

JOINT SUPPORT

ARTHRITIS NEW ZEALAND NEWSLETTER DECEMBER 2015



Acknowledging the different faces of arthritis

50th Conference

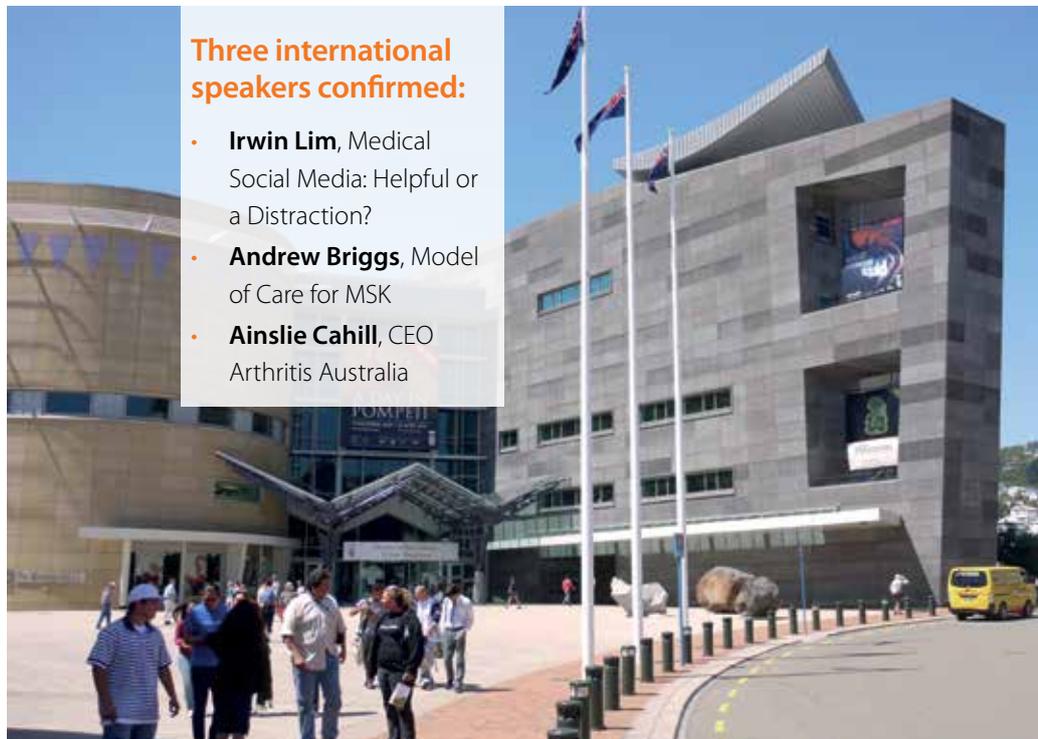
Excitement is building, not many sleeps till Christmas and then in February is our special birthday and the commencement of a year of activities and celebrations.

We start the celebrations on 12 February with the Arthritis New Zealand Awards being hosted by His Excellency, The Governor General Lieutenant General, The Right Honourable Sir Jerry Mateparae, at Government House in Auckland.

3 to 5 March will be our 50 YEARS OF JOINT ACTION conference, being held at Te Papa Wellington. **Saturday 5 March is Public Open Day** when everyone interested in arthritis can join us and hear the latest research and treatments from International and national speakers. For more information or a registration form please contact Karen Baker on 0800 663 463 or email karen.baker@arthritis.org.nz.

We will also be hosting our annual cricket and golf matches during this period.

There will be many exciting opportunities throughout the year so watch for news of these in future Joint Support magazines or on our website www.arthritis.org.nz



Three international speakers confirmed:

- **Irwin Lim**, Medical Social Media: Helpful or a Distraction?
- **Andrew Briggs**, Model of Care for MSK
- **Ainslie Cahill**, CEO Arthritis Australia



ARTHRITIS
NEW ZEALAND

KAIPONAPONA AOTEAROA

50
1966
2016
YEARS

Arthritis New Zealand
National Conference 2016
Open Public Day Te Papa, Wellington
Saturday 5 March, 2016



In this issue

- 1 50th Conference
- 2 From the President
- 3 From the Chief Executive
- 4 Youth Leader's development weekend
- 5 Annual Appeal
- 6 Arthritis and Stem Cells
- 7 The Rheumatoid Nodule | Arthritis New Zealand Ambassadors
- 8 What we will be doing in 2016
- 10 All that glitters is not gold...
- 11 2015 Appeal Update
- 12 Local MP and students take on packaging
- 13 Nicola Wearne update
- 14 Introducing the new President and Governing Body
- 15 The AGM

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From the President

Arthritis has been part of my life since I was 38 years old. A keen marathon runner at the time I was training for my seventeenth marathon.

