

# JOINT SUPPORT

NEWSLETTER  
September 2013

## Arthritis Appeal 2013



Kate Conner with John and Dame Elizabeth Harper from Mayfield Lions collecting in Geraldine during last year's appeal (photo by John Hobbs/Fairfax NZ)

This month, you can do something to help the hundreds of thousands of people in New Zealand who are living with the pain of arthritis. You can support Arthritis New Zealand's annual appeal.

Arthritis New Zealand is the national organisation focussed on raising awareness of arthritis, advocating for those with the condition, and providing advice and support.

Arthritis is the leading cause of disability in New Zealand. People with arthritis are 5% less likely to be employed than those without arthritis, and that there are 17,940 people receiving sickness or invalids benefits as a result of musculo-skeletal conditions, the bulk of which will be arthritis.

Arthritis New Zealand's 2013 annual appeal will run from 24 - 30 September. The Street Day collection will be on Friday 27 September. In some areas there may also be door to door collections.

Your donation will be greatly appreciated, as it will help Arthritis New Zealand carry out its vital work. Watch out for the collectors in their bright orange vests carrying gerberas. Or phone 0900 333 20 to donate \$20. Or [visit www.arthritis.org.nz](http://www.arthritis.org.nz).

Our annual appeal is only possible because of the tireless support of our amazing volunteers. We are truly grateful for everyone's help.

- Arthritis, it could surprise you.
- Arthritis New Zealand receives only 12 per cent of its funding from government agencies
- Without the generosity of our donors and volunteers, we wouldn't be able to help those who live with the pain of arthritis every day.
- Arthritis New Zealand is a national organisation whose mission is to improve the health and well-being of people who are affected by arthritis.
- There are 530,000 New Zealanders living with arthritis
- There are more than 140 different forms of arthritis of which osteoarthritis, gout and rheumatoid arthritis are the most prevalent
- You might be surprised to learn there are over 1,000 children and young people living with the pain of arthritis.
- Chances are someone you love lives with arthritis.
- Arthritis is the leading cause of disability in our country, and there is no cure. It can affect anyone, at any age, at any time.
- There are 17,940 people receiving sickness or invalids benefits as a result of musculo-skeletal conditions, the bulk of which will be arthritis.
- Arthritis New Zealand is the charity that raises public awareness of arthritis, advocates for those living with the condition, funds research, and provides support through advice and information.



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## From the President

Our annual appeal is fast approaching. I will be in my usual spot on The Terrace in Wellington shaking a bucket and hoping to catch the eyes of people passing by. I have sometimes wondered if I should go further and dress up: many years ago I thought of dressing up like tennis star Lleyton Hewitt – but in an orange shirt, of course – and wearing a sign saying “Not Lleyton Hewitt – he’s another kind of pain” but he does not deserve that and, anyway, I find that people are incredibly supportive of our appeal. It is a real measure of the progress we have made in the eyes of the public and quite uplifting in many ways. I encourage you all to experience it for yourselves.

The appeal is an important time in our annual calendar – it is the time where we get to talk to many people about the realities of living with arthritis and the role of Arthritis New Zealand. Our income from the appeal is directly linked to the number of volunteers who can spare an hour or two to stand on the street or in a shopping mall or at an event with a bucket.

Our Strategic Plan for the next three years will be completed shortly. The input from many of you has been very valuable. There is a saying that those who stand still go backwards. That is not our vision for Arthritis New Zealand and we are looking at some important new initiatives.

We are also preparing for the AGM. This year for the first time we are combining the AGM with a conference to be held at the Waipuna Hotel in Auckland. I hope many members will join us on November 9th for a day of education and enlightenment.

This year we will be reporting an encouraging financial result. Our income, as in most years, is largely the result of a very generous community. This year in particular we have been the beneficiary of some significant bequests. These gifts are especially poignant as they represent a person’s trust in the longevity of the organisation. The Governing Body has established an Endowment Fund and we will be able for the first time in a number of years to put aside some funds as capital so that the interest can be used to keep our valuable services running. In addition to the bequest income we have benefitted from a number of grants towards our ongoing operations as well as some special projects such as our children’s camp and the training for volunteers that has been run this year.

This is a year where we ask for volunteers for Regional Liaison Groups. These groups were established ten years ago to be a link between local areas and the wider organisation. They can only serve this function if we have people prepared to do this important task. As our organisational profile grows with our increasing work in awareness and advocacy there are plenty of opportunities for a local voice. I would like you to think about that voice being yours.

I look forward to seeing you at the AGM later this year.

Alan Henwood  
President

**Arthritis New Zealand is grateful to be supported by:**

# From the Chief Executive

Kia ora tatou

It's the little things that get to me. That and the amount of preplanning that is needed to achieve any task – having everything I might need close at hand. Going out has other challenges. Can I get there? Can I park? Can I get in? Who can help me?

At the end of June I had a fall that resulted in knee reconstruction surgery. This meant 12 weeks non weight bearing. Some would say this is good for me; meaner people might say it is karma. I can tell you the world is very different when you are in a wheelchair or on crutches.

I am fortunate – I have a supportive family, considerate and caring colleagues and a workplace that understands what it is like to be disabled. Not everyone in my position has these advantages. Even when I am grumpy and frustrated I do appreciate the help and support I am given. I owe many debts of gratitude.

My recovery is going well and the signs are good for being back on two feet by the time of our Appeal. It is tempting to keep the wheelchair while I shake a bucket! For many people the day to day challenges of bathing; dressing; housework; managing work and social life are constant, not limited to three months.

