

JOINT SUPPORT

ARTHRITIS NEW ZEALAND NEWSLETTER DECEMBER 2014



Acknowledging the different faces of arthritis

Acknowledging some very special people

At the Arthritis New Zealand Awards function in Christchurch, some very special people who have made tremendous contributions to benefit the lives of people with arthritis in New Zealand were acknowledged.

The Premier Award recognises those who have been diagnosed with arthritis and have been able to achieve goals and act as a role model for others. This year it was awarded to Associate Professor Peter Larmer. Peter is a nationally and internationally respected physiotherapist, lecturer, researcher and academic. Peter was diagnosed with osteoarthritis when he was a young man, but he self-managed his condition and delayed the need for a hip replacement for 12 years. He has shared his experience, freely given his professional expertise, and has been a member of Arthritis New Zealand's Governing Body since 2009. Peter is also a former member of the Physiotherapy Board and is a Fellow of the New Zealand College of Physiotherapy.

The Distinguished Service Award acknowledges volunteers who have made outstanding contributions to the work of Arthritis New Zealand. This year it was awarded to three individuals. Since 2006, international cricket umpire Billy Bowden has allowed his status as a cricket umpire with arthritis to be used to promote our work. He has appeared on posters, gerbera boxes and been interviewed numerous times. Billy's rheumatoid arthritis resulted in him changing his dream from being a cricket player to being an umpire. He is widely known for his trademark bent finger – a result of his arthritis.

Lynne McMillan has spent six years as Southern Region Representative on our Governing Body. Lynne has provided professional and strategic advice to the organisation.



(Left to right) Arthritis New Zealand CEO Sandra Kirby, James Lowe, Adrienne Crowe, Arthritis New Zealand President Alan Henwood, Associate Professor Peter Larmer, Lynne McMillan, and Deva Dhar from Blackmores New Zealand Limited. Inset: Billy Bowden

Her personal experience, understanding and empathy for people experiencing arthritis have ensured that the organisation has maintained a people focus.

Adrienne Crowe has been involved with Arthritis New Zealand since her daughter Rebecca was diagnosed with Juvenile Idiopathic Arthritis (JIA) in 2004. She and her husband Richard have advocated strongly and successfully for medications for people with arthritis and have provided support to other parents and families since that time. Adrienne has been the key South Island link for parents of children with arthritis. She has been a listening ear and a source of advice and reassurance for parents whose children have been diagnosed with JIA and other forms of arthritis.

The Business Development Award recognises significant financial contributions that have had a major impact on raising awareness of arthritis. This year it was awarded to Blackmores New

Zealand Limited, which has supported Arthritis New Zealand in many ways since 2007. The percentage of sales from a number of identified products has resulted in substantial support since the commencement of the sponsorship. Blackmores has also helped in many other ways, and the company's work with Arthritis New Zealand is a true partnership.

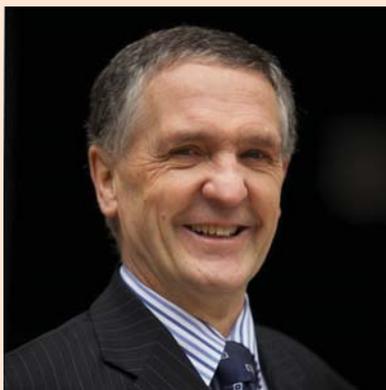
The Young Achiever Award identifies the achievements and potential of a young person affected by arthritis. This year it was awarded to rugby player James Lowe, who despite being diagnosed with arthritis as a teenager, has played for the Tasman Makos since 2012, and this year was named in the Chiefs and Māori All Blacks squads. For four years James has been an extraordinary ambassador to Arthritis New Zealand. He plays all his games wearing an orange wristband.



**ARTHRITIS
NEW ZEALAND**

KAIPONAPONA AOTEAROA

*Improving the lives of
people affected by arthritis
Te whai kia pai ake te hunga
kua pāngia e te kaiponapona*



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From the President

Going to Christchurch for the Arthritis New Zealand awards and AGM was my first visit since the 2011 earthquakes. This city teaches all of us about resilience and the need to focus on what can be achieved within current limitations. Lessons those of us with arthritis know in our personal lives as well.

I have now been on both the giving and receiving end of the Arthritis New Zealand Awards process. For the organisation these awards recognise the efforts people make with and for us. I was humbled two years ago to be a recipient of one of these Awards and honoured this year to present the Awards to very deserving recipients.

