

JOINT SUPPORT

NEWSLETTER
June 2013

Children's Camp 2013



In April, the Arthritis New Zealand Children's Camp was held at Totara Springs Camp near Matamata. The camp was run in conjunction with the National Paediatric Rheumatology Team and Kids With Arthritis New Zealand and was for children with juvenile idiopathic arthritis (JIA).

We are grateful for the sponsorship of the Jetstar Flying Start programme, as airfares and camp costs for the funded child and caregiver were met by this sponsorship.

Because this was a children's camp, the experience is best described by a child. Here is what Mireille Ali had to say.

Jetstar  
**FLYING
START
PROGRAMME**

Thank you for giving me the opportunity to meet other kids with arthritis and to come to your wonderful camp. Now I don't feel left out any more because before it felt like I was the only one who had it (except my Nana does, but not the same type). Because I'm the only one in Rotorua who has it.

When I got back to school I had a lot of stories to tell my teacher like flying fox, flying kiwi, hydro slide, abseiling, slug guns and Hobbiton. I showed my teacher some photos and he said to tell the class about it and so I did. People in my class asked me what arthritis is and so I told them and they were surprised.

I have had arthritis since I was 18 months old and since then I have been stuck on methotrexate and only off it once. I just got my blood



test back yesterday and I don't have to take it for now, but maybe later, and so I was happy because that was the second time ever I did not have to take six pills, but they put it down to five, which was awesome. I hope I can see you all again.

Oh and don't forget to call us at collection time because we would love to collect in Rotorua.



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From the President

The Governing Body is currently looking to the next three years as we develop the 2013-16 Strategic Plan. This is one of the most important tasks the Governing Body undertakes – from this plan the Chief Executive and her team will develop and deliver the programmes that enable us to meet that mission of improving the health and well-being of people affected by arthritis.

As part of this planning we have heard from a number of our members, clients, volunteers and stakeholders. There are some consistent themes in the comments that have been made and these will be incorporated into the next stage of the process. People have also appreciated the awareness campaigns that have been run – the visibility in the wider community. Our challenge remains how we sustain the awareness in the years ahead.

Arthritis New Zealand is an incorporated society. Our predecessors chose this structure because they believed that membership was the strength of the organisation. A membership structure is inherently democratic. As members you do have a say in how Arthritis New Zealand operates. I, and the other members of the Governing Body, exercise that democratic responsibility when we meet to plan and review the activities of the paid and volunteer staff.

The value of membership has been raised. People ask me what they get for their membership. I think

the question can also be phrased as “What will I achieve through membership?” Your membership commitment adds to the others to create the voice of arthritis. We use the staff as our mouthpiece – but the voice is ours – the members. Members joined together provide a voice for the people with arthritis. The more members we have the louder that voice can be. If we really do want to improve the quality of life for those currently living with arthritis and those that are coming after us who are yet to be diagnosed then membership is one way we can make a difference – whatever our age or personal circumstances.

We have been approached by other organisations that see the progress Arthritis New Zealand has made over the last decade and want to learn from us. As well as being very flattering it does affirm that, although often challenging, the Governing Body is keeping its eye on the long term and planning to meet our mission.

With this issue of Joint Support is the membership renewal information. Thank you for renewing your membership. In this practical way you are showing people that you are committed to helping reduce the burden of arthritis – for the individual and for the whole community.

Alan Henwood
 President

Arthritis New Zealand is grateful to be supported by:



From the Chief Executive

Kia ora tatou

I have listened to people talking about the emerging world crisis – time poverty. Around the world apparently people are feeling stretched for time and this is having an impact on individuals, families and the wider community.

As a not for profit organisation, Arthritis New Zealand is reliant on volunteer assistance in almost every area of our business. This means we rely on people giving up part of that, often precious, commodity spare time. June marks Volunteer Awareness Week. The theme for 2013 week is: “He tāngata, He tāngata, He tāngata!” Translated as “It is people, it is people, it is people,” this recognises that people are the life force of volunteering.

For us the voluntary effort ranges from governance to administration to service delivery to fundraising. Many people help us in a variety of different roles. The efforts of the paid staff team are supplemented and complemented by the efforts of the many unpaid team members.

