

# JOINT SUPPORT

MEMBERS' NEWSLETTER  
March 2013

## The true cost of arthritis

Two recent surveys – one international and one national - have highlighted the true costs of arthritis.

A report published in *The Lancet* showed the burden of musculo-skeletal conditions is now ranked as the second highest health burden in the world, second only to cancer. Musculo-skeletal conditions are prevalent in all countries and cultures, and they are the most common cause of long term pain and physical disability. However, poor prioritisation means these conditions are often overlooked.

The Global Burden of Disease analysis provides a comprehensive and comparable assessment of mortality and loss of health due to diseases, injuries and risk factors. The overall burden of disease is assessed using the disability-adjusted life year (DALY), a time-based measure that combines years of life lost.

About the same time, the Ministry of Health released the results of its latest health survey, which confirmed that there are about 530,000 people in New Zealand who are living with arthritis. That is about three times the number of people in New Zealand who are living with diabetes; and a similar number to those who have mental health conditions. The survey confirmed that the number of people who are living with arthritis is relatively stable, despite comments by the Ministry that arthritis is declining.



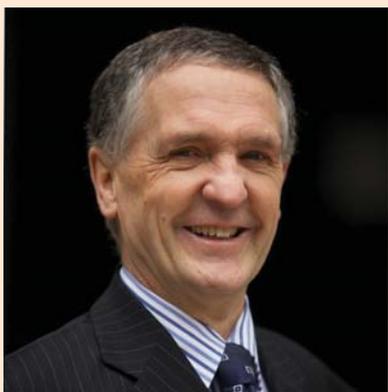
Yet despite the tremendous health toll of arthritis, it is still not treated as a priority.

Chief Executive Sandra Kirby said this information should help New Zealand plan for managing the overall burden of arthritis and other musculo-skeletal conditions. She noted several health trends that were of particular concern. One was increasing obesity rates. While it is well known there is a link between obesity and conditions like cardiovascular disease and diabetes, it is not so widely known that obesity is also linked to arthritis.

Earlier research has indicated that up to 24% of arthritis in knees could be attributed to obesity. Another is the overall aging of the population, which is also a significant contributor.

The economic cost of arthritis to New Zealand is about \$3.2 billion a year, about the same amount the country earns from oil and gas exploration.

It has long been known that arthritis is the leading cause of disability in New Zealand. But its increasing prevalence further highlights the importance of arthritis being treated as a serious health priority.



## In this issue:

- 1 The true cost of arthritis
- 2 From the President
- 3 From the Chief Executive
- 4 Home support explained; Kiwi Karma supporting arthritis
- 5 Team approach to treating ankylosing spondylitis
- 6 Telling her story; Children's Camp 2013
- 7 Advocacy programme
- 8 Corticosteroids and osteoporosis
- 9 Arthritis New Zealand phone service works!; Live Facebook chat
- 10 The University of Otago research theme: Smoking and rheumatoid arthritis; Your old mobile phone can support arthritis
- 11 Donate your desktop; Marathon effort
- 12 Global rheumatoid arthritis campaign; Your pharmacist is so much bigger than prescriptions
- 13 Fun photos support arthritis
- 14 Exercising with arthritis: why exercise will help you combat joint pain and stiffness
- 15 Arthritis and young adults

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## From the President

A new year begins.

2012 finished on a high note for Arthritis New Zealand with the National Awards ceremony at Government House. However there are other highlights for 2012 – our operational restructure in 2011 began to deliver the results hoped for, we balanced the budget (in no small part due to the restructure but also due to the incredible support we have had from staff, clients, funders and sponsors), our awareness campaigns succeeded beyond expectations, and the organisation is generally in good heart. Our only major disappointment is that we continue to make limited traction on the medicines front, but hopefully our new advocacy programmes will assist here. The challenge is to build on our success in 2013. To date the signs are good.

2013 is also a year in which we review our Strategic Plan. This is an opportunity to lock in the benefits of our restructure in 2011, but we also need to be aware of new trends and new opportunities and to evaluate

things we are not doing well. We will be seeking input on this throughout the early part of the year.

In 2012 I began a review of governance. We addressed the composition of the Board and at the Annual General Meeting in November constitutional changes were put in place. This year the focus will be on Board performance and particularly evaluation, training and recruitment. If the organisation is to maintain and build on its reputation, funders, sponsors, clients and staff demand that it is professional in its governance as well as its service delivery.

I hope that at the end of the year we can all look back and conclude that 2013 has been a good year, and I also hope that we can look back and recognise that Arthritis New Zealand has played a part in that conclusion.

Alan Henwood  
 President

Arthritis New Zealand is grateful to be supported by:



## From the Chief Executive

Kia ora tatou

I have always been a believer in the old axiom "Knowledge is power". Increasingly though it feels like the more I know the more I am aware of the gaps in my knowledge. I find myself nodding in agreement with John F. Kennedy's words: "The greater our knowledge increases the more our ignorance unfolds."

Arthritis New Zealand has for many, many years provided accurate information for people with arthritis. To this end we have our website: [www.arthritis.org.nz](http://www.arthritis.org.nz), a range of information brochures and, of course, our support for New Zealand based research through our research grants programme.