I have been watching the rugby career of our Young Achiever James Lowe. He played well with the Chiefs in the Super 15 this year; was outstanding for the Tasman Makos in the ITM Cup and just recently was playing with the Maori All Blacks team on their Asian tour. Looking at him it is hard to remember that only six years ago James spent most of a year doubled over in pain from his arthritis. He is an inspiration for many young rugby players and for the young people living with arthritis.

You will see more information about all the recipients in the magazine. They are all inspirational.

We were fortunate to have the Hon Michael Woodhouse, Minister of Police, speaking at the Awards function. We had invited him to the Awards not so much to talk about the challenges facing the police force but to recognise the role Michael has played in the formation of our Parliamentary Friends of Arthritis. His efforts as an MP living and working with ankylosing spondylitis shaped the group and while he will continue to support both Arthritis New Zealand and the Parliamentary Friends group his Ministerial duties mean he is handing over the facilitator role. Michael didn't know it as he spoke but the following day he was awarded Honorary Life Membership of Arthritis New Zealand.

The AGM on the morning after the awards function reflected the constitutional changes we voted in last year. Elected representation

remains crucial for our Governing Body. We welcomed Digna Toreson and Deidre Lusby as the newly elected representatives. The Governing Body brings together a wide range of skill sets to ensure Arthritis New Zealand can achieve the ambitious goals we have set ourselves.

Digna's teenage son Jacob has arthritis and this family first came in contact with us at a camp for children. It was a revelation for Jacob that there were others like him. Like many of us on the Governing Body, Digna's nomination as a National Representative reflected their family giving back to the organisation that supported them. She comes with an impressive business background specialising in human resource management – a skill set the Board had identified as a gap. Deidre Lusby has been elected as the Southern Regional Representative. Deidre comes from Nelson and was originally employed as a Service Centre Coordinator in Nelson. Since 2011 Deidre has been a volunteer helping with our water based exercises and for the past two years a member of the Southern Regional Liaison Group.

Laurie Breadmore has returned to the Governing Body with an expanded role – representing the MidlandCentral Region.

We also formalised the appointments to the Governing Body for Roy Tiffin and Dr Rebecca Grainger. Roy is a past President of the New Zealand Institute of Chartered Accountants and is a member of several public sector audit committees. Dr Rebecca Grainger is a Wellington based Rheumatologist and brings her medical knowledge to the Board. The third appointed member is Martin Lenart who brings his extensive commercial business expertise, management, board, consulting, HR and accounting experience.

With Christmas as the next major event in the calendar I would like to wish you and your family a happy and safe festive season.

Alan Henwood
President

From the Chief Executive

This is the time of the year when we look back and reflect on the achievements made. As we reported at the AGM in November it has been another very good year for Arthritis New Zealand. We are continuing to reach out to more people with arthritis; we have extended again the range of people with arthritis that meet up with us. From the very young children whose parents find our support helpful through to the more mature people who value the time spent with an Arthritis Educator or at a support group there are thousands of people for whom contact with Arthritis New Zealand has improved their quality of life. From the northern parts of Northland where our Arthritis Educators travelled in their 'waka' to the Pain Management seminar held in Riverton we have met and talked with people with arthritis around the country.

In our Annual Report this year we have used people's experiences of how they have benefitted from their contact with us to put a face of arthritis to add to the numbers and demonstrate the difference we can make. We are joining our international sister organisations in using a 'faces of arthritis' approach.

If you would like a copy of our annual report to read more about what we have achieved and what this has meant for people who are the faces of arthritis in New Zealand please do call 0800 663 463 and we will send you a copy.

This impact is the result of many combined efforts. I would like to thank our Governing Body for their work and selfless commitment in support of our work. To the team of Arthritis New Zealand paid and volunteer staff

I extend my gratitude. Your efforts are recognised; your help is appreciated. And to the many donors, supporters and funders - without your support we would achieve much less.

Alan Henwood, our President, has commented that we can't be complacent. He is right.

The incoming government has committed new funds for supporting people with arthritis. Our challenge is to ensure these funds are channelled where they will do the most good. The work ahead for 2015 and beyond with the projected increase in the number of people with arthritis is challenging. How can we continue to extend our reach – without over extending our resources of people and money? This will be the ongoing drive for us all.

But for now there is the need to refresh. In New Zealand Christmas and the summer holiday period give us that opportunity. The Arthritis New Zealand offices will be closed from 23 December until 12 January as our teams take a well earned break. As in past years we will maintain a skeleton service through our 0800 663 463 number. My thanks to the managers within our team who volunteer to take on this task.

