

Arthritis, what you always wanted to know



Conference delegates at the opening session.

On 16 May we held our first public conference called Arthritis, What You Always Wanted To Know.

The conference, which was held at the Waipuna Hotel in Auckland, was attended by more than 100 Arthritis New Zealand members, staff, members of the public and health professionals.

Our keynote speaker, Associate Professor Lisa Stamp (pictured below), spoke about the latest research in rheumatology around the world, and the future for arthritis treatment in New Zealand.

"We want happy, healthy patients who are fully participating. To be able to play with their children and



participate in work. That is the goal," Lisa said.

"Our success depends on working together, as a team, so that's clinicians, doctors, patients, support groups, so that patients with arthritis can lead happy and active lives."

Other presenters included the Associate Minister for Health and Minister of Community and Voluntary Sector Hon Jo Goodhew, Dr Peter Larmer, Professor Keith Rome, Dr Rajif Gupta and Dr Ros Vallings.

Arthritis New Zealand member and President of the Cambridge Arthritis Support Group Luud Aalsma, found the conference offered something for everyone.

"It's educational, but on the next level. As many people with arthritis know about their conditions, the information given here is the next step up and I appreciate that," she said.

We look forward to growing our conference in 2013.

Gaga talks lupus



Musician Lady Gaga (pictured), who recently played in Auckland, has talked openly about lupus, an autoimmune disease that occurs when antibodies attack healthy tissues.

"Lupus is in my family and it's genetic. I don't show any signs, any symptoms of lupus, but I have tested borderline positive. I'm connected to my aunt, who died of lupus. I have to take good care of myself," she said in interviews with CNN and *The Times*.

With lupus, different parts of the body become inflamed and this causes pain and swelling. However it can be difficult to diagnose as it can mimic other diseases.

Women are nine times more likely to be diagnosed with lupus, and it is usually diagnosed between ages 15 and 45. The causes of lupus are not well understood, it is likely that both hereditary and environmental factors are involved.

If you'd like to speak to an Arthritis Educator about lupus please call us toll free on 0800 663 463.

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IN THIS ISSUE:

- 2 From the President
- 3 From the Chief Executive
- 4 OA campaign reaches out across NZ
- 5 Chronic pain a chronic problem
- 6 Winter money-saving tips from PlumbQuick
- 6 Kiwi Karma
- 7 A little bit more about polymyalgia
- 7 Volunteers - we need you
- 8 Innovation leads to Science Fair success
- 8 Ginger therapy for osteoarthritis
- 9 Rheumatoid arthritis, social media and me
- 10 Aussie researchers place greater emphasis on self-management
- 10 Saluting 25 years of dedication
- 11 How much fish oil is right for me?
- 11 Donation slip
- 12 Concerned about your hip replacement?
- 12 New research sheds light on risks for men with RA
- 13 Ankylosing spondylitis and Spondyloarthropathy: Cutting edge research in New Zealand
- 14 Pigs can fly!
- 15 Lottery tickets, Golf Day 2012, Thanks Kirks! and Entertainment Books.

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If you would like to contribute to the next issue of The Juice, please submit content by 27 July 2012.

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2 : ISSUE 42 | 2012

From the President

Arthritis New Zealand exists as a result of the efforts of people like us. Right from those very early days the original members wanted to raise the profile of arthritis. Raising awareness of arthritis was the number one priority for all the people consulted during our review of services in 2010.

Our strength has always been in the support we provide at an individual and a national level. Membership has, since the very early days, provided the backbone of our organisation. With this issue of The Juice you will receive your call to renew your membership. Your membership counts.

In this past year we have run two awareness campaigns – and they are working. Making the organisational changes last year gave us the capacity to create our first awareness campaigns. Matt Lockwood, the face of our ankylosing spondylitis campaign, led this off in July. Matt is an amazing role model for us – he is young and he is excelling at his chosen sport.

Whether or not you are a racing car fan we can all share in Matt's triumphs. In March this year Matt won the Inaugural V8 Challenge Cup round at Hampton Downs and was signed with Tasman Motorsports Group as a development driver. Matt made his dreams come true.

In March our osteoarthritis (OA) campaign was launched – OA is like broken glass in your joints. If this image seemed familiar it is because many years ago we used this same metaphor. This is an image that has stood the test of time – it has proved just as effective in 2012.

The OA campaign, supported by Pub Charity, has reached thousands of



Alan Henwood

people with arthritis that had never previously been in touch with us. For these people the, often desperate, phone calls, have proved to be a lifeline. The help we can provide – our excellent printed material, the Arthritis Educators and the access to exercise and support groups have given people control. Feeling in control of your arthritis is essential – I know that and I'm sure you do too.

These are not our only activities. Our core activities continue. In addition, in the past three months I have attended a number of functions on behalf of the organisation – the Kids with Arthritis camp, the launch at Otago University of its Arthritis Research Theme which seeks to co-ordinate arthritis research throughout the country, the launch of the Pain Report in conjunction with one of our sponsors, Pfizer, and various other meetings. Unfortunately I was unable to attend the open day at our recent conference but again the public response has exceeded our expectations.