The 2013 Arthritis New Zealand research grants are currently open. We are delighted that we are able to support New Zealand based researchers as we all work together to answer the puzzle that is arthritis.

However much we do know we can see areas where our ignorance does unfold. While we know about some effective pharmaceutical treatments for some conditions – but others such as fibromyalgia effective treatment seems elusive.

We don't know nearly enough about the effectiveness of complementary therapies. It is good that our sister organisation Arthritis Research UK has funded some great research into these. Their latest report on Practitioner based complementary therapies for the treatment of rheumatoid arthritis, osteoarthritis, fibromyalgia and lower back pain takes results from clinical trials to assess effectiveness and safety of some treatments.

The findings show effective treatments include:

- Acupuncture and tai chi for osteoarthritis;

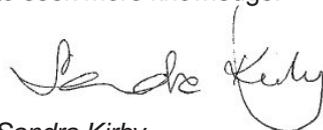
- Acupuncture and massage for fibromyalgia
- Acupuncture and yoga for low back pain
- Unfortunately the findings were not so clear for people with rheumatoid arthritis.

We do encourage New Zealanders with rheumatoid arthritis (RA) to participate in the international survey which is gathering information from people with RA on treatment, quality of life and the relationships with the healthcare team. I'll look forward to reading and sharing the results later this year.

There is a lot of research going on. We are very grateful to the researchers around the country who help us add to the national and international body of work. And of course to every person who participates in the research – without your contribution we would spend much more time in the dark.

Seeking knowledge is a constant activity. And while it seems that each research project ends with more questions the answers we find on the way are making a difference. Just think of the strides we have made in treatment for arthritis. I wonder how much more painting Renoir might have done if he had access to biologic treatments for his RA?

Finding knowledge is an exciting journey. It is never a solo voyage. This is joint action – researchers, people with arthritis and the whole health care system. Only together can we ask and answer the questions. On this journey we get to meet and share stories with interesting people. Sometimes we feel ignorant – but that should only spur us to seek more knowledge.



*Sandra Kirby*  
Chief Executive



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*Products advertised and information provided in editorial in Joint Support do not imply endorsement by Arthritis New Zealand.*

## Home support explained

We know that many people with arthritis require Home Support Services to enable them to live as independently as possible, and we often receive queries about how to access such services. This is a simple summary of how the system operates. As with other areas of health services, there is a lot of jargon and terms that may be unfamiliar that will be explained as we go along.

The technical term for Home Support Services is Ministry of Health (MOH) funded Disability Support Services (DSS), and there are eligibility criteria that need to be met to qualify for this support which is available for those who are under 65. For those over 65 there is a different pathway outlined further on.

The first step is to get an assessment which needs to be done by what is called a Needs Assessment and Service Co-ordination agency, commonly known as a NASC. A list of all NASCS and the areas they cover is on the Ministry's website, or you can call them at 0800 855 066.

You can get a referral to your NASC by your GP, or an arthritis educator or you can self refer. Generally, to qualify for assistance, you need to have long term physical disability which requires ongoing support. For example, if you are disabled because you are waiting for surgery, your condition will be assessed as temporary, and you should be



redirected to the support that is available for such a situation. The assessment looks at your ability to undertake household tasks and care for yourself. It is important to note that the assessment will focus on your actual abilities and needs.

Home help is means tested and a current Community Services Card is required.

We have had instances of clients with rheumatoid arthritis (RA) being told that they do not qualify, because RA is classed as personal health. This is incorrect: eligibility to access DSS is based on your assessed need and disability as per the National NASC Guidelines. Arthritis affects people in many different ways and the important factor is the extent to which

a person is disabled. If you are told that you do not qualify, you should call Arthritis New Zealand on 0800 663 463.

If the NASC determines that you do not meet their criteria they should tell you exactly why, and where else you may be able to access support. There are complexities around funding in some situations, particularly if sensory or intellectual disabilities are also present. You may need to ask exactly who provides the support you may need.

If you are over 65, services are funded through DHBs' Older Persons Services - to contact them call your local DHB to ask how to contact the Older Persons Service - GP referral for over 65s is preferred.

## Kiwi Karma supporting arthritis

Arthritis New Zealand is thrilled to be part of an exciting new fundraising initiative, Kiwi Karma.

Kiwi Karma is a website where supporters of Arthritis New Zealand can book accommodation. Kiwi Karma then forwards 3% of the amount you paid to Arthritis New Zealand as a donation. The rate you pay on Kiwi Karma is fed from the hotels own central reservation system, so almost certainly is the best rate available at time of booking.

So when you next travel use [www.kiwikarma.co.nz](http://www.kiwikarma.co.nz), it is a way that you can support arthritis, simply by doing what you would have done anyway.

## Team approach to treating ankylosing spondylitis

The rheumatology clinic at Waikato hospital has been running specialist clinics for people with ankylosing spondylitis (AS) since late 2010. Rheumatologist Dr Douglas White is assisted by nurse specialist Trisha Holmes, and physiotherapists Sarah Wales and Jessica Fourie. The clinics aim to provide coordinated care for people with AS. From this year, the plan is to hold hospital clinics twice per month to accommodate increasing numbers of people with AS.

