

# JOINT SUPPORT

ARTHRITIS NEW ZEALAND NEWSLETTER SEPTEMBER 2016



*Acknowledging the different faces of arthritis*



## It's a gold medal for those living with arthritis, too

What an inspiration Mahe Drysdale is for those living with arthritis.

For the second Olympic Games in succession, he has taken gold. Mahe lives with osteoarthritis in his back.

A short time after he won bronze in Beijing in 2008, it emerged in the media that pain was building in his back. He told a reporter that he did not intend to allow the pain to defeat him. He went on to win gold in London in 2012. And now he has brought further gold home from Rio.

In 2011, Mahe became an ambassador for Arthritis New Zealand.

Anyone you talk to that's met him will tell you he is the most down-to-earth, warm, friendly guy you could ever hope to chat with. Thanks Mahe! You give us all inspiration.

## It's orange month and appeal time again!

You will be receiving this edition of Joint Support just before thousands of wonderful volunteers take to the streets and malls across New Zealand to support our annual appeal. Friday 23 September is the primary day but many will be out and about on Saturday as well.

So we would like to take this opportunity to once again ask if you might dig a little deeper when you see our street collector in their bright orange vests.

And yes, we WILL have street collectors, even though there are new ways of giving to charitable organisations these days.

Our President has some comments about that, over the page.

But one of the big changes is that fewer people carry cash these days, which sometimes frustrates them when they encounter a collector and really want to give to that collector's cause.

There are other ways that you and your family and friends may wish to consider such as a regular donation from your bank account, payroll giving, calling our 0900 333 20 donation line, visiting our website or organising an orange event in your workplace or retirement village.

Or, we would welcome some old fashioned coins in the collector's bucket, the way it used to be.



KAIPONAPONA AOTEAROA



## From the President

Spring is in the air and that means the appeal is around the corner. The annual appeal remains an important part of the Arthritis New Zealand's year. Thank you to those readers who are supporting our appeal in 2016. Thanks for your donation and special thanks to the collectors. The smile behind the bucket is vital to our success.

As part of the 50th Jubilee celebrations we have been thinking a lot about how things were in the past. The first appeal was held in 1983 – making this year our 33rd annual event. I listen with amazement to people talking about the days when we could reasonably expect to raise more than 10% of our total income in the street appeal and supporting activities. Those were the days when people carried lots of cash; when many people had spare hours to stand on the street collecting and the number of organisations collecting was fewer.

Despite lower income expectations the appeal still provides us with much needed income and our most valuable promotional opportunity. Being on the streets is a visible reminder to the people of New Zealand that we rely on community donations for our services to continue and it promotes our services across the country. Despite fewer people carrying cash, having thousands of volunteers on the streets, talking about arthritis does jog people's memories. It is no coincidence that the biggest mail income; the largest number of online donations and the most phone calls for service come in September.

These are tough times for many people and organisations. We are not immune. Despite the past year having been a

tough one financially the services we offer have been high quality and well received. Over 10,000 people called our 0800 number. There were over 20,000 client information contacts. In a sign of the times the use of the website and Facebook continues to grow. Over the year we have set up a number of new online groups. It is clear that our future will increasingly be a digital one.

There is a great Maori proverb "Kia whakatōmuri te haere whakamua" which I have heard translated as "Walk backwards into the future with my eyes fixed on my past". We can see from the last 50 years that this is an organisation that has embraced the future while holding its mission. The current strategic planning has us planning for the future whilst acknowledging and celebrating the past. If you have not already provided your views on the new strategic plan I encourage you to do so. The only way forward is to share the journey with all who care about ensuring we keep improving the lives of people affected by arthritis.

Peter Larmer  
President

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# From the Chief Executive

At this time of the year we are finalising the annual report. It's a funny time to be thinking about the end of one year and the beginning of another. Like many organisations our financial year is different to the calendar year. The Arthritis New Zealand year runs from 1 July – 30 June.

In the centre of this edition of Joint Support you will see some of the things we achieved in the last year. It has been a tough year in financial terms – we are unfortunately reporting a significant and unexpected deficit. The deficit this year is primarily the result of our bequest income being much lower than any year in the last seven. We have known for some time that we are dependant on bequests for our services to be maintained. We are fortunate that the previous three years have provided us with sufficient reserves to cover this deficit.

The number of people in New Zealand who include a charity in their will is quite small – less than 10%. Many people consider their estate too small to include such a bequest. According to the "Include a Charity" website, includeacharity.org.nz "most bequests are made by ordinary, hardworking people who want to make a positive difference to their community and to other people's lives after they've gone." That is certainly our experience at Arthritis New Zealand. These special gifts sustain the services we provide to ensure that future generations of people diagnosed with arthritis get information and advice that make life better.

We have always relied on the generosity of New Zealanders to run the organisation. The 1978 Telethon has been said to be the catalyst for us becoming well established. That Telethon raised \$3 million. According to the Reserve Bank inflation calculator that total would be the equivalent of \$18 million today. No wonder that the Telethon funding enabled such investment in services such as the Field Officers.

Arthritis Educators, the role that has evolved from those first Field Officers,

continue to form the backbone of our advice and information. The feedback we get from people who use the service demonstrates their value. People tell us "Having the time with the Educator helped me make sense of the information" or "I got information that helped me help myself". We know that living with arthritis can be a life changing condition. When life changes, the challenge is to make the new way of life at least as good, if not better. That's where our services play a role.

I am looking forward to the launch of our digital book – one of the last celebrations of the Jubilee year. It has been an exciting project and I have felt particularly privileged to be the video operator for many of the interviews. Hearing from past Presidents, rheumatologists, and people living with arthritis about the part played by Arthritis New Zealand is humbling. I hope you enjoy the novel experience of reading history online. We are very grateful to Pub Charity who provided us with a grant to make this digital book a reality.

With the end of the financial year, the next big event is our Annual General Meeting. This year it will be held in Auckland. The invitation to attend is open to all. This is a great chance to hear more detail on the achievements of this great organisation as well as meeting the Governing Body members and senior staff.

The year ahead will prove as challenging and exciting as the years behind us.



