

JOINT SUPPORT

ARTHRITIS NEW ZEALAND NEWSLETTER MARCH 2016



Acknowledging the different faces of arthritis

This is our birthday year and commenced with the

2016 Arthritis New Zealand Awards

On the 11th of February the 2016 Arthritis New Zealand Awards were held at Government House. Not only was the ceremony an acknowledgement of the outstanding contributions of the award recipients, but it also marked the 50th anniversary of Arthritis New Zealand.

Cate Grace received the Premier Award for being an inspiration and role model to others living with arthritis.

First diagnosed with psoriatic arthritis at the age of 23, Cate has gone on to be a top 10 finalist in the 2013 Life Fitness Personal Trainers to Watch competition and, in 2014, was a finalist in the Women of Influence Awards.

Professor Lisa Stamp received the Special Jubilee celebration Research Award.

Lisa is one of the key gout researchers in New Zealand and internationally, her research has helped improve the lives of patients living with the condition.

Mahe Drysdale received the Special Jubilee celebration Sports Award. Mahe has been an Arthritis New Zealand Ambassador since 2011.

Despite continuing problems with osteoarthritis in his back, Mahe has represented New Zealand at nine World



Left to right: Jacob Toresen, Cate Grace, Melissa McGregor (Pfizer NZ), Mahe Drysdale, Their Excellencies, Peter Larmar, Alice Jones, Professor Lisa Stamp, David Stevens

Championships and three Olympic Games, winning a gold medal at the 2012 Olympics in London.

Pfizer New Zealand received the Business Development Award for their contribution to the work of Arthritis New Zealand. Pfizer has supported the organisation in a variety of different ways since their relationship commenced in 2004.

Jacob Toresen received the Young Achiever's Award. Jacob has a maturity beyond his years and has become a valued member of Arthritis New Zealand.

David Stevens received the Distinguished Service Award for his outstanding

contribution to the work of Arthritis New Zealand. A member of the Arthritis New Zealand Investment Committee, David has ensured that the organisation's investment activity allows the organisation to meet its mission to help New Zealanders living with arthritis.

Alice Jones received the Distinguished Service Award for her outstanding contribution to the work of Arthritis New Zealand. Since being diagnosed with Ankylosing Spondylitis (AS), Alice has shared her experiences through media and social media so that other young people with arthritis know they are not alone.



ARTHRITIS
NEW ZEALAND

KAIPONAPONA AOTEAROA

50
1966
2016
YEARS



In this issue

- 1 2016 Arthritis New Zealand Awards
- 2 From the President
- 3 From the Chief Executive
- 4 Should we be trying to make our days a little harder?
- 5 Otago Gout Genetics Research
- 6 50 Years of Joint Action
- 8 Collaboration to beat gout in Northland
- 9 Bequests
- 10 The Social Pages
- 12 Problem Packaging
- 13 Mobility Action Programme
Virtual Balloon Race
Story of the Digital Book
- 14 What will we be doing in 2016?
- 15 Donor Mail

Editor: Dianne Armstrong
Email: editor@arthritis.org.nz
Phone: 0800 663 463

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From the President

Our Jubilee year started with a wonderful occasion hosted by our Patron, The Governor-General, Lt Gen The Rt Hon Sir Jerry Mateparae and his wife Lady Janine at Government House in Auckland. At this dinner we celebrated the contributions of the seven Arthritis New Zealand Award winners in improving the lives of people living with arthritis in this country.

Each of the Award winners has contributed significantly to the work of Arthritis New Zealand. Cate Grace, our Premier winner inspires people around the country to keep up an exercise programme whilst living with a chronic condition or two. Her enthusiasm is infectious. Professor Lisa Stamp was awarded the 50th Anniversary Researcher Award recognising her research in the management of gout and rheumatoid arthritis. This research has led to changes in treatment nationally and internationally. Mahe Drysdale was named as the 50th Anniversary Sportsperson with Arthritis. We can all be inspired by him as he continues rowing at Olympic gold level whilst managing osteoarthritis in his back. He and his wife had to leave early to ensure he could be back in his boat before dawn the next morning. I will be following closely his "road to Rio" journey this year and hope we will once again hear our national anthem being sung for him.