Arthritis New Zealand's recent AS advertising campaign has been very successful, raising awareness of AS and increasing referrals by 64%. Despite this, the rheumatology clinic is still seeing fewer people than expected. Many people continue to experience long delays between developing symptoms and receiving a diagnosis.

The clinic operates a weekly land-based exercise class held at Waikato Hospital and recently piloted a three month series of hydrotherapy classes. These were run by physiotherapist Sarah Wales. To fit with the lives of young working people, they were run after work, at the hydrotherapy pool at Waterworld, Te Rapa and have been supported by Arthritis New Zealand. The classes have been popular with consistent attendance and positive feedback from participants. The pilot was funded by Pfizer New Zealand, and Pfizer has agreed to provide additional financial support to run the classes, which started on Thursday 14 February and run weekly. The next block will be starting on Thursday 16 May and will also run for 10 weeks.



(Left to right) Sarah Wales, physiotherapist and pool instructor; Douglas White, rheumatologist; Trisha Holmes, nurse specialist; Jessica Fourie, physiotherapist

Lewis Bird has had AS for 35 of his 46 years but kept on top of it until long hours at a desk and another health complication in 2006 forced him to give up fulltime IT work. Lewis is convinced that the hydrotherapy sessions will get him back to work. "This is great," he said during the weekly pool session.

Lewis was just 11 when he was told he had AS, and thinks he was fortunate to get an early diagnosis. Many others put up with pain and deteriorating conditions for years before finding out the source. "So many people don't know about it, they don't know what they've actually got."

"There's excellent support now, I wish that had been there all along," Lewis said referring to the Rheumatology Clinic's AS programme. "It's been a battle but I've had a lot of support from doctors and my family."



If you would like more information about ankylosing spondylitis, ask an arthritis educator, or check out the Arthritis New Zealand website: [www.arthritis.org.nz](http://www.arthritis.org.nz).

## Telling her story



Abby with Manaia

Abby Jaques, from Onerahi, Whangarei, turned seven on Christmas Eve, and has just started Year Three at Onerahi Primary School. In many ways, she is a typical active seven year old. But she also has juvenile idiopathic arthritis (JIA). She was diagnosed with JIA just after her second birthday, with her initial 'flare ups' affecting her toes, feet and knees, so she has been living with arthritis for over five years.

Just before Christmas, Abby was given a kitten by her friend Storm, who also has JIA. And as Abby's fingers have been visually affected, she was given a kitten with extra toes. Her kitten is called Manaia.

Despite her JIA, Abby leads a very active life. And people that don't know her would never see that there was anything wrong with her, especially given she doesn't like to talk about it. She goes to ballet, plays hockey in winter, and goes to swimming lessons in the local hot pools. (After

swimming, she gets to rest in the spa pool). This year, she wants to join gymnastics and play football. She also loves to pack a backpack with a picnic and go exploring in the bush on the 13 acre block she lives on. In the summer, she goes camping, and spends her time swimming and making new friends on the beach.

Abby's JIA affects her every day in different ways. Her hands, wrists and elbows are affected, and writing at school, colouring in and sometimes even feeding herself have all been issues for her over the last 12 months. Her fingers are often sore, stiff and swollen in the mornings and she has recently had steroid injections in her wrists and elbow joints to try to relieve pain.

She has started Etanercept injections twice a week, together with the Methotrexate that she has been taking for the past five years. The medications have made her prone to infections, and she has twice been admitted into hospital with

## Children's Camp 2013

The 2013 camp will be held at Totara Springs Camp in Matamata, Waikato. It is being run for the 5-12 year old age group and will be held over the weekend of 5-7 April. This camp is being run in conjunction with the New Zealand Paediatric Rheumatology Service and Kids With Arthritis New Zealand.

The camp is for children who have a current diagnosis of juvenile idiopathic arthritis (JIA). Funding is available for the child with JIA and one parent/caregiver.

The camp is being sponsored by the Jetstar Flying Start programme, and airfares and camp costs for the funded child and caregiver will be met by this sponsorship.



pneumonia. She will normally be admitted into hospital three times a year for IV steroids, or steroid injections under general anaesthetic. This is never fun for her or her family, but Abby is very brave and strong.

She is also unable to sit on the floor for long periods of time at school, she gets tired and needs to rest but is allowed to sit in a beanbag when she is sore at school and uses a pen grip to write. She also gets grumpy and tired after the medications and often will feel unwell after the Methotrexate.

But Abby, along with other children living with JIA, is very brave, and deals with her pain without complaining. And Abby has even written about living with arthritis, which tells her story, and tells other children just what it is like to be a child with arthritis.

# Advocacy programme

*I was told I was too young to have arthritis.*

*It seems that I would get more support if I stopped working and went onto a benefit.*

*I have been told I have to wait until I am 70 to get a hip replacement.*

These are just some of the stories we have encountered as our advocacy programme has developed. They illustrate the need for strong advocacy support, and provide sad evidence that myths and inconsistencies about arthritis abound.