After a 35km training run I developed a pain in my right hip. "Groin strain" I thought and using my physiotherapy training and experience I treated it with stretching and ice. When it didn't respond I sought treatment from a fellow physiotherapist and later my GP. All of us treated this as a muscle strain but an X-ray showed significant degeneration in my hip joints. Osteoarthritis was the diagnosis. This was the start of my journey with arthritis – a journey that has been both a personal and a professional one since that time.

My academic interests include arthritis research, including the development of treatment guidelines; management of musculoskeletal conditions and acupuncture. Internationally there is a growing realisation that arthritis is a significant contributor to morbidity. Morbidity covers the concept of both the costs of people requiring health services to keep them well and active and the impact on a person from being unable to fulfil all their daily activities including work. The World Health Organisation recognises the role of musculoskeletal conditions in the latest burden of disease measures. Many countries are actively looking at how they can prioritise treating arthritis to give better quality of life for individuals and a better outcome for the economy. Treating people with arthritis is being seen as an investment not a cost.

Arthritis New Zealand has been advocating for arthritis to become a health priority for many years. I believe the time is right for this to occur.

It was through the research grants programme that I first made contact with Arthritis New Zealand. In 2009, Sandra

Kirby persuaded me to put myself forward for election onto the Governing Body. I tell people she twisted my arm but it required very little twisting in reality. Arthritis New Zealand is a great organisation that supports people with arthritis in New Zealand and is also able to contribute to New Zealand based research into the variety of conditions covered under the arthritis umbrella. I look forward to the next part of my arthritis journey as President of Arthritis New Zealand.

I am looking forward to continuing the work that others before have started. I am grateful for Alan Henwood's work as my predecessor. Alan's wise counsel has served Arthritis New Zealand well and I look forward to working alongside him during the Jubilee year ahead of us. To all current and past members of the Governing Body, on behalf of the organisation, I thank you for your commitment to the organisation.

I take this opportunity to wish you all a safe and happy Christmas.


Peter Larmer
President

From the Chief Executive

I have been asked to write an article for a fundraising magazine on the greatest challenges facing our sector.

The thoughts that come to mind are challenges like money, having the right people be they paid or volunteers, ensuring people know we exist and having the right services in the right places at the right times. Gathered up those challenges are about being sustainable.

According to Charities New Zealand there are 27,201 charities in New Zealand. This is only the tip of the iceberg. There are many more not for profit organisations that are not registered as charities. The exact number is hard to find. In 2004 there were 97,000 not-for-profit organisations in New Zealand. This information is currently being updated with new statistics due in 2016. Indications are that the number is even higher.

Proportionately New Zealand has one of the highest ratios of charities per head of population in the world. We probably have too many charities – some need to go. Some need to merge. Before 2000 there were 23 separate organisations under the Arthritis Foundation umbrella. I am grateful for the people leading this organisation 15 years ago who had the foresight to merge divisions into one charity. We are a stronger organisation as one. A number of organisations are now being required to merge for financial or operational reasons. Arthritis New Zealand was ahead of the times then and hopefully will continue to be so.

The 49th AGM for the organisation was held at Wellington in November. The people that gathered for this meeting resembled in many ways the group that first gathered in 1966. These people are passionate about the interests of people with arthritis and want to ensure that all people living with arthritis in this country have access to quality information and support. The mission has been

unwavering for the life of the organisation – the way we achieve it has changed.

Our constitution sets a maximum term for the President at four years. Alan Henwood, President since 2011, will stay on the Governing Body as Immediate Past President for one year. Alan's photo will join his 11 predecessors on the wall outside my office. The organisation has benefitted from Alan's wise counsel. I have appreciated his wit and his wisdom – often in the same conversation. I look forward to working with Peter Larmer the incoming President as we move into the next stage of the organisation's life.

