

JOINT SUPPORT

NEWSLETTER
March 2014

Acknowledging the different faces of arthritis

Most people think 'arthritis' is one disease and they think of osteoarthritis, which can be simplistically described as 'wear and tear' of the joints. And osteoarthritis is certainly the most common form of arthritis.

However, we need to focus on the harsh reality of an arthritis diagnosis for more and 530,000 New Zealanders. There are over 140 different forms of arthritis, and a number of these fall into the category known as an 'autoimmune' condition. These are conditions that are caused when the body's immune system attacks its own tissues. Antibodies, which would normally ward off infection, fight one's body, causing inflammation, pain (which can be extreme), and affect the whole body, including organs. There are many forms of autoimmune arthritis, the most common being rheumatoid arthritis, which is also the third most common form arthritis in New Zealand behind osteoarthritis and gout.

There are a number of international days approaching that highlight various forms of autoimmune arthritis.



Arthritis Educator Catherine Swift observes World Scleroderma Day last year

- May is Vasculitis Awareness Month
- 4 May is World Ankylosing Spondylitis Day.
- 10 May is World Lupus Day
- 12 May is International Fibromyalgia Day
- 20 May is World Autoimmune Arthritis Day
- 22 May is Gout Awareness Day
- 29 June is World Scleroderma Day

See pages 8 and 9 inside for more about these international days.

And keep an eye on our website and E-Updates (our monthly e-letters) for further information about any activities that may be to mark these days in your region.

Da svedanya, Natalia

Arthritis New Zealand is sad to advise that Service Delivery Manager Natalia Valentino will be leaving us.

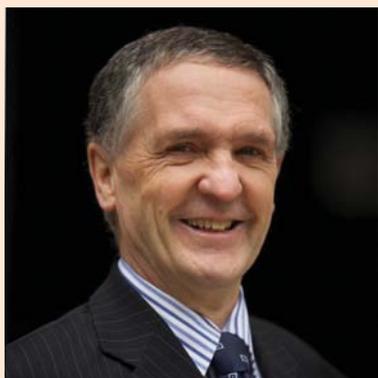
Natalia joined Arthritis New Zealand nearly six years ago. She is originally from Russia, where she qualified as a medical doctor, and completed her PhD in Biochemistry and Medicine in 1993, before migrating to New Zealand in 1996. Her New Zealand experience includes teaching nutrition and biochemistry at the tertiary level, national moderation and quality management of tertiary qualifications with New Zealand Qualifications Authority, development

of a new bachelor's degree in health at Whitireia Polytechnic, and running her own business in Auckland.

Her contribution to the work of Arthritis New Zealand has been immense. As well as her tireless work developing and improving the delivery of the services provided by our Arthritis Educators, Natalia has contributed to many aspects of our work, including reviewing options for updating our client service database. And, of course, her medical knowledge has been a tremendous asset to the organisation.



So we would like to thank Natalia for all she has done for Arthritis New Zealand, and wish her all the best for the future. Da svedanya (farewell), Natalia.



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From the President

Osteoarthritis is a subject close to my heart – well actually it is closer to my hips but it does not help my heart either. I was first diagnosed with this common form of arthritis when I was in my forties. Like many other people I was surprised, and puzzled, to hear this diagnosis. I was relatively young, and fit – if anything it seems I worked too hard on that part of my wellbeing. Over the years my arthritis and I have reached equilibrium – I know how to look after myself well enough to make sure the arthritis doesn't take control. This is a constant balancing of diet, exercise and responding to the messages that arthritis sends through my joints.

Because osteoarthritis is relevant to me I follow with interest the research on this condition with some interest. Hip replacement surgery, which was eventually very successful for me, is considered the second most successful surgery – heart surgery is the most successful. Later in this edition you will see some of the New Zealand research that shows that exercise programmes can assist with osteoarthritis – something I am convinced of through my own experience – easing pain and delaying or perhaps eliminating the need for surgery.

Whatever form of arthritis you experience I am sure you are interested in the current research. Feedback from members and people with arthritis over many years consistently shows that research is one

of the most important reasons people associate with Arthritis New Zealand. Over the last two years we have been pleased to partner with the University of Otago and the Auckland University of Technology (AUT) to ensure that each issue of Joint Support includes updates on New Zealand research on forms of arthritis.

To coin a phrase used by an airline we at Arthritis New Zealand are "passionate supporters" of New Zealand based research. Over the last five years we have paid out over \$690,000 in grants for research across many forms of arthritis – including the three most common forms osteoarthritis, gout and rheumatoid arthritis. While our grants are small in the overall scheme of research funding they are often significant for the research – enabling pilot studies to be undertaken or adding a New Zealand component to international research.

Since 2010 we have also supported students with summer scholarships. These scholarships help engage and support senior students in research in the area of arthritis, under the guidance of experienced researchers, with the aim of encouraging more graduates to take a professional interest in this area.

I hope you find the research findings equally interesting and enlightening.

Alan Henwood
 President

Arthritis New Zealand is grateful to be supported by:



From the Chief Executive

Kia ora tatou. Christmas this year was a memorable one for my family. Our daughter got married at the beginning of January. We had our extended family together for the first time in many, many years.