Sandra Kirby  
Chief Executive



## Notification of Arthritis New Zealand AGM

**The 2016 AGM is on Saturday 26 November at the Jet Park Airport Hotel, 63 Westney Road, Mangere, Auckland.**

All members wishing to attend the AGM are required to complete a registration form (available from **Karen.baker@arthritis.org.nz** or by phoning Karen on 0800 663 463).

**Remits & Notice of Motion close on 25 September. Please send these to Karen.**

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## Osteoarthritis: it can test your belief system

That's the view of Auckland University of Technology physiotherapy lecturer Daniel O'Brien

Research shows us that our attitudes, expectations and beliefs can have a significant impact on our health and wellbeing. This is not a new notion. In 1977 George Engel, a prominent psychologist, suggested a new approach to treating patients. He argued that doctors needed to move away from the traditional biomedical model, which guided them to focus on treating the disease and not to consider the beliefs of the person or the context in which they were receiving treatment. Engel suggested that while it was important to treat the biological aspects of peoples' diseases, their psychological wellbeing, social and cultural beliefs should not be ignored. This approach to treatment is known as the biopsychosocial model of healthcare, and has now been adopted by most healthcare professionals.

We all develop beliefs about health and illness from an early age. Many things we learn from our parents when we are still children. We learn what being sick means and we begin to associate pain with injury and potential tissue damage. While we may not be aware of it, we all hold beliefs and expectations about treatments for our various illnesses. The influence of beliefs and expectations on our health and wellbeing is being highlighted in many clinical trials across the world in the form of the placebo effect. The placebo effect is seen when a person describes a beneficial effect after they receive a treatment or sugar pill that is known to have no significant biological impact on the disease. Therefore, in many cases the benefit of the treatment can only be attributed to a change in the person's perception of their symptoms, often this is driven by an expectation or belief that

the drug or the intervention will make them feel better. Additionally, beliefs can affect our ability to cope with illness and disability. Many studies have identified that people who feel they can cope with their symptoms and pain tend to fare better than those who have problems with coping.

As a physiotherapist, I have seen many cases when beliefs and expectations positively and negatively affect treatment. The most common belief that has an impact on treatment in my practice relates to the management of osteoarthritis. Osteoarthritis is commonly described as the result of joint wear and tear. Over using, the joint has caused it to wear out and that further use (exercise or physical activity) will continue to result in further damage to the joint. This is not an illogical thought process. However, what research has shown us time and time again is that exercise and physical activity benefit the vast majority of people living with osteoarthritis. I have often seen this belief limit how people engage in exercise and physical activity. Usually to the detriment of their wellbeing.

This is just one example of how beliefs about a disease and its management can impact how people engage with treatment. In New Zealand we have little knowledge about the beliefs that are held by people who live with osteoarthritis. Therefore, at AUT we are conducting a study to explore the health, illness and treatment beliefs of people living with hip and/or knee joint osteoarthritis. We think that by understanding what people living with the condition think about it, we will be better able to tailor future education programmes and clinical services.



We are looking for people who have been told by their GP or physiotherapists that they have hip and/or knee joint osteoarthritis. If this is you, and you would like to participate in this research, please select the link below or type it into your web browser. If you would prefer to complete a paper copy of the survey, please contact Arthritis New Zealand on 0800 663 463 and they will post a copy to you.

Survey link:

[www.surveymonkey.com/r/OAbeliefsNZ](http://www.surveymonkey.com/r/OAbeliefsNZ)

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### Daniel O'Brien

Lecturer, Physiotherapy Department  
Auckland University of Technology

**[dobrien@aut.ac.nz](mailto:dobrien@aut.ac.nz)**

# The AbbVie Care Programme offers support for people with rheumatologic conditions.



Did you know that across a wide variety of conditions, patient support programmes have been shown to improve quality of life and treatment outcomes.<sup>1-5</sup>

We understand there can be challenges for people living with rheumatologic (arthritic) conditions such as rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and polyarticular juvenile idiopathic arthritis.

For people prescribed HUMIRA (adalimumab), there is a complimentary patient support programme called AbbVie Care.

AbbVie Care provides opportunities for patients to build their understanding of how to manage their conditions, improve their everyday life, join a patient support community, and gain additional help and

advice in person, over the phone and online.

AbbVie Care is designed to be flexible and can be tailored to suit individuals, so patients can access as much, or as little, support as they need.

The Programme is FREE and easy to join via [AbbVieCare.co.nz](http://AbbVieCare.co.nz) and provides a direct opportunity for patients to have access to AbbVie Care Nurses that have specialist knowledge.

The [AbbVieCare.co.nz](http://AbbVieCare.co.nz) website has helpful online resources and tools, like travel advice and appointment reminders to help patients live well day-to-day,

and to get the best support in taking their medicine, in between medical appointments.

The key AbbVie Care member benefits are access to a caring online community, where patients may connect with other patients with similar conditions, and one-on-one advice from AbbVie Care Nurses specifically trained to help. Patients can contact an AbbVie Care Nurse via [www.abbviecare.co.nz](http://www.abbviecare.co.nz) or via the 0800 number for any questions.

Typically, members have found the AbbVie Care Patient Support Programme very helpful.

**Nicola:** A nurse and a mum living with rheumatoid arthritis

Nicola has found the AbbVie Care support very affirming – supplementing specialist care. Nicola didn't join AbbVie Care straight away. Having never joined an online community before, once she did, she found it very supportive and very easy to use.

"I found the online community support network very helpful in the way that it gave me emotional support. I could look online and look at the other people who were taking the medication that I was and either engage in their conversations or read what conversations they were having. I don't feel that you can ring your specialist to ask little questions time and time again. I think that we all feel like we're bothering someone to do that. With the online community support network that the site offers, you can ask as many questions as you want."

**Vince:** This is what Vince, a land surveyor, who lives with psoriatic arthritis has said about AbbVie Care.

"Going online was fabulous because you didn't feel alone in your medical situation. You knew that other people were on the programme and you could see and read their life stories.

"The programme allows me to live a normal life and you know it's there in the background, you know it's there if you ever need that information and, on occasions, I do have to contact the support group for help."