We are making a difference, and this why I encourage you to continue your support in any way you can.

Alan Henwood
President

From the Chief Executive

Kia ora tatou

Just is a powerful word. It can, in a short breath, minimise an experience as in “It’s just arthritis”. And yet the same word can promote equity and strength as in providing holistic treatment for people with arthritis is just.

To the half a million New Zealanders living with arthritis the reality is a life of chronic pain which can be very lonely and isolating. Arthritis has no favourites – incidence might increase with age but can be found in every nationality, every income group, every profession.

One of our successes from the past year has been our awareness raising activities – both in advertising campaigns and in our advocacy activities.

Our new television commercial using the broken glass in the knee joint to raise awareness about osteoarthritis was launched in March. This is the second in our “Arthritis it could surprise you” campaign series.

The response was immediate; our telephones started ringing off the hook. Many of the callers had been told by their doctor “It’s just arthritis.” The effect for the person is their pain, their experience is not taken seriously; they feel belittled.

In May we launched a report on Chronic Pain in a function hosted by Michael Woodhouse who facilitates our Parliamentary Friends of Arthritis group. The report confirms much we already know about the chronic pain. It calls for us as a country to take arthritis and pain much more seriously.

Our risk is that people will say “Just pain; just another report; just another

survey; just arthritis.” When we use just in this sense we are effectively hitting the “minimise button” on a computer screen.

With our awareness campaigns and our advocacy work we are trying to make arthritis a health priority – if not as arthritis then as the major component of a pain priority or a musculoskeletal health priority. With better recognition comes better treatment and less disability.

Our health system is a good one. But for people living with pain, especially those with osteoarthritis and fibromyalgia it is not a great one. GPs are often stretched to help. This is because managing arthritis needs a joined up health system – an integrated system where GPs, specialists, nurses, physiotherapists, podiatrists, occupational therapists and arthritis educators all work together. We need to make a good system better – we need to take arthritis seriously.

Our health system aims to be just and fair. It would be just to recognise arthritis as a health priority because it affects so many people and has a tangible cost to the health system.

There is a push to get people off invalid and unemployment benefits and into workforce. We know that many people with arthritis do end up on benefits – not because they don’t want to work but because



Sandra Kirby

their condition prevents them from doing so. If we want to have New Zealanders participating fully in the workforce we need to address the barriers that prevent people working – and the disabling aspects of pain is one of these barriers

Taking arthritis seriously makes sense – it is fair and just and even more it is cost effective. The cost of arthritis in 2010 was \$3.2 billion according to the research we commissioned last year. We can reduce this cost.

So let’s talk about just. Let’s make services for people with arthritis just and fair. For too many people arthritis creates its own injustice – and that’s just not fair.

Nga mihi nui

Sandra Kirby
Chief Executive

Follow Sandra on Twitter:
[@ArthritisSandra](https://twitter.com/ArthritisSandra)

Good luck Mahe!

Our ambassador Mahe Drysdale (pictured with his autographed piggy bank, see page 14) will next month be competing at the London Olympics. We’d like to wish him all the very best in his quest for Gold. Go Mahe!



Osteoarthritis campaign reaches out across NZ

In March, we premiered a new television commercial to help raise awareness about osteoarthritis. The response has been fantastic.

Since the commercial's launch, the number of calls to our toll free number (0800 663 463) has been three times our average.

Over the month of April, our team of arthritis educators conducted phone-based assessments for 200 new clients, 74 per cent of who have osteoarthritis.

While it is great that we have been able to assist so many, the high numbers of calls and feedback from callers provide a clear indication that many people with osteoarthritis

are not getting the information and help they need.

Many people have told us that they have been made to feel isolated because a health professional or family member dismissed their condition as 'just arthritis'.

In fact, some of the people we've talked to have been told that aside from taking pain-killing medication, there is nothing they can do to manage their condition. This is untrue.

Diet, exercise, medications, and emotional support play an important role in effective treatment.

It is essential that as soon as someone is diagnosed with any form of arthritis, they are given useful and up-to-date information, and access to proper resources.

From what we're being told, this isn't happening and, as a result, patients are losing out on early rehabilitation.

If time is lost, it can lead to



Osteoarthritis can feel like broken glass in your joints.

additional damage of the joints and, potentially, an increased need for joint replacement.

Treating osteoarthritis requires a multi-disciplinary approach that includes general practitioners, specialists, nurses, physiotherapists, podiatrists, occupational therapists, and arthritis educators.

Although there is no cure for osteoarthritis, there are many ways to deal with pain, improve muscle strength and prevent further progression.

By working with a team of health professionals, and learning how to self-manage, patients can take the right steps towards looking after themselves and properly controlling their osteoarthritis.

If you feel you could benefit from speak to our Arthritis Educators, please do not hesitate to contact us on 0800 663 463.



A shot from our osteoarthritis commercial.

Notification of 2012 National Awards and AGM

The 2012 National Awards are open for nominations for the following categories:

- Premier Award
- Distinguished Service Award
- Business Development Award
- Young Achiever's Award

Visit www.arthritis.org.nz for nomination forms and guidelines, or contact your nearest regional office.