Our volunteers are out in force during our Appeal being the most visible of our efforts. But every week there are people who help – on our Board; by a pool; in an office; on the phone; running an exercise class – in endless ways. For some people this help is part of giving back to a community that supported them earlier; for others being a volunteer is part of their own journey to wellbeing and for some it is about learning or practising skills that will help get employment. Whatever the reason for volunteering we are grateful for the time and the dedication of people who give this precious gift.

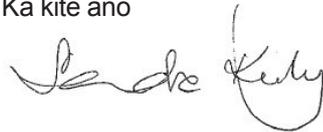
You won't be surprised to hear that there is research that confirms volunteering is good for you – people who volunteer live longer; have reduced stress; better heart health and better mental health. When I am with our volunteers I am often struck by how willingly the time is given. It keeps me grounded to remember that for every hour I spend with Arthritis New Zealand there are people who are giving up that much time to help us meet the needs of people with arthritis. We cannot say “Thank you” often enough – for we do give thanks on a daily basis for your volunteer time.

While we endorse and support National Volunteer Week in June we also recognise the work of volunteers every other week of the year.

Arthritis New Zealand is committed to maximising opportunities for, and support from, volunteers. Arthritis New Zealand is a place where volunteers are welcomed and have their contribution acknowledged. I know what that time means for us – quite simply we couldn't do what we do without the assistance of volunteers.

Time is precious. There are many demands on every person's time. I know that by giving back to the community my life is enriched – I hope that is the experience of every person who volunteers for us.

Ka kite ano



Sandra Kirby
Chief Executive



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Living with dry mouth

For many people with autoimmune arthritis, dry mouth is a common problem. Unfortunately by the time you notice a dry mouth damage to the mouth and teeth may have already occurred. Dry mouth, known as xerostomia, has been described as “a neglected symptom”. It remains undiagnosed and, therefore, untreated in about half of patients.

Auto-immune diseases that are associated with dry mouth include rheumatoid arthritis, lupus, systemic sclerosis, mixed connective disease and, most notably, Sjogren’s syndrome. Sjogren’s syndrome is an autoimmune condition where immune cells attack the glands that produce both saliva and tears, leading to severe and uncomfortable dry mouth and eyes.

Dry mouth can present in a number of ways. This can be a sensation of dryness, change in taste, difficulty eating and swallowing, or swelling of salivary glands due to infections and blockages. One of the biggest concerns with dry mouth is its effect on tooth decay. A study in Europe showed that people with Sjogren’s syndrome were three times more likely to experience devastating tooth loss compared with people who did not have the condition. It was noted that 66% of these patients with Sjogren’s syndrome had lost their teeth by the age of 45 years

A recent study in Otago found that dentists, GPs and pharmacists reported a lack of knowledge of dry mouth management and did not feel confident to treat patients with Sjogren’s syndrome.

Saliva plays a huge role in the health and comfort of mouths. It rinses and moistens the mouth, initiates food digestion and prevents disease of the teeth and the lining of the mouth. The sensation of a dry mouth occurs when the amount of



saliva in the mouth is too little or its composition is altered. In most cases there needs to be a 50% reduction in saliva production before it becomes noticeable. The greatest cause of a reduction in saliva is medication. More than 1800 drugs have been reported to cause dry mouth.

Pilot research is currently being undertaken to quantify the level of decayed, missing and filled teeth in New Zealand people with Sjogren’s Syndrome. Preliminary results suggest that early and excessive tooth loss is also a feature of the condition in New Zealand. This research will help to plan the management of oral health needs for people with dry mouth in the future.

There have been numerous studies showing that the dry mouth associated with Sjogren’s syndrome negatively affects the quality of life. However it is increasingly recognised that questionnaires may not describe what patients actually experience in their daily battle with chronic dry mouth. A study is being conducted in New Zealand in which participants describe daily events and reflections people perceive to be linked to dry mouth. The observations from study participants are recorded in a daily diary for a month and in an interview. The analysed data will provide an evidence-related impact of dry mouth on the lives of people living with Sjogren’s syndrome. To date themes that have emerged are the lengthy

journey to getting a diagnosis and the impact of the condition on dietary choice, sleep, work, social and family life. It is clear from this research that clinicians have much to learn from those who live with a chronic dry mouth.