Whether you are recently diagnosed, or have been living with a condition for a number of years, at any stage of treatment, HUMIRA patients can access and use the helpful services of AbbVie Care.

**Maddy:** A 28 year who is passionate about yoga and travel, living with ankylosing spondylitis.

Maddy's experience with the support nurses on the programme has been really good.

"The AbbVie Care nursing staff have been wonderful and their communication is excellent. They're lovely. They've always been so attentive so basically when you call the programme, they will be there, they will respond more or less straight away and then you feel so comfortable."

**To find out more, visit [www.abbviecare.co.nz](http://www.abbviecare.co.nz)**

IMPORTANT INFORMATION ABOUT HUMIRA: HUMIRA is a prescription medicine containing adalimumab. HUMIRA is available as a 10mg/0.2mL syringe, a 20mg/0.4mL syringe, a 40mg/0.8mL syringe or a 40mg/0.8mL pen. It is used in the treatment of adult patients with moderate to severe rheumatoid arthritis, moderately to severely active polyarticular juvenile idiopathic arthritis in patients aged 2 years of age and older, enthesitis-related arthritis in patients, 6 years of age and older, moderate to severe psoriatic arthritis, active ankylosing spondylitis, severe axial spondyloarthritis without radiographic evidence of ankylosing spondylitis. HUMIRA has risks and benefits. For further information about Humira and/or its risks and benefits, refer to the Consumer Medicine Information (CMI) HUMIRA Pen <<http://www.medsafe.govt.nz/consumers/cmi/h/humirapen.pdf>> or HUMIRA Pre-filled syringe <<http://www.medsafe.govt.nz/consumers/cmi/h/humira.pdf>> or freephone 0800 900 030. Ask your doctor if HUMIRA is right for you. Use strictly as directed. If symptoms continue, or you have side effects, see your doctor, pharmacist or healthcare professional. HUMIRA is fully funded for most indications under Special Authority - normal pharmacy prescription charges apply. HUMIRA. Normal doctor's charges apply. AbbVie Limited, 6th Floor, 156-158 Victoria Street, Wellington, 6011, New Zealand. Prepared March 2016, based on Data Sheet last updated March 2016. Version 13. REFERENCES1. Esselens G, et al. Musculoskeletal. Care 2009;7(1):1-16 2. Kohlmann T, et al. J Neurosci Nurs. 2013;45(3):E3-14 3. Gronning K, et al. Journal of Clinical Nursing 2013;23:1005-1017 4. Jelinek M, et al. Heart, Lung and Circulation 2009;18:388-392 5. Cooper J, et al. Int J Clin Pract 006;60(8):896-905 NZ-HUMO-2016-41 and TAPS PP8503 Copyright AbbVie Limited.

# JOINT SUPPORT

## Balloon races

Some readers may have taken up the online Balloon Race challenge. It was a new and fun initiative for us.

The prize was an iPhone 6 and the winner was Emma Barker with a wonderfully decorated balloon that flew the furthest.



Volunteers and Arthritis New Zealand staff at the Koraunui Marae Gout Champions training.

## The number of gout champions increases

Our network of volunteer supporters continues to spread far and wide. We have recently held training seminars for Gout Champions. These were in the Hutt Valley, Whangarei and Kaikohe. Gout Champions are those who care about gout and who are prepared to spread the message that gout can be well managed.

## Focus on supporting the newly diagnosed

A further "Support for Newly Diagnosed" workshop was held in Wellington on 27 and 28 May. 7 newly recruited volunteers joined with 8 existing volunteers of this programme. There have been more than 100 referrals to this service since its establishment in July 2014. People newly diagnosed with arthritis welcome the opportunity to speak to another who has experienced the path they are on.

## Appeal and Digital Book Launch

Our Parliamentary Friends of Arthritis function on 20 September will promote the commencement of our appeal but as importantly we will launch our 50th Anniversary Digital Book, telling the stories of 50 years of success and challenges for Arthritis New Zealand.

## WAD (World Arthritis Day) 12 October 2016

The theme for World Arthritis Day is 'it's in your hands, take action'. People with rheumatic and musculoskeletal diseases are taking action everyday to live their lives to the fullest. Help us to inspire and educate others by sharing your personal story. Send it to [info@arthritis.org.nz](mailto:info@arthritis.org.nz)



## Z Good in the Hood

We were delighted that 17 Z stations chose us as one of their local charities to support. Once again we tried our hand as 'concierge' for the day wherever possible.

Thank you Z Good in the Hood this is a great programme of support. Donations totalled \$13,761.



## Mabel shares her birthday

Turning 90 is a special milestone birthday. Mabel Boyd and her family wanted to celebrate this milestone with her friends. Mabel was a bit reluctant. "I don't want any gifts" she said "I don't need more stuff".

After some thought Mabel decided that she would invite people in lieu of gifts to give a donation to one of her favourite charities, Arthritis New Zealand. "I am proud to support the work of Arthritis New Zealand and it is nice to think my birthday will benefit others too."

For the people who gathered to celebrate with Mabel the day was special. The

waitress at the restaurant wore an orange gerbera and so did the guests. There was much laughter as stories were shared. The cards testify to the impact Mabel has on many people's lives.

It was with great pride Mabel delivered donations totalling more than \$200 to Arthritis New Zealand.

# Stem cells to revolutionize osteoarthritis treatment available in New Zealand

Stem cells, our body's basic building blocks, are the focus of intense medical study as doctors learn to use these cells to regenerate worn-out body parts.

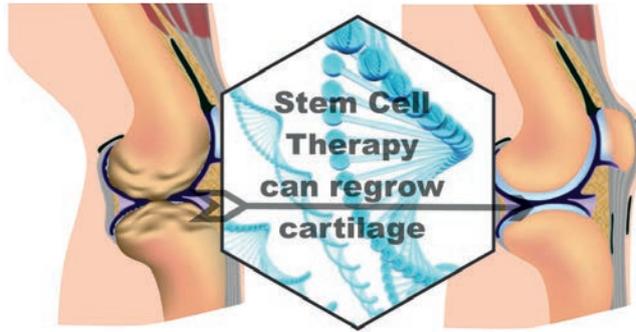
Osteoarthritis (OA) is a degenerative disease that breaks down the cartilage in our joints. The cartilage is a smooth cushion between the ends of bone in the joint, allowing the joint to move freely. Cartilage degeneration causes the ends of the bones to rub against each other creating further damage, swelling, pain and loss of mobility. Cartilage is notoriously difficult to repair due to its poor blood supply.