Our advocacy programme has two strands: a policy focus on key national issues; and development of advocacy support for individuals. Two of the national issues we are currently working on in response to concerns and queries from people with arthritis are:

## **Accident Compensation Corporation (ACC)**

This is the issue we have received most advocacy calls about. Typically callers are being declined for surgery by ACC as a result of degenerative conditions that only became noticeable following an injury.

We are in dialogue with ACC and later this year we hope to run a seminar on the issues. Some of the issues being flagged are

- A call to review/update the existing guidelines for ACC surgery where these exist
- A call for ACC reviews of claims in bone and joint injuries to be undertaken by currently registered and practising specialists in musculoskeletal health

- Recognition that degeneration is a reality for adults and we are keen to work with ACC to manage the challenge of injury related claims

- Considering having ACC reviewers operate under the auspices of the Health and Disability Commission so they are covered by the Health and Disability Consumer Code of Rights.

## **Participation in the paid workforce**

We know that most people with arthritis want to remain in paid work, but this can be difficult without the right support. Our survey of supporters last year showed that over half of respondents had retired early because of their arthritis. Last year saw the release of the *Fit For Work* report (produced by The Work Foundation, which clearly showed disability and chronic health conditions are two of the main obstacles to maintaining employment for many New Zealanders and represents a huge financial burden to the New Zealand economy. The report highlighted the need to focus on early detection and effective intervention to significantly improve outcomes for people in paid employment.

Arthritis New Zealand is currently:

- Looking at initiatives to help provide information and support for employers.
- Conducting an on line survey on employment issues - if you would like to complete it go to our web site [www.arthritis.org.nz](http://www.arthritis.org.nz) and go to the issues section to get the link.
- Working collaboratively with the Ministry of Social Development (Work and Income) to run a Living

Healthy Life Course for up to 12 Sickness Benefit clients. The over-all aim of the project is to prepare and support Sickness Benefit clients for their entry or return to the workforce. Participants will be introduced to a range of self-managing tools and techniques to manage their condition on a day to day basis, this is to ensure they are able to seek and sustain their employment over the longer term.

Other issues that have arisen that we are developing information about:

- The lack of a consistent policy around age requirements for joint replacement - these vary significantly depending on where you live
- The need for accurate information about access to medications and public health services for people immigrating to New Zealand
- Requests for clear information about the health system and how it operates
- Queries about Home Support Services and what their eligibility criteria are
- WINZ entitlements.

We are also developing a network of volunteer advocates to work locally in their communities. Advocates can identify particular areas of interest and experience, provide consumer perspectives on issues and concerns and act as our eyes and ears in their communities. We run training for advocates and will be holding a weekend training workshop.

If you would like to join our advocates' network or have experience with any of our policy areas we would love to hear from you. Call 0800 663 463 or e mail: [francesca.holloway@arthritis.org.nz](mailto:francesca.holloway@arthritis.org.nz).

## Corticosteroids and osteoporosis

If you are living with rheumatoid arthritis, you may be taking a corticosteroid drug like prednisone. These drugs are very effective at treating inflammation in many different types of arthritis. Unfortunately, they can also interfere with bone maintenance and reduce the amount of calcium absorbed by the intestines. While very low doses of prednisone (less than 5 mg/day) are not very likely to cause osteoporosis (thinning of the bones), moderate and high doses taken for long periods can cause this problem. Your doctor will tell you if you need a bone density (BMD) test to check your risk of osteoporosis, the technical term for the diagnostic method is “dual-energy X-ray absorptiometry”, or DXA. It uses small amounts of X-ray to produce images of the spine, hip, or even the whole body.

In osteoporosis bones lose their density and become brittle. Osteoporosis has no symptoms, but manifests itself through bone fractures. These fractures occur in situations where healthy people would not normally break a bone; so they are considered fragility fractures, and these typically occur in the spine, rib, hip and wrist.

Your risk of developing osteoporosis is increased if you have been taking prednisone for a long period of time and/or if you have the following risk factors:

### **Family and personal history**

Having a parent or sibling with osteoporosis, or if you have a personal history of bone fractures as an adult

### **Age**

The risk of developing osteoporosis increases with age.

### **Race**

Caucasian or Asian ancestry

### **Body type**

Women with smaller body frames have a higher risk, because there is less bone mass to draw from as they age.

### **Hormone levels**

Hormone imbalance: osteoporosis is more common in post menopausal women.

### **Some medical conditions**

Some medical conditions, such as parathyroid disease and rheumatoid arthritis, can also lead to bone loss.

### **Drugs**

Corticosteroids, medications used to treat or prevent seizures, depression, gastric reflux, cancer and transplant rejection

### **Diet**

Osteoporosis is more prevalent amongst people with a low calcium intake and vitamin D deficiency.

### **Lifestyle**

A sedentary lifestyle brings a greater risk of osteoporosis.

### **Alcohol**

If you regularly have more than two alcoholic drinks a day, your risk of osteoporosis increases, because alcohol seems to inhibit calcium absorption.

### **Smoking**

The mechanism is not fully understood, but research indicates that smoking can increase the risk of osteoporosis.