Alternatively, please contact Karen Baker in the National Office by calling 0800 663 463 or emailing Karen.Baker@arthritis.org.nz.

The Annual General Meeting of Arthritis New Zealand is scheduled to be held on 3 November.

The venue will be confirmed in July, and notice will be given in the next issue of The Juice.

St John Ambulance

We would like to thank St John Ambulance for making us one of the available charities on their staff payroll giving programme.

If you'd like to find out more about payroll giving and how your workplace can be involved, please contact Dianne on 0800 663 463.

Chronic pain a chronic problem

A recent phone poll of over 1,600 New Zealand adults, commissioned by Pfizer New Zealand in partnership with Arthritis New Zealand, showed that many people who experience chronic pain feel their condition is misunderstood by society and sometimes by healthcare professionals.

Chronic pain is a complex condition to treat because it is present among many illnesses, from arthritis, cancer, fibromyalgia and multiple sclerosis to other musculoskeletal pain disorders.

The *Pfizer New Zealand Health Report: Chronic Pain* (pictured) found that one in eight respondents were currently affected by chronic pain, and 65 per cent of those with chronic pain said other people often or sometimes doubted the reality of their pain. Thirty-five per cent of all respondents agreed with the statement that chronic pain is used as an excuse for people who don't want to work.

Arthritis New Zealand Chief Executive Sandra Kirby said the

survey results shine a worrying spotlight on the challenges people face living with chronic pain in New Zealand.

"There is a stigma attached to chronic pain, as it's an invisible disability," Sandra said.

"Pain can't be seen by the eye, so people often don't understand it's there. It has a severe impact on quality of life, stopping people from carrying out day-to-day tasks, holding down jobs, or even getting a good night's sleep.

"For many the struggle of living with chronic pain continues to be unrecognised."

According to the report, twenty-four per cent of respondents with chronic pain said it greatly affects their ability to hold down a job, 57 per cent said it greatly affects their ability to play sports and 33 per cent said it greatly affects their ability to enjoy leisure activities.

Fifty-three per cent of respondents with chronic pain said it greatly affects their ability to sleep.

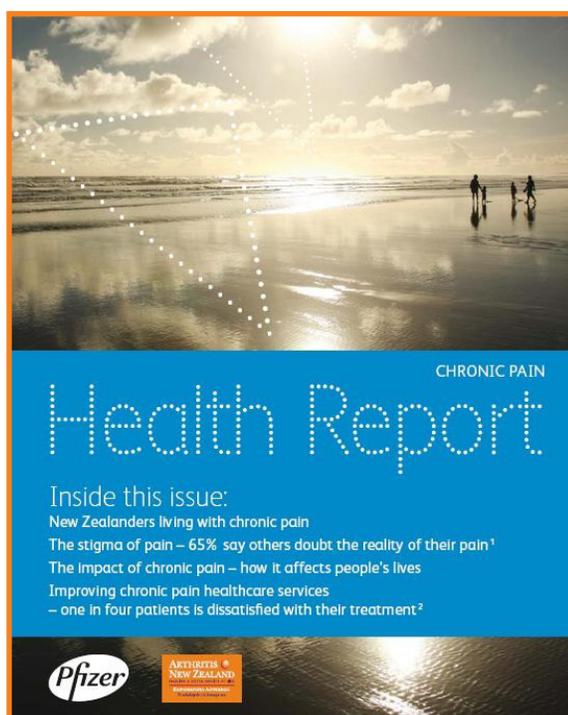
The survey also revealed that 28 per cent of respondents who seek treatment for chronic pain are dissatisfied or somewhat dissatisfied with the treatment they're receiving, and 30 per cent of those with chronic pain are purchasing pain medications other than what their healthcare professional has prescribed them.

Sandra said the results emphasise the urgent

need for a national pain strategy to provide further education, resources, and information to both patients and healthcare professionals about lifestyle and treatment options for those living with chronic pain.

"The challenge we face is that the science of chronic pain is ahead of the diagnosis and treatment. Experts are telling us that the brain can play an integral role in how we process pain signals, but the basics of pain science are not always well understood across all providers of chronic pain treatment," Sandra said.

Frances Bengé, Managing Director for Pfizer New Zealand, supports the call for a national pain strategy to help promote and better manage diagnosis and treatment of chronic pain in New Zealand.



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Money-saving winter tips from PlumbQuick

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1. Let's say you have a shower that currently runs at 20 litres per minute on mains pressure, and your household takes an average of four 10-minute showers every day. Installing a flow restrictor could potentially save up to 30 per cent on your hot water energy bill.
2. Your washing machine is likely to have a water level adjustment. Reduce the level and you'll save up to 10 litres for every wash. Otherwise, wait until you have a full load before washing and you'll and cut down your power bill.
3. Make sure the dishwasher is full before you use it.
4. If you have the misfortune of having to replace your existing hotwater cylinder, consider upgrading to a heat pump hot water cylinder or, better still, a solar water heating system. Both of the options use natural energy from the sun and air to heat the water and only use a very minor amount of power to capture the sun's energy. PlumbQuick can provide advice and installation for you.