Their Excellencies were enthusiastic hosts and remarked on the warm feel of the evening being much more than Auckland's weather. The Governor General has been an interested patron and this is not the first event he has shared with us. His term ends later this year and we were grateful for the opportunity to have him launch our celebratory year. His Excellency remarked to me how the awardees were an inspiration for their work. The photos may show the joy of the evening; but

you will have to believe me that the buzz of conversation went on long into the evening. The fact that His Excellency finished the evening with an impromptu speech and the evening ran an hour later than programmed attests to this.

There is no doubt that events such as the Awards dinner in February and the conference this month provide opportunities for us to showcase the work of Arthritis New Zealand.

One of the things I am learning in my role as President is how much goes on behind the scenes as Sandra and her team help us achieve our mission. In the past year Arthritis New Zealand has made two submissions to Pharmac relating to access to biologic medications and five submissions to the Ministry of Health on matters as varied as the New Zealand health and disability strategies and the regulation of natural health products. Each of these submissions require research to ensure we are putting forward the best information and need to be persuasive so that we can achieve that goal of having musculoskeletal health prioritised in our government thinking and more importantly in their actions.



Peter Larmer
President

From the Chief Executive

I recently saw a T-shirt that said “Unless you are the lead dog the view never changes”. At the time I chuckled and sent it to a family member who is ultra competitive. I have since found myself reflecting on this statement. The image comes from the sled dog team –the view for the dogs behind the lead pair is less than inspiring.

Our Strategic Plan says we want to be recognised as the leading provider of information and support services for all people affected by arthritis. What does the view look like when we are the leading provider of information? Is it a wide landscape over which we can choose our path; or, if you take the dog team analogy a bit further, who is guiding the sled with the end destination in mind? Our Strategic Plan also talks about us being a recognised leader in the charity field. Certainly our size puts us in the top 4% of charities in New Zealand for both our turnover and the size of our team. We are not alone in having this goal – many organisations both in the not-for-profit and the private sector set out to be the lead provider; the best. Apparently the Avis mission “We try harder” came about as they settled for being number two in the rental car market but wanting to have a point of difference from the number one. This is a rare example of a business that sets its goal as being the second.

However even being large in comparison to other charities doesn't mean we can be the leading provider of all services. We are proud that on a weekly basis we run more than 40 exercise classes – many of these are volunteer led. There are many towns and cities around the country where we don't provide exercise classes but refer people on to classes run by other providers. Where organisations such as the YMCA have the equipment, expertise and resourcing to run classes that meet the needs of people with arthritis should we? Where local councils are using rates

to subsidise access to swimming pools and programmes it feels sensible to link residents to these programmes.

You only need to look at me to know that I am not a competitive sportsperson. By nature I enjoy the company of people not the challenge of winning. However I do want to lead an organisation that ensures that people living with arthritis have access to the best services around. Personally I don't think it matters if the service is run by Arthritis New Zealand but it does matter that the service improves the lives of people with arthritis.

Over this, our Jubilee year, the Governing Body will be reviewing our Strategic Plan. This is the year for us to be talking about which services we are leading. There may be areas of work we want to pick up. In 2013 the decision was made to create a new service that linked people who were newly diagnosed with arthritis to another person with a similar diagnosis. There may be new services that are appropriate for us to create now. Equally there may be services we should no longer offer – where we may never be the lead dog. This year's Strategic Plan will shape our work through till 2020. I encourage you to join in the discussions. The Strategic Plan is the metaphorical guiding hand over that dog sled team. This is the document that sets the path and determines the view.