American author Sam Keen described summer as the time "when laziness finds respectability". I hope that over this summer period, you will get to experience some of this respectable laziness.

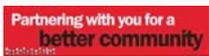
Nga mihi o te Kirihihmete me te Tau Hou.



Sandra Kirby
Chief Executive



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Outing gout 5: A day of gout updates



In September researchers, rheumatologists and primary care health professionals came together for the 5th Outing Gout Hui at Te Manukanuka o Hoturoa Marae, Auckland Airport. The hui had a focus on the latest research in causes and best practice in the management of gout. Gout is a form of arthritis that affects 120,000 New Zealanders with the prevalence of gout about double in people of Māori and Pacific ethnicity compared to Europeans. It is caused by high levels of uric acid which forms crystals in the joints. The very painful attacks of gout result from immune system reaction to these crystals.

The kaupapa (purpose) of Outing Gout is about providing an opportunity for clinicians and researchers to present the current research and best practice in management of gout in New Zealand to health professionals (such as clinic nurses and pharmacists) who treat people with gout. Links were made through the journey of gout; from the causes of gout, to the treatment of gout, to patient resources and education and finally wrapping up with a discussion regarding the best practice in the management of gout.

Dr Tony Merriman, University of Otago, kicked off the hui by explaining that the cause of gout 'is due to high uric acid levels that are mostly attributed to the genes we inherit from our parents and ancestors'. Māori and Pacific populations have developed the ability to maintain higher uric acid levels from changes in genes. High uric acid levels are bad for gout but if you are to look at the history of Māori and Pacific populations it was a positive development for their ancestors due to the positive benefits of high uric acid levels. These benefits

include increased blood pressure, which was vital when our ancestors began to walk, and anti-oxidant properties, which is protective of brain function. However of real interest to Māori and Pacific populations is the benefit that uric acid has in boosting our immune system. Research from Anna Gosling, University of Otago shows a possible link to high uric acid levels in Māori and Pacific populations as a protective factor to malaria as their ancestors navigated the Pacific Ocean. This research also shows that gout is not a modern disease within Māori and Pacific populations instead it is a disease that was experienced by Māori and Pacific populations well before western colonisation.

The Hui this year also had the special privilege of hosting the graduation of 16 community Gout Champions. George Ngatai from Arthritis New Zealand noted that the Gout Champion's programme is about engaging with Māori, Pacific and the wider community to empower whānau to learn about gout in their own settings. The key message is to focus on reducing uric acid levels mostly by medication. One of the graduates expressed that they have been volunteering out in the community and being able to 'understand the information in lay terms and to relay this back to the community... is influencing the change of discourse and many myths in the community'. This promotional approach is allowing communities to take control of gout to ensure whānau/families achieve the best outcomes.

The treatment of gout is safe and well established. Once a diagnosis is confirmed medication, Allopurinol, which slows down the production of uric acid in the blood, is key in living life without gout attacks. As high uric acid levels are mostly attributed to genes once you have a gout attack changes in diet alone are usually not enough to reduce the levels of uric acid enough to prevent future attacks. Instead medication is the key to ensure that uric acid levels are reduced and maintained to a level that will prevent future gout attacks. As gout can also be an early indicator of other diseases such as diabetes and heart disease it



Arthritis Educator George Ngatai & Arthritis New Zealand Chief Executive Sandra Kirby

is best to also make lifestyle changes which not only lower uric acid but can also be good for preventing diabetes and heart disease. These changes can be reducing alcohol (particularly beer) and eliminating sugary drinks. Seafood and red meat are also known to raise uric acid.

Rheumatologist Dr Nicola Dalbeth, University of Auckland, led a discussion around best practice in the management of gout. Dr Dalbeth detailed how the best practice has developed over the years. It is now best practice to start patients on low levels of allopurinol and then to slowly increase the levels to avoid any rare allergic reactions. When a patient is first placed on allopurinol a non-inflammatory medication should be co-prescribed as the early stages of allopurinol treatment can trigger a gout attack and the non-inflammatory medication will help treat/prevent this attack. Once this is overcome, slowly increasing the dose of allopurinol until the uric acid levels have decreased to the recommended level of 0.36 mmol/L is vital. Allopurinol is then to be maintained at this dose even when there is no gout and this will ensure patients and whānau can be free of the debilitating pain and inflammation that is caused by gout attacks.