To find out more, call PlumbQuick on 0800 758643 (Auckland) or 0800 275864 (Wellington) or visit our website www.plumbquick.co.nz.



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Remember to mention Arthritis New Zealand to receive your discount.



Kiwi Karma supporting arthritis

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

Kiwi Karma is a new hotel booking website. When booking accommodation through this website, you can nominate Arthritis New Zealand to make a \$5 donation to (at no additional cost to you).

Even if you aren't likely to use this website to book accommodation, please consider registering on it and nominating Arthritis New Zealand as your charity of choice.

The more supporters

we have, the larger our share of the funds.

Visit www.kiwikarma.co.nz to register! Thanks for your support!

Book your stay and reward Arthritis New Zealand at the same time!

www.kiwikarma.co.nz

A little bit more about polymyalgia rheumatica

Polymyalgia rheumatica (PMR) causes severe stiffness and pain in the muscles of the neck, shoulders, lower back, buttocks and thighs.

People with PMR may experience weariness and loss of energy, night sweats and fevers, weight loss and feeling low or depressed.

Polymyalgia rheumatica mainly affects people over the age of 60. Women are affected two to three times as often as men and it affects about 1 in 2,000 people.

The onset of PMR can be dramatic and can develop overnight. In other cases, it can develop over a period of weeks, mainly with stiffness in the shoulders, thighs and hips. These symptoms are often worse in the mornings and can make getting out of bed difficult. Prolonged inactivity, such as sitting for long periods, can also increase stiffness.

Some individuals with PMR may also have giant cell arteritis, also called temporal arteritis. This causes small and medium sized arteries to become inflamed, swollen and sore. The arteries of the head, excluding those of the brain, are most commonly affected. This can result in headaches, jaw pain and tenderness of the scalp.

Although the cause of PMR is unknown, researchers are investigating genetics, immune system abnormalities and environmental factors as potential causes.

PMR is usually treated with a low-dose corticosteroid, such as prednisone. Relief of symptoms is usually obtained within 48 hours.



Getting out of bed can be difficult with polymyalgia.

Once the symptoms are well controlled, the dose is gradually reduced.

Non-steroidal anti-inflammatory drugs (NSAIDs) and disease modifying anti-rheumatic drugs (DMARDs) are also sometimes prescribed to treat PMR.

Physiotherapy is useful to help reduce pain and to avoid muscle wasting, in severe cases.

For more information, call us toll free on 0800 663 463 to speak with an Arthritis Educator.

Volunteers - we need you!

This week, until Saturday 23 June, is New Zealand Volunteer Awareness Week. Do you volunteer for us? If you do - thank you! We love our volunteers, and wouldn't be able to operate successfully without you.

If you would like to get involved with volunteering for us, we are currently recruiting street collectors for our annual Appeal Week.

This year our Appeal Week runs from from 25 September until 1 October. This is a massive week for Arthritis New Zealand and a great opportunity to raise funds to enable us to carry out our work.

Call us on 0800 663 463 to find out more about how you can make a difference in your area!

The theme of this year's Volunteer Awareness Week is 'Building communities through volunteering'. Volunteers are essential to help build resilient communities in New Zealand.

Across the country events will be held to mark the contribution volunteers make in our society.

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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- Made in New Zealand

Innovation leads to Science Fair success

Fourteen-year-old Imogen Samuels was recently award runner-up in the Science Fair in Auckland, for her one-handed chopping board designed for people with arthritis. Imogen, who has juvenile idiopathic arthritis (JIA), explained her project:

I was inspired by the story of a man who was interviewed on *Campbell Live* in June 2011. He didn't have any hands, but was going to get some artificial hands made.

After seeing that interview, I was intrigued to find out how some people with only one hand were able to do day to day activities.

The first thing that came to my mind was 'How do people with only a hand prepare and cook food?'

So when our class was told about Science Fair, I knew exactly what I wanted to do, and that was to explore this idea further and build a one-handed chopping board.

and the Single Hand Cook. Both seemed like good designs, but the boards were quite complicated and not very user-friendly.

My plan was to make a make a chopping board that is easy to use and functional for those who only have one hand.

By using clear, simple design I wanted to meet the needs of people who may only have the function of one hand or arthritis.



Imogen demonstrates the grater function of her one-handed chopping board.

I researched using different search engines, websites and pictures to see if anybody out there had designed and made a chopping board like the one that was in my mind.

The only thing that was close to my concept was The Swedish Chopping Board

I aimed to provide a simpler and more effective way for these people to prepare meals.

What can the board be used for?

It can be used to cut up:

- Red meat
- Chicken
- A variety of fruit
- A variety of vegetables
- Different types of bread
- Seafood
- And anything else that fits

All the parts are made of bamboo, with the connecting parts and pins of stainless steel to maximise cleanliness.

Ginger therapy for osteoarthritis

Ginger therapy is an innovative therapy that has been found effective in relieving symptoms of pain in osteoarthritis. It has been used for arthritis in specialist clinics in Europe for decades and traditional medicine hospitals in China for hundreds of years.