Stem cells derived from the embryo before implantation are known as Embryonic Stem cells. Adult stem cells are known as mesenchymal stem cells or MSC's and do not suffer from the controversy surrounding embryonic stem cells. Adult Stem cell reservoirs are found in many tissues throughout the body; their primary role in a living organism is to maintain and repair tissues in which they are found. Being autologous (from the self), MSC's carry no risk of rejection.

*"Studies in MSC's have aimed at slowing the progression of OA and even reversing its effects by regrowing cartilage."*

Prof. Andrew French,  
Queenstown Regenerative Medicine

Platelet Rich Plasma (PRP), which concentrates bioactive growth factors into a serum, is the first successful protocol developed to combat osteoarthritis. The newer Autologous Conditioned Serum (ACS) protocol yields a higher concentration of growth factors. Both these protocols are aimed at slowing the progression of OA, reducing swelling and



thus relieving pain by injecting into the affected joints to stimulate the resident stem cells to begin the repair and healing of damaged tissue.

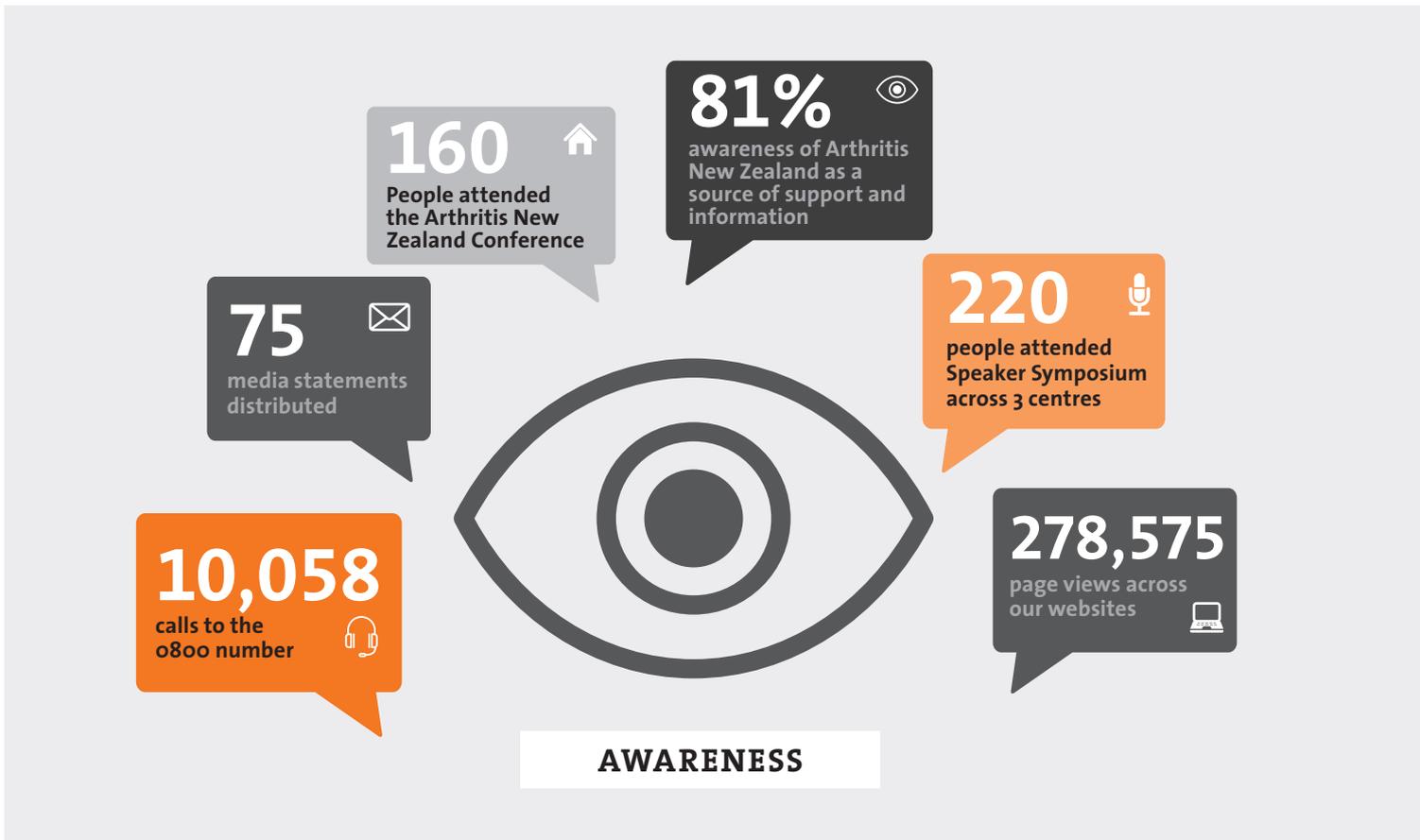
Pure Expanded Stem Cells (PESC) are highly concentrated and pure preparations of stem cells that can jump-start the regenerative and healing process. PESC are MSC's derived from a patient's fatty tissue sample, that have been expanded to 95% purity over a month long process. Prior to injection into damaged joints, the PESC are mixed with a patient's own PRP and remain resident in the joint to accelerate the rejuvenation process. A recent clinical trial in Australia had great success using this methodology in halting damage caused by osteoarthritis in patients and even regrowing cartilage in a number of patients.

PESC has advantages over other protocols: they can be frozen for future use and thus do not age when we do and can support the formation of new blood vessels to achieve better blood supply in the regenerated areas. This treatment is currently available in New Zealand exclusively at Queenstown Regenerative Medicine.