If you are unsure about your treatment for gout or believe you may have gout please discuss this with your GP and if you still feel unsure seek a second opinion or ask to be referred to a specialist.

Tony Merriman
University of Otago

Youth leaders' development weekend

Arthritis New Zealand's Youth Leaders Weekend was held in Auckland from 10 to 12 October. Twenty teenagers from throughout the North Island attended along with three adult mentors with arthritis, and four Arthritis New Zealand staff. They all stayed at Chosen Valley Christian Camp.

The theme for the weekend was 'The Great Arthritis Race'. Participants were divided into three teams, each in a separate van with an adult leader, and travelled across Auckland and completed six challenges together.

The first challenge for each team was to come up with a team name and decorate their van. The teams named themselves: The Remissionaries, The Pink Panthers, and The Trail Blazers, and decorated their vans accordingly.

The second challenge was to come up with a social media post that showed how young people can get arthritis. This had to include a photograph and a caption of no more than 50 words.

The third challenge was visiting Carrie, at the Corban Estate Arts Centre in Henderson, for an arts challenge. The mission was to create a piece of art that reflected what it was like living as a teenager with arthritis, and then all of the pieces from each team were put together into one great big work of art!

The fourth challenge was one that would appeal to most teenagers: visiting the Kidz Kitchen cooking school for lunch, where they learned how to make pizza and brownies.

The fifth challenge was to race to the top of Mt Victoria lookout in Devonport, and take a photograph with the Sky Tower in the background.

And the final challenge was a visit to the Royal New Zealand Navy training base in Devonport for some fun activities, including a memory test, a relay (which included hosing down Navy Cadets with a fire extinguisher!), a rope



(Left to right) Alice Jones (one of the group leaders), Maddy Dubber, Skyla Peckham, Jasmin Kuriger, Maddy Bish, Jay McMinn-Pomare, & Tim Peck

throwing challenge, and deciphering a message transmitted using semaphore.

The Pink Panthers were the overall challenge winners, while The Remissionaries won the social media challenge, and the Trail Blazers collected a prize for completing a scavenger hunt along the way.

Other activities included a question and answer session with the adult mentors, an OT and a physiotherapist from Starship paediatric rheumatology team; a barbecue; a swim at Miranda Thermal Pools; going up the Sky Tower; and lunch and prize-giving at Butterfly Creek.

It's hard to believe, but all this was crammed into 48 hours! Everyone had a great time, but more importantly, those who attended got to meet other people who were living with arthritis, and share their experience, strength, and hope with each other.

To find out more about what happened, see the Arthritis New Zealand Youth Leaders page on Facebook: <http://tinyurl.com/nthv46c>

Live Facebook with Arthritis Educators



Don't forget - we have live Facebook sessions with Arthritis New Zealand staff running on Mondays from 7.00 – 9.00 pm. If you are a Facebook user and have questions on arthritis then please join us.

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

JOINT SUPPORT

GIANTS to perform 'ORANGE'



GIANTS (Juvenile Idiopathic Arthritis Theatre Show) is a dream established when our Youth Leaders met in Wellington last year. It was initially the vision of Geraldine Brophy, who has worked hard to bring it to life. The cost of attending rehearsals and performing in the show is being met by Arthritis New Zealand, with support from the Ministry of Social Development.

The cast includes youth with arthritis, and the show will feature a wonderful new song called 'The Moon is not a Perfect Circle'.

ORANGE will be performed at the Gryphon Theatre, Ghuznee Street, Wellington, on the evening of Tuesday 16 December, and there will be a matinee performance the following day.

Rare Disease Day

Rare Disease Day began in Europe on 29 February 2008. Originally, the intention was to celebrate the day every four years on Leap Day, but the momentum and enthusiasm for the day grew until it became an annual celebration – with events taking place around the globe. And next year it will be taking place on 28 February.

There are more than 7,000 different rarer diseases, and these include the less common forms of arthritis.

Cherries!



Cherries are in season! But did you know that cherries can benefit people with gout? These beneficial effects have been recognised since the 1950s, when Dr Ludwig Blau reported that cherries could help control attacks of gout and lowering uric acid levels, and more recent studies have confirmed this.

It had been thought that the beneficial effects of cherries for gout patients was due to their vitamin C content, but recent research suggests this is not the case, and other factors are involved.

But whatever the reason for their benefits may be, we know cherries are good for you, so don't feel guilty about eating them this summer!