As a child of immigrant parents in the late 1950s I grew up with a close bond with my immediate family and little knowledge of my extended family. In those days the costs of phone calls and travel ruled out frequent contact with relatives from the northern hemisphere. Letters were the lifeline for my mother to keep connected to her family. How times have changed. My sons have returned to their homes in London and Melbourne but email, text and Skype mean we are in frequent contact.

It was a real joy to see our children, their partners and cousins relishing the opportunity to share time together. Our son in law comes from a large family and all of us have promised to support the newlyweds. It is a great support network to which my daughter and her husband have access. A support network is an important part of most people's lives and especially important for people living with a chronic condition such as arthritis.

For many, but not all people, family members are the cornerstone of the support. Friends, other people with arthritis, formal and informal support groups all contribute. While the number of support groups for Arthritis New Zealand is declining what we are seeing is the increase in less formal ways of linking. Peer support networks have developed in many towns based around a cup of coffee. Our Facebook page and other web based groups provide links for many.

At the end of last year I met with some of our Rotorua members who are also

part of the Rotorua Coffin Club. As I was listening to the radio over the holidays I also heard a programme about this group who not only make their own coffins but also provide a service for others in the Rotorua area. This group was established in 2010 and has its own entry in Te Ara – the online encyclopedia of New Zealand. It is a great example of using the time together to benefit the individual and the wider community.

One of the times that people are looking for support is when they are first diagnosed with one of the arthritis conditions. This can be a baffling and lonely time. This year we plan on providing training for people to become mentors with those newly diagnosed. Information about this programme will be on our website.

I hope that you have a well-developed support network. Maybe you are lucky enough to have that in the form of family members close by or perhaps you have developed the art of making friends and creating your own bonds. As Ralph Waldo Emerson said "A friend may well be reckoned the masterpiece of nature."

If you want to know what support groups or exercise groups are available in your area for people with arthritis do call your Regional Coordinator on 0800 663 463. This might be the time to add new supports to your network.

The Minutes from last year's AGM have been circulated by email for those who attended. If you would like a hard copy of these Minutes please call 0800 663 463 and ask for Karen Baker.



Sandra Kirby
Chief Executive



New brochure translations



Brenda (Lettie) Neri with some of our translated brochures

Arthritis affects people of all ethnic groups. So Arthritis New Zealand is making its information available in different languages to meet the needs of increasingly diverse population. A Hindi version of *Managing your Pain*, and a Samoan version of *Osteoarthritis* were recently published. And a Tongan version of *Osteoarthritis* will be published very shortly.

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

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Non-surgical treatment and management of osteoarthritis: some New Zealand initiatives



Osteoarthritis (OA) is the most common form of arthritis, and most commonly affects the hips or knees. It is one of the most common reasons people consult their doctor - in any one year around 5% of the total adult population aged over 55 years will consult their GP about knee OA.

OA of the hips and knees causes persistent, aching pain as well as occasional stabs of acute pain, and also has a big effect of physical function. Because OA is so common as well as being a painful, disabling condition, it has one of the greatest overall effects on impaired physical health of any disease.

It used to be thought that OA was simply a 'wear and tear' disease of the cartilage, and that it was an inevitable result of ageing. Now that we understand the disease a lot better, we've learnt that that OA is a complex, active disease process that affects not only the cartilage, but also the bone beneath it, the capsule and ligaments around it, and the muscles across it. OA is mostly due to damaging mechanical forces causing the cartilage to break down at a faster rate than the body is able to repair it. But the body is always actively trying to repair it.

There is no known cure for OA, but the good news is that treatments are getting better, and have been shown improve pain and function, and to delay or slow down worsening. Exercise therapy is now considered the first-line treatment. It used to be thought that exercise would only worsen the pain and accelerate the degeneration of OA, but this



Associate Professor Haxby Abbott

has proven to be false. There is good evidence now that exercise therapy can delay the worsening of OA, and delay the need for hip joint replacement surgery.

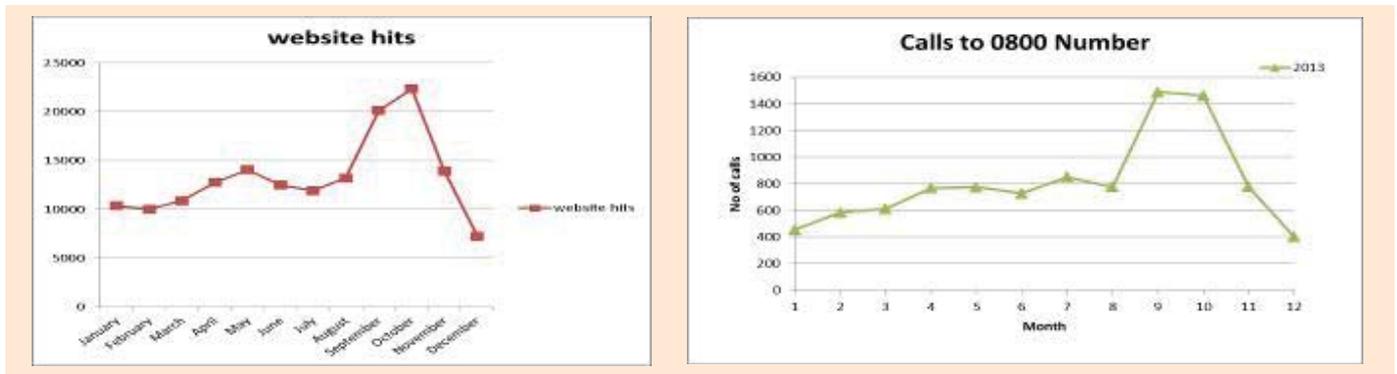
My research group in Dunedin has looked at the effectiveness of exercise therapy and another kind of therapy provided by skilled physiotherapists – manual therapy – which has had little study before. Manual therapy is the skilled stretching of the tissues around the joint, to help it move more smoothly and over a greater range of motion. We found that both exercise therapy and manual therapy were effective, when provided in addition to usual GP care ¹, even to two years afterward. In the first year, manual therapy was particularly effective, but they were around equal after two years. We also found that it would be “highly cost-effective” to provide these treatments in the NZ healthcare system ². We are now getting the 200+ original participants, people with hip or knee OA, back to see how they are faring after 5 years.