You can prevent osteoporosis by making changes to your diet and lifestyle, monitoring your bone density and taking medications as required.

It is important to have good sources of calcium in your diet including low fat dairy products, such as milk, yoghurt, cheese and dark green, leafy vegetables, such as broccoli, bok choy and spinach; sardines and salmon with bones; tofu; almonds.

Vitamin D is essential for bone health; get some sunlight exposure each day to maintain vitamin D levels. You should wear sunscreen as usual to protect your skin from sun damage. Check with your doctor, you may need to take a daily supplement containing 10–20 micrograms (µg) (this is the same as 400 to 800 international units (IU)) of vitamin D, especially if you're over 60.

Exercise is important to strengthen your muscles and bones, take 30 minutes of weight bearing exercise each day (e.g. walking).

Avoid smoking and avoid drinking more than 2 standard drinks of alcohol a day.

### **Medications**

There are several types of drugs that may be used: bisphosphonates, denosumab (Prolia), raloxifene (Evista), strontium (Protos) or teriparatide (Forteo).

Bisphosphonates slow or stop the bone breaking down. As a result, bone density may increase over time so fewer fractures may occur. Bisphosphonates are typically given in conjunction with calcium and Vitamin D supplements. While having treatment with bisphosphonates it is important to maintain good oral hygiene and have regular dental checkups.

For more information visit: [www.bones.org.nz/what-is-osteoporosis](http://www.bones.org.nz/what-is-osteoporosis).

## Arthritis New Zealand phone service works!



Arthritis educator Anatoa Tekira takes a call

A phone helpline is a form of health service provided without face-to-face contact. Studies that have researched the effectiveness of phone helplines have suggested they can improve management of chronic conditions. (Shea & Chamoff, 2012; Sohn, Helms, Pelleter, Muller, Krottinger, & Schoffski, 2012). Phone helplines have been offered for some time in New Zealand by organisations including the Ministry of Health, Diabetes New Zealand and Lifeline.

When Arthritis New Zealand implemented an 0800 helpline, (and later, phone-based clinics), to provide an individual assessment, information

and advice to people with arthritis, it found that some people preferred this type of service, as they did not need to travel, and could talk to our educators while having a cup of tea in the comfort of their homes. In 2012, more than 30% of all our individual clinic assessments were by phone.

In November 2011 two interns from the University of Auckland's School of Population Health undertook a survey of our phone clinics to find out whether this service works for people with arthritis. Out of the 305 clients who were contacted, a total of 105 (31%) agreed to participate in this survey; 60% of the participants were

female and 40% male. The highest percentage (69%) of the participants was aged from 50 to 75. Forty-five percent of the participants were retired, 34% were employed and 12% were unemployed.

The results of this survey were very positive. The majority of the participants (76%) agreed that the information and advice they received from our educators improved their understanding of their condition and its management. Ninety-one percent commented that arthritis educators were professional, thorough and caring; and 83% were satisfied with the timeliness and level of services provided by the arthritis educator.

This survey also identified areas for improvement, for example only 67% said that the information and advice they received from the phone clinic answered their questions. Interestingly, people who thought that their questions were not answered were predominantly males. Arthritis New Zealand welcomes this feedback and will continue to upskill its staff to improve quality of its phone-based service.

If you would like to use this service, please phone 0800 663 463 and book a phone clinic with an arthritis educator.

### Live Facebook chat



On Wednesday 6 March we will be introducing our new 'live' Facebook chat. We will commence this from 3.00 pm – 5.00 pm each Wednesday and may change the times depending on demand.

Arthritis Educator Georgina Greville will be online to answer your queries. Our Facebook link is: [www.facebook.com/pages/Arthritis-New-Zealand/141779119206755](http://www.facebook.com/pages/Arthritis-New-Zealand/141779119206755).

## Smoking and rheumatoid arthritis

**Dr Paul Hessian, Senior Research Fellow. Department of Medicine, University of Otago**

Epidemiological studies investigating the patterns and causes of rheumatoid arthritis (RA) have established cigarette smoking as an important environmental risk factor for developing RA. There is also evidence that smoking increases the severity of RA once the disease is established. Part of the explanation for smoking's effect is now clear. Smoking causes the modification of certain proteins [a process known as citrullination]. In patients with a particular genetic makeup, this induces immunity to the modified proteins and eventually the onset of RA. It is easy to say that is all the evidence that is required and the informed decision is "Stop smoking reduces the risk or the severity". However there is still more to be gained from an in-depth understanding of smoking's effect. Not all those who smoke develop RA, even if they have the "right" genetic makeup; and immunity to modified/citrullinated proteins can



occur completely independently of genetic makeup. These anomalies indicate that other factors influence the effects of smoking and modulate the development of RA.