Osteoarthritis researcher wins scholarship

Auckland University student, Emily Hargrave-Thomas has won the inaugural AMP IGNITE competition, winning \$5,000 for to help further her research project into osteoarthritis. Emily aims to understand how the disease develops so that it can be detected before patients visit their doctor with joint pain.

Emily beat strong competition from 11 other finalists all of whom had just 150 seconds (2.5 minutes) to pitch their ideas to the judges' panel in an entertaining performance evening through a combination of storytelling, performance art, dance, comedy, music and even magic.

Arthritis New Zealand congratulates Emily on her success, and looks forward to the results of her research.

2014 Appeal - Celebrating the income



Hamilton Rotary Club members were out in force.



So were the Alexandra Dunstan Lions.



Dell and Natalie at Avonhead in Christchurch.

Arthritis New Zealand is grateful to the many volunteers, members, businesses and donors who contributed to the success of our recent annual appeal.

At the time of publication, the provisional total raised was:

Appeal donor mail:
\$107,299

Street appeal & gerbera boxes:
\$192,701

Total:
\$300,000

Here is a small selection of images from our annual appeal.



Z Waikuku got into the spirit.



Arthritis New Zealand Chief Executive Sandra Kirby got some out of this world help in Wellington.



Pfizer staff wear orange to support Arthritis New Zealand.

What we well be doing

Arthritis New Zealand has a lot planned for 2015.

Swimming NZ Legends Relay



Once again Swimming NZ will be holding a Swimming NZ Legends Relay on 8 February in Auckland. This event was last held in 2012 and Team Arthritis, with Captain Mark Treffers, won not only the race on the day but the prize for raising the most funds. Our 2012 team was superb. They were the masters and mistresses of strategy.

We are waiting in anticipation to hear the announcement of our 2015 team and will be again looking for the support of you all to ensure the words Arthritis New Zealand are again engraved on the trophy.

Charity Golf Classic.



Arthritis New Zealand's Annual Charity Golf Classic will be held on the afternoon of Thursday 5 March 2015. You and your team will enjoy an afternoon of excellent golf (playing the Ambrose format), exciting competition, exquisite food and beverages on-course and at the 19th Hole to keep up the energy levels, prizes for every golfer, and great company and networking opportunities. Entry is just \$600 for a corporate team of four, and all proceeds go to Arthritis New Zealand. For further information or to register, email shireen.maindonald@arthritis.org.nz.

Focus on Northland



A generous bequest from the Ham Estate enabled us to initiate a wonderful programme in Northland, which has included promoting community awareness of our website and 0800 number, and a series of seminars, workshops, gout clinics, gout champion training and self management workshops.

These activities will be continuing in 2015.

in 2015

This is just some of it.

Arthritis Children's Camp



A highlight of every year is our Arthritis Children's Camp. In recent years, these have been incredible events, and we expect next year will be no exception. It will be held at Totara Springs Camp near Matamata, and there will be a range of activities for children with arthritis and their caregivers. It will also give them the opportunity to meet other children who are living with arthritis.

The camp will be held from 27 February to 2 March. For further information, phone 0800 663 463, or email francesca.holloway@arthritis.org.nz.

Gout awareness campaign



One of our highlights for 2015 will be a high profile gout awareness campaign.

Gout is the second most common form of arthritis in the country, but it is still widely misunderstood by many people, and there is much misinformation circulating.

We intend to change that. Watch this space for further details.

2015 Arthritis Appeal



It may seem like we have just had the last one, but planning for our 2015 Annual Appeal is already well underway.

Not only this is an important fundraising activity, it is also a time when we raise awareness of the impact of awareness on the country, and what we can do to help support and advocate for the 530,000 New Zealanders who are living with the condition.

PEDAL Programme puts people on their bikes

Osteoarthritis is a common problem that affects over 300,000 New Zealanders. While joint replacement surgery is an option, new guidelines released earlier this year recommend that people should try exercise alongside learning about the disease before they look at surgery as an option.

Cycling is a great form of exercise for people with arthritis in their hips, knees and feet, as it improves movement, strengthens the legs and increases cardiovascular fitness at the same time. The problem is though the thought of getting out on an actual bike can be daunting when you haven't ridden for a while – there is the balance to master, and traffic and potholes to negotiate.

Stationary cycling, or 'spin' classes are a great solution to these downsides. However, there are few beginner spin classes available – most classes offered by gyms are up to an hour in length, are pretty intense, and come with loud music not always to everyone's taste!