Last year, on the strength of our research findings and some funding from the National Health Board, we set up a clinic at Dunedin Hospital especially for patients with hip or knee OA: “the Joint Clinic”. Patients are assessed by an expert physiotherapist and orthopaedic nurse, provided with education, advice and course of outpatient physiotherapy, and seen again later for follow-up. This service has been very well received by patients and GPs, and valued by the orthopaedic surgeons, and would not have been possible were it not for the trust and participation of those who volunteered for our OA research studies.

¹ Abbott JH, Robertson MC, Wright AA, et al. Manual therapy, exercise therapy, or both, in addition to usual care, for osteoarthritis of the hip or knee: a randomized controlled trial. 1: clinical effectiveness. *Osteoarthritis and Cartilage*. 2013;21(4):525-534.

² Pinto D, Robertson MC, Abbott JH, Hansen P, Campbell AJ, Team MOAT. Manual therapy, exercise therapy, or both, in addition to usual care, for osteoarthritis of the hip or knee. 2: economic evaluation alongside a randomized controlled trial. *Osteoarthritis Cartilage*. Oct 2013;21(10):1504-1513.

The effectiveness of TV advertising



When we invest in a campaign such as the OA advertising campaign that ran from September-November 2013 we always measure the impact – in part to report to funders but mostly for our own needs to ensure we are using our resources wisely.

As well as the market research we measure our own data – the impact of advertising is clearly seen in both the calls to the 0800 number and hits to the website as these graphs show.

One of the other consistent factors in the campaigns is that the majority of callers/website visitors are using us for the first time – we are extending our reach each time we run a campaign.

We want to know if these campaigns extend our profile in the wider community. To measure that Research New Zealand, a market research company, conducted 500 interviews across New Zealand in early December. The results were also positive:

- Almost half of all respondents (44%) reported having seen, heard or read recent advertising about arthritis.
- Of those aware of recent advertising, nine percent specifically mentioned an advertisement about ‘broken glass in the joints’, five percent mentioned ‘a family playing cricket on the beach’ and two percent said ‘it was about osteoarthritis’.



- After prompting, 71% of all respondents reported being aware of the osteoarthritis advertisement that had “broken glass in the joints”.

These are very impressive results for what was a short campaign. It is also good that we have maintained our public awareness figures – with 75% of respondents aware of Arthritis New Zealand – a level we have maintained since the last campaign.

Arthritis children’s camp

As you receive this issue of Joint Support, children and their caregivers will be preparing to attend this year’s Arthritis New Zealand Children’s Camp at the beautiful Totara Springs Camp near Matamata. Most of the children who are attending this year’s camp have been recently diagnosed with an arthritic condition.

There will be a range of activities for children. It will give them the opportunity to meet other children who are living with arthritis. Be sure to read your next Joint Support to see what happens!



How do you talk to your healthcare team about treatment?

Having arthritis can mean several visits to your doctor to talk about your treatment. If your treatment is working well you might just need a repeat prescription. Other times you may have questions about your current treatment or a new treatment you have heard about. This article offers some helpful tips on how to talk confidently with your medical team about your treatment.

What information does my doctor need to make a decision about my treatment?

The symptoms you report to your doctor will help them reach a decision about your treatment. If you haven't seen your doctor for a while it can be hard to communicate how your symptoms have been.

Tracking your symptoms

To help, you can track symptoms such as joint tenderness, swelling, pain and fatigue (tiredness) online or in a diary. At www.ra.org.nz you will find a self-assessment tool that helps you do this in between appointments. Take the results to your doctor so that they can see what has been going on for you.

Thinking about your treatment

Sometimes thoughts we have about treatment – that perhaps they are unnatural, damaging or addictive –

make us uncertain about taking them. Or we may hear unhelpful stories from others or in the media. Talk about your concerns with your doctor – they may offer you reassurance, or look at a more suitable treatment.

The perks and pitfalls of Dr. Google

Searching the internet (using 'Dr. Google') can be one way to find out about new treatments. The pitfall is that it is hard to know which websites to trust. It's a good idea to print out the webpages so your doctor can review the information with you.