Arthritis New Zealand, interested in research that offers increased support for people with arthritis, agreed to assist this research by facilitating participation through advertising on our website.

The first stage of the study involved

20 people with osteoarthritis receiving one week of ginger therapy.

Participants found the therapy warm and relaxing, with a significant positive change in quality of life, pain, fatigue, tiredness and general mobility. No adverse effects were reported.

People in the study then had the option to continue using the recently-developed ginger patches for the next six months.

This study is still in process, with results so far confirming the initial

positive responses. The results are intended to inform a future controlled trial of larger numbers using the ginger patch.

The lead researcher, Tessa Therkeson is a Registered Nurse living in Wellington.

She has studied this therapy both clinically and academically for the past decade.

This research is part of a post-doctoral research study from Edith Cowan University in Western Australia.

Rheumatoid arthritis, social media and me

Sarah Clark

It's Monday night, I go to the cupboard and pull down the sharps container, the paper bag, the needles and the alcohol swabs. Not everyone's typical Monday night, but for me it is a reality.

I pull the Methotrexate from the paper bag and prepare my injection. It's a grind but I wouldn't trade in this medication for anything. It helps me walk, it helps me think and it helps me to live my life as a relatively normal 30-year-old woman.

I talk about having rheumatoid arthritis pretty openly but that hasn't always been the case. Eight years ago it was a very different story.

I was 22 and had never heard of rheumatoid arthritis. I had pain in my two middle fingers. My GP suspected an autoimmune disease straight away. I was sent for blood tests and I was referred to a rheumatologist. When the results were in, it was confirmed, I had the rheumatoid factor.

The first couple of years were really rough. I couldn't find a rheumatologist I gelled with. I was trying new medications every three months. Nothing seemed to make a difference. I was on excessive doses of prednisone and I knew no one with this autoimmune disease.

My advice is to have a positive relationship with your rheumatologist and find someone to talk to! I found some young people in America who were there for me at the worst time. It was comforting to find people who were going through what I was.

Super and young

I decided I wanted to make a difference for other young people with rheumatoid arthritis, or any

autoimmune disease here in New Zealand. And so the Super Young Arthritics of Wellington (search for us on Facebook) was born.

It started with four of us meeting at a pub in Wellington. It was awkward, like a blind date, but it was the best thing I ever did. But don't let the name fool you, we are from all over New Zealand!

One of my best friends today is one of those four people I met in Wellington on that night in July 2009.

Now we have an online support group, where we discuss topics pertinent for people in their 20s and 30s. Members post questions and everyone weighs in with their experiences and advice. With over 200 members today, there is a wealth of knowledge just waiting for you. We even met up for a beer on the odd occasion!

Autoimmune arthritis movement

The difference between osteoarthritis and autoimmune arthritis is finally being discussed. The international autoimmune arthritis movement

hosted the first World Autoimmune Arthritis Event on 20 May. I was an official presenter, on the topic Autoimmune Disease and the Workplace. Arthritis New Zealand also got behind this awesome event.

In recent times Arthritis New Zealand has been working hard to improve their presence in the world of social media. Join them on Facebook, get involved, start discussion and give advice. There is nothing more comforting of hearing from people who are going through what you are! Arthritis New Zealand have great resources and helpful people available to answer your questions.

I am so glad that in the last eight years things have changed dramatically, we can thank social media for that! I have a great treatment plan involving steroid injections, Methotrexate, Plaquinal, folic acid and Rituximab infusions.

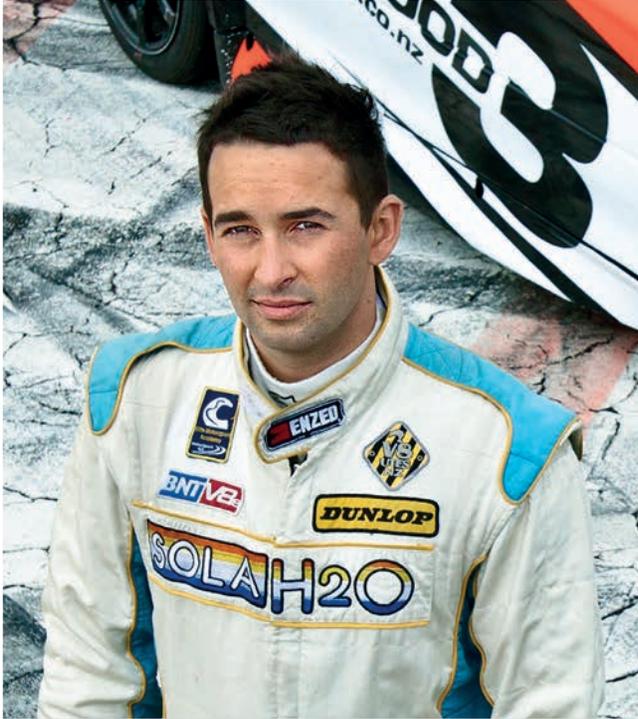
Those would be really scary words if it wasn't for the support of the online communities that I have connected with. So, what are you waiting for? Come and join us!