Sandra Kirby
Chief Executive



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Should we be trying to make our days a little harder?

Daniel O'Brien

This question was the concluding statement of a lecture that I recently attended on exercise and physical activity. In the lecture the presenter, an internationally renowned professor of psychology, claimed that despite our best efforts as health professionals to improve the fitness of our patients by asking them to exercise more, we are failing.

We are failing because people are by and large becoming less fit and fatter. Currently in New Zealand approximately 65% of people are categorised as overweight or obese. Our lifestyles have become increasingly more sedentary. Arguably modern technology has made our lives too easy. I pride myself on making my own bread but actually my bread maker does all the hard work. I have a friend who has a machine that mows their lawns by itself using sensors in the garden. Another friend who has a machine that vacuums their floors when they leave the house. As a result of modern devices we are moving less. Essentially we are less physically active.

Research argues that the most effective form of treatment for the majority of chronic health conditions is exercise. In New Zealand, if we all met minimum international recommendations of 30 minutes of moderate exercise five times per week, there would be significant reductions in the rates and the associated disability of diseases such as arthritis, cancer, diabetes, stroke, heart disease, and depression. Yet research shows that only approximately 15% of the people meet this recommendation. Furthermore, exercising can be more challenging when you live with a chronic musculoskeletal condition such as arthritis. Pain, fatigue, stiffness and weakness are all barriers that can limit people engaging with exercise. Keeping fit by undertaking regular exercise is hard, especially when you live with a chronic health condition. But what if you didn't have to do regular exercise?

What if there was another way? Would you be interested?

Health researchers refer to *exercise* as a form of physical activity that is specifically or purposefully completed to maintain or develop one's fitness. *Physical activity* differs from exercise, as it is the total physical movement that is done in a day.

Research has shown that physiologically the fitness of a person, who is physically active throughout the day but does not engage in regular exercise, is similar to that of someone who has a sedentary job but engages in 30 minutes regular exercise a day.

This research into physical activity can be useful for those of use who find the notion of exercise daunting. Rather than beating yourself up for not getting to the gym or going for a walk or a swim, consider focusing on smaller changes in your daily routine. Parking your car slightly further away from the supermarket, getting up to change the channel on the TV, or stand up to do your ironing. Adding small challenges to your daily activities and making your day a little bit harder can all help. These small activities can collectively contribute significantly to our physical fitness. These small additions to your day can feel much more achievable than beginning a new exercise programme. Additionally, once you start to feel more physically fit you may be more inclined to engage in more purposeful exercise.

Slowly we are seeing this concept start to influence work environments. At AUT we

have seen standing desks popping up in the offices like mushrooms. The staff are starting to have walking meetings. People are trying to add small challenges into their daily routines. They are attempting to make their days a little bit harder. For much of my career as a physiotherapist I have been focusing on trying to make the lives of my patients with arthritis better by helping them to exercise. But maybe making their lives better, in fact means asking them to make their days a little harder. Do you think you could and should make your day a little bit harder?

Daniel O'Brien

Lecturer, Physiotherapy Department
Auckland University of Technology

dobrien@aut.ac.nz



For a more interactive explanation of this notion, go to the link below to hear Dr Mike Evans' discussion on the issue.

<https://www.youtube.com/watch?v=whPuRLi4c0>

Otago Gout Genetics Research

Tony Merriman

Based at the University of Otago Dunedin campus and funded by the Health Research Council of New Zealand, the gout genetics research programme continues to generate new findings on the causes and treatment of gout.

Gout is a form of arthritis that results from an extremely painful immune system reaction to crystals of uric acid in the joints. Crystals of uric acid form when uric acid levels are too high. The key treatment for gout is the use of drugs to lower uric acid levels in the blood. The most commonly used drug is allopurinol which slows down production of uric acid in the blood. Gout is more common in men, and more common in Māori and Pacific people.