How do I ask my doctor about my treatment?

You may feel that questioning your doctor is disrespectful, but as a consumer you have a right to ask questions and be informed. The examples below may help:

1. Know you have a right to ask questions about your treatment:

"I've heard about a new drug that's been funded for arthritis. I'm wondering if this is suitable for me?"

2. Be as specific as possible about your symptoms. Tracking your symptoms in between appointments will help:

"As you can see I've had some swelling - and my pain goes up and down."

3. Explain how you feel about the situation. Expressing your feelings about something can help others understand what it is like for you:

"It has been really upsetting for me, not being able to do the things I enjoy."

4. Ask specifically for what you want:

"I'd like you to look through my notes and see if this treatment is right for me."

5. Check your own understanding. Repeat back to your doctor what you have understood about your treatment.

"I should stay on my treatment for now?"

The relationship between a patient and a doctor is often called a 'therapeutic alliance'. You should feel confident in making decisions about your treatment alongside your doctor, in an equal partnership.

Olivia Anstis, *Health Psychologist*, MSc(Hons), PGDipHlthPsych, MNZPB

Story supplied by Atlantis Healthcare



New Year Honours

Arthritis New Zealand congratulates Mr Richard (Dick) Tayler MNZM as well as the many other Arthritis New Zealand supporters who were honoured.

Congratulations to you all!

Do you have knee pain?

One of the most common causes of knee pain is osteoarthritis (OA), a disease that causes a gradual breakdown of the cartilage in joints. Many people choose to treat their OA symptoms with oral medicines, injections and surgery. However there is another option. Knee bracing for knee OA is less invasive and can be less costly than these other treatments. Plus it is simple, safe and clinically proven to work.

What are your options?

Although no cure exists for osteoarthritis (OA), several options are available to alleviate the pain and allow you to get on with your life. An Ossur® Unloader One OA knee brace is a safe, simple and non-surgical treatment for the symptoms associated with osteoarthritis (OA) of the knee. Unlike many other knee-pain treatment options, this innovative knee brace has been clinically proven to demonstrate the following benefits:



Decreased knee pain – for a more active life



Reduced reliance on pain medication – with no unwanted side effects



Improved knee function – helping to avoid or postpone surgery

How does it work?



The 'bone-on-bone' friction in an untreated knee

Untreated, the cartilage will gradually wear down. The increased pressure on the underlying bone is the cause of the pain experienced by most osteoarthritis (OA) sufferers. The wear and tear on the cartilage will gradually cause the knee to become painful and feel stiff when moving.



Unloading a damaged knee affected by osteoarthritis

The Unloader One applies a gentle force design to reduce the pressure on the affected part of the knee, resulting in reduction in pain and thus allowing the patient to use the knee normally and more frequently.

Improve your quality of life

All of this adds up to a better quality of life. With mobility restored, users can do the things they want to without the limitations of a constantly painful knee. And with increased mobility it becomes easier to avoid the weight gain that often exacerbates the symptoms of OA even further.

Lightweight brace that is easy to use

The Unloader One can prevent this downward spiral, getting people back into the activities they enjoy and keep up with family and friends. Lightweight and easy to use and wear, it fits comfortably under regular clothing.

Clinically proven

Recent clinical research on the effectiveness of the Unloader One (www.ossur.com/unloaderone) demonstrated that it decreases pain, improves function and reduces the usage of pain medication.

If you are suffering from signs of OA then the first thing you should do is see your doctor / physiotherapist.. Then you can explore the treatments options available to you, including the Unloader One knee brace, and agree on a plan for treatment.

The Unloader One Knee brace needs to be fitted by an authorised practitioner. For information on the Unloader One Knee brace or a practitioner in your area, please contact us on 0800 31 61 81 or send us an email to sales@alliedmedical.co.nz.

Story supplied by Allied Medical



First aid course

Fourteen Arthritis New Zealand staff recently completed a first aid course. Our grateful thanks go to Capital Training Ltd for making this possible.

Acknowledging the different

May

is Vasculitis Awareness Month

Vasculitis causes inflammation of the blood vessels and can affect any organ in the body. Because any organ system may be involved, an enormous number of symptoms are possible. If the skin is involved, there may be a rash. If nerves suffer loss of blood supply, there may initially be an abnormal sensation followed by a loss of sensation. Vasculitis in the brain may cause a stroke, or in the heart may result in a heart attack. Kidney inflammation usually is not associated with symptoms and is detected by the doctor by examination of the urine. This is important to recognise as inflammation in the kidneys can lead to kidney failure unless promptly detected. It can affect persons of both sexes and all ages. And although it is not a form of arthritis, up to 50 per cent of patients with vasculitis will develop arthritis as part of their disease. Vasculitis can affect people of all ages from childhood to adulthood. There are some types of vasculitis that occur in certain age groups more than others.