The year is nearly over. While 2015 has been a busy year the year ahead is shaping up to be even busier as we celebrate the 50th Jubilee for Arthritis New Zealand. I hope to see many of you at the conference in March and at the various other events over the year.

We have received funding from Pub Charity to create a digital book to celebrate the history of the organisation and to position us for the future. A digital book is indeed a sign of the times. This exciting project will involve many people over the next few months.

Sustainability is one of the challenges for charities in New Zealand. It is worth reflecting that for Arthritis New Zealand to be thriving 50 years after those first passionate individuals met shows that we have the flexibility and resilience to change with the times. I wonder what Arthritis New Zealand will look like in 2066 when people are celebrating the centenary?

Nga mihi o te Kirihimete me te Tau Hōu


Sandra Kirby
Chief Executive



**Ngā mihi mō
te Kirihimete.**

**Arthritis New
Zealand wishes you
a safe and happy
Christmas and
New Year.**

**And don't forget to
exercise during the
holiday season!**

To advertise in *Joint Support*, email editor@arthritis.org.nz or phone 0800 663 463.

Products advertised and information provided in editorial in *Joint Support* do not imply endorsement by Arthritis New Zealand.



We are exploring a number of initiatives to celebrate 50 years.

These include:

- A postage stamp
- Digital History Book :
A digital collation of the history and stories of arthritis in New Zealand with a focus on the achievements of Arthritis New Zealand. The digital platform will allow for text and audio-visual material to be available across platforms including web.
- Other merchandise – watch for news



Youth Leaders' development weekend

13 young people from throughout New Zealand attended the weekend in Matamata in October.

A development and fun programme was put together to ensure attendees had the chance to network and learn more about themselves and their condition.

A highlight on the Saturday evening was a skype session with Nicola Gray from the National Paediatric Rheumatology Team where the teens could type in their questions on screen for Nicola to reply .

On Sunday the group were joined by students from Auckland Unitec and three videos were filmed focussed on 'what its like living with arthritis'.

These and photos of the weekend can be viewed on the Arthritis New Zealand Youth Leaders facebook page

<http://tinyurl.com/nthv46c>



Attendees at the 2015 weekend



Annual Appeal

Once again thousands of volunteers, schools, students, retirement villages and MP's, helped us turn towns and cities across the country orange.

At the time of going to print the appeal total stood at just over \$250,000.

A number of our supporters were interviewed for our media advertising and the Appeal launch in Parliament, hosted by Dr Shane Reti, MP started the week off wonderfully well.

Nicola Wearne spoke to guests about her upcoming challenge "The Polar Circle Marathon" in Greenland. We all tried to imagine running with crampons on shoes. The fact that Nicola has RA reminded everyone that with the correct treatment and support, anything is still possible. We were again delighted to have NZer of the Year nominee and Arthritis Ambassador, entertain us during the evening.

The funds raised are vital but raising awareness of arthritis and its impact is just as important and there was probably not one volunteer who didn't have someone say "I have arthritis".



Maggie Barry MP



Timaru – Roncalli College



Christchurch Kiwanis South City Mall

Arthritis and Stem Cells

By Professor Andrew French and Dr Hans Raetz

Stem cells have anti-inflammatory and regenerative capacities. Arthritis can either be an inflammatory (rheumatoid) or degenerative (osteoarthritis) process. Given the capacities of stem cells in regenerating and repairing damaged tissues it is easy to see why they hold great promise as a treatment therapy for arthritis.

Prior controversy in the stem cell discussion has usually centered around embryonic stem cells. The most promising recent research has moved away from these ethically challenging areas and concentrated on adult stem cells which include mesenchymal stem cells (MSCs).

These cells have been shown to inhibit inflammation, stimulate blood vessel formation and repair tissue. MSCs have tremendous flexibility to make a variety of different cell types; including bone, fat, muscle, cartilage, bone marrow and tendon.

MSCs can be easily collected from bone marrow, fat, or the umbilical cord and do not lead to extensive graft rejection. This makes them an ideal cell type to work with.