The past year has been a very positive one for Arthritis New Zealand. Our new way of delivering services is becoming established; the response from people is they appreciate being able to talk to someone promptly. Our seminars and self-management programmes have been well received. Our fundraising has been successful.

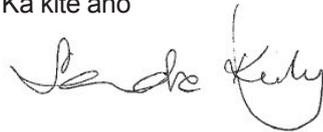
We are being seen as a charity that has overcome challenges and is well placed for the future.

For the second time we are hosting a public day as part of our conference. We know that the 150 people who attended the conference last year found it inspiring we are hoping more people will come this year to learn more about arthritis from New Zealand and international experts.

Arthritis New Zealand is fortunate in having a great support network. Our volunteers, the Governing Body and our staff all give of their time and expertise to make a difference for people living with arthritis. We have a number of donors, sponsors and partners who support us financially and morally. It is with great delight that we welcome some of The Warehouse stores into this group. Our ambassadors, advocates and Parliamentary friends of arthritis also provide us with a public voice. We are part of a wider charity sector – and we link closely with charity partners when we advocate for issues such as access to medication. All of our supporters give us the strength to continue our work. As an organisation we cannot say thank you enough. We do notice your support; we do value your time and effort. We do thank you.

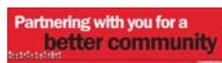
So when I am out with my bucket later this month it will be with renewed passion and a deeper understanding of the challenges imposed by a disability.

Ka kite ano



Sandra Kirby  
Chief Executive

**Arthritis New Zealand is grateful to be supported by:**



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.

Just go to our website: [www.arthritis.org.nz](http://www.arthritis.org.nz).

There's a field on the homepage where you can enter your email address. It's that easy.

To advertise in Joint Support, email [editor@arthritis.org.nz](mailto:editor@arthritis.org.nz) or phone 0800 663 463.

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## Complementary and alternative medicine:

Most shopping malls have a 'health store' that sells a wide variety of tablets, supplements or creams with supposed health benefits. Your neighbour swears by her chiropractor for her back pain. Remedies for joint pain are advertised in magazines. All these are examples of "complementary and alternative medicines" or CAM. CAM includes a wide variety of health care approaches with a history of use or origins outside of mainstream medicine. There are two broad subgroups of CAM: natural products; and mind and body therapies. Natural products include herbs, vitamins, mineral and supplements. These are often marketed directly to the public. Mind and body practices are usually administered or taught by a practitioner and include yoga, massage, acupuncture, meditation, movement practices (Feldenkrais Method, Pilates) and manipulation therapy (chiropractic, osteopathy). Some practices do not fit neatly into either of these broad groups and include ayurvedic medicine, traditional Chinese medicine, homeopathy and naturopathy. Needless to say there are a bewildering number of CAM practices available in our communities.

People with musculoskeletal disorders and arthritis are amongst the highest users of CAM with international and New Zealand data suggesting that up to 40% of people with arthritis use CAM at some time. Perhaps this is because many musculoskeletal disorders are chronic and conventional medical practices cannot relieve all symptoms. Many people do not tell their doctors that they use CAM. In studies patients report that they do not tell because they are not asked, consider that there is no reason for a doctor to know, or they fear disapproval. But do doctors disapprove of CAM use by their patients? The international data suggests that some doctors hold



positive attitudes to CAM, but what do rheumatologists in New Zealand think about CAM?

We surveyed all 58 practising rheumatologists in New Zealand and heard back from 36 (62%). We asked about six categories of CAM relevant to people with arthritis - spinal manipulation (e.g. chiropractic), acupuncture, energy medicine (e.g. reiki), meditation practices (e.g. yoga), glucosamine +/- chondroitin, and body work (e.g. massage, shiatsu). We asked rheumatologists about their familiarity with, the benefit of and likelihood of recommendation of each of these groups of CAM.

About half of the rheumatologists responding reported that they were familiar with glucosamine, acupuncture, spinal manipulation, meditation practices however most were not familiar with energy medicine. This means that many rheumatologists feel they are NOT familiar with CAM therapies and this may be one reason why rheumatologists do not ask their patients about CAM therapies. There are now a number of free on-line resources where up to date, scientifically valid information about CAM therapies can be accessed. These include the National Centre for Complementary and Alternative Medicine ([www.nccam.nih.gov](http://www.nccam.nih.gov)) and

the Cochrane Library ([www.cochrane.org](http://www.cochrane.org)). Next time you are thinking about trying a CAM therapy, do some research and discuss this with your doctor. Perhaps your doctor can use this chance to learn something too.

For most therapy types the proportion of rheumatologists who would recommend a CAM therapy to patients was very similar to proportion that believed the therapy to be beneficial. For example meditation practices were believed to be the beneficial by about two-thirds of rheumatologists and were recommended to patients by two-thirds of rheumatologists. If CAM works, rheumatologists seem to suggest patients use it.

The majority of rheumatologists reported that glucosamine/chondroitin therapy was not beneficial for people with joint problems. Interestingly almost 70% of rheumatologists had previously recommended glucosamine +/- chondroitin treatment to their patients. Why is there this discrepancy? The first studies of glucosamine for the pain of knee osteoarthritis found that patients taking glucosamine or a placebo tablet both had improvements in pain and function, with patients taking glucosamine doing a little better than patients taking placebo. These studies had some problems – they were small, used one brand of glucosamine – and the extra benefit for glucosamine was only just above what patients feel is a measureable benefit. Subsequent larger, better-designed trials did not find any benefit for glucosamine over placebo. More recently a special type of analysis that puts together all the studies of glucosamine in osteoarthritis and measures the benefits has concluded that the benefits of taking glucosamine for symptoms of knee osteoarthritis are not bigger than the benefits of taking a placebo. In short, glucosamine doesn't work. The results of our study suggest that

(Continued overleaf)

## What does your doctor think?

(Continued)

rheumatologists in New Zealand do keep up to date with new research and change their practices accordingly.