The advice from the European Association of Oral Medicine for those who suffer from dry mouth is to visit your dental hygienist and dentist regularly. You should avoid food and drinks that are sweet, carbonated or acidic. Ensure that any lozenges, mints or chewing gums you use are sugar free. The use of fluoride rich toothpaste will help protect your teeth. Saliva substitute gels will help to lubricate your mouth at night and between meals. Drink plenty of water at meals and throughout the day. Smoking and excessive consumption of alcohol, as well as inadequate fluid intake, can worsen dry mouth

Professor Anita Nolan

Professor of Oral Medicine and Head of Oral Health

AUT University, Auckland



Volunteer recognised

On 9 April, Arthritis New Zealand held a morning tea in Hokitika on the West Coast of the South Island to recognise the voluntary work done for our organisation by Julie Towers. Julie received a Community Service Award for her tireless work over the last 10 years assisting us with many things including acting as the local coordinator for our yearly appeal and arranging regular local support group meetings. Julie has psoriatic arthritis, a young family and a part time job but still finds time to help organise events for us. Her enthusiasm and local knowledge are invaluable to staff working in her area. Twenty people – including family, friends, other volunteers and staff of Arthritis New Zealand attended the award ceremony and morning tea.



Julie Towers (left) receives her award from Arthritis New Zealand Southern Regional Manager Paul Barclay and Southern Regional Coordinator Rae Svarnas. Photo: *Hokitika Guardian*

National Volunteer Week (the third week of June) is New Zealand's largest celebration of volunteering and civic participation. The theme for 2013 is: "He tāngata, He tāngata, He tāngata!" Translated as "It is people, it is people, it is people," this theme recognises the life force of volunteering: the people.

Arthritis New Zealand is grateful for its many volunteers and their contribution. Without you, we could not do what we do.

Rheumatologist honoured

Auckland physician, Associate Professor Peter Gow ONZM has been recognised for his significant role in the field of rheumatology and rehabilitation medicine at Middlemore Hospital by Australasia's largest specialist medical college, the Royal Australasian College of Physicians (RACP).

Associate Professor Gow has received the prestigious John Sands College Medal, an RACP prize that recognises the important contributions of individual specialist physicians, as well as the substantial role recipients play in their particular fields of practice.

The John Sands College Medal was presented to Associate Professor Gow at the RACP Future Directions

in Health Congress 2013 in May, which was held in Perth, Western Australia.

Outside of the College Associate Professor Gow is Chairperson of the National Information Clinical Leadership Group, which provides clinical advice to the New Zealand Health IT Board, and provides feedback to RACP committees on which he serves.

RACP President Associate Professor Leslie E. Bolitho AM applauded Associate Professor Gow for his dedication to quality improvement in physician practice.

Arthritis New Zealand is grateful to Associate Professor Gow for his work with arthritis, and congratulates him for his well deserved award.



Associate Professor Peter Gow

Earthquake Disability Leadership Group



The Earthquake Disability Leadership Group was established in December 2011 to ensure the voices of disabled people are heard and included in the recovery and rebuild in Christchurch. The Group is pleased to work alongside organisations like Arthritis New Zealand and the local Arthritis Advocates.

Housing and accommodation remain the top concern for all Cantabrians and those who live with disability or illness. CERA assures us that all anchor projects and civic buildings will have a Barrier Free Audit and be built to universal design principles. Moving around the city and the inclusion of all communities is equally important. Transport needs to be accessible as well as bus routes and signage. Access is not only important in the new Christchurch but absolutely vital in the current environment where there are many detours and road cones to navigate. Those with mobility issues have daily challenges moving through their neighbourhood let alone travelling across the city to work.

The Ministry of Social Development is working with us to roll out the principles of Enabling Good Lives which include self-determination,

community building, ordinary life outcomes, support from an early age and flexibility of the supports provided. These principles are central to all the work we do and the expectations of Christchurch and National leaders.