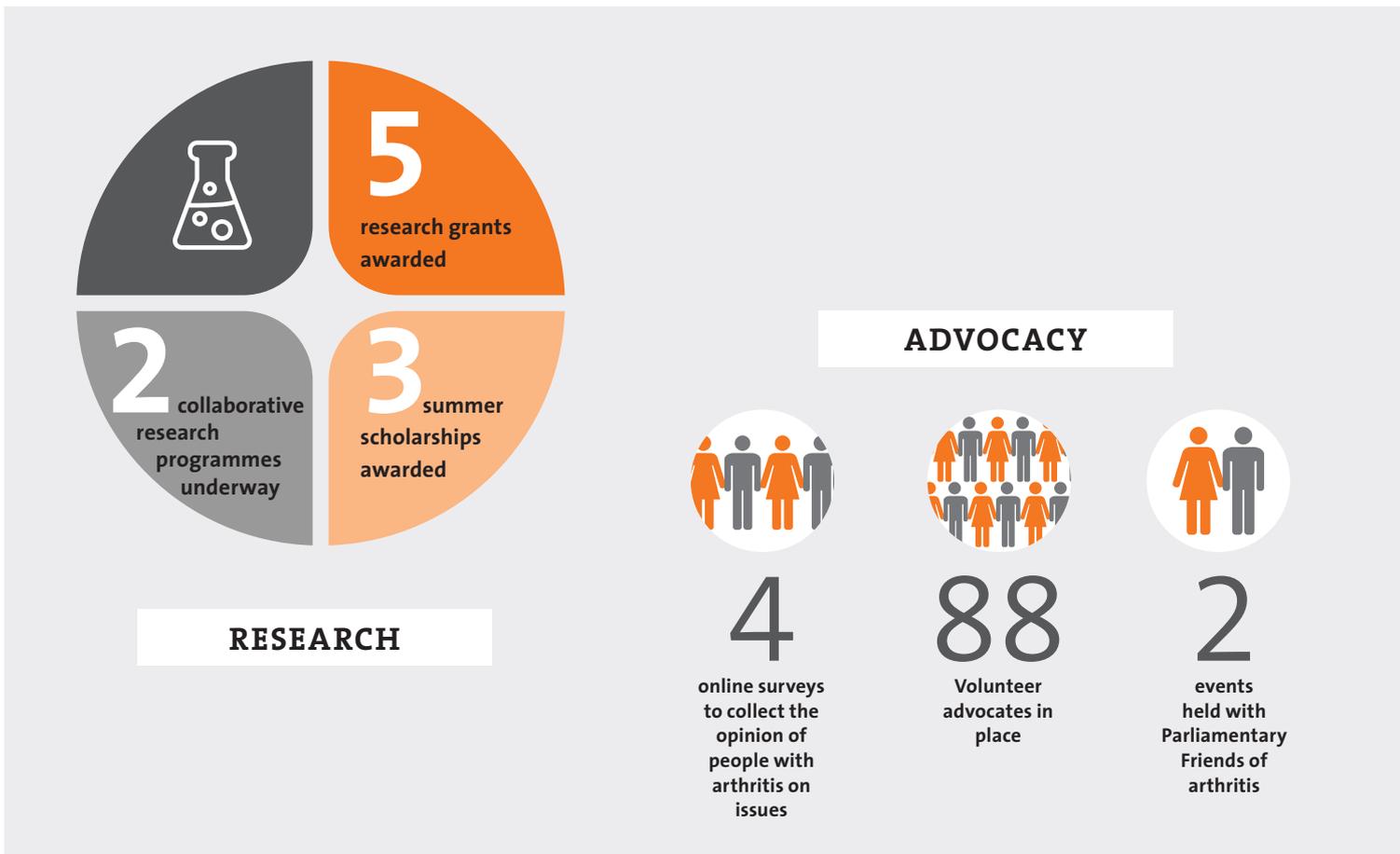
Adjunct to stem cell treatment are the new Rebound® Cartilage Knee brace and Unloader® Hip brace from Ossur. These braces have the unique ability to unload the joint while at rest. This creates a space between the bone ends which is effective in allowing cartilage to reform by removing weight bearing on the newly developing tissue. These braces are also effective on their own in slowing the progression of osteoarthritis.

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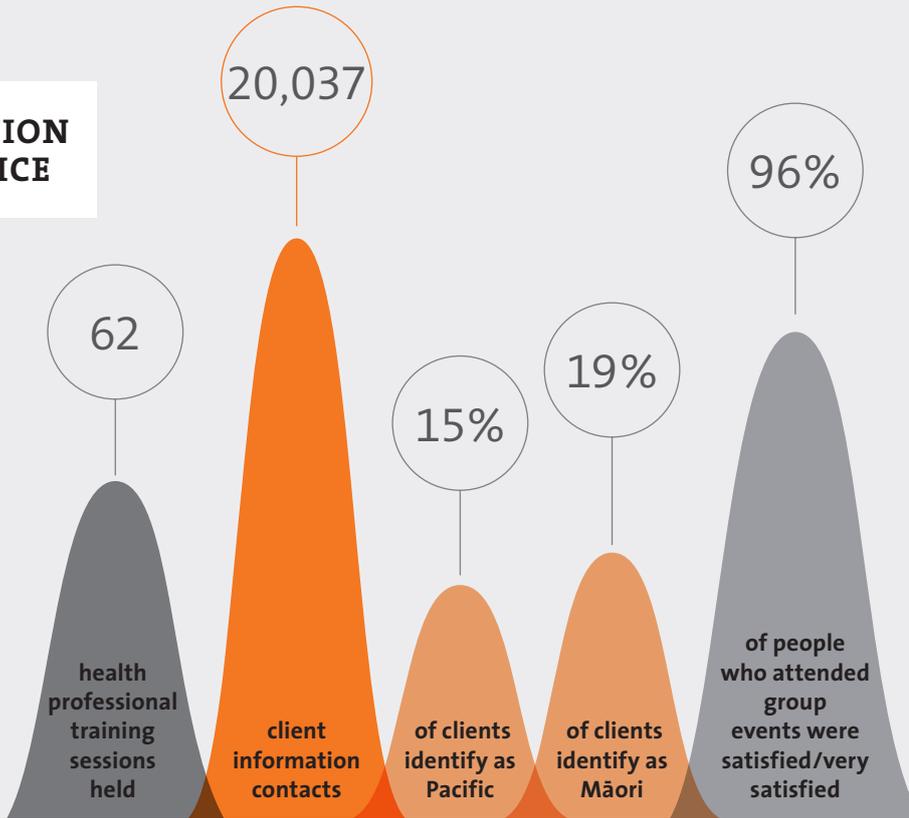
For further information please contact  
**Patient Care Director – Marcelle Noble**  
on 03 441 1276 or  
marcelle@queenstownrm.co.nz