One of the major challenges for all doctors when considering where CAM therapies may fit into medical care is the lack of robust research testing if CAM therapies actually work and are safe. Many CAM therapies have not been tested in this way. Arthritis New Zealand has recognised this

and research into CAM therapies for arthritis is one of the key targets for research funding from Arthritis New Zealand. Hopefully these studies will help doctors and patients make informed decisions about CAM therapies.

*Dr Rebecca Grainger*  
Rheumatologist  
Hutt Valley District Health Board and  
University of Otago Wellington



## Education, enlightenment and the AGM



On Saturday 9 November Arthritis New Zealand is holding its annual national conference which will conclude with the AGM. National and international speakers will be sharing insights into arthritis research and treatment.

The highlight of the conference will be insights from the Global Burden of Disease which was released last year and shows musculoskeletal conditions account for five of the nine leading causes of disability in this country.

The programme is still being finalised, but you can be certain it will be interesting, informative and beneficial.

If you will be in Auckland and want to learn more about arthritis, this is an event you should not miss. The programme details will be available in September from [www.arthritis.org.nz](http://www.arthritis.org.nz). We are planning for 300 people to attend this event which is sure to be one of the year's highlights.

Saturday's programme will conclude with the Arthritis New Zealand 2013 AGM, which is scheduled for 4.00 pm.

It will be held at Waipuna Hotel and Conference Centre, 58 Waipuna Rd, Mt Wellington, Auckland.

Arthritis New Zealand is grateful to the sponsors of the conference for their support.

## Otago Boys' High School supports arthritis

Pupils from Otago Boys' High School will be encouraging their peers to purchase Arthritis New Zealand orange wrist bands during the Arthritis New Zealand Appeal (24-30 September). The words on these wristbands, 'a joint effort', sum up the efforts of these students in helping raise awareness of the 1000 New Zealand children who have arthritis.

### By the numbers

Arthritis New Zealand continues to provide advice and support by way of clinics, seminars, phone clinics and Facebook etc. Some of the numbers collected for our annual report are:

- 11,986 people attended our group events including seminars, self-management workshops, presentations and gout education
- 9,180 calls to our 0800 line
- 4,285 new clients received information and support in our clinics:
  - 21% were Māori
  - 9% were Pasifika
  - 41% had osteoarthritis
  - 15% had gout
  - 6% had rheumatoid arthritis
  - 4% had fibromyalgia

## The gout trifecta

In July, the Hon Michael Woodhouse MP, in his capacity as the Chair of the Parliamentary Friends of Arthritis Group, hosted a function to raise awareness of gout and its impact on the health of New Zealanders.

The function featured a presentation by Auckland Rheumatologist, Associate Professor Nicola Dalbeth, about 'the gout trifecta'. This term reflects the fact that gout often occurs alongside diabetes and heart disease. Unfortunately for the people, who get this trifecta the return is pain, loss of mobility, inability to work and poor health, and these conditions are major contributors to the shortening of life.

New Zealand leads the world in gout, and its incidence is much higher among Māori and Pasifika men, who are also usually younger when gout first strikes. A major factor in the high incidence of gout in Māori and Pasifika people is inherently higher levels of uric acid in the blood due to genetic and environmental factors. Gout has a major impact on



Hon Michael Woodhouse MP & Arthritis New Zealand President Alan Henwood

overall health, and is a frequent reason for work absences with reduced income and loss of job security, and giving up sport. It is estimated that 14% of Māori and Pasifika males have gout.

It is not yet widely recognised that gout is a form of arthritis. But gout is now the second most common form of arthritis in New Zealand.

Fortunately, once it is diagnosed, gout can usually be well managed with effective medication and lifestyle changes. Unfortunately, about two thirds of patients are untreated, undertreated or mistreated. Arthritis New Zealand calls on GPs to also look for gout when testing for diabetes and heart disease.

## Community Gout Champions

The Community Gout Champions have completed their training with Arthritis Educator Jane Messer, and they now attend various events in the community on behalf of Arthritis New Zealand.

To date the Community Gout Champions have attended over 9-10 events, have spoken to over 700 people, and have referred about 25-30 people for one on one discussions with Arthritis Educators.

This photograph shows Arthritis Educator George Ngatai and three Community Gout Champions at a World Smoke Free Day event run by a community health group in the Mangere town centre.



(Left to Right) Community Gout Champion George Wahanui, Arthritis Educator George Ngatai and Community Gout Champions Partho Sengrutha and Daisy Sauni observe World Smokefree Day in Auckland

# RA: JointheFight

As you may have read in the March 2013 issue of Joint Support, Arthritis New Zealand was delighted to support **RA:JointheFight**.