For further information about vasculitis see: <http://tinyurl.com/384ddjc>

4 May

is World Ankylosing Spondylitis Day

Ankylosing Spondylitis (AS) is a type of arthritis that mainly affects the spine, causing ongoing inflammation of soft tissues around the spinal bones (vertebrae). Over time, the process of spinal inflammation can lead to fusion of part of the spine and sometimes the pelvis. We highlight this by using a 'rusty spring' metaphor. Symptoms usually develop between the ages of 15-35, rarely older than 40 years and men are generally more severely affected than women. The reason for this is unknown. About half the risk of developing AS is genetic, meaning AS often runs in families. The most common symptom of AS is pain and stiffness in the back and neck, which often result in sleeplessness. And people with AS often experience a form of eye inflammation called uveitis and can develop an eventual loss of spinal flexibility. Diagnosis is usually made following an assessment of symptoms, physical examination, blood tests, X-Rays or MR scans. Although there is no cure for AS, it can be treated, and the condition can be well managed. For further information about AS see: <http://tinyurl.com/mxzo8zz>



12 May

is International Fibromyalgia Day

Fibromyalgia often causes widespread pain leading people to describe the symptoms as if it 'hurts all over'.

For many people a diagnosis of fibromyalgia is a relief – at long last there is a name for what is wrong – and an assurance that it is not progressive or fatal or simply imagination!

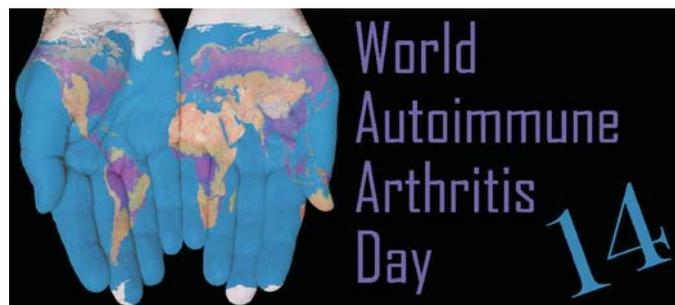
The word 'fibromyalgia' comes from the Latin term for fibrous tissue (fibro), and the Greek for muscle (myo) and pain (algia). It is a collection of symptoms such as muscular pain, stiffness and fatigue. Around 1 in 50 people will develop fibromyalgia at some time in their life. It most commonly develops between the ages of 25 – 55; and women are more likely to develop this than men.

For further information about Fibromyalgia see: <http://tinyurl.com/kkrsnbb>



20 May (WAAD14)

is World Autoimmune Arthritis Day



World Autoimmune Arthritis Day is an virtual event held annually on 20 May that lasts for 47 hours, capturing 20 May in its entirety in every time zone.

It recognises all forms of autoimmune arthritis, including rheumatoid arthritis, ankylosing spondylitis, lupus, fibromyalgia, psoriatic arthritis, juvenile idiopathic arthritis (JIA), Sjogren's Syndrome and many more.

This year's event aims to be the biggest and most all-encompassing convention thus far.

For further information about WAAD14 see: <http://tinyurl.com/krykozu>

faces of arthritis

10 May is World Lupus Day

Lupus is an auto-immune disease that affects joints, muscles and other organs in the body.

As a result, different parts of the body become inflamed and this causes pain and swelling. Lupus can mimic other diseases and can be difficult to diagnose.

Women are nine times more likely to be diagnosed with lupus, and it is usually diagnosed between ages 15 and 45.

Lupus also affects children or older people. The causes of lupus are not well understood, it is likely that both hereditary and environmental factors are involved.

For further information about Lupus see: <http://tinyurl.com/m96ekra>



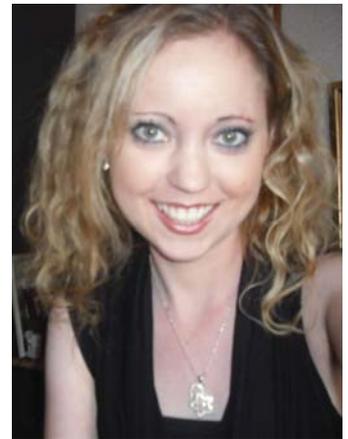
Rebekah's story

I became sick with glandular fever at age 13, and ever since then I have lived with persistent ill health. After developing severe Raynaud's phenomenon, a paediatrician referred me to a paediatric rheumatologist.

I was also getting other symptoms at the time such as chest pain, and abnormal heart beat/rhythm etc. And around late 2009 or 2010, I was diagnosed with lupus.

In December 2011 I had my first seizure late at night whilst travelling with my father to a doctor's appointment. Then, in February 2012, I was diagnosed with epilepsy. And it is thought that this epilepsy was part of the lupus. And I am hopeful that some new treatment options will help enable me and other people to lead a healthier life.

Rebekah Crosswell (25) is from Opotiki.



22 May is Gout Awareness Day

Gout is the second most common form of arthritis in New Zealand. The incidence of gout is much higher among Māori and Pacific men, who are also usually younger when gout first strikes. Gout often occurs alongside other chronic conditions like diabetes and heart disease, making up a trifecta you don't want. Because for the people, who get this trifecta the return is pain, loss of mobility, inability to work and poor health. A major factor in the high incidence of gout in Māori and Pacific people is inherently higher levels of uric acid in the blood due to genetic and environmental factors.