Exploring the benefits of stem cells

Research in the pharmaceutical industry is increasingly concentrating on biologics.

MSCs secrete various bioactives (cytokines and growth factors) and can:

- Promote the formation of new blood vessels
- Adjust the immune response
- Prevent cell damage and cell death
- Activate quiescent tissue-specific stem cells
- Appear to be as effective as whole cell injection in terms of therapeutic effect

Injected MSC/bioactives have been shown to accumulate at sites of tissue damage and inflammation, making MSCs an obvious treatment for inflammatory diseases such as arthritis.

Expanded Pure Stem Cells (ESC) versus Stromal-Vascular Fraction Cells (SVF)

For over a decade, it has been recognised that fat is not only an energy reservoir, but also a rich source of MSCs. Liposuction is a well-tolerated and safe procedure, done under local anaesthetic and is the preferred method for obtaining these cells. Thanks to new methods only 50 ml is required versus previous methods which required 250 ml. The lower amount results in significantly less postoperative pain. New ESC laboratory methods provide viable cells under stringent quality control in three to four weeks.

From this lipoaspirate the final sample is created consisting of 95% stem cells; usually 100 to 200 million cells depending on patient requirements, a significant improvement to the now outmoded SVF technology.

The increase concentration and purity of the MSC concentrate in can be stored cryogenically and used by the patient at any time in the future. A new and exciting development is the possibility offered by ESCs to process and store amniotic membranes at the time of a person's birth, greatly expanding the role currently played by cord blood samples.

Your own Expanded Purified MSCs for a typical regenerative medicine treatment

- 10 million MSCs are thawed and injected intra articular (IA) into the joint with the aid of ultrasound scanning. Using a new preparation which binds ESCs to a hyaluronic acid gel holds great promise for even better results.

- MSCs can also be combined with saline and activated cell serum (ACS) for IV use. Like ACS, MSC will circulate throughout the whole body and accumulate at sites of tissue damage and inflammation.

Ongoing Research

The stem cell field continues to move forward with Phase I and II MSC clinical trials focused on several areas:

- Improving cell culture techniques allowing the growth of large numbers of stem cells
- Identifying the most anti-inflammatory stem cells
- Finding the stem cells best suited to grow new healthy cartilage
- Enabling the distinction of various MSC's subtypes, understanding how they are different
- Using three-dimensional scaffolds to secure MSCs in place (nano-mesh, nano-tubes)

Conclusion

Regardless of which treatment you might consider, studies have demonstrated that the therapies are safe and effective in both preclinical and clinical trials. Whilst the original SVF treatment has been available for some time the new ESC protocol is significantly more reliable and allows cryogenic storage for multiple uses. No major complications have been implicated in their long-term use.

For further information please contact

Clinical Manager – Marcelle Noble
on **03 441 1276** or
marcelle@queenstownrm.co.nz

The Rheumatoid Nodule

By Lis Stamp, John Highton and Paul Hessian

Rheumatoid arthritis is a common form of arthritis affecting 1-2% of the population. In some patients, rheumatoid arthritis can affect areas away from the joints including the skin, eyes, lungs and nerves. Rheumatoid nodules are one of the most common features of RA away from the joint.

They can be present in up to 25% of people with RA but probably less than this with more effective treatments for RA. Nodules typically form under the skin in areas where there is repeated pressure or trauma; common sites include the area around the elbow and on the hands. They can also occur in the lungs. There is no specific treatment for rheumatoid nodules, steroid injection and surgical removal can be effective although nodules can recur after removal.

Rheumatoid nodules have been the subject of ongoing research at the University of Otago, Dunedin since the early 1900's led by Professor John Highton in collaboration with Dr Paul Hessian. The early work described the structure of nodules and details of macrophages, the inflammatory cells that dominate the nodules. Interestingly, although nodules usually persist once they occur, there is a continual influx of these macrophages to the nodule all the time. Although nodules tend to occur in those patients with more severe disease, we have established that there is considerable difference in the inflammatory pathways that drive the disease in the joint and in the nodule. Interestingly, the rheumatoid nodules found in lungs are more similar to what is observed in the joint. Nodules tend to persist even when the joint inflammation is responding to treatment. This raises interesting questions about what drives this often debilitating disease in different parts of the body.