## The 2015-2016



## INFORMATION AND ADVICE



## year in review



## SUPPORT SERVICES



92

attended annual Children's Camp



50

referrals to 'Support for Newly Diagnosed' service



13

young people attended teen's weekend



72

support and exercise groups provided



5

Gout champion training sessions held

## The Northland Stop Gout programme

This is a collaborative programme with General Practice, Community Pharmacy and Arthritis New Zealand working together with people who have gout in Northland to prevent the long term physical and social harm caused by gout.

People who have gout are more likely to have Type2 diabetes, high blood pressure and chronic kidney disease and permanent Joint damage.

Gout is the most common form of inflammatory arthritis in NZ and unfortunately it is frequently misunderstood and ineffectively treated. Less than half the people who have gout in NZ are prescribed medication to prevent the long term damage.<sup>1</sup>

A common misconception is that gout is caused by what you eat and drink but it is actually caused by having too much of a chemical called uric acid in your blood. This is largely due to genes that cause the body to not get rid of enough uric acid. Māori and Pacific peoples have a higher rate of these genes so they have higher rates of gout than NZ Europeans. The incidence of gout in Northland adults is Māori 10.4% NZ Europeans 5.8%.<sup>1</sup>

Due to the high rates of gout in Northland and the long term harm it causes, Manaia PHO and Arthritis New Zealand in consultation with GP's, Pharmacists, renal physicians and numerous rheumatologists developed a gout treatment protocol based on a study that had been done in South Auckland by Prof Bruce Arroll, University of Auckland.

The aim of the Northland Stop Gout Project is to get people who have 2 or more gout attacks per year onto and maintain an effective dose of Allopurinol and prevent the long term damage of gout by **keeping** their uric acid less than 0.36mmol/L.

In 2014 the pilot Stop Gout Programme was run in Whangarei, at a Medical Centre, pharmacy and the Arthritis Educator provided gout education and support

by phone to the clients enrolled in the programme. The pharmacists had funding to blister pack the medications for the first 3 months and the pharmacist followed up to ensure that the packs were collected and supported them through the process.

Following the success of this pilot and with the aim of reducing the health inequities of Māori in Northland an extended pilot has been funded.

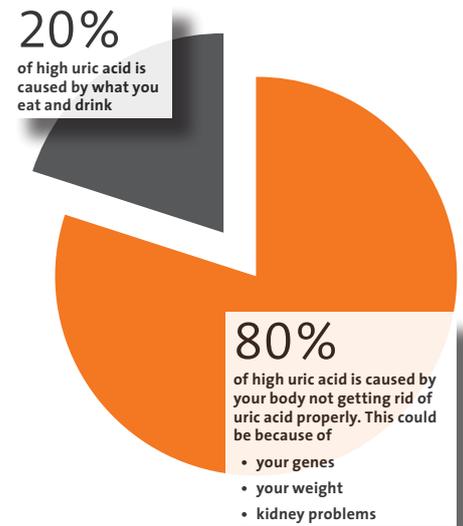
26 GP practices throughout Northland are now using the programme. All the pharmacies in Northland have been trained and the Arthritis Educators contact people enrolled onto the programme at the beginning and at the end of the programme to provide accurate information about gout and support them to continue long term treatment. From June 2015 to June 2016 322 patients have been enrolled. The interim results are encouraging and we are learning a lot through the process.

Community Gout Champions training has been held Whangarei, Kaikohe, Okaihau and Kaitaia by Georgia Grant-Mackie, the Arthritis New Zealand Māori Arthritis Educator. This is to increase the awareness and knowledge about gout in the community so accurate information about the need for preventative treatment will be shared in the informal conversations in families and other groups. Hopefully this will lead to fewer people just treating the pain and more people getting preventative treatment.

A video about the stop gout programme was made for the RNZCGP conference held in July 2016 and it is now being used by Prof Nicola Dalbeth to teach medical students and other doctors about gout.

[www.youtube.com/watch?v=svyrFaUHPx8](http://www.youtube.com/watch?v=svyrFaUHPx8)

### What causes high uric acid in your body?



From the *To Stop Gout* Booklet

### Reference

- 1 Atlas of healthcare variation Gout [www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/gout/](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/gout/)

Link to Stop Gout youtube [www.youtube.com/watch?v=svyrFaUH](http://www.youtube.com/watch?v=svyrFaUH)

Link to health navigator stop Gout book [www.health.govt.nz/system/files/documents/topic\\_sheets/stop\\_gout\\_booklet-dec2015.pdf](http://www.health.govt.nz/system/files/documents/topic_sheets/stop_gout_booklet-dec2015.pdf)

Atlas of healthcare variation Gout [www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/gout/](http://www.hqsc.govt.nz/our-programmes/health-quality-evaluation/projects/atlas-of-healthcare-variation/gout/)



## AromaStone Massage Therapy for Arthritis

AromaStone Massage Therapy offers a unique triple action treatment that suits people with arthritis because it is both gentle and effective. The powerful combination of heat, pure therapeutic grade essential oils and deep tissue massage techniques brings pain relief and relaxation with comfort.

### Aroma/Essential Oils

Doterra, Certified Pure and Therapeutic Grade Essential oils are used in my treatment. Doterra oils are very healing therapeutic oils. They add powerful antispasmodic, analgesic, anti-inflammatory, balancing and relaxant properties to a massage treatment, without side-effects.

### Stones

Hot Stone Massage is similar to a Swedish or deep tissue massage with the additional layer of heat. Heat allows the tissues to loosen up and be accessed on a deeper level without applying too much pressure, making the treatment more enjoyable.