Gout has a major impact on overall health, and is a frequent reason for work absences with reduced income and loss of job security, and giving up sport. It is estimated that 14% of Māori and Pacific males have gout. Fortunately, once it is recognised gout is a form of arthritis, it can be well managed with effective medication and lifestyle changes. For further information about gout see: <http://tinyurl.com/m52npq5> for a brochure in English. This is also available in other languages.



29 June is World Scleroderma Day

Scleroderma is a rare chronic, often progressive, autoimmune disease in which the body's immune system attacks its own tissues. It affects the connective tissues of the body (tissues that hold together muscles, joints, blood vessels and internal organs). The connective tissues of people with scleroderma have too much of a protein called 'collagen'. Collagen is important to give connective tissue its strength, but excess collagen causes hardening and tightening of the affected area.

Both sexes are affected by scleroderma, but it affects more women than men. Scleroderma affects around one in a thousand New Zealanders and can occur at any age but usually starts between the ages of 25–55 years. It is not hereditary and rarely occurs in more than one family member. There is no cure for scleroderma, but many treatments are available for specific symptoms. For further information about scleroderma see: <http://tinyurl.com/m6766r2>



Pain medication

Pain medicine has been around for hundreds of years with records of Myrtle tea in Egyptian times and the use of Meadowsweet herb in the 1700's. Willow tree bark was discovered to contain the compound Salicylic acid and in the 1800's chemists had successfully started to synthesise this for mass production. Salicylic acid then became the active base for the commonly used Aspirin still widely used today.

Non Steroidal Anti Inflammatory Drugs (NSAIDS) came into the market in around the 1960's and introduced a good alternative for the steroids that were commonly used during the 50's. Unfortunately, although very effective strong steroids have the potential of causing long term side effects, so at the time the introduction of NSAIDS was a significant scientific breakthrough in the pain world.

After nearly 30 years in the late 1990's a more selective class of pain medication was introduced called COX-2 inhibitors, which work in a slightly different way.

Rheumatic conditions involve pain, swelling and inflammation within and around joints. When damage starts to occur in the tissues of these joints, the body releases a substance

called arachidonic acid. The release of this compound stimulates the production of two enzymes called Cyclooxygenase 1 & 2 (more easily known as COX-1 & COX-2).

When the body detects COX-1 and COX-2, it prompts the production of a group of hormones called prostaglandins. There are many different prostaglandins circulating through our system and they stimulate all sorts of reactions to help the body work effectively.

The COX -1 enzyme triggers prostaglandins that work to control the function of your gastro intestinal tract (stomach and gut), kidneys and blood cells such as platelets that help your blood clot.

The COX -2 enzyme triggers prostaglandins that are responsible for managing pain, fever and inflammation.

NSAIDs reduce pain and inflammation through their ability to block the production of the COX enzymes. Each NSAID (ibuprofen, diclofenac, naprosyn, indomethacin etc) varies slightly in the extent that it does this.

NSAIDs that block both the COX-1 and COX-2 enzyme are considered non selective. NSAIDs are non-

selective in the respect they block the pathway we need blocked (COX-2) to help prevent pain and inflammation, but also a pathway we don't (COX-1), that then may result in unwanted side effects. As discussed above, the COX-1 enzyme is responsible for the stomach/gut, kidney and some blood cells, by blocking this pathway patients may experience gastrointestinal or bleeding side effects.

COX-2 inhibitors (etoricoxib, meloxicam, celecoxib) work in a very similar manner to NSAIDS but are considered more selective. Therefore, they continue to block COX-2 to help reduce pain and inflammation but block less of the COX-1 enzyme and therefore reduce the incidence of side effects for some patients.

As each new generation of medicines is researched and developed, so the aim is to be more specific around the targeting of the disease and improve patient safety. Pain is a very complex area and medicines that work well for one person may not be as effective in another. Talk to your doctor about the most suitable medicine to treat your pain.

Story supplied by MSD



Support for newly diagnosed

Feedback and comments from clients and members have indicated that a large number of people who have been newly diagnosed with arthritis would appreciate support from someone who has already been there. Informal support systems are already in place for various types of arthritis and in various parts of New Zealand. These have generally developed from linkages between Arthritis Educators and clients or members.

There is a need to formalise this support service and to increase it to

provide nation-wide coverage across a range of types of arthritis. With this in mind, expressions of interest are sought from people with arthritis who would like to provide this support service. This would be on a voluntary basis and would be delivered by phone or other electronic methods.

An initial training course is planned for May 2014. The location of that training course will depend on where the recruited volunteers live.

We are aiming for a mix of ages, genders and/or types of arthritis and

a nation-wide spread of people to provide this support service. For a copy of the Application Form and Position Description please contact Paul Barclay, Volunteer Portfolio Manager on paul.barclay@arthritis.org.nz or 0800 663 463.

Expressions of interest close on Friday 21 March 2014. A selection process will then be undertaken to determine participants on the training course in May 2014. Not all those who express interest will necessarily become support people.

All American Vehicle Day

An All American Vehicle Day at Trentham Racecourse in Upper Hutt in January was a great day out, as well as being a tremendous fundraiser for Arthritis New Zealand.

The event was run by the Upper Hutt Moonshine Rod and Custom Club, and this year's turnout was believed to be the biggest yet in the 13 years the event has been held.

The club supports a different charity each year, and this year, the proceeds went to Arthritis New Zealand.