Smoking is recognised as the most important environmental risk factor for developing nodules. Our recent work has

shown that smoking alters the pattern of inflammation in joint tissue and stopping smoking results in a measurable and immediate effect on these inflammatory pathways in the joint. Despite the observation that smoking increases the risks of developing nodules, similar changes in the pattern of inflammation with smoking have not been seen in the nodule.

It is also recognised that some of the medications used to treat rheumatoid arthritis, particularly methotrexate, can be associated with rapid onset of worsening of rheumatoid nodules even while joint inflammation is reduced. We have recently shown that the enzymes involved in transporting methotrexate into cells and involved in the way methotrexate works are present in rheumatoid nodules. Differences in the metabolism or methotrexate are therefore unlikely to explain the difference in response to methotrexate in the joint and the nodule. Consequently, it remains unclear exactly how methotrexate makes nodules worse. There is still much to be learned about rheumatoid arthritis, rheumatoid nodules and how these different aspects of the disease interact. Genetic pre-disposition to RA is well recognised but the genetic influence on the development of nodules may well be different. The best way to treat rheumatoid nodules and the role of the newer biological therapies for severe skin and lung nodules remains to be determined.

Arthritis New Zealand Ambassadors:

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



What we will be doing in 2016

WHANGANUI ANNIVERSARY AMBLE



Monday 25 January, 10:00am–4:00pm | Whanganui

Join us in an Amble through 10 summer Gardens in the Whanganui area. Refreshments, Stalls and Raffles available at one of the Gardens. Admission by Ticket Only. Tickets \$12.00. Tickets available from; Whanganui Garden Centre, Springvale Garden centre, Mitre 10 Mega, Information Centre or phone **David 06 3450428** or **Janice 06 3442495**.

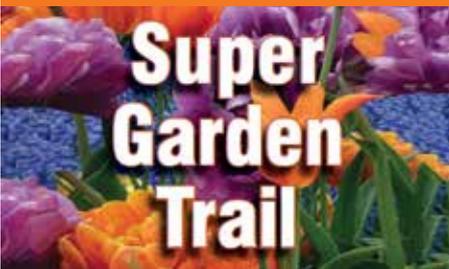
SHOW JUMPING CLASSIC



30–31 January | Albany, Auckland

JT Sporthorses will be running their annual Harcourts Albany Show Jumping Classic. The event attracts some of New Zealand's top equestrians. Arthritis New Zealand is the charity chosen to benefit from their 2016 show. This choice has meaning to event organiser Jaime Campbell, who's sister Jana was diagnosed with psoriatic arthritis.

GARDEN TRAIL



30–31 January | Waikanae

We are delighted to have been selected to be one of the recipients of the funds from the Waikanae Lions Super Garden Trail. The gardens are open from 10am to 5pm. There are 13 gardens to view so it's a great chance to appreciate some lovely gardens and be inspired. Tickets are \$20. For further information please contact Shireen Maindonald on **0800 663 463**

ARTHRITIS NEW ZEALAND AWARDS



11 February | Government House Auckland

MPs VERSUS ARTHRITIS ALLSTARS CRICKET



Wellington

MPs lead by Dr Shane Reti, MP will again be challenged by our Arthritis All Stars team.

These are just some of the activities planned for 2016 OUR JUBILEE YEAR.

50 YEARS OF JOINT ACTION CONFERENCE



3–5 March, Open Day 5 March | Te Papa Museum, Wellington

International and national speakers. Supported by Abbvie.

CHARITY GOLF CLASSIC



Thursday 10 March

This annual event will be held on Thursday March. Gather your team and enjoy an afternoon of Ambrose format golf with networking opportunities available at the 19th hole. For further information email Shireen.maindonald@arthritis.org.nz

30 YEARS OF HYDROTHERAPY



1 April | Whangarei

On 1 April next year Whangarei will be celebrating 30 years of providing hydrotherapy classes – a wonderful milestone and one that will be a special occasion for the many who helped fundraise to start the classes and those who have benefitted from them.

