterial pneumonia leads to inflammation in tiny air sacs in the lungs, which can fill with fluid, making it difficult for oxygen to reach the bloodstream. As we age, inflammation is slower to subside once an infection is cleared and may even turn into persistent low-level inflammation. This can cause collateral damage that makes secondary infections, like sepsis, more likely. Having pneumonia later in life is more likely to be fatal.

This all means that antibiotics may need to be used more frequently in older patients, exacerbating the challenge of antimicrobial resistance.

Understanding what changes as we get older

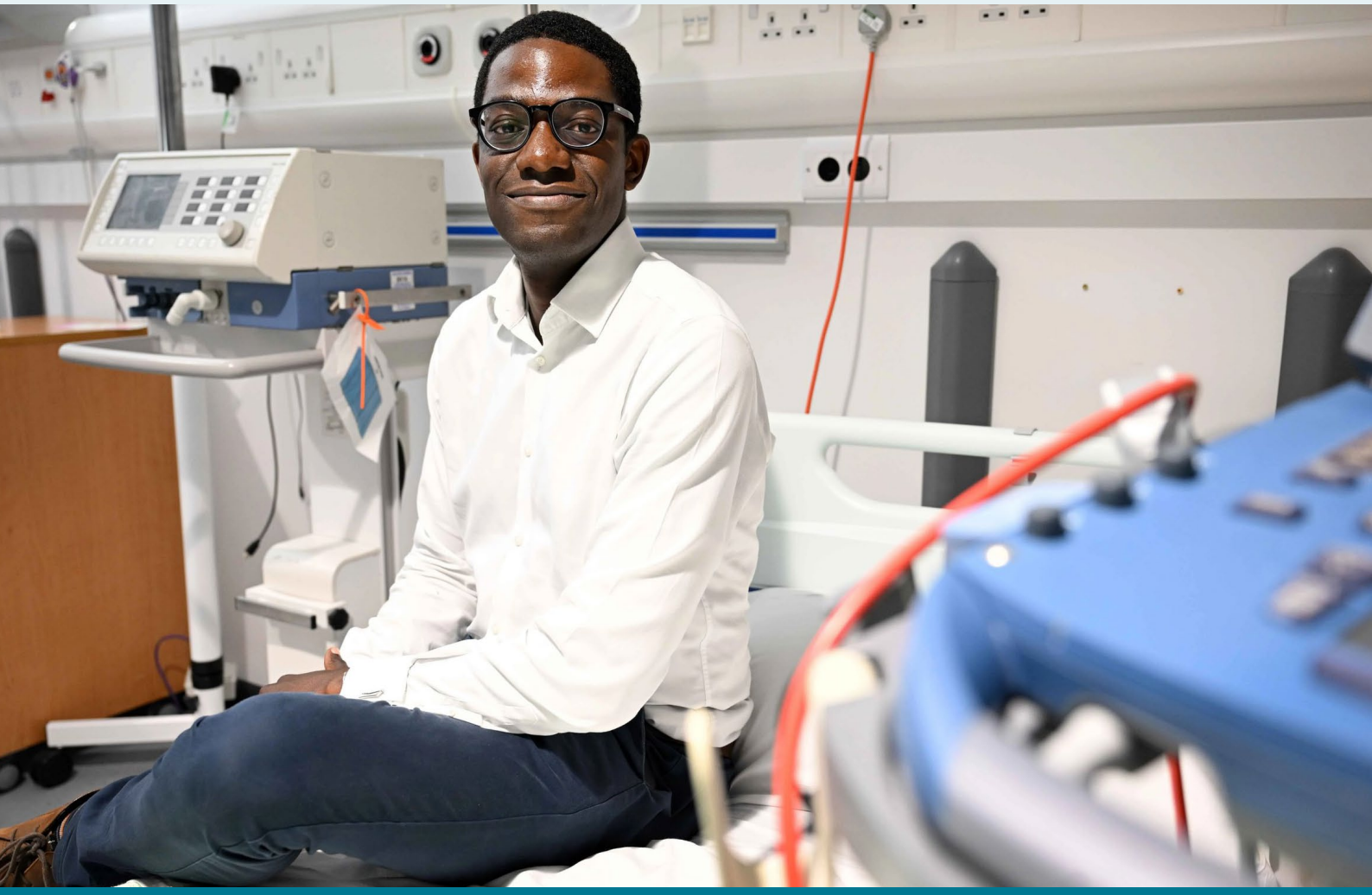
To better understand these age-related changes, Wezi's study focused on alveolar macrophages, the immune cells in the lungs that regulate inflammation after an infection.