**RA:JointheFight** aims to be a global source of information to help educate people living with Rheumatoid Arthritis (RA) and those who support them. **RA:JointheFight**, endorsed by more than 40 advocacy organisations from around the world, is a collaborative global effort, with

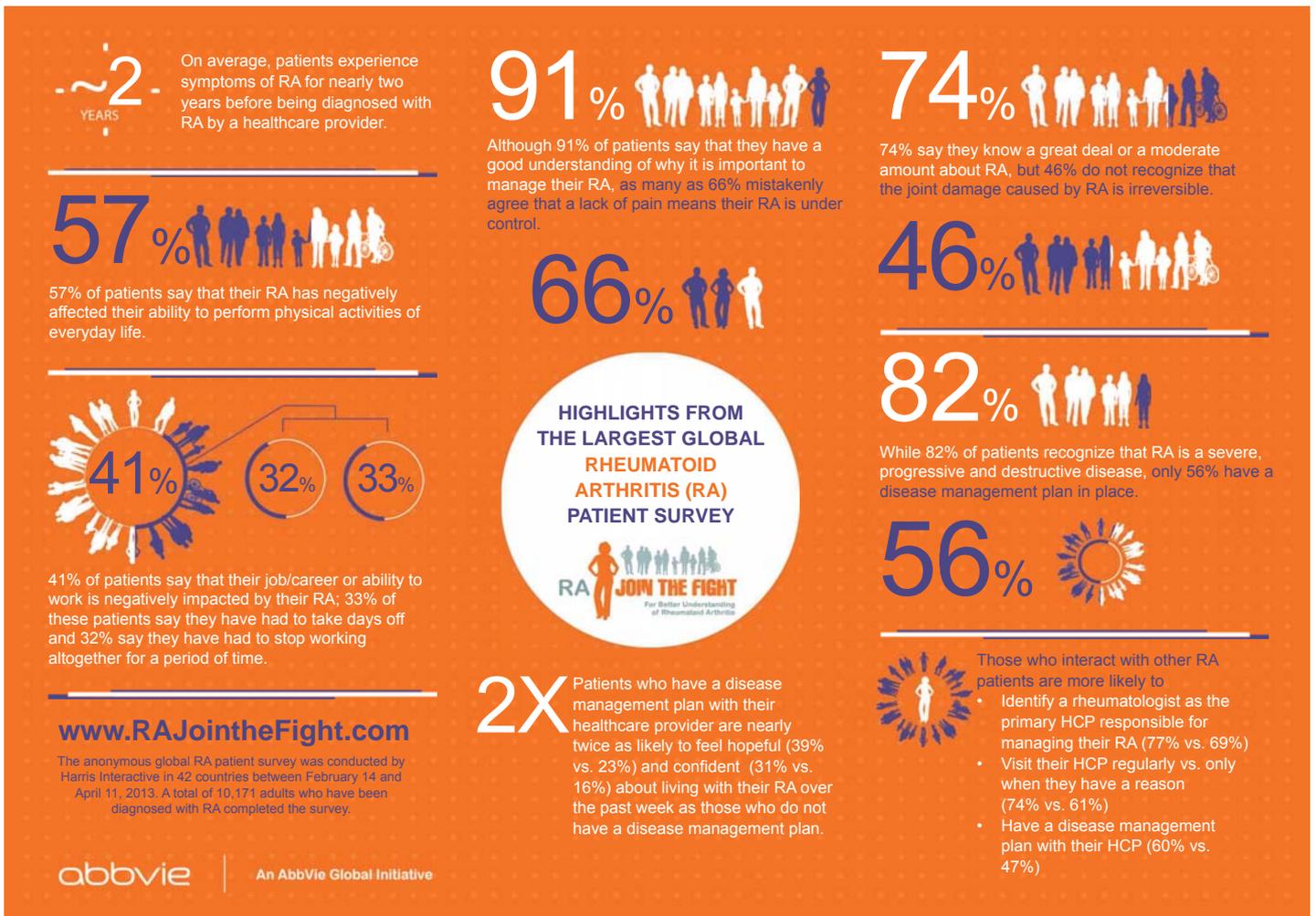
expert partners: patients, physicians, nurses and researchers. Visit [www.RAJointheFight.com](http://www.RAJointheFight.com) to learn more.

On 11 June, **RA:JointheFight** presented the findings from the largest global rheumatoid arthritis (RA) patient survey, which included 10,171 patients across 42 countries. These findings are represented in the above graphic.

At the heart of **RA:JointheFight** is a pledge. **RA:JointheFight**

is issuing a call-to-action for increased patient involvement in RA disease management. Patients are encouraged to visit [www.RAJointheFight.com](http://www.RAJointheFight.com) to take the pledge to start the conversation and collaborate with their doctor to develop a plan to manage their disease.

**RA:JointheFight** is supported by AbbVie, a global, research-based biopharmaceutical company.



## Arthritis New Zealand supports research

Arthritis New Zealand supports New Zealand based research into the causes and treatment for various forms of arthritis. We have dedicated research funds and invite researchers from all over New Zealand to take part in our annual research programme by submitting proposals early in the year. This year there were 11 projects that sought funding.

Each proposal is assessed by national and international experts as well as the Arthritis New Zealand Research Grants committee. Following these assessments four grants have been recommended for funding. The Governing Body of Arthritis New Zealand discussed these recommendations taking into consideration Arthritis New Zealand research priorities and practical applications of the proposed research. Four projects were approved for funding.

Professor Keith Rome from the Auckland University of Technology will be studying the effect of chronic gouty arthritis on the Achilles Tendon. This research will be of great interest to people with gout and builds on earlier work by Professor Rome and his team on the effect of footwear on people with gout.

A second gout study will look at whether genetics might help predict the response to allopurinol for people with gout. Dr Rebecca Roberts from the University of Otago is leading this work.