Our recent research has investigated the effect of smoking on joint synovial tissue, a hotspot for the inflammation associated with RA. Dendritic cells (DCs) are very important cells in the immune system, normally tasked with surveillance and response to infection. There is also a critical role for these cells in diseases like RA. Our work shows that a subgroup of the DCs in joint tissue are extremely sensitive to at least one of the chemical compounds found in cigarette smoke, a polycyclic aromatic hydrocarbon. In patients

that were smokers, smoke exposure activates the aryl hydrocarbon receptor transcription factor system in DCs, ultimately turning on and off other genes. One consequence is reduced production of a key inflammatory mediator, interleukin-6, used by DCs for signalling to the immune system. There is more to work out about the consequences of DCs responding to cigarette smoke. However a very practical outcome is that in RA patients who have quit smoking, this effect on the synovial DCs is rapidly lost. So while the work does not yet explain the lasting effect of smoking on increasing the risk of getting RA, it does show that stopping smoking will have some immediate impact on inflammation in the very tissues targeted by rheumatoid inflammation. That has to have some additional benefit for patients.

The work has been part of a PhD thesis investigation by Dr Marina Kazantseva completed in collaboration with Professor Lisa Stamp (Christchurch) and Professor John Highton (Dunedin).

## Your old mobile phone can support arthritis

Have you recently bought a new cellphone, and have an old one lying around?

If so, don't throw it away! Arthritis New Zealand is collecting old cellphones to recycle, and we will receive a 'reward' for them.

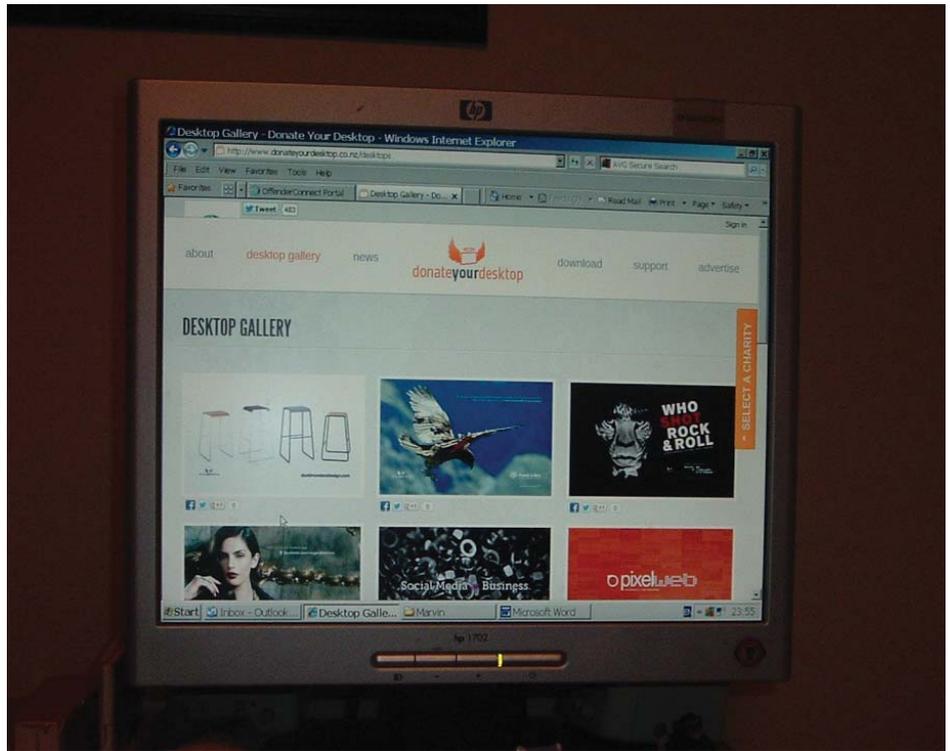
Just return yours to us in the envelope included in this mailing.



## Donate your desktop

Did you know you can donate your home computer's desktop to raise funds for Arthritis New Zealand? 'Donate your desktop' is a new way to donate that will cost you absolutely nothing. Just go to [www.donateyourdesktop.co.nz](http://www.donateyourdesktop.co.nz) and select Arthritis New Zealand as your charity. Then download and install the free application (there are options for Windows and Mac).

Each day, your desktop background will be automatically refreshed with a designer wallpaper, sponsored by an advertiser. In return for receiving their branded wallpaper, each advertiser will make a donation to Arthritis New Zealand. So please, ask your friends and family to donate their desktops to support Arthritis New Zealand.



## Marathon effort

Registrations will soon be open for the 2013 Arthritis New Zealand Marathon, but you can start training now.

The Arthritis New Zealand Marathon on 4 August 2013 aims to raise more than \$10,000 to help the more than 530,000 New Zealanders who are living with arthritis.

If you don't feel up to doing the full marathon, there will be shorter options available. And you don't even have to run or walk to help: you can sponsor a participant or help with the various fundraising activities.

Watch for more details on our website and in the next issue of *Joint Support*.



**Arthritis New Zealand would love to hear YOUR story!**  
Please email [editor@arthritis.org.nz](mailto:editor@arthritis.org.nz).

## Global rheumatoid arthritis campaign

Arthritis New Zealand is delighted to be supporting 'RA: Joint the Fight', a worldwide initiative that aims to raise awareness and increase understanding of rheumatoid arthritis (RA).

If you have RA you can participate in the 'RA: Joint the Fight' campaign by taking part in the online survey found at: [www.RAJoinTheFight.com](http://www.RAJoinTheFight.com). The survey is open until 11 April 2013 and aims to collect insights from people with RA in more than 30 countries.