To address this issue, Arthritis New Zealand and Sport Canterbury teamed up to trial a stationary cycling class option specifically designed for people with arthritis.

The Pedal Programme – which stands for 'Pedalling and Education for Arthritis of the Lower Limb' - ran for six weeks through August and September, and gave 18 Christchurch residents the chance to get 'back on their bikes'.

The programme is based on a similar programme running in the UK, which is the brainchild of Robert



Mary Cosgrove and Dennis Mansell with their bikes (Brian Calder in background)

Middleton, a UK based Orthopaedic Surgeon. The programme has been such a success in the UK that Tom Wainwright, the Physiotherapist on the research team recently visited New Zealand to share the programme with others. Some of the Arthritis New Zealand Arthritis Educators had the opportunity to attend this seminar and bought the idea for the programme back with them. Hence, PEDAL was born.

The Christchurch PEDAL programme was held at the Bishopdale YMCA and consisted of an hour long class each week, half gently cycling on stationary bikes, and the other half talking about a different aspect of managing arthritis each week – from medications, to diet, and future directions.

While nearly all of the 18 participants who participated hadn't been on a bike in years, neither this nor age was a barrier to saddling up – one participant in the programme was aged 90.

The pilot programme was well received and succeeding in helping people into regular cycling – one participant purchased her own exercycle, and another has taken up road cycling. Other benefits of the programme included significant increases in leg strength over the six weeks, as well as improvements in wellbeing, energy levels and sleep.

Due the success of the pilot programme, discussions are currently underway about the possibility of making the programme available again in 2015.

Don't turn your back on it

Don't turn your back on it is an Ankylosing Spondylitis (AS) campaign to raise awareness of inflammatory back pain is being rolled out in Midland and Canterbury Regions. This campaign is to better assist in differentiating between inflammatory and mechanical back pain.

If this trial is successful it is hoped the campaign may be taken nationally in 2015.

See: <http://www.dontturnyourbackonit.co.nz/>

Governing Body



(Left to right) Digna Torenson, Laurie Breadmore, John Pritchard, Martin Lenart, Alan Henwood, Roy Tiffin, and Deirdre Lusby. Inset: Dr Rebecca Grainger

The Governing Body is the legal authority for the organisation. Governing Body members are public trustees representing the interests of the organisation's members and volunteers and of the wider community, donors and supporters.

Following the AGM held in Christchurch on 22 November, the Governing Body members for 2014/15 are:

President

Alan Henwood (Wellington)

National Representative

Digna Toresen (Auckland)

Northern Region Representative

John Pritchard (Auckland)

Midland/Central Region Representative

Laurie Breadmore (Rotorua)

Southern Region Representative

Deirdre Lusby (Nelson)

Appointed Governing Body Members

Martin Lenart (Wellington)

Dr Rebecca Grainger (Wellington)

Roy Tiffin (Wellington)

If you would like to talk to one of the Governing Body members please email the Governing Body Secretary karen.baker@arthritis.org.nz or call 0800 663 463 and ask for Karen.

New Honorary Life Member: Hon Michael Woodhouse



Hon Michael Woodhouse

Arthritis New Zealand is thrilled that Hon Michael Woodhouse was elected an Honorary Life Member at its AGM.

Honorary Life Memberships are awarded to persons who have rendered outstanding service to Arthritis New Zealand.

As a MP he has a public profile which he has used to support Arthritis New Zealand activities for several years. In 2010, Arthritis New Zealand approached Michael Woodhouse, MP, to help create a Parliamentary Friends of Arthritis Group. This group has opened the Beehive doors for us with promotional and networking opportunities with politicians and other key stakeholders.

Introducing our new Minister of Health: Hon Dr Jonathon Coleman

Dr Jonathan Coleman is the Minister of Health and Minister for Sport and Recreation. He was elected to Parliament in 2005 and is the MP for Northcote which he holds with a 9664 majority.

He has been a Cabinet Minister since 2008, and has previously held the portfolios of Immigration, Broadcasting, Associate Tourism, Associate Health, Defence, State Services, and Associate Finance.

Prior to entering Parliament, Dr Coleman studied medicine at Auckland University. Following house surgeon years in Hawkes Bay and

Auckland, he obtained a Diploma of Obstetrics.

He spent eight years overseas working and furthering his studies. After a year as a GP trainee in Oxford, Dr Coleman worked at a GP practice in London where he became a partner. He holds a Masters in Business Administration (MBA) from the London Business School.