Two research projects will focus on osteoarthritis - the leading type of arthritis in this country. In what was described by the reviewers as an exciting new development



from the University of Auckland Drs Thambyah and Sarojini together with Professor Broom will be studying tissue samples in people with early stages of osteoarthritis to look for biological markers that should help in the development of prevention and treatment methods for this common condition. Importantly this new research has the potential to provide a critical link between basic science and clinical application.

Investigating any disparities between DHBs in the access to hip and knee surgery is the project being undertaken by Dr Helen Harcombe from the University of Otago. Results from this research, if disparities do exist, would be used by Arthritis New Zealand as part of our advocacy programme.

Once again Arthritis New Zealand will be offering summer scholarships for young researchers in 2013. These scholarships provide medical students with an opportunity to undertake practical research related to arthritis over the university break.

### HRC grants supporting arthritis research

Over \$6.2million has been awarded to university based researchers who are working on arthritis related programmes by the Health Research Council this year. Our congratulations to the researchers who have been awarded grants

- Associate Professor Lisa Stamp, University of Otago, Predicting response to anti-TNF therapy based on serum cytokine and gene profile
- Mrs Angela Brenton-Rule, AUT University, Foot and ankle characteristics associated with falls in rheumatoid arthritis
- Associate Professor Nicola Dalbeth, The University of Auckland, Allopurinol for prevention of gout: A feasibility study
- Associate Professor Tony Merriman, to continue his research into identifying risk genes for inflammation conditions including gout

# An interprofessional approach to the management of arthritis



In New Zealand it is estimated that 16.2 % of the population, or around one in six persons aged fifteen or over, will be living with one form of arthritis and this prevalence is expected to grow to 19.2% by the year 2020. Strategies for coping and keeping active are extremely important for those living with arthritis, however sometimes knowing what to do and how to do it are not clear. Therefore, there is a need to provide effective support and management for those who live with arthritis.

One service that offers this kind of support is the Akoranga Integrated Health (AIH) Clinic located on AUT University's North Shore campus. The clinic is available and accessible for anyone who wishes to use the services; clients or patients can be referred or can arrange their own appointments. The clinic provides a clinical learning placement for students in the health disciplines. Services provided include neurological rehabilitation, a breathing clinic, musculoskeletal physiotherapy, hydrotherapy, podiatry, oral health and oral medicine, nursing, occupational therapy, psychology and speech and language therapy.

As the AIH clinic is home to a variety of health disciplines, it is possible to develop a different approach to the



manner in which health services are traditionally offered. One of the main focuses of the clinic is to foster a culture of interprofessional learning and interprofessional practice. These are terms that may be unfamiliar to some. Interprofessional learning involves students from different health disciplines learning with each other, from each other and about each other's disciplines. This in turn helps them to understand how they can provide care for their clients or patients more cohesively when there is a need to work together. When different health professionals work together collaboratively with a client or patient, this is known as interprofessional practice.

What this means for the client or patient, is that the people who need to look after you, do so together. People living with arthritis often have many issues that warrant assistance from different health professionals,

this might include addressing footwear with a podiatrist, or splints and aids with occupational therapist, or discussing an exercise programme with a physiotherapist or discussing the emotional stress of living with arthritis with a psychologist. Often this would involve referral to many different services. At the AIH Clinic it is possible to do this at the same place and with a bit of planning, appropriate services can be combined in one appointment.

For more information visit the clinic web site [www.aih.aut.ac.nz](http://www.aih.aut.ac.nz).

For an appointment, please contact our clinic reception on 09 9219155, or email: [aih@aut.ac.nz](mailto:aih@aut.ac.nz).

*Naomi Heap*  
AIH Clinic Manager

and *Daniel O'Brien*  
Interprofessional Education  
Development Manager

## Live Facebook chat

Got a question about arthritis? Then try our new 'live' Facebook chat. We may change this to best suit our clients' needs, but for now, it runs from 3.00 pm – 5.00 pm each Wednesday. An Arthritis Educator will be online to answer your queries. Our Facebook link is: [www.facebook.com/pages/Arthritis-New-Zealand/141779119206755](https://www.facebook.com/pages/Arthritis-New-Zealand/141779119206755).



## Exercising with arthritis: 8 easy steps to get you off on the right foot

You've committed to a new active lifestyle and found a club, group or programme that suits you. Remember a good all-round programme will address flexibility, aerobic fitness, strength and muscle endurance, encouraging you to move through a full range of motion and develop stability in your major weight bearing joints. Here are 8 steps to help you get the most out of your training experience:

### 1) Take a shower or apply heat to your joints before your work out

Heat can relax your joints and muscles, relieving any pain you have before you begin. Warm towels or wheat bags are ideal, noting they should be warm, not painfully hot. However if your joints are inflamed applying heat should be avoided.

### 2) Always warm up

Taking 10 minutes to warm up prepares your muscles, joints and heart for the activity to come. This typically entails light rhythmic activity, followed by any prescribed stretches.

### 3) Exercise with slow and controlled movement

Take your time focusing on producing deliberate and stable movements. Rest if you experience any pain that is stronger than normal, as this may indicate that something is wrong.

### 4) Be patient

Take your time to build up the length and intensity of your work outs. Use your common sense and don't over exert yourself or put yourself in situations that your joints may struggle to handle. Remember moderate exercise is all you need to keep moving.

### 5) Warm down

Warming down is as important as warming up because it helps your body begin the recovery process. Typically your warm down should consist of 5-10 minutes of light cardio exercise reducing in intensity, followed by any prescribed stretches.