This survey has been designed by rheumatologists and consumers to

look at the impact of RA from the perspective of New Zealanders living with the condition and how this compares to people in other countries. The findings will be used to help further educate healthcare professionals, encourage people with RA to seek appropriate help and raise the profile and understanding of the condition.

The survey results will be presented at the EULAR (European League Against Rheumatism) Congress 2013 in Madrid, Spain in June 2013. The results will also be published in New

Zealand and shared with the general public, healthcare professionals and media.

The 'RA: Joint the Fight' campaign is sponsored by AbbVie, a biopharmaceutical company focused on developing advanced therapies that address some of the world's most complex and serious diseases.

Arthritis New Zealand encourages participation in this survey, which help us with our efforts to build support for people living with arthritis. Further information will be posted on our website in the near future.

## Your pharmacist is so much more than prescriptions

Have you ever stopped to ask yourself, am I getting the best from my medicines? Are they controlling my pain without doing any harm? Is that natural remedy as natural as the company says it is and does it actually work? Living with arthritis can be challenging and your pharmacist is there to help you understand how your medicines work and offer a holistic approach to the management of your condition.

While paracetamol is usually the backbone of most analgesic regimens for osteoarthritis, topical rubs such as those containing capsaicin or heat-producing ingredients such as oil of wintergreen or eucalyptus can help ease morning stiffness to improve the start to your day. Achieving an adequate level of pain control may be especially difficult if you have other medical conditions such as asthma and diabetes which preclude the use of certain analgesics, but your pharmacist can work alongside your doctor to tailor a solution for you.

The anti-inflammatory effect of Omega 3 found in fish oil has been well documented, and many people with rheumatoid arthritis can benefit from this supplement. S-adenosyl-L-methionine (SAME) is a supplement that can help with pain in osteoarthritis. Its effects are comparable to those of non-steroidal anti-inflammatory drugs (NSAIDs), such as ibuprofen and Cox 2 inhibitors. These are just two of a number of naturally occurring ingredients known to have beneficial effects on arthritis. Ask your pharmacist next time you visit if a supplement would benefit you.

Excess weight can be a contributory factor in arthritis and many pharmacies now offer guidance and support for weight-loss as well as meal replacement solutions to buy. Special aids to help with everyday life, such as opening jars, turning on taps or putting on stockings are available through some pharmacies.

Having arthritis does not mean you have to suffer in silence. Your local pharmacy is just down the road, and as the medicines specialist, we understand your condition, and your treatment options (including prescribed, over the counter and complementary medicines) and have a number of resources we can provide you with. Stop in and have a chat today.

This article is brought to you by your pharmacists at Amcal, Care Chemist, Life, Radius and Unichem pharmacies. Proud supporters of Arthritis New Zealand. Have a look at [www.pharmacybrands.co.nz](http://www.pharmacybrands.co.nz) to find one of our pharmacies closest to you.

References:

Osteoarthritis. Healthcare Handbook. UBM Medica (NZ) Ltd 2012

Natural Comprehensive Medicines Database. [www.naturaldatabase.therapeuticresearch.com](http://www.naturaldatabase.therapeuticresearch.com). (subscription required)

## Fun photos support arthritis

There are many ways to raise awareness of arthritis, and support those living with this condition, and Arthritis New Zealand is delighted by a fun new initiative from Mt Maunganui.

Bob Ricketts at Old Grumpy's Gallery, Mt Maunganui, is showing people how smiling can improve the quality of life for people with arthritis. His gallery includes a display of an English seaside scene featuring an English character with a hole for his face, enabling visitors to be photographed in this setting, in return for a donation which goes to Arthritis New Zealand. This attraction has proved extremely popular, and people are queuing to have their photos taken. "We are delighted that Mr Ricketts has come up with such a fun and clever way to help people with arthritis," said Arthritis New Zealand Chief Executive Sandra Kirby.

As always when someone decides to donate money to a particular cause there is a story behind it. Here's why Bob called Arthritis New Zealand

"Recently a gentleman who is on holiday at Mt Maunganui from the UK came into the gallery. He enjoyed his first visit to us and has been a regular customer on an almost daily basis calling in for a cup of tea and a chat. I discovered he has been making the trip for more than 15 years. As we have got to know him he has produced some humorous sketches that we are incorporating into greetings cards. I asked if I could pay him. he said that was not necessary



but if I wanted to do anything regarding payment would I consider making a donation towards helping rheumatoid arthritis charities."

"I then found out that his wife had passed away in 2012 and had suffered greatly with the condition. She had accompanied him on all of his previous annual visits."

"The seaside board has created lots of interest. I had initially thought of taking photographs myself and charging a small fee with the intention to create interest for the gallery."

"I quickly found out that this particular service was not getting much interest only taking a handful of photos. (I am a professional photographer). The real interest is from pedestrian traffic laughing at the prop and taking their own photos with cell phones."