The programme is led by Professor Tony Merriman with other key investigators being Professor Nicola Dalbeth (University of Auckland) and Professor Lisa Stamp (University of Otago Christchurch campus). The programme is based on a large number of people with and without gout who have generously donated DNA samples and a host of medical, biochemical and other information. We also make use of large international publicly-available data bases. Previously the study has helped establish that a key genetic cause of gout is the inheritance of genetic variants that block the excretion of uric acid in the kidneys and gut.

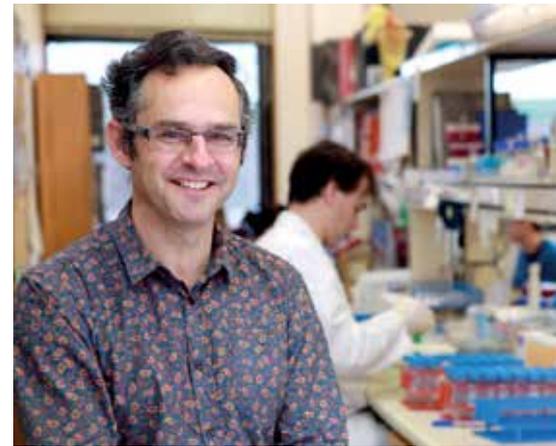
Here are some recent research highlights

1. The discovery of a genetic variant (in a gene called ABCG2) that predicts a person's response to allopurinol. People with a particular genetic variant require a higher dose of allopurinol to lower their uric acid levels. In the future, genotyping for this variant may speed up the process

by which doctors can get people on the optimal dose of allopurinol. This study received strong international attention, with Professor Lisa Stamp presenting the study in a prominent session at the largest rheumatology conference in the world last year (American College of Rheumatology, San Francisco).

2. We have discovered a gene called ABCG4, involved in excreting uric acid into the urine. This gene is most interesting as it influences gout in people of Māori and Pacific ancestry, but not people of European ancestry. It also seems to influence gout only in men. By understanding this gene better we may be able to specifically target this gene with drugs in the future.

3. Because high levels of uric acid and gout are associated with other metabolic conditions such as type 2 diabetes and heart and kidney disease, there has been ongoing suspicion that uric acid causes these other conditions. By using a genetic technique called 'Mendelian randomisation' we have been able to contribute to international efforts to show that this is not the case. It is more likely that the relationship between uric acid and the other metabolic conditions results from environmental factors that drive both conditions. For example, drinking sugary drinks causes the liver to produce uric acid as well as the bad fat that can cause heart disease.



Professor Tony Merriman of Otago University, Biochemistry Department, School of Medical Sciences

50 Years of Joint Action



1966

The Arthritis and Rheumatism Foundation started in Wellington, Dr Tim Williams called a meeting to seek support for a Foundation based on similar organisations in the UK.

Sir John Mowbray started his 14 year term as President!



1978

The Foundation was successful in becoming the beneficiary of the 1978 Telethon. The \$3.3 million received from Telethon gave the Foundation the impetus to step up services.



1979

Field Officer service set up. | First Research Grants awarded

1983

The first Door-To-Door National Appeal was held. Since that time, there has been a National Appeal each year.



1987

This year saw the celebration of 21 years since that auspicious meeting in 1966.

1988

The first major national public awareness campaign "Move it or Lose it" was launched.

1989

"Broken glass in your joints" campaign launched.

1990

Establishment of the National Arthritis Research Fund, with the aim of raising \$1 million by 1995. National Awards introduced to recognise outstanding contributions by volunteers



1991

The Silver Jubilee was promoted in a nationwide tour by Dame Pat Evison.

1998

The internationally recognised 'Living a Healthy Life' self-management courses for people with chronic conditions started.

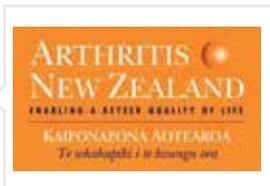


1999

The Foundation celebrated International Year of Older Persons with 'Move it or Lose it' Day. This involved more than 7,000 people holding events, featuring the song and exercise routine 'Move it move it'.