2016 CHILDRENS CAMP



Weekend of 15–17 April | Totara Springs, Matamata

This camp will be for those who have had a recent diagnosis of arthritis (within the past 2 years) and will cater for a mixed ranges of ages. Camp is always popular so we encourage people to register their interest early – phone **0800663463** and ask to speak to **Carol Lovatt**.

50TH JUBILEE SPEAKERS TOUR



Christchurch, Auckland, Tauranga

Supported by Blackmores. Speakers will visit Christchurch, Auckland, Tauranga presenting on new developments in the management and treatment of arthritis.

All that glitters is not gold – how to find reliable medical information online

By Dr Amy Sevaio, MBChB Medical Imaging PhD Candidate

It's lonely being sick. When you or your loved one has arthritis, the sense of isolation can be overwhelming. Life will never be the same after the doctor tells you what all those aches and pains mean.

Even though your family and friends want to help, they often don't have the experience or expertise, and their attempts can make you feel worse – after all, it's hard to be in someone else's shoes. You are now forced to navigate the expanse of a new identity – with no directions, no map and not one to give you a hand.



upholds a high ethical standard and provides trustworthy health information.

Another easy way to see if a website is trustworthy is to check for a sales pitch. The information on the website is likely to be more impartial and unbiased if the information does not lead to an attempt to sell a product or point of view.

In this age of information super-saturation, our first instinct when we are faced with the unknown is to look it up online. After all, there is so much information on the internet, there must be a site that will explain what these medications will do for you and to you, and how your arthritis will progress, right? Someone who understands what you are going through and can give you some pointers?

The problem is not too little information – but too much. You can find scholarly journal articles for the dedicated academic, filled with jargon, next to home remedies that claim to instantly cure you. How can you tell the difference between reliable medical information based on evidence-based research, and claims patched together from folklore and sales pitches? Where can you find well written material for the general public that you don't need a degree in medicine to understand?

Trustortrash.org. provides a friendly guideline for you when you want to differentiate between trustworthy health information and snake oil advertising (they can look suspiciously similar!). Their simple 3 question tool can help you assess the quality of the information on your screen, and make better decisions for your health.

When you come across a new website, pamphlet or booklet, ask yourself these questions:

1. Who said it?
2. When did they say it?
3. How did they know?

Who said it

Look at the about us page. The information can usually be trusted if the website is run by the government, a non-profit organisation, or a professional organisation such as the College of Rheumatologists. Reliable health information websites may also display the HONcode certification, showing that the website

When did they say it

Medical research progresses at a fast pace and the information on a reliable and actively maintained website should reflect this. The posts should be regularly updated and the data current. If the information or claims sound too good to be true, it may be.

How did they know

Does the information presented on the website come from the research of many people, and match what you found in resources? If not, it may not have been based on scientific evidence. Even though there are many patient stories online that claim fast and miraculous healing of joint pains after taking some kind of remedy, it is risky to follow these treatments when they have not undergone the rigorous process of scientific validation.

It is not enough for a website to say "A study shows.": as the support for their claim. The source study from which the information comes from should be listed and easy to find. They should come from a study published in a journal – not an individual's opinion.

When you want to begin the quest for reliable online information about arthritis, here are a list of websites that are great starting points:

arthritis.org.nz
arthritisaustralia.com.au
healthnavigator.org.nz

Next time you feel alone on your journey with arthritis, remember that knowledge and empowerment are just a keystroke away. Start with the recommended websites and use these guidelines to help you get started and contact Arthritis New Zealand for more information and support. Don't struggle on your own – we're here to help.

2015 Appeal update

At the time of going to print the appeal income stands at just over \$250,000. This is a wonderful effort in a busy Appeal month of September.

If you would like to know what was collected in your town then please call 0800 663 463 and ask to speak to the Regional Fundraiser.



Ruth Dyson MP and Ron Towner collecting at Halswell (Christchurch)



Whangarei Appeal collectors



Collecting at New World Stokes Valley



Call for Arthritis New Zealand 2016 National Award Nominations:

Arthritis New Zealand is seeking nominations for the 2016 National Awards. Two new Awards have been created to commemorate 50 years of joint support. Categories are:

- Premier Award
- National Distinguished Service Award
- Young Achievers Award
- Arthritis New Zealand Research Award
- Business Development Award
- Arthritis New Zealand Sports Award

Please email karen.baker@arthritis.org.nz for a copy of the application form and guidelines. Information will also be posted on our website. Awards will be presented at an Awards ceremony to be held in Auckland in February 2016.