### The Benefits

- Improves pain levels, stiffness, range of motion, handgrip strength & overall function of the joint
- Helps with osteoarthritis and fibromyalgia
  - Improves moods and emotional well-being
  - Promotes deep relaxation

### Venue & Cost

Pascha  
6 Elgin Street, Christchurch  
Cost \$85, phone bookings

# Presentation to NZRA Conference Napier, August 2016

Associate Professor Peter Larmer, President of Arthritis New Zealand and Cathie Morton, Senior Advisor, Clinical Services and Research

## A Musculoskeletal Model of Care – Why is NZ lagging so far behind?

Models of Care are one method of responding to the burden of chronic disease. Many Western countries have adopted Models of Care (MoC). New Zealand has yet to adopt this philosophy across our health system though recent recognition of service developments evident in the funding of Mobility Action Programmes.

MoCs are principle-based guides that describe best practice care for particular health conditions or populations. The focus is on person-centred, evidence based care and consideration of applicability in local settings.

MoCs have relevance across sectors and stakeholders. Policy makers, health administrators and managers, service delivery organisations, clinicians, researchers, funders, advocacy organisations and consumers use MoCs to inform best practice planning and delivery of health services.

The typical NZ scenario when someone presents to their GP with pain/aching joint is to be prescribed pain relieving drugs; they may have an x-ray, be referred to a specialist and eventually go on a waiting list for surgery.

A 2014 analysis of international guidelines for the treatment of osteoarthritis by Peter Larmer et al, found that the most strongly recommended interventions were education, exercise, weight loss and self management combined with exercise. Most importantly, these interventions are low cost and not harmful

So what would be different if NZ adopted and adhered to a model of care for musculoskeletal disorders (MSK)?

1. The approach to management of MSK would be defined with best practice identified, eg. use of Treat to Target
2. Pathways for care and service are outlined with given quality measures
3. The roles of all the players are defined and the interactions are clear
4. Patients and clinicians would have a clear expectation of service.
5. There would be greater equity throughout New Zealand.
6. There is the ability to evaluate against a set of standards at all points in the MoC

Arthritis New Zealand has been involved with the Ministry of Health looking at service development in the area of musculoskeletal health. One of the initiatives that has come out of this is the funding of Mobility Action Programmes which are mostly community based exercise and self management programmes for people with osteoarthritis.

# JOINT SUPPORT

## Arthritis New Zealand Facebook updates

We have started 2 new Facebook online activities: A Support group and an Employment issues group.

Both of these groups are closed which means that exchanges between members are visible only to people who have been accepted to join them. The support group runs a chat session every Thursday afternoon from 1pm and the employment issues group is gathering information about the experiences of people with arthritis in the workplace-and some of the common problems they experience.

The beauty of these on line groups is that people from all over New Zealand can

link up regardless of where they live and of course they can catch up with other members any time. If you would like to join one of them go to the Facebook page of Arthritis New Zealand and apply to join.

And of course remember that every Monday evening 7-9pm we run an open Facebook session on selected topics. Please take a look.

[www.facebook.com/Arthritis-New-Zealand-141779119206755/](http://www.facebook.com/Arthritis-New-Zealand-141779119206755/)

## Visit your local Unichem or Life pharmacy in September

Nearly 400 pharmacies are supporting the Arthritis Appeal during September by asking their customers to 'add a dollar for arthritis'.

We are absolutely delighted with this support of our services and appeal.

If you get the opportunity then pop into one of these pharmacies to make your purchase and support us at the same time.

*Thank you Unichem and Life Pharmacies!*



Unichem

life  
Pharmacy



## Gerbera mail is a hit

Our beautifully bright 50th Anniversary postage stamp has been hugely popular and we had to print more.

Since the introduction of the stamp, New Zealand Post has increased the price of postage but you can still use our stamp and add an ordinary 20 cent stamp, and your letter is good to go.

People have commented that our stamp looks great and that it raises awareness of arthritis. You can purchase them on-line or by calling Daylene on 0800 663 463

## A trumpet call for arthritis

50s Up Brass Band – coming soon!

**Thursday 27 October**

**La Vida Centre, Upper Riccarton, Christchurch**

Cantabrians, please come along to one of the highlights of Christchurch's musical year, with the famous 50s Up Brass Band, internationally renowned singer and guitarist Zoe Scott and the entertaining 'Brass Cats' ensemble.

Proceeds from the Concert will support Arthritis New Zealand.

Tickets available through Ticketek, or call 0800 663 463 for details.

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Call 0800 786 529 or  
Email [info@p3research.co.nz](mailto:info@p3research.co.nz)

### Local doctors need volunteers to study an investigational medication.

If you're at least **18 years old and suffer from osteoarthritis pain of the knee or hip**, you may qualify for a local research study.

Qualified study volunteers will receive at no cost:

- Investigational study medication for up to 56 weeks
- Study-related care from a local study doctor

Reimbursement may be provided for travel and other expenses related to participation.

Health insurance and referrals aren't required to participate.

**Ask your doctor or contact our clinic for more information.**



## Southern region functions



Awardees and cake at the Christchurch Jubilee/Awards function.

Southern Region Jubilee Functions were held in Invercargill on 28 June, Christchurch on 12 July, Nelson on 28 July, Blenheim on 29 July, Timaru on 4 August, Dunedin on 19 August and Hokitika on 31 August.

At the Christchurch Awards function on 12 July Awards were presented to Canterbury Arthritis Support Trust (Regional Development) and Judith Adams, Fay Deerden, Annie van der Dussen, Chris Garrick, Jan Cleland, Peggy Miller, Shirley Schroeder and Nancy Street.

A further function Regional Awards Function was held in Dunedin on 19 August. An Award was presented to Ian Gray (Regional Outstanding Service Award).

## We're active on line, too

Arthritis New Zealand continues its work in the surety of knowing people value us and need us. 278,576 people visited our website in our last operating year. And we have nearly 2,000 followers on Twitter.