### 6) Ice your joints after exercising

If your joints are inflamed apply a cold pack (bag of ice or veggies wrapped in towel) to the affected joints for 10-15 minutes after activity. This will help reduce inflammation and pain, but do not put the pack directly on your skin as this may leave you with ice burn.

### 7) Follow the "1 hour rule"

It is normal to experience some pain after activity, however if this lasts longer than an hour, you were

probably exercising too strenuously. If you experience abnormal fatigue, joint pain and/or flare ups, seek your doctor's professional advice on how to proceed.

### 8) Change Up!

It's important to acknowledge the difference between normal pain and pain that signifies something more sinister. Your priority is to prevent pain and protect your joints, so if your activity increases fatigue, weakness, swelling and/or a reduction in your joints range of motion, then give another activity a go.

Don't forget that you are undertaking this new active lifestyle to help your situation, not make it worse. Start out by doing your exercises every other day, but take an extra day off if your joints are abnormally painful or if you notice any unusual swelling. If you haven't been active for a while start slowly, as it's easy to overwork muscles and aggravate your joints. Most importantly – enjoy the experience!

*This feature was provided by Hamish Abbie, a personal trainer from Pulse Personal Training Ltd.*

## Tired of struggling in and out of your swimsuit?



Ashley Kilham  
Fibromyalgia sufferer

**SlipOn** - the revolutionary swimsuit that simply slips on...and off!



The benefits of water exercise are often outweighed by the effort of getting in and out of your swimsuit. Problem solved with the new patented wrap-around SlipOn swimsuit which takes only minutes to put on and off. The adjustable pleating and long lasting four way stretch fabric ensures a flattering fit for women of all ages, shapes and sizes.

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for details and ordering information  
or phone 0800 754 766



• Sizes 8 to 30+ • Modest cut in navy - box leg in navy or black  
• 3 torso lengths per size • Made in New Zealand

## NSAIDS - pros and cons

Non Steroidal Anti-inflammatory drugs (NSAIDs) are a lifeline for many millions of people with arthritis, and when used appropriately can be effective in relieving pain. They work by blocking cyclo-oxygenase (COX) enzymes involved in the production of prostaglandins.

There are many different NSAIDs including: diclofenac, ibuprofen, naproxen, and coxibs. You may be more familiar with these by the brand names like Voltaren, Nurofen, Brufen, Celebrex or Melorex. If you are regularly taking a painkiller to manage your arthritis check the label to find the active ingredient.

While you can purchase many of these products from the chemist if you are taking them regularly you should seek advice from your GP. Your doctor will prescribe the lowest effective dose of NSAIDs (including coxibs) for the shortest period of time to reduce the risk of side-effects. NSAIDs work quickly, usually within a few hours, although it can take 2 or more weeks for you to feel the full effect of prescribed NSAIDs.

You should take tablets or capsules with a glass of water, with or shortly after food and as directed by your GP.

While NSAIDs are effective in decreasing pain and inflammation, there is an increased risk of developing stomach ulcers; and in



very small number of people NSAIDs can increase risk of heart attack or stroke. In the latest research published in Lancet in 2013 more than 600 clinical trials were reviewed. The research found for every 1,000 people with a moderate risk of heart disease having one year of treatment with high-dose diclofenac (150mg daily) or ibuprofen (2400 mg daily), about three would experience an avoidable heart attack, of which one would be fatal. In contrast, high doses of naproxen did not affect heart attack risk. However, naproxen was shown to increase the risk of stomach bleeding.

Every treatment comes with both benefits and risks. Your doctor can provide you with information to allow

you to make an informed choice and can help you to weigh the benefits of these medications against this small risk of a serious side effect. Based on this research, we would agree with the advice from Arthritis Research UK that **people should take the lowest effective dose of these drugs for the shortest time necessary to control symptoms.**

You can reduce risk of developing heart attack by not smoking, maintaining a healthy diet, exercising and monitoring your blood pressure and cholesterol.

If you want more specific information call an Arthritis Educator on 0800 663 463 or talk to your GP or pharmacist.

## Use it or lose it

Arthritis New Zealand welcomes the results of new studies that back up mounting international evidence that exercise is the most effective treatment for early osteoarthritis

Research recently released by the University of Otago concluded that physiotherapy and regular exercise make a significant difference for people with painful osteoarthritis in

the knee and hip joints, and are cost-effective treatments.

“The outcomes of more exercise are less pain and more mobility, and these are the really important gains for people living with arthritis,” said Arthritis New Zealand Chief Executive Sandra Kirby.

“And given the challenges of exercising whilst managing pain and

protecting joints, there is a key role for physiotherapy in helping people create and implement a sustainable exercise programme.”

It is never too late to start exercising. Although if you do have osteoarthritis, advice from a physiotherapist will ensure you are helping your affected joints not making things worse.

## We are now the Charity Partner of Region 4 of The Warehouse!

## Volunteers recognised



Arthritis New Zealand is excited that Region 4 of The Warehouse has chosen us as their Community Partner for the next 12 months. There are 11 Warehouse stores in this region.

The target for this Region is raising sufficient funds to support the Arthritis New Zealand Children's Camp in 2014 and ensure children from their areas have the opportunity to attend. The Warehouse Community Champion, Robert Larsen, is working with Store Managers in Taranaki, Wairarapa, Manawatu, Hawkes Bay, Whanganui and Horowhenua on a range of

activities for their staff and customers that may include: Orange Out Days, sale of Gerberas, bake offs, and sale of kiwis.