We are grateful to the Upper Hutt Moonshine Rod and Custom Club for helping us to help the more than 530,000 New Zealanders who are living with arthritis.



Andrew Leiluia and Anna Taale-Leiluia

Home support services

We continue to receive a number of queries from clients and members about how to access Home Support Services and some people continue to need our assistance to obtain this help.

The important issue around Home Support is to know that eligibility is determined by the extent of a person's disability NOT their diagnosis.

A recent case is a good example- a client was declined Home Support Services on the grounds that their condition (scleroderma) did not meet the Ministry of Health criteria for such assistance. This client was struggling with basic tasks such as getting out of the shower, getting off the toilet and preparing meals and her family were dismayed that she was declined.

The reason given for her being declined was incorrect. Eligibility is based on the extent of a client's disability not any specific condition. Any one who is told that they do not qualify for Home Support Services because of their diagnosis, they should contact Arthritis New Zealand immediately.

We were able to assist our client and her family and she is now receiving the support she so desperately needed. We received this lovely message from a very happy family-

"Thanks so much for your help things are working well. My daughter was thrilled when she came home last night and her home smelt clean, bed made with clean sheets, floor vacuumed and bathroom & shower clean and shining."

Important information about Home Support that people need to know

- If you are under 65 you need to get an assessment from a Needs Assessment and Service Co-ordination Agency (NASC). Generally you need to have a long term disability which requires ongoing support. You can find out who your local NASC is by calling 0800855 066 If you are waiting for surgery your condition is viewed as temporary and you should ask to be directed to support that is available for this situation.



- If you are over 65 you need to go through DHBs Older Persons Services and it is best to have a GP referral.
- Home help is means tested and a current Community Services Card is required.
- You should always receive a written response to any application for home help and if declined you should be given the reason why you do not qualify. Make sure you keep all documentation.

If you are having difficulty accessing or understanding how to seek Home Support Services please do call us on 0800 663 463.

Strategies to help people with arthritis maintain regular physical activity

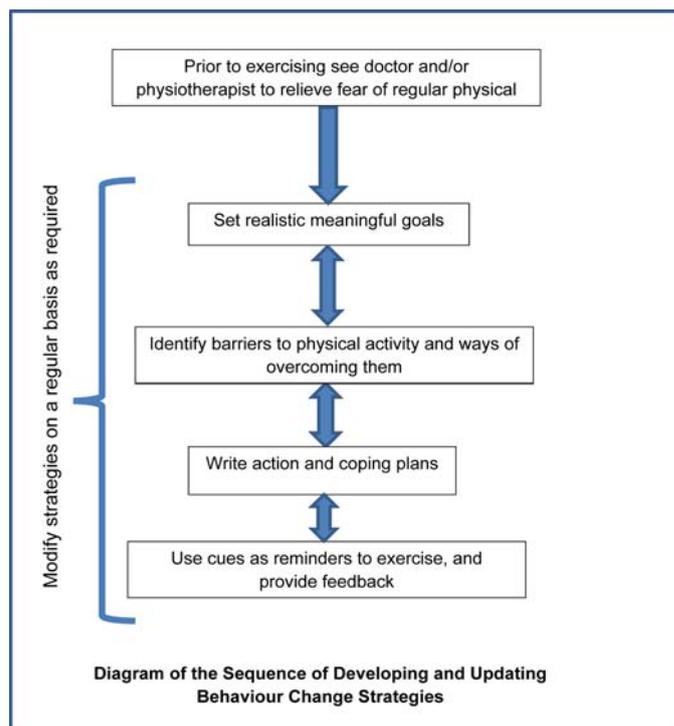


Regular exercise or physical activity is beneficial for people with arthritis as it maintains muscle strength, flexibility and cardiovascular fitness. The success of exercise programmes is often hindered by people not sticking to them. In part this is due to the programmes being long-term and requiring people to make them part of their everyday life. Research has shown that behaviour change strategies are valuable for helping people to adapt their daily lives to include regular exercise. There are a range of strategies, and their choice depends upon personal preferences, whether regular physical activity is a new behaviour and the type of activity selected. For people with arthritis planning to do physical activity, the behaviour change strategies may help overcome possible fear of harmful effects of exercise; give a sense of purpose for doing the exercises; facilitate identification of possible barriers to physical activity and establish ways of overcoming these; bridge the gap between intentions to exercise and doing them; act as reminders to exercise; and provide feedback about the amount of physical activity.

To overcome possible fear of harm caused by physical activity, people should check with their doctor to ensure that exercise is safe for them. Also as there are different forms of arthritis and different joints affected, help should be sought from exercise specialists, such as physiotherapists, when planning physical activity. This ensures that the activity is tailored to people's needs and the type and extent of the arthritis.

Goals give a sense of purpose for doing physical activity. There are two types of goals, long-term and short-term. Long-term goals provide an overall purpose for doing the exercises and a target to achieve. A series of progressive short-term goals are way of achieving the long-term goal, and give a more immediate sense of success. Accomplishing a series of short-term goals is like climbing a stair case to the long-term goal. Goals need to be based on the predicted outcome of the physical activity programme. They also should be specific to the activity, achievable, realistic, and specify a time span for their achievement. If goals are difficult to achieve they could be unrealistic and need re-formulating.