To simulate the early stages of infection, his team introduced a bacterial component into participants' lungs and then used bronchoscopy, a specialised camera technique, to collect and analyse immune cells. By comparing immune responses between young adults aged 18 to 30 and older adults over 65, the researchers identified key differences in how these immune cells respond to infection.

This research could aid the development of targeted treatments, aimed at enhancing the immune response in older adults. By improving the immune response, these treatments could reduce hospital stays, lessen the severity of infections, and decrease the need for antibiotics.

A dual career in research and medicine

Wezi now holds a prestigious NIHR Academic Clinical Lecturer position, allowing him to combine working as a doctor in respiratory medicine with his research pursuits.



Dr Wezi Sendama

"As we get older, our immune system becomes less capable of responding to threats and its ability to limit collateral damage to our tissue becomes impaired. That means that older people are more susceptible to respiratory tract infections like pneumonia, and when they get them, they can be more severe."

Our PhD training programme has been instrumental in shaping his career. “It’s been a great help in the progression of my career and provided me with invaluable research training,” says Wezi. The Foundation’s support allowed him to take time out of his clinical work to pursue a PhD in a top-tier research setting, surrounded by leading experts. “The opportunity to train in such an excellent research environment has enabled me to develop research questions that are directly relevant to my clinical work,” he says.

This experience has positioned Wezi as a clinical academic, where his clinical practice informs his research, and his research, in turn, enhances patient care. “Being able to combine clinical work with research has allowed me to make better care decisions and improve patient outcomes,” he says. The funding, he believes, has laid the groundwork for what he hopes will be a rich and impactful career, ultimately benefiting patients in meaningful ways. “I feel very fortunate, and I hope that my work will be helpful to people in some way,” Wezi concludes.

A thank you to donors

“As for people that donate for the purposes of research – they are allowing patient care to be richer,” says Wezi.

“We know that healthcare organisations active in research have better patient outcomes. So, donors are helping patient care to stay on the cutting edge of what it should be.”



86% of our PhD graduates have already secured employment.

68% of them are continuing their work in antimicrobial resistance research or in a related field, whether that be in academia or in industry.



70% of our PhD graduates have published their discoveries in at least one peer-reviewed science journal, and together they have published over 100 papers – helping to advance knowledge around AMR.



Over half of them were able to set up new research collaborations during their PhD.

Uncovering antimicrobial resistance in unusual places – insights from zoo and animal studies

Thanks to your support, Dr Jordan Sealey's research has uncovered surprising insights into how resistant bacteria spread, not just between humans, but also through dogs, cattle and even zoo animals. Her findings could help shape policies that prevent the rise of drug-resistant infections.

"Bacteria are everywhere," explains Jordan. "Some are beneficial, while others can cause disease. Bacteria, especially resistant ones, can be shared between humans, animals and the environment in ways we're only beginning to understand."

By examining bacterial transmission in different settings, Jordan's work is helping us understand how to prevent the spread of resistant infections before they become a serious threat.

Dogs as intermediaries in bacterial transmission

During her PhD, Jordan contributed to the 'OH-STAR' project (One Health Surveillance for Tracking Antibiotic Resistance) at the University of Bristol, which studied resistant E. coli in humans and dairy cattle. Building on this, she expanded the research to include dogs – animals that live in close contact with humans and might act as bacterial intermediaries.

"Dogs share our homes, our parks and even our beds," says Jordan. "They're exposed to bacteria from humans and their environment, making them an important part of the transmission puzzle."