This is a great opportunity for Arthritis New Zealand to raise awareness of the impact that arthritis has on individuals, families and communities and already this fits very well with The Warehouse's focus of enhancing the lives of young families and young people in local communities.

Arthritis New Zealand staff and members are looking forward to this great new partnership.



Arthritis New Zealand is delighted that the volunteering efforts of Kathie Smith and Matthew Wadham were recognised in the 2013 Minister of Health Volunteer Awards.

Kathie was the winner of the Long Service Volunteer Award and runner up in the Community or NGO Health Service Volunteer Award; and Matthew was the winner of the Youth Health Volunteer award. They received their awards from the Minister of Health, the Hon Tony Ryall, at a ceremony in Auckland in June. Kathie has been a volunteer with Arthritis New Zealand for almost 34 years, and has assisted with a wide range of functions from governance through to fundraising. She was President from 2007 to 2011, supported the organisation and its people through changes in direction and leadership, and has been described as its 'organisational rock'. Kathie is valued for her caring and compassionate approach, calm manner and immense knowledge of arthritis and the health system.

Matthew was first diagnosed with arthritis when he was 10. He participated with his family in activities for children with arthritis while he was growing up, and he soon realised he could provide support to other young people with arthritis. Matthew is now in his 20s, and for the past six years he has used his own experiences to help support other young people who are living with arthritis. He helped plan the 2013 Arthritis New Zealand Children's Camp, and he is an arthritis advocate for young people in Auckland, where he provides welcome peer support to those who have been newly diagnosed with arthritis.

## Buy Active



Watch out for the Active Dishwasher powder and sachets during September. They will have our lovely gerbera on the packets and 50c per box will be donated to Arthritis New Zealand.

For those of you with arthritis in your fingers you will find the sachets fabulous. No opening, ripping tearing. Just pop them into your dishwasher (that's of course if you are lucky enough to have one of those). Please support the Active products as we welcome them as a new Arthritis supporter.

## Corporate Gerbera Club



Our Corporate Gerbera Club is a great way for businesses to show their support for Arthritis New Zealand, and help us raise vital funds for the 530,000 New Zealanders who live with arthritis.

By donating \$100, your business will be acknowledged as a community-focused organisation that recognises the serious impact of arthritis in New Zealand.

To find out more, please contact us on 0800 663 463 and speak with a fundraiser.

## World Scleroderma Day seminar

On Saturday 29 June, Waikato hosted its second Scleroderma seminar, in recognition of World Scleroderma Day. Scleroderma is a rare, chronic, often progressive autoimmune disease in which the body's immune system attacks its own tissue. Scleroderma causes hardening and tightening of the skin and tissue that holds muscles, joints, blood vessels and internal organs together, resulting in restrictions in movement. It is very hard to diagnose Scleroderma because the condition affects each person so differently and even if a person looks well from the outside, they may have serious problems with their lungs, heart, kidneys and gut.

The seminar, which was organised by Arthritis New Zealand, in conjunction with the Waikato Rheumatology Department and Scleroderma Waikato, was attended by 43 people from around the North Island. The day began with an informative overview of Scleroderma by Dr Kamal Solanki. He was then followed by a presentation on 'Coping with Scleroderma' by Val Milne and then 'How the gut is involved' by Dr Estella Jones. Over lunch there was lots of talking and meeting others with this condition. After lunch there were two further sessions; one on the 'Role of physio and exercise' by Jessica Fourie and finally Niki Russell, from Nutrition Care spoke on 'Nutrition and Scleroderma'.

The feedback received from registrants was very positive and indicated that the day had achieved its goals of providing people with an opportunity to meet others and to learn more about the condition. There was strong support to make the seminar an annual event and plans are already underway for 2014.

**We are grateful to the Gallagher Charitable Trust Board for its financial support for this seminar.**

### Linda's story



Linda was 34 when she first developed Raynaud's phenomenon and then experienced heart failure. Three months later she was diagnosed with scleroderma. However by then her hands had already become fixed in a claw like position. "Going from a normal life into the disabled world was so hard not only for myself but for my family as days became taken up with doctor's appointments." Now, 25 years on, she describes having learnt how to cope and take each problem as it comes. "It is really important to know that you are not alone, I had only ever met one other person with

the condition before New Zealand's first Scleroderma Seminar, held in Hamilton 2012 and it was an overwhelming experience to be in a room full of people who shared the same disease and to be able to swap experiences."

Linda is passionate about helping those who have been recently diagnosed and since the 2012 seminar she has set up the Scleroderma Waikato Facebook site where members can chat and meet others with this rare condition. Linda also runs a monthly coffee/ chat group and has struck up ties with Scleroderma Australia president Robyn Sims whom she met on a trip to St Vincent's Hospital Scleroderma seminar in May. Through them Linda has received a lot of advice and printed resources which she is very happy to share with others who would like to learn more.

## Whangarei bridge opening



Arthritis New Zealand members and supporters were out in force on 27 July at the opening of Te Matau ā Pohe, or 'The Fishhook of Pohe, Whangarei's new bridge.

## Donations in memory

We are always overwhelmed when donations arrive to our office in memory of a loved family member, friend or colleague. Sometimes the deceased is known to us, but more often not and we are indebted to families for choosing to recognise our work at this time.