2000

www.arthritis.org.nz website launched.



2001

Name changed to *Arthritis New Zealand*. Our hand logo is replaced by a bright orange icon and our new strapline is 'enabling a better quality of life'.

"Message in a Pill Bottle" Campaign – people around the country send thousands of empty pill bottles containing lobbying messages to MP's to achieve access to the new medicines.

2002

Arthritis New Zealand mounts campaign to promote arthritis as a serious public health issue. The campaign, along with the 2001 "message in a pill bottle" campaign received first place in an international competition "Making a Case for Arthritis".

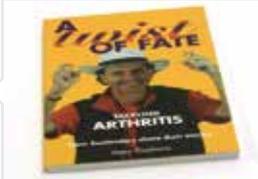
Field Officer role changed to Arthritis Educator.



2003

Arthritis New Zealand developed a Māori Responsiveness Plan to demonstrate our commitment to improving services to Māori people affected by arthritis.

Arthritis New Zealand becomes a unified national body 23 Divisions disestablished and one organisation serves the whole country.



2004

"Show us your joints" awareness campaign.

"A Twist of Fate" book launched – the story of 16 New Zealanders living with arthritis.



2005

"The Economic Cost of Arthritis in New Zealand" report into the burden and prevalence of arthritis in New Zealand provided hard data to give further authority to our lobbying messages.



2006

The orange gerbera as Arthritis New Zealand Appeal symbol introduced
100th research grant awarded

Introduction of free phone service 0800 663 463



2009

Māori Advisory Group formed. Geraldine Brophy and Stefano Oliveri chose Arthritis New Zealand as their charity on 'Dancing with the Stars'.



2011

Services regionalised and increase in phone based services 16 Arthritis Educators provide services across the whole country.

Ankylosing Spondylitis awareness campaign undertaken. "Arthritis: it could surprise you"

Parliamentary Friends of Arthritis New Zealand formed.

Updated "Economic Costs of Arthritis" launched



2012

First National Conference including Public Day held in Auckland.

Fit for Work report launched.

Osteoarthritis campaign "Arthritis: it could surprise you"

Over 10,000 calls received on 0800 663 463



2013

New Branding incorporating the gerbera introduced and Mission statement becomes *Improving the lives of people affected by arthritis*



2015

Gout campaign "Arthritis: it could surprise you"

JOINT SUPPORT

Gout is the second most common form of arthritis in New Zealand. The latest figures show 161,600 people – or 5% of the adult population live with gout. We know men, particularly Māori and Pacific men are most affected. In Northland the proportion of people diagnosed with gout is higher than the national average at over 7% of the adult population – an estimated 8,411 people.

Acute attacks of gout are extremely painful, and disrupt work and home life. Untreated gout can lead to significant kidney damage, cardiovascular problems and the development of tophi which causes irreversible bone and joint damage and musculoskeletal disability.

Arthritis New Zealand has been working with Manaia PHO for some years to support people diagnosed with gout manage their condition. This has been working well but we knew this was only the tip of the iceberg.

Since early in 2015 we have been talking with the Northland DHB, the Northland pharmacists, Manaia PHO and others to be able to reach more people. A joint project known as the Gout Stop Programme has been introduced. For Arthritis New Zealand this means more arthritis education and support for Gout Champion training. For people living with gout this has meant greater awareness and support for gout treatment rather than just pain relief. It has increased patients and GP's willingness to commence gout prevention treatment. With support of the Gout Stop Pack programme more people are reaching target uric acid levels meaning they

are less likely to have a gout attack in the future.

Here's what people have told us

"For the first time in 30 years my doctor has said he is not giving me more pain medicine and that I am starting this prevention programme."

"I used to be on crutches most of the time and now I am walking around the block every day."