The EDLG is proud to work alongside organisations like The Human Rights Commission, Be. Accessible, The Barrier Free Trust and Lifetime Design to promote accessibility in all its forms so that as a community we have places to work, live and play. Access concerns and not just within the central city but also significantly impact on temporary housing, arts and sporting facilities, walkways and safe places to literary cross the road. The disability community needs to convince developers that access is not just a moral obligation but an absolute economic imperative. If we can use a facility, we will spend money in it, and tell our friends and families to go there too.

Employment and seeing disabled people as contributors to Canterbury's economic development sits well beside access. We currently have a six percent unemployment rate in Canterbury and want to advocate that disabled people are

good employees – more likely to be on time and less likely to take sick leave. Our contribution to the rebuild means that we get to work in the rebuild as well as allied industries such as hospitality, administration and retail.

It will be a good day when CERA, the Christchurch City Council and Government can all work together to ensure that there is a shared understanding of access and inclusion that includes the needs of disabled people.

Achievements of the group include a Disability Employers Breakfast, a Flash Mob promoting access, a community meeting with Minister Turia and on-going work with CERA, builders and developers and business people in Canterbury.

Disabled people are and look forward to contributing to a successful recovery and rebuild. As well as representatives we are key stakeholders and experts in our own right. We all need to work together to ensure that our shared understanding is implemented by authorities.

Ruth Jones, Chair of Earthquake Disability Leadership Group

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.



We are grateful to Vickie Dunlop of Focused Rehab Ltd, Home Instead Senior Care, Sports Med Physiotherapy, Tamahere Eventide Rest Home and Waikato Podiatry for their support.

Time to renew your membership!

Arthritis New Zealand membership expires on 30 June. Please remember to renew your membership so you can continue to enjoy the benefits of membership, as well as helping support the 530,000 people in New Zealand who are living with arthritis!

See the enclosed letter for more details!

2013 Arthritis Appeal: how to help!

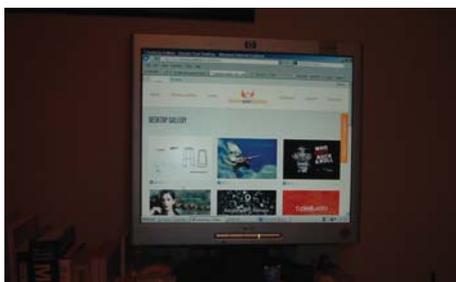


It is time to start thinking about the 2013 Arthritis Appeal. This year our appeal week will be from 24 to 30 September, with a nationwide street appeal on Friday 27 September, and it will be upon us in no time!

There are many ways in which you can help. As well as participating in street collections, encouraging pledges, and handing out gerberas, the ways you can contribute are only limited by your imagination.

We would love to hear your ideas! Please phone us on 0800 663 463 and chat with a fundraiser.

Donate your desktop and your old phone



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

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.

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!



Spark Centre a healing place for artist



Pearl Schomburg

For Auckland artist Pearl Schomburg, diagnosed with rheumatoid arthritis 23 years ago, “art is about more than putting paint on a canvas. Attending Spark Centre’s art therapy classes has given structure to my life and provided an outlet for my emotions.”

Pearl’s previous work with computers contributed to the development of Repetitive Strain Injury, which affected her shoulders, neck and hands. Later, she developed rheumatoid arthritis, an auto-immune system disorder that attacks soft tissue in joints and organs.

Adjusting to living with chronic pain and a disability was very difficult and she eventually began exploring ways of expressing her frustrations. Three years ago, Pearl realised that art was the release she had been searching for.

“Nothing hurts when I do art,” she says. “I’m so submerged in my work that nothing else matters. When I get home the pain sets in but art gives me so much pleasure that it’s worth experiencing discomfort for.”

For Pearl, Spark Centre of Creative Development offers more than art therapy. It also gives her a place to interact with like-minded people.

“At Spark Centre, everybody is doing art and we can all communicate that way. Helping people in the classroom gives me as much satisfaction as the art itself.”