Local MP and students take on packaging

At times we all struggle to open a variety of packages that we use on a daily basis. Milk containers, cereal packages, yogurt and prescription packing are real challenges.



Students from Kamo High School have been working with Whangarei MP, Dr Shane Reti to test how hard some food packaging can be to open.

Using a device designed and provided by local Whangarei firms, Busck Concrete and Comer Engineering, students have measured the force required to tear open a range of food packaging.

“A good packet is one that can be torn open with the thumbs and little fingers of both hands,” Dr Reti says.

“We found the ideal level of force needed to open a tear-open packet was 30 newtons.

“Now that we’ve received these results we will be providing our findings to industry to see whether they can find workable solutions.

“These Kamo students have learnt about a practical aspect of science while gaining an understanding of how hard it can be for some people to open tear-open food packets.

“As Parliamentary facilitator for Arthritis New Zealand, this issue has often been raised with me and I’m aware it’s a challenge for people with arthritis to open food packaging.

“I would like to acknowledge Busck Concrete and Comer Engineering for supporting this project. I would also like to thank Age Concern, Tiaho Disabled Trust and Arthritis New Zealand for their input,” Dr Reti says.

More information: A Facebook page has been launched today with videos of students testing how hard packets are to open. The page can be found at www.facebook.com/tearitoffcampaign

continued on p13

Tired of struggling in and out of your swimsuit?

- Sizes from 6 to 34 - 3 torso lengths per size
- Choice: modest cut or box leg
- Navy, black and 2 new prints

SlipOn - the revolutionary one piece swimsuit that simply slips on... and off!

Struggling to get in and out of your swimsuit? Missing the benefits of water exercise which eases pain, keeps joints mobile, reduces weight while staying active? The revolutionary SlipOn swimsuit solves these problems!

The patented design features a double wrap around bodice with adjustable pleating for flattering style and comfort. The quality, four way stretch fabric retains its shape for seasons of swimming. Best of all it does take just minutes to SlipOn and off.

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The revolutionary one piece swimsuit that simply slips on **and off!**

For details and ordering information:
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Email: info@sliponswimsuits.com
PO Box 448, Orewa 0946, Auckland, New Zealand

www.sliponswimsuits.com

WE ACCEPT

Nicola Wearne Update

Tauranga’s Nicola Wearne strapped crampons to her shoes and donned a bright orange shirt in support of Arthritis New Zealand, a charity close to her heart, to run in the Polar Circle Marathon in Greenland.

Nicola has rheumatoid arthritis and will use her time in Greenland to raise awareness for the charity.

“Rheumatoid comes and goes. I can have a couple of weeks or days when I’m really quite sore, then it will mysteriously disappear,” she said.

“I’ve had lots of friends who think I’m crazy and that I should be going to Fiji or Ibiza. But I’ve grown up in that environment where you’re always doing this stuff. It’s quite standard for our family to do adventure sports.”

The marathon was recommended to Ms Wearne and she managed to get one of the 200 spots in the run. It takes place on an ice cap and Ms Wearne will tour the course the day before the marathon.

Its reasonably frightening and even diabolical. It’s all snow and ice, then you run out on the ice cap. It’s 6km to 8km on the ice cap. That’s why they advise you to wear crampons. There’s a section where it’s kind of tussock with snow.”



Nicola Wearne, Photo courtesy of Bay of Plenty Times (John Borren)

While it was called a marathon, it was more of an endurance event.

“It’s in a part of the world that’s always changing. There’s wildlife. We get to see the aurora lights. It’s a place in the world you would never normally get to see.

“I like peace and quiet really, that’s what appeals to me about this. There’s only about 200 people taking part, that’s quite a contrast to the New York Marathon with thousands of people.”

“I’m now having a good experience and feel like I’ve got off quite lightly. A lot of people don’t do as well. Arthritis



Nicola Wearne – Polar marathon runner

New Zealand is a great institution to be involved in.”