Getting treatment.

Arthritis it could surprise you.

Despite living with **Ankylosing Spondylitis**, V8 Challenge Cup driver **Matt Lockwood** is making his dreams come true.



At 24, with only five years of motorsport racing experience under his belt, Matt has already taken home three national championship titles.



Supported by an educational grant from Abbott Laboratories NZ Ltd
NZ-HUMS-2012-10. TAPS PP2161.

ARTHRITIS
NEW ZEALAND
ENABLING A BETTER QUALITY OF LIFE

KAIPONAPONA AOTEAROA
Te whakapiki i te kounga ora

Aussie researchers place greater emphasis on self-management

Professor David Hunter, from the University of Sydney, was the keynote speaker at the launch of the Centre for Musculoskeletal Outcomes Research at the University of Otago in May.

Professor Hunter is a Consulting Rheumatologist at North Shore Hospital in Sydney, where they have been undertaking a study into non-surgical interventions to those with hip and knee joint issues. Half of those who attended had co-morbidities such as depression, hypertension or diabetes. Ninety per cent were overweight or obese, with studies indicating that only eight per cent of people with osteoarthritis (OA) attempted to lose weight.

Prof Hunter suggested the following for treatment of OA:

1. Education. Weight loss. Exercise.
2. Physiotherapy. Braces, orthotics.
3. Pharmacological management (drugs)
4. Surgery

He said there should be more emphasis on self-management rather than surgery. Taking a multi-disciplinary team approach has led to a 15 per cent reduction in the number of surgical interventions.

Many have been referred to exercise classes and dietitian for weight loss. A 10 per cent weight loss has led to a 50 per cent reduction in pain, yet previously there had been a tendency to jump straight to surgery without investigating other options.

Saluting 25 years of dedication

An Award for Outstanding Service in the Northern region was presented to Chree Barker, who has been an active volunteer on the North Shore for 25 years.



Tony and Chree Barker.

Chree was a member of the former Auckland Division Executive and has been an active and involved member of Arthritis New Zealand. She successfully ran the Education Support Group for many years.

-She has been a tireless advocate for the needs of people with arthritis, always assisted and supported by her husband Tony. We wish them both well for the future.

How much fish oil is right for me?

Fish oils are oils found in the tissues of fish. They contain a certain type of fat called omega-3. Omega-3 fats can reduce inflammation and help to relieve joint pain and stiffness in some inflammatory forms of arthritis such as rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. Long-term intake of fish oil has been shown to reduce the intake of NSAIDs in some cases of arthritis. This can help decrease the risk of side effects from these medications. Fish oils can also help reduce the risk of heart disease and heart attack. There is some evidence that they may also play a role in preventing and treating depression.

Fish oil supplements are available as capsules or as a liquid. Different brands of capsules vary in the amount of omega-3 fats they contain so it is worthwhile to compare brands. Check the label to see the amount of omega-3 contained in each capsule (it may be listed as a total omega-3 or as EPA and DHA, which are two forms of omega-3). Bottled fish oil is generally the most convenient and least expensive way to take the dose needed to reduce inflammation. Capsules are preferred by some people and are more portable when travelling.

Research suggests the dose needed to reduce inflammation is 2.7 grams or higher of omega-3 (EPA plus DHA) daily. The dose of 2.7 grams can be achieved by taking nine to 14 standard 1000mg fish oil capsules or five to seven capsules of a fish oil concentrate per day, or 15mL of bottled fish oil per day. You may need to take fish oil supplements regularly at the recommended arthritis dose for two to three months before you notice improvements in your arthritis symptoms. If there is no change by then, the supplements are probably not effective for your arthritis.

Fish oil is usually well tolerated. A possible side effect from fish oil supplements is an upset stomach (for example, heartburn, nausea, diarrhoea). Taking high doses of more than seven grams of omega-3 fats per day may increase the risk of bleeding.

Caution with fish liver oils. It is important not to confuse fish oils with fish liver oils (such as cod liver oil and halibut liver oil). Fish liver oils also contain vitamin A. Large amounts of vitamin A can cause serious side effects, particularly during pregnancy. If you take fish liver oils in the doses recommended for arthritis you may exceed the recommended daily intake of vitamin A. Only take the dose of fish liver oil recommended on the label. To increase your intake of omega-3 fats, you should do so by taking pure fish oils, not fish liver oils.

Always let your doctor and pharmacist know if you are taking any treatments, including fish oils and other natural medicines. Do not stop any current treatments without first discussing it with your doctor.



Source - Arthritis Australia

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

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Did you know that you can also donate online? Visit www.arthritis.org.nz.

Thank you for your generosity!

Concerned about your hip replacement?

There has been some media attention recently about hip implants being recalled due to a higher than expected failure rate.

Advice from Arthritis New Zealand remains consistent; if you have had a hip replacement and are experiencing any pain or discomfort, talk to your GP and get it checked out.

For many people with osteoarthritis, the most common form of arthritis in New Zealand, having a hip replaced is a successful and safe procedure that is an important part of reducing pain and increasing mobility.