Arie Hellendoorn, an art tutor at Spark Centre, says Pearl is a vital part of the Spark Centre community. “She tells the best stories and she has a lot of friends. She’s one of those people who never turns down a challenge. She’s a proactive artist who is constantly trying new things.”

Pearl’s moonscape painting, ‘Blue’, was chosen to be part of the silent auction at last year’s Attitude TV Awards, presented in late November. She was thrilled when the work sold. She was invited to the exhibition to talk about her art but she also used it as an opportunity to promote Spark Centre.

“I’m so supportive of the work they do there. For every class, the artists come through the door with big smiles on their faces. For some people, including me, it’s the highlight of their week.”

Pearl says her artistic style has completely changed over time. “I keep breaking tendons as part of my condition, and I have had my right hand operated on three times this year. I was forced to start using my left hand, which gave me a new way of painting and a new challenge to conquer.”

Without any formal training in art, Pearl is hesitant to call herself an artist. “To think of myself as an artist is a big leap for me because when I do art, it feels like quite a hit-and-miss affair. I wouldn’t say that I have a particular artistic style because I’m still in the early stages of exploring.”

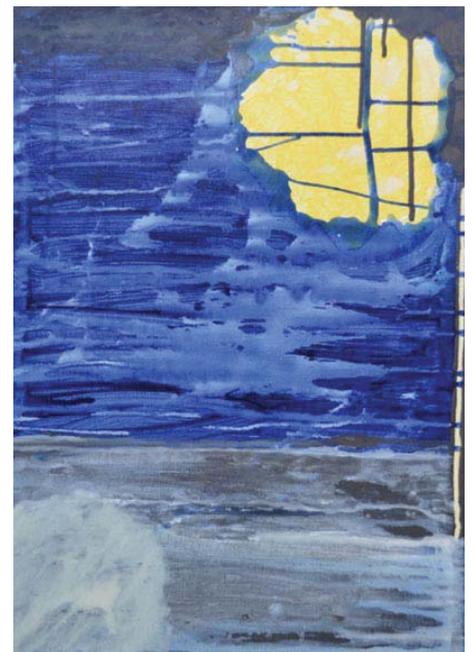
In her garage studio at home, Pearl does what she calls “recycled painting”. “I am on a very limited income so I buy my art supplies from op shops. I usually find old framed prints, which I pull apart and use as a canvas.”

She even uses pastry brushes to paint with. “It’s just a way to continue what I do.”

Pearl is thankful to the Jubilee Trust for funding her art classes last year. “They went out on a limb to help me and I am extremely grateful to them.”

Pearl remains optimistic. “I’m an optimist,” she says. “It’s just who I am.”

Janelle Cheesman



‘Blue’ by Pearl Schomburg

Advocacy training



Youth Advocates with Arthritis New Zealand Northern Regional Manager Francesca Holloway (far left), Arthritis Educator Zoe McGavock (third from right at back) and Adrian Stonepulu from Ministry of Youth Development (far right)

Advocacy training took centre stage in May with two firsts for Arthritis New Zealand- the first **National Advocates Training Workshop** and the first **Youth Advocates Workshop**. Both events provided a strong platform for further development of this work and the formation of strong advocacy networks around the country.

The **Advocates Training** saw 20 participants with a wide range of ages from Dunedin to Kaitia gather in Auckland and spend a weekend learning about advocacy and developing their own skills. Topics covered included how we work with health professionals to provide support for people when they are newly diagnosed, learning media and communication skills, a session with Peseta Sam Lotu-liga, MP for Maungakiekie, on how to influence politicians, training in the advocacy process, and the skills required to become an effective advocate.

Participants found the weekend extremely worthwhile and showed energy and enthusiasm in developing

our advocacy programme. Follow up from the workshop includes discussions on how to utilise our web site to develop and support advocacy, examining how best to provide support to newly diagnosed and the expansion of the advocacy network.

The **Youth Advocates Workshop** arose from the establishment of Youth Leaders at our camp for children with arthritis and recognition that we have a group of young people who can be emerging leaders in campaigns to increase awareness that arthritis affects all age groups. This workshop was held in Wellington for secondary school students, and 15 young people attended.