Nicola finished the event in just over 7 hours.

Packaging... continued

Sandra Kirby and Francesca Holloway from Arthritis New Zealand met with Dr Shane Reti to discuss the next steps in the food packaging advocacy campaign. We know this is an issue that affects many people with arthritis.

Dr Reti highlighted the Arthritis Australia packaging code guidelines as something that could be adapted for New Zealand. These guidelines were originally designed as a trans Tasman code. Discussions with Arthritis Australia on how to make these relevant on this side of the Tasman will happen before Christmas. If you have some thoughts on the issue please contact either Francesca or Sandra on 0800 663 463.

World Giving Index

New Zealand is 3rd in the annual World Giving Index behind Myanmar and the United States and ahead of Canada and Australia. This index is based on a survey of 145 countries carried out by Gallup.

New Zealand is one of the most generous countries in the world and it’s fantastic that people are donating in ever greater numbers. Another of the really encouraging trends is the giving by young people. The report also showed that while people are more likely to donate money or help a stranger, they are less likely to volunteer their time.

Introducing the new President and Governing Body

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

Members

As of November 2015 the members are:

- Peter Larmer (President)
- Laurie Breadmore (Midland Region Representative)
- Rebecca Grainger (Appointed Member (NZRA))
- Alan Henwood (Immediate Past President)
- Martin Lenart (Appointed Member)
- Deidre Lusby (Southern Region Representative)
- Steven Renata (Appointed member)
- Joe Stanton (Appointed member)
- Roy Tiffin (Appointed member)
- Greg Tollan (Northern Region Representative)
- Digna Toresen (National Representative)

The responsibilities of the Governing Body are set out in our constitution

- To provide strategic direction and leadership for the whole organisation;
- To ensure the organisation is soundly managed;
- To work in close partnership with the Chief Executive to ensure the Governing Body's goals and objectives are achieved, supporting and resourcing the Chief Executive to carry out her responsibilities;
- To appoint and monitor the Chief Executive, ensuring the organisation employs the best person for the position and provides fair and appropriate terms and conditions of employment;
- To develop and monitor policies, which provide direction and boundaries for both its own and the Chief Executive's functions; and



**Left to right Back Row: Roy Tiffin, Steve Renata, Peter Larmer (President), Joe Stanton, Greg Tollan, Martin Lenart
Front Row: Alan Henwood (Immediate Past President), Deidre Lusby, Laurie Breadmore, Digna Toresen**

- To establish Governing Body Committees or working groups as it sees fit.

If you would like to contact members of the Governing Body please call the Board Secretary Karen Baker on 0800 663 463 or email Karen.baker@arthritis.org.nz

The Arthritis New Zealand AGM, held in Wellington on Saturday 21 November brought two changes in the Governing Body. Alan Henwood ended his term as President, but continues as Immediate Past President. Our new President will be Assoc. Professor Peter Larmer. Peter is a physiotherapist and Head of School of Clinical Sciences at AUT.

John Pritchard, Northern Region representative for the past 4 years is also standing down. The new regional representative for the Northern region will be Greg Tollan.

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The AGM

It's an important date in the organisation's diary – the AGM. This year it was held in Wellington on Saturday 21 November. Forty people gathered to hear about the work of the organisation and receive the Annual Report.

Neemia Tialata, the face of the gout campaign held earlier this year is the face of arthritis on the front cover. Inside the report we see a number of people representing the 578,000 faces of arthritis in this country. Young and not so young in varieties of shades of orange the story of people living positively with arthritis and the organisation are told.

The outgoing President noted that the year had again been very successful both financially and in raising public awareness.

If you would like a copy of the Annual Report it is available on www.arthritis.org.nz or call 0800 663 463 to request a copy in the mail.



Attendees at the AGM



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

My details:

First name:

Last name:

Mailing address:

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:

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

Freepost 157311
Arthritis New Zealand
PO Box 10020
Wellington 6143

Did you know that you can also donate online?

Visit www.arthritis.org.nz.

Thank you for your generosity!

For further information...

Call free 0800 663 463

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

Make a donation

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

Visit www.arthritis.org.nz

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

Regional Offices

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

National Office

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

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