"I don't want to get another gout attack so I will keep going with my medications."

The best part about this programme is that we are working with other providers in Northland including both Manaia and Te Tai Tokerau PHOs, the DHB, local pharmacists and GPs and Māori providers.

At the Nga Puhi Festival in January our Arthritis Educator worked alongside the Manaia team to help stop gout.

Gout Map Released

The Health Quality & Safety Commission (www.hqsc.govt.nz) recently released an updated gout map that shows the number of people with gout is increasing.

In 2014 on average, 5 percent of the population aged 20 and over were identified as having gout (161,600 people). This has increased from 4.3 percent in 2012 (136,100 people). Men, particularly Māori and Pacific people are most affected. Men had over three times the gout prevalence of women.

Māori and Pacific peoples had at least twice the gout prevalence of European/ Other and Asian populations.

Gout prevalence varied between district health boards (DHBs), ranging from 3.2% in Canterbury to 8.1% in Tairāwhiti DHB, reflecting different ethnicity and age structures between DHBs.

Gout prevalence increased significantly with age.

Less than half of people with gout regularly received allopurinol to prevent gout attacks. The data do not allow us to infer whether or not treatment is clinically indicated.

We say gout is one of the most treatable forms of arthritis. We need GPs and other primary care services to follow the example of Northland and help beat gout.



Bequest

Do you have a Current will? There are many reasons for ensuring that you have a valid and up to date will.

To protect loved ones. And it is only by means of a valid will that you can be certain that your family and friends will be taken care of when you are no longer there.

Once you have taken care of those who are close to you, you might like to remember Arthritis New Zealand. We are always overwhelmed when we receive advice of a bequest. These gifts ensure our work continues for generations and confirms the importance of supporting the 620,000 New Zealanders with arthritis.

If you would like to talk to someone about leaving a gift to Arthritis New Zealand in your will or for more information, please call Dianne on 0800 663 463 or email dianne.armstrong@arthritis.org.nz

Saying goodbye is never easy. Arthritis New Zealand is grateful to those who ask friends and family to donate to us in lieu of flowers. These generous thoughts and donations assist in the funding of our work for the 620,000 New Zealanders with arthritis.



Care Homes



Need a break from Arthritis? Bupa Short Stay can help.

We have options to suit you and your loved one, so you can relax and take a break.

To check if you are entitled to some short stay care, contact your local GP or give us a call.

 0800 60 80 99

 bupa.co.nz



The Social Pages



Whanganui Garden Amble

26 January 2016

499 tickets were sold and had a great result financially with approximately \$8,500 made.



Waikanae Lions Super Garden Trail 2016

30 and 31 January 2016

Over 1,700 tickets sold, 12 gardens visited, and donations of approximately \$15,000 made to Arthritis New Zealand



Arthritis All Stars v Dr Shane Reti's parliamentarians

15 February

The Annual cricket match was held at Kelburn Park, Wellington on Monday 15 February. More excitement than was going on at the Basin as the New Zealand

team were being bowled out by the Australians. We were very excited to be featured on TV1 Breakfast the following day

Arthritis New Zealand Ambassadors:

- Matt Lockwood
- James Lowe
- Anna Mortlock
- Suzanne Prentice
- Ken Laban
- Mahe Drysdale
- Andrew Nicholson
- Neemia Tialata
- Dick Tayler
- Billy Bowden
- MaryJane O'Reilly
- Derek Walker
- Geraldine Brophy



Photos: Bridget VG Photography

Harcourts Albany Show Jumping Classic

30 and 31 January 2016

Held over Auckland Anniversary weekend. An amazing event and great to

be involved and raise awareness for arthritis.





The 50th Jubilee Stamp

We have had a special Jubilee Stamp created with a postage value of 80c

We will be selling these at 80c and there are 50 to a sheet. If you would like some of these special stamps to add to your mail – please email us your order at:

info@arthritis.org.nz



Problem packaging

How many times have you struggled with the packaging of a product that you just could not easily open? We know from the feedback that we receive that very many people find product packaging difficult- and this applies not just to people with arthritis but the population at large.