**HEAT SORE JOINTS**  
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**RELIEVE PAIN with warmth ...**

**Wheat Mitts**  
(hands & feet)  
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(spine, neck & shoulders)  
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(incl. P&H)

Care instructions included

CONTACT:  
[krayzeemac@gmail.com](mailto:krayzeemac@gmail.com)

## Helping Māori and Pasifika

Arthritis New Zealand has found that half of its Northland clients are of Māori or Pacific descent. With that in mind, we have begun a close collaboration with the Northland District Health Board with a view to developing programmes that suit those communities, and with the hope of establishing "Gout Champions" within them. You can read about that elsewhere in this edition of *Joint Support*.

## Our phones run hot

Did you know that Arthritis New Zealand gets an average of about 1,000 calls a month to its 0800 number. Impressive statistics, aren't they? And proof that our support and counsel are in high demand.

## Relationship with Chinese community begins

This year, Arthritis New Zealand began discussions with the New Zealand Chinese Community with a view to possibly developing phone clinics for that community, in Cantonese and Mandarin.

## We speak up for you

Arthritis New Zealand has had a number of clients approach us with concerns that ACC claims were being declined on the grounds that pre existing arthritis, and not their accident, was the cause of their injury. We have made submissions to ACC and government and are currently awaiting the results of a review of ACC appeal processes and procedures.

Arthritis New Zealand is grateful to be supported by:



## Arthritis New Zealand has approved the following research grants

### **Associate/Professor Will Taylor; \$23,787.00**

*Life areas of relevance to people with gout, according to the World Health Organisation (WHO) international Classification of Functioning, Disability and Health (ICF)*

To identify most important life areas from the International Classification of Functioning to develop a gout specific instrument that measures Quality of Life in patients with gout. The study will aim to use interview data to detect which ICF items are relevant. This project has high relevance in NZ and will have international significance.

### **Professor Keith Rome \$12,250**

*Experiences of commercially available footwear in women with rheumatoid arthritis*

This project is relevant as there is currently limited knowledge of perceptions of commercially available footwear in

patients with RA. This study is relevant to clinical practice and may help clinicians improve management of RA patients with foot problems (by development of a patient reported outcome measure) in an environment where access to podiatry is limited or non-existent.

### **Professor Keith Rome, \$13,121**

*Foot and Ankle characteristics in people with systemic lupus erythematosus*

A PhD student will assess foot and ankle characteristics in people with systemic lupus erythematosus. From this they will identify characteristics of footwear for these patients.

### **Dr Cathy Chapple, \$21,275**

*Does exercise using the Will Fit increase muscle strength and decrease instability in people with knee osteoarthritis? A feasibility study*

The study could be a model for kinetic video gaming for OA in general, informing

future studies in the area regardless of the type of game being used. This proposed study includes a high level of physiotherapy input.

### **Dr Raewyn Poulson \$50,000**

*Osteoarthritis – a case of cellular mismanagement*

Using tissue obtained from osteoarthritic patients following knee replacement surgery, 2 hypotheses will be tested which may explain why cartilage cells destroy tissue in osteoarthritis. Firstly exploring whether bone changes trigger the cartilage cell behaviour and secondly whether changes in the mechanism responsible for timetabling cell activity (the cellular “clock”) contributes to cell behaviour change. The committee recommended funding the first year of this project.

*continued next page*

## 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](mailto: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.*



## Dr Amy Saveo \$8,750

*Ultrashort Echo Time MRI for Metal Artefact Reduction. A Clinical Feasibility Study*

This study is to validate a protocol for MRI imaging to gain images with reduced artefact in people with metal implants. The protocol has been developed in sheep and is planned to be validated in 25 people with spinal metal in situ.

## 3 summer scholarships at \$5,000 each

**Prof Peter Larmer, Dr Sandra Basset, Daniel O'Brien**

*Self-reported treatment options offered and available to people living with OA of the hip and/or knee in NZ.*

This study will build on a summer student qualitative study funded by Arthritis New Zealand in 2015 where people living with hip and or knee osteoarthritis (OA), were interviewed about the sequence and nature of treatment they

had received for their arthritis. It was found that information given to the participants was inconsistent; there was no clear identifiable treatment pathway; and general practitioners were the first point of healthcare contact for most participants. The aim is to use a self-report Osteoarthritis Quality Indicator Questionnaire (OA-QI) developed in Norway to investigate the type and quality of care people with OA of their hip and/or knee have received for their arthritis.

## Dr Matthew Carroll

*The association between region-specific foot pain to foot plantar pressures in established rheumatoid arthritis.*

Foot pathology in RA often results in poor physical functioning due to both structural and functional impairments. RA has a significant impact on foot pain, function, impairment and disability. Foot pain is considered an important factor in the development of antalgic gait in RA.

In RA, foot pain is derived from structural and functional alterations associated with inflammatory and structural change. The aim of this study is to evaluate the association of region-specific foot pain to plantar pressure in people with established RA.

## Associate Prof Nicola Kaye, Prof Peter Larmer

*Perspectives on self-management in osteoarthritis*

Self-management programmes have been identified as one of the research priorities for Arthritis New Zealand. There is an absence of evidence seeking to understand perspectives of self-management of those living with osteoarthritis, and how this compares with practitioner perspectives. The research aims to explore the perspectives and experiences of patients and practitioners regarding self-management of osteoarthritis.



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

### My details:

First name:

Last name:

Mailing address:

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

Freepost 157311  
Arthritis New Zealand  
PO Box 10020  
Wellington 6143

### Enclosed is my donation of:

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

### I am paying by:

Visa  Mastercard  Amex  Diners

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

### Card number:

Expiry date:  M  M /  Y  Y

Card holder:

Signature:

Did you know that you can also donate online?

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

Thank you for your generosity!

# JOINT SUPPORT

## For further information...

### Call free 0800 663 463

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

### Make a donation

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

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

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

### Regional Offices

Northern (Auckland)	09 523 8910
Midland/Central (Wellington)	04 472 1427
Southern (Christchurch)	03 366 8383

### National Office (new address)

Level 2, 120 Featherston Street, PO Box 10 020, The Terrace, Wellington 6143  
Phone 04 472 1427 Fax 04 472 7066

### Facebook



[www.facebook.com/Arthritis-New-Zealand-141779119206755/](http://www.facebook.com/Arthritis-New-Zealand-141779119206755/)

### Twitter



[www.twitter.com/arthritisnz](http://www.twitter.com/arthritisnz)

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