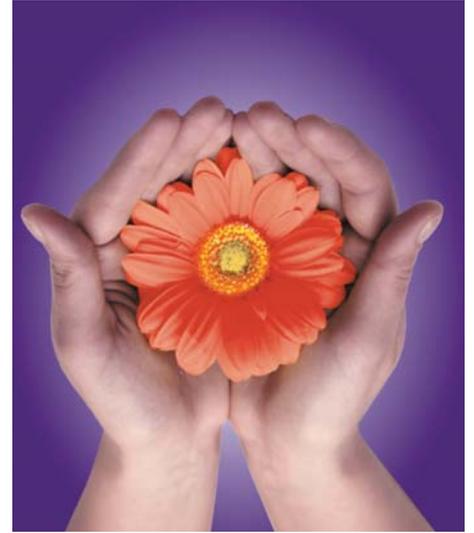
To make a memorial gift: speak to your funeral director, who will assist you with the arrangements. Ask for the funeral notice to include – Donations in memory of (name of loved one), Donations in lieu of flowers may be made to Arthritis New Zealand.

Your funeral director can call our 0800 line (0800 663 463) for the address of our national office where donations may be sent.

### Arthritis collection boxes and gerberas:

We can arrange an arthritis collection box with gerbera flowers for attendees to wear at the service. A letter of thanks and receipt will be sent to everyone who makes a donation and leaves their details.

For more information: please contact us on 0800 663 463 or email [bequests@arthritis.org.nz](mailto:bequests@arthritis.org.nz).



## Personal record books

Arthritis New Zealand is incredibly fortunate to be the recipient of bequests. These gifts that support our work into the future are an amazing reminder of the support we have in the community.

Many New Zealanders sadly avoid, or do not have, a Will. A Will is not about death it is the positive way for you to provide for those you leave behind and it offers you peace of

mind knowing that your assets and precious items will go to the people and places you have chosen.

Care for your family and friends first- then you might like to consider a charity whose work you may have supported for many years.

If you are interested in receiving a copy of our Personal Record Book ( a book for you to keep all your personal

records) or talk to someone about considering a bequest to Arthritis New Zealand please contact Dianne Armstrong on 0800 663 463 or email: [bequests@arthritis.org.nz](mailto:bequests@arthritis.org.nz).

Arthritis New Zealand has also joined 29 other charities to promote the importance of having a will. The Include A Charity campaign will run from 9-15 September.

## 2013 Adidas Auckland Marathon

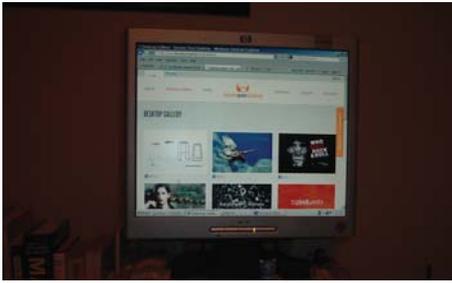
Did you know you can support the work of Arthritis New Zealand by participating in the 2013 Adidas Auckland Marathon and Half Marathon on 3 November? The Adidas Auckland Marathon and Half Marathon is an annual marathon running race held in Auckland. The main feature of the event is the crossing of the Auckland Harbour Bridge, which involves a climb of 33 metres to the highest point.

As with many marathons events around the world, the 2013 Adidas Auckland Marathon and Half Marathon will help raise money for charities. Including Arthritis New Zealand. Registrations are now open, so you can start training now. The Half Marathon field is already full, but there are still places left in other events.

Follow this link for further information about how you can participate and support Arthritis New Zealand: [www.realbuzz.com/groups/arthritis-new-zealand/pages/adidas-auckland-marathon-16/](http://www.realbuzz.com/groups/arthritis-new-zealand/pages/adidas-auckland-marathon-16/).



## Donate your desktop...



Don't forget 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 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.

### ... and your old phone

We are also still accepting unwanted old mobile phones. So if you have an unwanted mobile phone, send it to: Freepost 157311, Arthritis New Zealand, PO Box 10 020, The Terrace, Wellington 6143. We will then get it recycled, and receive a reward for it. So you won't only be supporting us, you will be looking after the environment as well!



## Orange glow

Every now and then generous people, passionate about our cause and work and who are celebrating a special occasion, ask their guests to make a donation to Arthritis New Zealand, instead of gifts.

For many celebrating golden wedding anniversaries or major birthdays later in life, they simply want the pleasure of friends and family around them.

Even when the invite suggests 'no gifts' its part of our make-up not to go without something, offering 'donations to Arthritis New Zealand' provides an option for you and your family and friends.

Perhaps you have a celebration coming up and might like to consider this option.

We can provide orange gerberas or balloons for your celebration. Just call 0800 663 463 and ask to speak to a Regional Fundraiser.



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

### My details:

First name:

Last name:

Mailing address:

Please fill in this donation slip and post back to us:

Freepost 157311  
Arthritis New Zealand  
PO Box 10020  
Wellington 6143

### Enclosed is my donation of:

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

### I am paying by:

Visa  Mastercard  Amex  Diners

Cheque enclosed (please make out to 'Arthritis New Zealand')

### Card number:

Expiry date:  M  M /  Y  Y

Card holder:

Signature:

Did you know that you can also donate online?

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

Thank you for your generosity!

## 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.

Regional Offices

Northern (Auckland) 09 523 8910

Midland/Central (Wellington) 04 472 1427

Southern (Christchurch) 03 366 8383

National Office

Level 2, 166 Featherston Street, PO Box 10 020, The Terrace, Wellington 6143  
Phone 04 472 1427 Fax 04 472 7066



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