This weekend was an exciting combination of education from the national paediatric rheumatology team, a session on youth leadership skills led by the Ministry of Youth Development, a panel discussion featuring young adults with arthritis on the challenges of growing up with arthritis and lots of time sharing experiences and learning from each

other. One highlight was Arthritis New Zealand Ambassador Geraldine Brophy talking to the group about the possibility of organising a stage production about living with arthritis as young people.

Looking at how we cater for young people with arthritis was a common discussion point. Some areas highlighted were the need for teachers to be better informed about how arthritis affects students, the need to develop community awareness that arthritis does not just affect older people and lots of interest in forming a youth network around New Zealand.

Both these events show growing interest in developing strong networks of people committed to providing a strong voice articulating the concerns of all affected by arthritis.

A grant from The Lion Foundation made these weekends possible and we are grateful for their support in understanding the importance of our programmes.

AUT University: Musculoskeletal Arthritis Cluster Group

The Musculoskeletal Arthritis Cluster Group comprises a wide range of academic and clinical experts from Health & Research Rehabilitation Institute (HRRI), including Assoc Prof Duncan Reid, Assoc Prof Paula Kersten, Dr Sandra Bassett, Dr Richard Ellis, Matthew Carroll, Dr Valerie Wright-St Clair, Bronwyn Harman, Edel Kelly, Heather Clark and Angela Brenton-Rule. The group has strong links to Arthritis New Zealand.

The group is led by Prof Keith Rome and Dr Peter Larmer. Prof Keith Rome is a Professor of Podiatry at AUT. With over 30 years of experience within the health care profession, his research focuses on long term chronic foot conditions. Dr Peter Larmer has a personal interest in arthritis, having had a hip replacement as a result of osteoarthritis. He is the current vice president of Arthritis New Zealand. His background is in physiotherapy and his research interests include outcome measures and rehabilitation particularly with respect to arthritis.

The group held its first quarterly meeting in February 2012 and was officially recognised by the HRRI, AUT University in August. Its work started with a summer research project supervised by Dr Peter Larmer, which involved an extensive literature search to identify international guidelines on the management of osteoarthritis.

The aims of the group are to provide a network for researchers working in the area of arthritis to encourage and support projects in this area of research. A key objective of the cluster group is to conduct high-quality research in the field of arthritis and to develop and optimise interventions for people with arthritis that are in-line with professional and national standards. A future



direction is to build research capacity (postgraduate and post-doctoral students) and support clinicians and service leaders in arthritis management based on best current evidence.

A current PhD project that is supervised by Prof Keith Rome and funded by Arthritis New Zealand and the Health Research Council relates to foot and ankle characteristics associated with falls in rheumatoid arthritis (RA). The PhD candidate is Angela Brenton-Rule. People with RA have an increased risk of falling. Previous studies have reported falls incidence, over a 12 month period, ranging from 30 to 50%. Foot deformity is common in RA and may be linked to falls however this relationship has not been fully explored. Participants are currently being recruited from rheumatology outpatients at Auckland District

Health Board (ADHB), Counties Manukau District Health Board (CMDHB) and Arthritis New Zealand. Foot and ankle characteristics and history of falls are being measured at baseline. Participants will then keep a record of any falls experienced over the next 12 months. Foot and ankle characteristics will be re-measured at the end of the 12 month follow-up period. Falls represent a significant burden to healthcare resources in New Zealand. The research will identify predictors of falls, specific to the foot and ankle, and inform the development of an intervention, such as footwear and insoles, that prevents falls in RA.

This year the group intends to review grant applications specifically relating to arthritis, collaborate with other groups within the faculty and to develop strong links with key stakeholders within the field of arthritis. For further information relating to our current work or further information about the Musculoskeletal Arthritis Cluster Group please contact Prof Keith Rome.

Professor Keith Rome

Email: krome@aut.ac.nz

Tel: 09 921-9999 extension 7688



PhD candidate Angela Brenton-Rule examines a patient's feet

A different way to volunteer



Ben Darlow training a group of volunteers in Whanganui

There are many ways you can support the work of Arthritis New Zealand as a volunteer, and one way is by being a volunteer for water based exercise groups.