After returning to New Zealand in 2001, Dr Coleman worked in clinical medicine and in management consultancy for PricewaterhouseCoopers. Dr Coleman is married with two children.



Hon Dr Jonathon Coleman

Joint replacement surgery: am I a candidate?



During my time as a physiotherapist this is a question that I have been asked many times with reference to the management of arthritis. While I am not a surgeon and therefore surgery is not my area of expertise, as a physiotherapist I was often asked about and spoke with my patients about surgery for their arthritis. These patients usually knew that surgery was one option for the management of their condition but they were not sure if it was right for them. As part of a recent study I undertook I interviewed a number of people living with osteoarthritis regarding their beliefs about the condition. In all twelve interviews the topic of surgery came up, however only three of the people I interviewed described having a clear idea of how surgery fitted into their management (eleven of the twelve participants had consulted with a surgeon regarding their arthritis). A number said to me they were told 'come back when it is bad enough and we will do the operation'. But 'when is bad enough' they asked me and 'what was the criteria for surgery'.

Recently I was in a fortuitous position in that as part of the before mentioned study, I also interviewed a number of orthopaedic surgeons on the topic of joint replacement surgery. (Please note that we were discussing management specifically for osteoarthritis therefore some of these comments may differ for joint replacement for other joint conditions). Being able to 'pick their brains' on their beliefs regarding the management of osteoarthritis gave me a good insight into some of the factors that affect their decision to offer surgery. One quote that I particularly liked from



a very experienced surgeon that I interviewed was 'Often I believe I am giving much more help to patients who I'm telling not to have an operation, than ones that I may end up operating on...'

The surgeons that I spoke to alluded to three main factors that inform their decision to offer joint replacement surgery, and allow them to answer the question 'is the surgery right for this patient?' These questions were: Does the patient's history and symptoms match the diagnosis? Does the physical exam fit with the symptoms and can other causes of the pain be ruled out? Does the history and assessment fit with the expected pathological X-ray changes? If the answer is yes to all of these questions then surgery is generally appropriate. The surgeons stated that surgical success reduces drastically when these three factors did not all point in the same direction. One of the challenges (particularly with osteoarthritis) is that often people will have significant symptoms but only mild changes on the X-ray. The surgeons indicated that these people often gain less benefit from surgery than those for whom the X-ray changes match the symptoms and history. For people who have a

miss match between X-ray changes and symptoms they indicated other forms of treatment may be of more value, such as physiotherapy, exercise, and dietary and lifestyle changes.

One other additional factor that the surgeons that I interviewed stated influenced their decision was, are the patients expectations of surgery realistic? Joint replacement surgery in the majority of the cases (in terms of osteoarthritis management) is done to reduce a patient's pain. The surgeons indicated hesitancy to offer joint replacement to people for whom pain was not the primary complaint. Joint replacement surgery does not tend to specifically improve flexibility, strength or functional ability. Again they said other forms of treatment could better serve these people.

I found my time interviewing the orthopaedic surgeons on what influences their reasoning hugely insightful. Hopefully these insights will be of use to other people who are thinking about whether surgery is appropriate for them.

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Water based exercise

Exercising with stiff and painful joints is often difficult. But many people with arthritis find water based exercise helps them better manage their conditions. They report improved mobility, reduced pain and better energy levels.

It should come as no surprise that water based exercise classes (including hydrotherapy) are tremendously popular wherever they are held. Some of these are provided by Arthritis New Zealand, some are provided by other bodies with our support, and some are run completely independently of us. They take place in hospital pools, in community pools, and in private pools.

As well as being of therapeutic value, water based exercise classes also provide a wonderful opportunity for volunteers to offer their time as poolside assistants.

If you are interested in attending water based exercise classes, or in volunteering as a Class Coordinator, please contact your nearest Arthritis New Zealand office. Or phone 0800 663 463 for further information.



People of all ages can benefit from water based exercise.

Water based exercise and/or hydrotherapy classes are currently available in the following centres:

Christchurch	Invercargill	Paraparaumu	Thames
Dunedin	Lower Hutt	Porirua	Wellington
Hamilton	Nelson	Rotorua	Whanganui
	Palmerston North		Whangarei

Arthritis: the invisible thief

“It just steals stuff off you, arthritis. It’s an invisible thief. It steals your quality of life. Because people can’t see it, they don’t think there is anything wrong with you.”

Liz Solly from Whanganui has osteoarthritis (OA). Six years ago, she had a hip replacement. She was again on the waiting list, this time to get a knee replacement, but she felt her condition improved so much because of exercising (Liz does water based exercise, cycling, and walking) that she didn’t need one just yet.