Jordan recruited 600 dog owners across southwest England, collecting survey data and faecal samples to analyse bacterial resistance. Using whole genome sequencing, she discovered that dogs in rural areas had distinct E. coli strains compared to urban dogs. Her findings showed resistant bacteria being shared between rural dogs and cattle, as well as between humans and dogs. Notably, dogs fed a raw meat diet were more likely to carry resistance to critically important antibiotics, echoing similar findings in previous studies.

Her research also highlighted another risk factor: urban river swimming. Dogs that frequently swam in rivers had a higher likelihood of carrying bacteria resistant to third-generation cephalosporins, antibiotics considered the last line of defence for complicated infections.





Antibiotic resistance in zoo animals

Jordan then turned her attention to an environment often overlooked in AMR research – zoos. Working with Bristol Zoo, she studied captive animals to understand how antibiotic resistance circulates in these unique ecosystems.

Using whole genome sequencing and phylogenetic analysis, a method that examines bacterial ancestry, Jordan found that over 50% of samples contained antibiotic-resistant bacteria, compared to just 10% in dogs and cattle from the same region. Her research uncovered multiple resistance mechanisms against amoxicillin-clavulanate, the most frequently used antibiotic in the zoo.

Even more surprisingly, Jordan's findings revealed bacteria circulating between enclosures and species, despite animals having no direct contact. Possible transmission routes include human movement, pests and environmental runoff, factors that warrant further investigation.

"These findings underscore the importance of responsible antibiotic use, not just in humans and livestock, but in all environments where bacteria can spread," Jordan says.

What this means for public health

Jordan's research carries major implications for reducing antibiotic resistance and improving infection prevention strategies. Her work supports reducing unnecessary antibiotic use in veterinary medicine, improving hygiene practices in environments where humans and animals interact, and informing policies to limit bacterial transmission through food, water and close contact.

"Prevention is better than a cure," says Jordan. "If we understand where resistance comes from, we can stop it from spreading, protecting both human and animal health."

Your support fuels scientific discovery

Your generosity has enabled Jordan's ground-breaking research by funding laboratory analysis, fieldwork and international conference presentations. Jordan's work has already contributed to major discussions on antimicrobial resistance and will continue to influence future research and policies.