There are two main volunteer roles with water based exercise classes: the exercise leader and the pool support volunteer.

The pool support volunteer can be in-pool or out-of-pool, depending on the pool set up, and whether there is a life guard present. Pool support volunteers are the 'extra eyes and ears' during classes. They also undertake administration tasks along with the exercise leader.

Training for pool volunteers was recently held in various cities across the country. The training was in two parts. In most centres, the first part was facilitated by Ben Darlow from the Otago School of Physiotherapy.

This focussed on the new Exercise Resource Manual, followed by a practical exercise in the pool.

Some of the benefits of water based exercise that were identified included improved enjoyment of life, emotional wellbeing, mobility (including the ability to carry out day to day activities), fitness and strength; and better pain management.

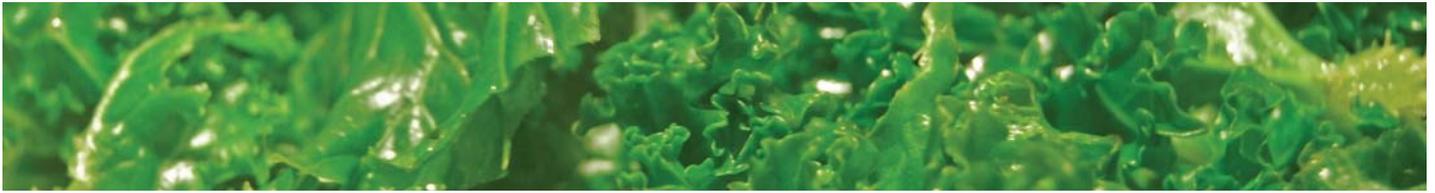
The second part was led by Arthritis New Zealand, and this focussed on what is involved with running water based exercise programmes, including health and safety requirements, privacy law and client confidentiality, facility requirements, volunteer roles and responsibilities and programme administration.

Please phone Arthritis New Zealand on 0800 663 463 if you are interested in finding out more about the many different ways in which you can be one of our valued volunteers.

Did you know that nearly half of all New Zealanders do not have an up to date will?

Arthritis New Zealand would like to remind you of the importance of having a will, so that you can continue to care for those you leave behind.

Nutrition and rheumatoid arthritis



If you have rheumatoid arthritis (RA), you may need to pay more attention to your diet for these three reasons.

Firstly, you can experience pain and fatigue and not feeling like eating; secondly, some medications may increase your need in certain nutrients such as folic acid and calcium. Finally, when you have a flare, it can be difficult to cook and you might start buying pre-cooked foods that are often high in calories, fat, and salt but have less nutrients.

Folic acid / folate

Folic acid is a B vitamin that promotes health and supports your body's metabolism. Folic acid also plays a crucial role in pregnancy, where it helps prevent some birth defects. In its natural form, folic acid is called folate.

Some common RA drugs such as methotrexate and sulfasalazine interfere with how the body uses folic acid. Eating more foods with folic acid, such as spinach, cabbage, broccoli, chickpeas, lentils, peas, and oranges, can help. Some foods, such as orange juice, are fortified with folic acid. Some people may need to take folic acid supplements.

Ask your rheumatologist how much folic acid you need to help prevent side effects during methotrexate treatment.

Calcium

Long term use of corticosteroids can lead to weak bones and the bone disease osteoporosis. RA can also put you at risk for weak bones in other ways. Your immune system, which RA makes overactive, may attack your bones directly.

Exercise can help keep your bones strong, in addition to helping relieve the symptoms of RA.

Food sources of calcium include dairy products, canned sardines and salmon, almonds, broccoli, kale, and fortified orange juice and cereal.

How much calcium do you need? The recommendations are 1,000 milligrams a day for adults under age 50 and 1,200 milligrams for people 51 and older. Your doctor might recommend a higher amount or suggest that you take calcium supplements.

Vitamin D

Vitamin D also plays a vital role in strengthening bones and preventing osteoporosis. Without enough vitamin D, your body can't use the calcium from your diet.