Last year Dr Shane Reti MP for Whangarei and chair of our Friends in Parliament group started a campaign to highlight the challenges in tear open packaging and began dialogue with some manufacturers to discuss how packaging could be made more easy to open. This campaign has led Arthritis New Zealand to discuss how we can build on this work.

Arthritis Australia has developed packaging code guidelines aiming at packaging being designed to be easy to open and have legible labelling without compromising product safety integrity or quality. One of their achievements has been the New South Wales Department of Health requiring that companies tendering to supply food for hospitals must meet these accessibility guidelines.

Arthritis New Zealand is interested in developing packaging guidelines for New Zealand building on the work of Dr Reti and Arthritis Australia and we are looking at how we could undertake such a campaign.



Milk Mates – will take those seals off your milk and juice containers

Can you give examples of products that are too hard to open?

Let us know, call **Francesca 0800 663 463**

Mobility Action Programme

The Ministry of Health has announced extra funding for people with musculoskeletal health conditions, including arthritis with the aim to fulfil their health potential and increase independence. This is called the Mobility Action Programme and health providers have already been chosen to deliver some services in their communities.

Arthritis New Zealand will be working in partnership with some of these health providers to deliver education and rehabilitation programmes to encourage self-management and to improve people's movement and function as well as their knowledge and living skills.

We are also preparing applications to the next round of funding, to work with other providers on reaching more people living with arthritis.

Balloons



On 5 March we will launch our new fundraising campaign; a virtual balloon race!

The balloons will be \$5 each, and you can enter as many times as you like.

They will be set free on 19 April, and you'll be able to follow their progress online.

The winner will be announced on 26 April and will receive an iPhone!

Watch out for further details and links to participate

Story of the Digital Book

One of the special activities being undertaken for our 50th Jubilee is the creation of a Digital Book. The major problem is what to include and what to leave out...We have a lot of documented history and many staff members have enjoyed reading through scrap books.

The book is being produced by KIWA Digital with funding support from Pub Charity Ltd.

A small working party spent a day preparing the possible 'bones' of the content and listening to the chatter from that day we need a set of books rather than a book

We have found some wonderful television adverts from the early 90's and a foot tapping "Move it or lose it" tape performed by Frankie Stevens. It was wonderful putting names to the stars of that tape from years past.



The Digital Book working party...

What we will be doing in 2016

MARCH



Saturday 5th March | Wellington

50 Years Of Joint Action Conference In Wellington



Saturday 5th March | Online

Virtual Balloon Race

On 5th March we will launch our new fund raising campaign; a virtual balloon race! The balloons will be \$5 each, and you can enter as many times as you like. They will be set free on the 19th April, and you'll be able to follow their progress online. The winner will be announced on the 26th April and will receive an iPhone!

Watch out for further details and links to participate

APRIL



Friday 1st April | Whangarei

Celebrating 30 years of Hydrotherapy in Whangarei



Tuesday 15 April – Thursday 17 April | Matamata

Arthritis Children's Camp, Matamata

JUNE



June (date tbc)

Speakers Symposium, supported by Blackmores

SEPTEMBER



Tuesday 20 September – Monday 26 September | Nationally

Annual Appeal

September | Nationally

Launch of Digital Book celebrating 50 years

Arthritis New Zealand is grateful to be supported by:



Donor Mail

Our Donor Mail programme is extremely important. This has a two fold goal of raising awareness by way of sharing stories of New Zealanders with different forms of arthritis and of course raising funds to ensure the continuation of our services.