She was on elbow crutches to give her more mobility and stability, but now she usually only needs a walking stick. Liz especially credits her exercise classes, and says that

others in her class have noticed improved joint mobility.

Liz’s arthritis has also impacted on her family life. She can’t interact with her grandchildren as much as she would like to. She can’t roll down hills with them, play chase, get on the floor to play games with them, or run after them to keep them safe.

“It just steals stuff off you, arthritis. It’s an invisible thief. It steals your quality of life. Because people can’t see it, they don’t think there is anything wrong with you.”



Liz Solly

Photo: Paul Brooks, Wanganui Chronicle

JOINT SUPPORT

Longest Day Ride

The Longest Day Ride is when cyclists all over New Zealand ride from sunrise to sunset on or around the longest day of the year. While the Longest Day this year is Monday 22 December, many riders will be doing their ride during the weekend.

They will be doing the Longest Day for a variety of reasons, such as a personal challenge, an enjoyable adventure, and to earn their Christmas dinner. But the Longest Day Ride is also an opportunity to raise money for Arthritis New Zealand.

And you can also participate. Just go to: www.aride.org.nz/longest-day/



Did you know that you can support Arthritis New Zealand through the Payroll Giving scheme? Payroll Giving enables employees to make donations to Arthritis New Zealand (as well as other charities, schools and other community groups) through their employer's payroll system. In other words, you can give as you earn. Donations made via payroll giving receive an immediate PAYE credit of 33% of the donation amount. This means if you donate \$15, it actually only costs you \$10. Since the scheme was introduced in January 2010 almost \$14 million has been donated through payroll giving to community organisations around New Zealand.

Payroll giving works for all involved. For recipient organisations, payroll giving lowers the cost of fundraising and provides a steady revenue stream. And for employees, the donations they make are deducted before they receive their pay. The process is seamless and they receive an immediate tax credit of 33% of the donation value by way of a reduction in PAYE. And for employers, payroll giving supports recruitment and retention strategies, and demonstrates support for the things that matter to employees outside of the workplace. See: <http://www.payrollgivinginfo.org.nz> for further information.

Whanganui Garden Amble



Join us in an amble around 10 summer gardens in the Whanganui District on Anniversary Day (Monday 19 January)!

There will be stalls, entertainment and refreshments available at different sites and balloons for the children. Admission will be by ticket only, and tickets cost \$10.00 each. The Garden Amble runs from 10.00 am to 4.00 pm.

Tickets available from: Wanganui Garden Centre, Springvale Garden Centre, Mitre 10 Mega, or phone David on 06 345 0428, or Janice on 06 344 2495.

Auckland Marathon



Arthritis New Zealand Corporate Services Manager Rob Mitchell & daughter Caroline Searle

Arthritis New Zealand is grateful for the support given to its six runners who participated in the Auckland Marathon on Sunday 2 November.

Not only did this raise much appreciated funds for Arthritis New Zealand, for which we are very grateful, but it also helped raise awareness of arthritis in New Zealand.

Happy birthday to us!



Did you know Arthritis New Zealand will soon be turning 50!

That's 50 years of supporting, advising, and advocating for people in New Zealand who are living with arthritis.

And we would like your ideas to help celebrate this momentous occasion. So please contact us with your ideas! Email info@arthritis.org.nz.



BUPA CARE HOMES

A summer holiday with Bupa

We understand that caring for a loved one can be difficult and everyone deserves a break. Over summer we can look after your loved one so that you and your family can make holiday plans.

- Guaranteed bed bookings at selected care homes available from 1 December - 28 February
- A holiday break for your loved one too

Limited space available, so be in quick to book.

To find your nearest Bupa care home phone **0800 60 80 99** or visit **www.bupa.co.nz**

Deltacom: supporting your community



Deltacom is a 100% New Zealand owned telecommunications company that resells Vodafone and Spark products. It offers residential and business customers competitively priced line rental, toll, and internet services.

If you are a Deltacom customer, they will donate a percentage of sales to a charity of your choice. Go to www.deltacom.co.nz/supporting-your-community.html to find out how to get a great deal on your communications, and support Arthritis New Zealand at the same time.



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.

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

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

Regional Offices

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

National Office

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

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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.



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**ARTHRITIS
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KAIPONAPONA AOTEAROA

Always read the label and use as directed. Supplementary to a balanced diet. TAPSP5590

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