Among people who have RA, those with low vitamin D levels tend to have more severe RA symptoms. Low vitamin D may also play a role in developing RA. Studies have found that women who get more vitamin D seem less likely to get RA. However, vitamin D isn't proven to prevent or treat RA.

Some milk, orange juice, and breakfast cereals are fortified with vitamin D. Natural sources include egg yolks, salmon, tuna, and sardines. Your body also makes vitamin D when it's exposed to sunlight. The best thing that people with RA can do is to go out in the sunshine (10am – 12pm is the best time) for up to 15 minutes and expose their face and arms to the sun to top up their vitamin D levels.

The general recommendation for vitamin D is 600 international units (IU) per day for adults under 70 and 800 IU for people 70 and older. Ask your doctor about whether you need a vitamin D supplement.

Omega-3 fatty acids

Omega-3 fatty acids are a type of healthy fat. Your body cannot make them, so you have to get them from food or supplements.

Studies suggest that people with RA have lower-than-average levels of EPA and DHA, two omega-3 fatty acids. EPA and DHA are found in fatty fish such as tuna, sardines and salmon.

Studies have found that omega-3 fatty acids can ease RA symptoms like morning stiffness, but you might need high-doses of fish oil for that. EPA and DHA may also lower the risk of heart problems linked to RA. Talk to your doctor about how much omega-3 fatty acids you should be getting.

Other Vitamins and minerals

Researchers have studied whether not getting enough vitamin C, vitamin E, magnesium, zinc, and selenium can affect RA symptoms. So far, there's no clear evidence that getting more of any of these nutrients helps RA.

Your best solution is to get your nutrients from foods. A diet rich in fruits, vegetables, whole grains, and lean meat is therefore important. But if you're still not getting enough nutrients or you can't absorb nutrients from foods, you may need to ask your doctor if you need supplements.

Exercising with arthritis: How to introduce regular activity into your routine

So you have decided to get out and get active, but where do you start? Here are a few guidelines on taking your first steps in incorporating exercise into your daily routine:

1) Check with your doctor first

Contact your doctor or therapist and ask how you can incorporate exercise into your current treatment plan. With some guidance and an understanding of how your body will respond to certain activities, your exercise plan will get you maximum results with minimum aggravation.

2) Find an aerobic activity that suits you

Aerobic exercise can help improve circulation, reduce weight, maintain bone mass and increase joint mobility, not to mention increasing overall energy levels to help you get through the day.

The type of aerobic activity that best suits you depends on your arthritis and the joints it affects. Ideal activities are those that avoid putting excessive load and stress on your joints through impact and aggressive changes in direction. Activities such as walking, swimming, cycling, rowing and aqua-aerobics all allow for smooth, controlled movement.

Try to build up to 20-30 minutes of aerobic exercise three times a week, but be mindful not to over-train. If you find this is too much for your joints, then you can always split this time into 10 minute blocks. Whatever you choose to do, remember to have fun doing it!

3) Start Flexibility Training

Improving and maintaining your range of motion through flexibility training is an integral part of any programme. Developing your flexibility will relieve stiffness by improving blood flow and reducing muscle tension around your joints. Activities such as yoga and tai chi are perfect for achieving these goals as is a Stretch Programme tailored to your individual needs.

4) Give Resistance Training a shot

Developing muscle strength and endurance will have you feeling stronger and more able to sustain activity for longer. A supervised Resistance Training Programme is ideal for extending your range of movement in a controlled environment and strengthening muscles so they can better support and protect your joints. Remember to tell your trainer about your condition so as to avoid any movements that may incite pain.

Swiss Ball Training is a perfect place to start as it is not only fun but will challenge you in ways you couldn't imagine. Using your own body weight, Swiss Balls hone your sense of body awareness, balance and co-ordination, reducing your chances of subsequently injuring yourself in an awkward movement or fall. Depending on your condition, a Resistance Training Programme should encourage functional movements that have a high carry over to your regular daily activities. This will allow you to focus on moving with strength, control and confidence. A combination of a smooth, continuous exercise and a programme, designed with your specific needs in mind, can help reduce your pain and protect you from further joint damage.

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

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Ashley Kilham
Fibromyalgia sufferer

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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/.



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.



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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

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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