The latest concerns in regards to the Stryker Mitch cup on an Accolade stem are caused by movement in part of the hip joint replacement and metal debris entering the bloodstream from a metal on metal implant.

Although these issues are extremely serious for those affected, it is important to note that this particular type of joint replacement is only one

of a number of possible replacement joints used in New Zealand.

Stryker has issued an alert and surgeons are contacting their patients.

To provide some perspective, there have been 106 Mitch cups inserted by 19 surgeons but only 41 of these were with an Accolade stem, which seems to be the combination causing a higher than usual rate of revision overseas.

In New Zealand there have been three revisions of the Mitch cup on the Accolade stem to date.

The metal debris is a mixture of cobalt and chromium, both trace elements are absolutely necessary for life, however care needs to be taken to check that the levels remain microscopic and hence surgeons will be testing their patient's urine or blood to monitor these two trace element levels.

If the levels are high then this may be an indicator that revision surgery is required but your surgeon will be able to advise you of this.

For the thousands of people who need a hip replacement this year, do not be discouraged.

Good communication between doctors, surgeons and patients is required to ensure you know what type of device is being used and to ensure that the follow up after surgery is undertaken.

Hip replacements continue to make a positive difference to the quality of life for people with certain types of arthritis.

New research sheds light on risks for men with RA

Men with rheumatoid arthritis have a two-thirds greater risk of developing erectile dysfunction (ED) than men without the disease, according to a recent study.

The research, undertaken at the Taipei Medical University in Taiwan, involved 6 310 patients aged from 18 to 80, who had been diagnosed with erectile dysfunction at least twice between 2001 and 2009 (with at least one of the diagnoses being made by a urologist), and 37 860 control patients.

“It is important for physicians treating RA patients to be sensitive to any complaints concerning sexual function and consider referring them for an erectile function assessment and possible treatment,” the researchers, Dr Joseph Keller and Heng-Ching Lin PhD, wrote.

If you have any concerns about your RA, please speak to your doctor or an Arthritis Educator toll free on 0800 663 463.



Ankylosing spondylitis and Spondyloarthropathy: Cutting edge research in New Zealand



Dr Simon Stebbings
Rheumatologist at Dunedin Hospital and senior lecturer at Dunedin School of Medicine

Ankylosing spondylitis (AS) is a form of arthritis which affects the back and neck causing stiffness, pain and loss of movement. AS is actually part of a group of similar forms of arthritis called the spondyloarthropathies, but as this is pretty hard to say it is often shortened to SPA!

People who have SPA often experience back pain as well as pain in other joints, such as the knees and ankles, and may also suffer stomach pains, eye inflammation and psoriasis.

SPA is quite common and affects about 1-3 people in 100. Amongst these, about 1 in 3 people have a severe arthritis that can affect their ability to work and cause long-term pain and stiffness, which is often worse at night and may affect their sleep.

One of the most striking features of SPA is that it tends to run in families. This is due to a strong inherited genetic risk. In particular a single gene has been identified called HLA-B27 and this is routinely tested for in people in whom the diagnosis is suspected.

In the last few years, the University of Otago School of Medicine has had an active research programme investigating the causes, impact and treatment of SPA. This is now part of the University's Arthritis Research Theme. Several studies performed by Otago researchers have been published internationally. Researchers have investigated the potential role of bacteria, which live in our intestine. It seems that people with SPA may react to bacteria which live in the intestine, and this might make the intestine leaky allowing bacteria to stir up joint inflammation.

Researchers at Otago looked at ways of preventing this leaky gut syndrome by using a probiotic (a preparation of healthy bacteria similar to yoghurt) to see if this would be an effective treatment for SPA. This project was funded by a research grant from Arthritis New Zealand.

Unfortunately the probiotic used did not prove to be helpful, although other researchers in the USA are interested in the concept and plan to repeat this experiment with different probiotics.



Matt Lockwood in our AS campaign.

Recently, a multicentre study called the SpondyloArthritis Genetics and the Environment, or SAGE study, has been developed to study SPA across the whole of New Zealand. The researchers are hoping to find out how common SPA is in this country, to look at genes that might be important in this type of arthritis and investigate how the symptoms of SPA affect a person's quality of life.

A new questionnaire assessing stomach and bowel symptoms has been developed by the group and will help to record for the first time if these symptoms are important to SPA sufferers.

Last year, Arthritis New Zealand ran a television and newspaper campaign (with the support of a pharmaceutical company, Abbott Laboratories) to highlight the symptoms of ankylosing spondylitis and SPA.

Preliminary research has shown this was very effective in raising awareness of the condition and many more referrals were received throughout the country during the campaign. This shows that there are many people in the community who may not be aware they have SPA or that effective treatment is available.

If you are a SPA sufferer and would be interested in taking part in the ongoing research in this condition, there are research centres based in the Rheumatology Units of the following hospitals: Dunedin, Timaru, Christchurch, Lower Hutt Hospital Wellington, Waikato Hospital Hamilton, and Greenlane Clinical Centre Auckland. We are always grateful to people who help with our research.

Pigs can fly!