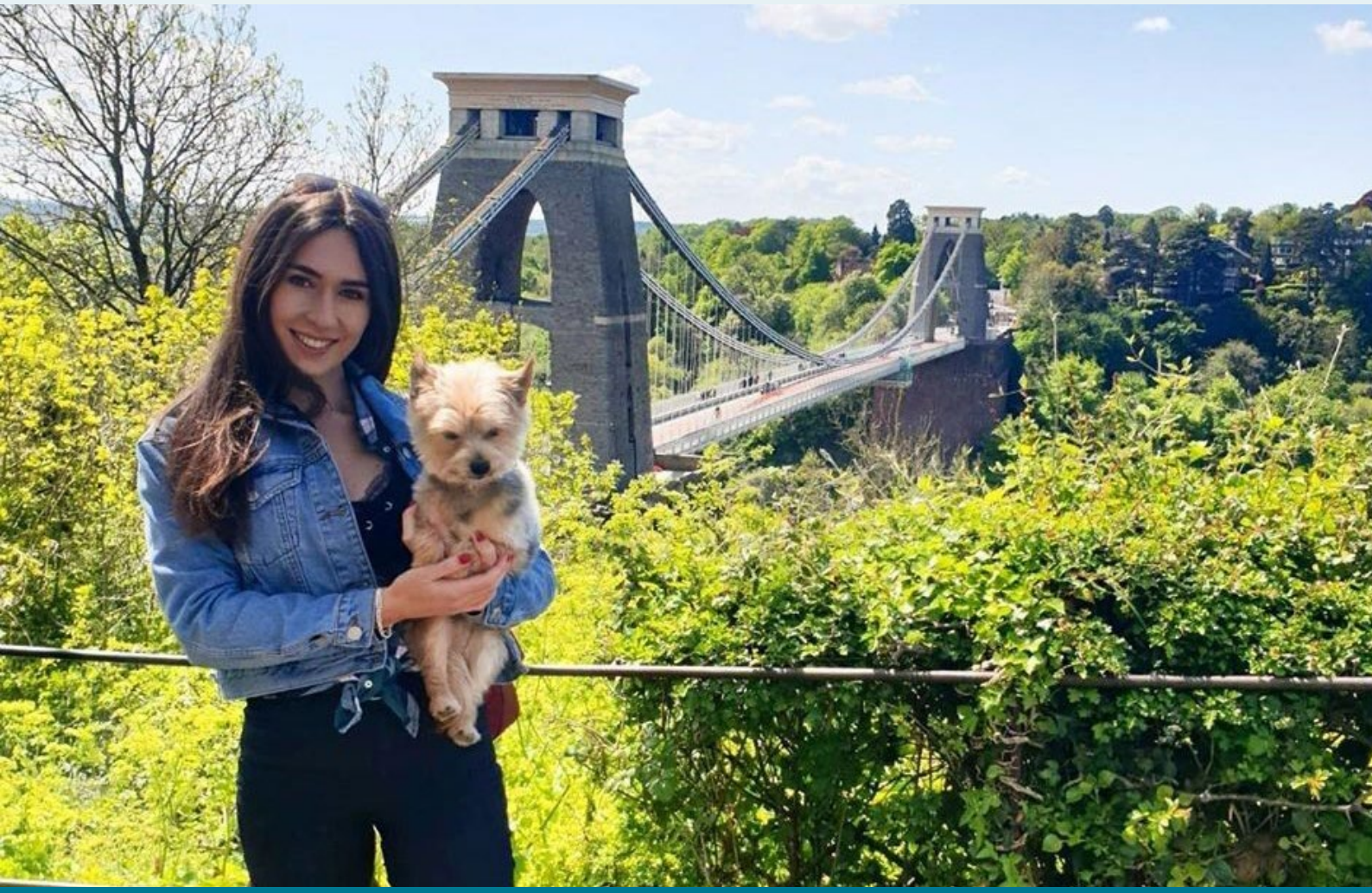
What's next?

Jordan is now collaborating with the Welsh Government to study antibiotic resistance on farms, furthering her mission to uncover how resistant bacteria spread between animals and humans. In the long term, she aims to develop practical strategies to reduce resistance transmission and inform better public health policies.

Thanks to your support, researchers like Jordan are driving scientific breakthroughs that protect global health. Your generosity ensures that vital research continues, shaping a healthier future for all.

"We are incredibly grateful to the Medical Research Foundation and its donors," Jordan says.

"Your support makes it possible for us to answer critical questions about antibiotic resistance and find ways to stop it before it's too late."



Dr Jordan Sealey

"Dogs share our homes, our parks and even our beds. They're exposed to bacteria from humans and their environment, making them an important part of the transmission puzzle."

Your support has led to ground-breaking discoveries and life-changing advances.

But there is still more to do.

Every day, millions of people across the UK and around the world live with health conditions that are misunderstood, underfunded, and often overlooked.

For every researcher we support, there are many more we can't – not because they lack merit, but because we lack the funds to support them all.

In eating disorders research alone, we receive four-and-a-half times more applications than we can fund. That means promising ideas, passionate researchers, and potential breakthroughs aren't getting funded.

You can change that.

Your donation today could fund the next life-changing discovery. It could help a child sleep through the night without pain. It could give a teenager hope and support during a mental health crisis. It could protect current and future generations from the devastating health impacts of climate change and antimicrobial resistance.

We believe in the power of science to solve the toughest health challenges. And we believe in the people behind the research – the scientists, clinicians, and patients who are working together to improve health for everyone.

But they can't do it without you.

Please, join us in funding more life-changing research. Whether you make a one-off donation, set up a monthly gift, or leave a legacy in your Will, your support will help us continue to back the brightest minds tackling the biggest health challenges.

Thank you for believing in the power of medical research.

Thank you for helping us change lives.

Donate today at **www.medicalresearchfoundation.org.uk**


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