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**Arthritis New Zealand now publishes monthly E-Updates to keep you up to date with what's happening in your region. If we don't already have your email address, please tell us, so we can add you to the list.**

## Exercising with arthritis: why exercise will help you combat joint pain and stiffness

Believe it or not, exercise is helping people all over the world to win their battle against arthritis. That's right; exercise has been found to be a critical element in combating joint pain and stiffness. While many people with Arthritis think they should rest their muscles and joints, studies have shown this can increase pain, while a strength training program can help to control it. Adderley and Miller found that people with osteoarthritis, who performed 30-45 minutes of aerobic exercise three times per week, benefited from a reduction in pain.

### How does improving your fitness help your arthritis?

When you move around, the cartilage in your joints and the muscles that surround them, act like shock absorbers. Inactivity can lead to this tissue weakening, leaving your joints less stable and more susceptible to damage. In conjunction with finding a healthy balance between rest, eating nutritional foods and adopting appropriate joint protection techniques, getting active can reduce your pain by:

- Strengthening muscles and cartilage to improve joint support and stability
- Minimising the risk of osteoporosis by keeping bone and cartilage healthy
- Offsetting biomechanical adaptations that can lead to joint aggravation
- Reducing your weight and consequently any excess load on your joints
- Increasing range of movement in your joints
- Giving you strength endurance and energy to combat fatigue and get through the day
- Developing a sense of well-being and confidence in your physical ability

### What works?

When we talk about exercise we are not referring to running a marathon or swimming Cook Strait. When arthritis threatens to immobilise you, any movement, no matter how small, can help. That's because keeping your muscles and surrounding tissue strong, is crucial to maintaining support for your bones. Not exercising weakens those supporting muscles, making your bones more prone to damage.

### So how do you get started?

Your local health, recreation and aquatic centre offer a perfect environment for you to get started on your new active lifestyle. In some cases they even have specific

programmes already in place. You can also contact your local hospital, doctor or Arthritis New Zealand to find out about any programmes that may interest you. Alternatively, you could exercise in and around your own home, using a programme tailored to your needs or following an instructional DVD. If a particular activity appeals to you, be proactive, ask your doctor whether it's right for you and if you get the all clear, give it a go!



This feature was provided by Hamish Abbie, a personal trainer from Pulse Personal Training Ltd. Pulse's personal trainers will work together to help you achieve optimal function and performance, whether it be in your sport, in the board room or simply living an active life. We understand that our success is inextricably linked to your success, no matter what your goal. See [www.PulsePT.co.nz](http://www.PulsePT.co.nz)

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## Arthritis and young adults

Pioneering new research by an Otago Polytechnic occupational therapy student will shed some light on the information and support required by an often hidden group of people who have arthritis: those aged in their 20s and 30s. Arthritis is the leading cause of disability in New Zealand, affecting more than 530,000 New Zealanders (MOH 2012). It's a common misconception that arthritis only affects older people, but children and young adults are also affected by many different types of arthritis.

Bachelor of Occupational Therapy student, Lauren Redshaw, was granted a \$5,000, 10-week summer research scholarship from Arthritis New Zealand to investigate the needs of New Zealanders first diagnosed with arthritis in their 20s and 30s. She will also submit recommendations on how those needs could be met. Lauren's interest in the topic was sparked when a 23-year-old friend was diagnosed with arthritis last year. "Her experiences were not positive in terms of the information and support she felt was available to her.

As part of her research, Lauren interviewed five people with arthritis aged in their 20s or 30s. "These are interesting ages because a lot of massive life events are often occurring, such as undertaking study, establishing careers, getting

married or having children, for example. The participants of my research are going through these major stages and changes while also dealing with their arthritis."

Arthritis New Zealand's CEO, Sandra Kirby, says rheumatoid arthritis and ankylosing spondylitis are among the most common types of arthritis affecting young adults. "Arthritis not only affects joints; chronic pain, fatigue, anxiety, and - in some cases - depression, are other common symptoms," she says. "Through Lauren's project, Arthritis New Zealand hopes to gain more information about the needs of young people with arthritis so we can provide tailored support and resources to this group."

The research was supervised by Otago Polytechnic's Principal Lecturer of Occupational Therapy, Dr Linda Robertson. "Lauren is an exceptional student with a keen interest in research, and it's a pleasure to be able to encourage and support her as she completes this significant project."

After finishing her research, Lauren hopes to undertake follow-up studies as a basis for her Honours dissertation. She says it's an under-researched area and that there's a real need for more information about this often overlooked group of people living with arthritis.



### Yes, I want to support New Zealanders affected by arthritis!

#### My details:

First name:

Last name:

Mailing address:

#### Enclosed is my donation of:

\$120  \$80  \$50  \$25 other:

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## For further information...

Call free 0800 663 463

When you phone our free 0800 number you will be put in contact with one of our trained Arthritis Educators, who can give you advice and support on managing your arthritis. You can also find out about your region's support groups, and when an Arthritis Educator will next be visiting your district.

Make a donation

Did you know that by phoning 0900 333 20, you can make an automatic \$20 donation to support the more than 530,000 New Zealanders who are living with arthritis?

Visit [www.arthritis.org.nz](http://www.arthritis.org.nz)

Visit our website for the latest news about arthritis, information about different types of arthritis, downloadable brochures, to find out what's on in your area, and more.



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