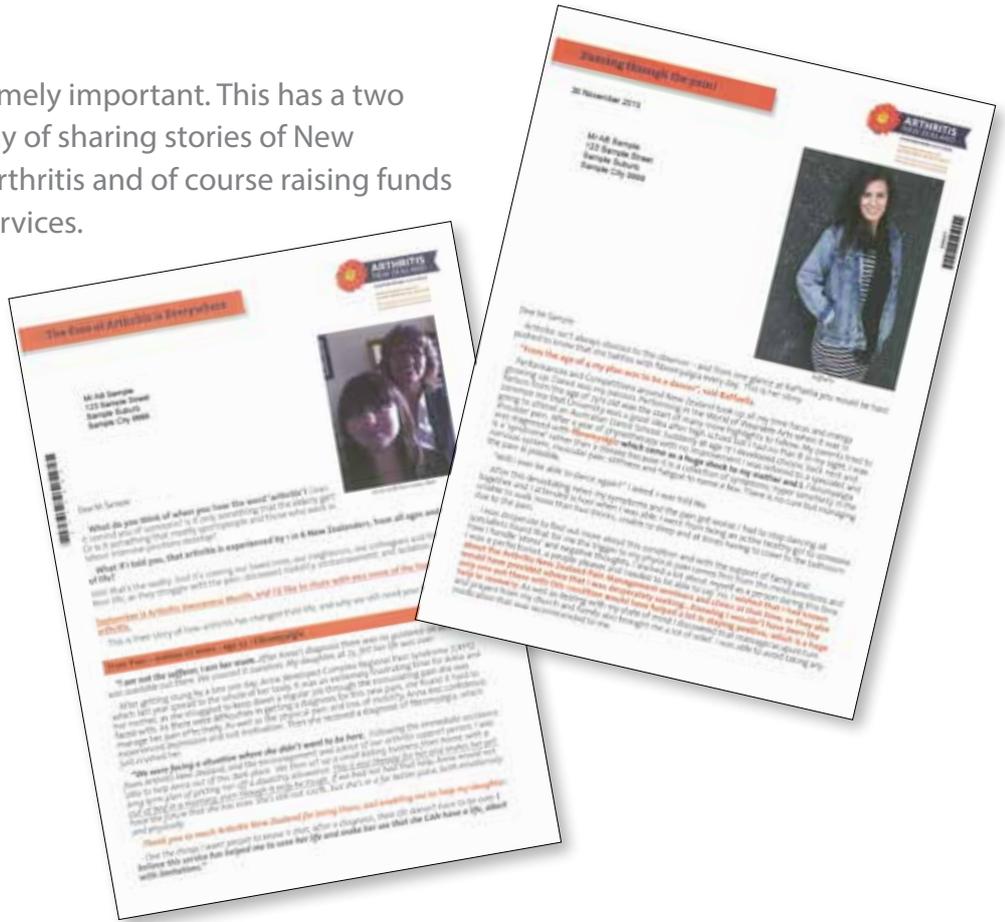
We endeavour to cover as many forms of arthritis as possible, differing ages and ethnicities.

The cost of the programme is of course in the postage and over recent months we have trialled sending these electronically.

We are also testing the inclusion of a small gift into mailings. This may or may not increase the response rates and amounts to us but trialling new methods of doing things is important.

We welcome the notes we get from donors and members on these letters and if you have any thoughts on the programme please email:

info@arthritis.org.nz



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

Card holder:

Signature:

Did you know that you can also donate online?

Visit 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

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

Facebook



www.facebook.com/pages/Arthritis-New-Zealand/141779119206755

Twitter



www.twitter.com/arthritisnz

Because nature doesn't compromise on quality, neither does Blackmores.

Blackmores Omega Daily contains double the omega-3s of standard fish oil so you can take fewer capsules.

And our strict ingredient policy means we put the best in and leave out what you don't need – so our odourless, vanilla-flavoured capsules don't include artificial surfactants.



BLACKMORES PROUDLY SUPPORTS THE WORK OF



**ARTHRITIS
NEW ZEALAND**

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