Arthritis New Zealand recently teamed up with high-profile New Zealanders to help children with arthritis.



John Key, Graham Henry, Sam Neill, Mahe Drysdale, Mary Jane O'Reilly, Cornad Smith, the Topp Twins, Billy Bowden and Tim Shadbolt each signed and decorated a delightful orange piggy bank, that we auctioned on TradeMe.

The piggy banks generated a great deal of interest, with TradeMe even listing us as a Cool Auction!

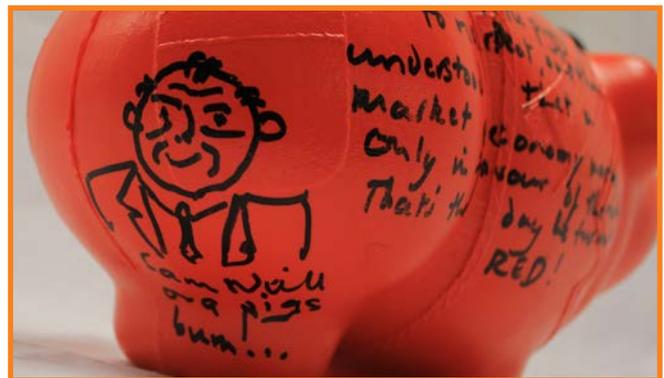
Right: Prime Minister John Key with his piggy bank.

Left: Sam Neill's self-portrait on his piggy bank.

We raised over \$2,000 for our next Children's Camp, with the Prime Minister's piggy bank fetching over \$1,000 alone.

We'd like to extend our thanks to everyone who supported and participated in our auctions.

Your generosity makes a huge difference!



Do you have RHEUMATOID ARTHRITIS?
Are you currently taking Methotrexate?
Do you have swollen joints?

If you answered **YES** to these questions,
you may be eligible to take part in this clinical trial.

We are currently conducting a clinical trial with a new medicine for rheumatoid arthritis. We are looking for participants:

- aged between 18–75 years
- diagnosed with rheumatoid arthritis for at least 3 months
- taking Methotrexate (a common medicine for rheumatoid arthritis) for at least 3 months, but still have swollen joints

Interested?

Phone 800252548

Trial Centre Locations

NORTH ISLAND

- Rotorua
- Tauranga

SOUTH ISLAND

- Timaru
- Christchurch

This trial has been approved by the Multi-region ethics committee.

All trial related medical care and medication will be provided at no personal cost to you.

V_NZ_19-April 2011

Entertainment Books



Our Southern Regional office is selling the Entertainment Book™ this year.

The voucher book is great value, and includes offers for Canterbury, Nelson, and Marlborough.

The book costs \$65 (plus cost of postage if required), and a portion of the proceeds from the sale of the Entertainment Books will contribute towards funding our programmes and services available to those living with arthritis in the south.

Please call Diane on 0800 663 463 to get yours.

Thanks Kirks!

We'd like to once again thank Kirkcaldie and Stains in Wellington for making Arthritis New Zealand their Christmas charity in 2011. It was great to be part of the Street Day, as well as selling Christmas bears. We look forward to working with them again this year.



Lottery tickets now available

Tickets for our latest lottery are now available!

Tickets cost \$10 each, and if you buy four, you will get an additional ticket for free! Once again we have some amazing prizes up for grabs, with a total prize pool of \$89,629.99.

- 1st Prize Rav4 (RRP \$48,990)
- 2nd Prize Vista HotSpring Spa (RRP 27,090)
- 3rd Prize Sharp 3D Home Projector (RRP \$6999.99)
- 4th Prize Family holiday to Gold Coast, including return airfares, transfers to/from Brisbane airport, 4 nights accommodation, 1 day Dreamworld pass and Whiteworld Water pass (RRP \$3,900)

If you buy more than one ticket, you will also be in the running for the multi-ticket prize of MTA Vouchers valued \$2,000.

To get your tickets, download an order form from www.arthritis.org.nz or call us toll free on 0800 663 463 and we will send you a form.

The lottery closes on Friday 10 August, and will be drawn on Monday 20 August (with results being published on our website, in the September issue of The Juice and *The Sunday Star Times* on 26 August). For terms and conditions, please see our website.

Thank you for supporting our fundraising initiatives, and good luck!

Annual Charity Golf Day

The Arthritis New Zealand National Office 7th Annual Charity Golf Tournament was held recently at Paraparaumu Beach Golf Club.

In spite of the weather, the day was a hit, and more than \$18,000 was raised.

We'd like to express our thanks to the following sponsors for their contributions: Pharmacybrands, Blue Co, Bayleys Wellington Commercial, Hutt City Council, NZ Bus, Lighting Depot, Marsh Ltd, Sharp Ltd, Telecom Rentals, The National Bank, Enabling, Four Kings, KPMG, Orangebox and Pacific Radiology.



An excellent day out.



Pharmacybrands

Information

Call toll free 0800 663 463

When you call 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 be next visiting your town.

Make a donation

Did you know by calling 0900 333 20 you can make an automatic \$20 donation to support the 530,000 New Zealanders 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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