Recognising potential barriers to regular exercise and ways of overcoming these will help maintain the physical activity. Common barriers for not doing exercises are forgetfulness, not enough time, changing daily routines such as holidays, pain, poor weather, and the cost of joining a gym. Examples



of overcoming these barriers are to exercise at the same time each day; exercise with other people; gradually progress the exercises but within the limits of pain; during bad weather do alternative indoor activities; and instead of exercising at a gym do it at home or outdoors.

A meaningful way of recording barriers and methods of overcoming them is to write action and coping plans. These exercise plans also bridge the gap between exercise goals and doing the exercises. For each type of different physical activity, such as walking and exercises, action plans are developed so that they indicate when, where, with whom and for how long the activity will be done. Coping plans involve identifying predicted barriers to exercising, and then deciding on ways of overcoming them.

Cues are useful prompts to exercise, and these should be positioned in places where they cannot be avoided. For example putting a copy of the exercise plans on the fridge door; leaving walking shoes by the back door; and putting small cue cards in clothing pockets, wallets and handbags. Recording in a diary the amount and type of physical activity done gives feedback about the progress made, and a sense of achievement, which in turn provides an incentive to continue the physical activity.

To ensure that regular physical activity remains part of everyday life, all the chosen behaviour change strategies need to match each other, and relate to the selected physical activity and barriers to exercising. Additionally the strategies will have to be upgraded frequently to keep pace with the changes that will occur with the physical activity programme.

Resources: Arthritis New Zealand webpage <http://www.arthritis.org.nz/>, The Mayo Clinic webpage Barriers to fitness, overcoming challenges <http://www.mayoclinic.org/fitness/ART-20045099>

Dr Sandra Bassett. Email: sandra.bassett@aut.ac.nz

Warehouse kiwis support arthritis

Facebook with Arthritis Educators



The Warehouse Bell Block, Dannevirke, Fielding, Hawera, Hastings, Levin, Masterton, Napier, New Plymouth, Palmerston North and Wanganui stores have a 'joint' partnership with Arthritis New Zealand.

All profits from the sale of our fundraising kiwis will be donated to assist local children and families in our region to attend arthritis camps.

We have had live Facebook sessions running on Wednesdays from 3.00 – 5.00 pm.

In response to feedback, we have changed the time and date to Mondays from 7.00 – 9.00 pm. If you are a Facebook user and have questions on arthritis then please join us.

Extending our reach in Northland

A wonderful bequest from the Ham Estate has enabled us to plan several exciting new initiatives in Northland in 2014. Adopting the concept of a travelling waka, we will be running a series of workshops, seminars and clinics with associated publicity campaigns aiming to reach people with all forms of arthritis. The first initiative utilising the Ham Estate funding is planned over March- May 2014 and is intended to both benefit Northland and provide an opportunity to pilot and evaluate new initiatives in line with our strategic plan.

Project Outline

This first project will focus on the Far and Mid North - main population centres are Kerikeri, Kaitia and Kaikohe. Project components will be:

- A planned programme of community awareness promoting our website and 0800 number running in March and April
- A series of seminars, workshops, gout clinics, gout champion training and self management workshops running in May with accompanying media stories and advertising.
- Evaluation of projects undertaken using the Results-Based Accountability model- will include paper, telephone and electronic surveys. Other measures will include numbers of 0800 calls, new clients, volunteers, members and support groups.

TXTPAY



You can use your mobile phone to donate to Arthritis New Zealand! Just text 'JOINTS' to '5464'. This new programme allows you to donate and support the 530,000 New Zealanders who are living with arthritis, and to also make payments to other companies that are part of the TXTPAY programme.

Charity golf classic



It's not too late to enter a team into the Arthritis New Zealand Charity Golf Classic, which will be held at Paraparaumu Beach Golf Club on Thursday 13 March 2014, but you will need to be quick!. For further information, email errol.pike@arthritis.org.nz

News Flash: Good in the Hood

Did you know that by purchasing your petrol from participating Z Energy service stations, you can help Arthritis New Zealand through their Good in the Hood scheme?

Z Energy stations in the following regions are participating. So please help them help us!

Northern

- Z Te Rapa - Hamilton
- Z Te Aroha
- Z Ngatea
- Z Frankton - Hamilton
- Z Te Irirangi Drive - Otara - Auckland

Z Point Chev - Auckland

Z Quay St

Z Taipa

Midland-Central

Z Crofton Downs - Wellington

Z Taranaki St - Wellington

Z Moonshine Rd – Upper Hutt

Z Fergusson St – Palmerston North

Z Te Ngae – Rotorua

Southern

Z Hornby - Christchurch

Z Bryndwr - Christchurch

Z Woolston - Christchurch

Z Palmerston

Z Cromwell

Z Halifax St - Nelson

Z Greymouth

Arthritis New Zealand is also in line for more money if it's one of the ten neighbourhood groups voted for in the online Good in the Hood Token Hunt. Just like last year, Token Hunt is an interactive challenge where your supporters can hunt out tokens and use them to vote for your group – but Z Energy has thrown in some new twists this year to keep you hunting!

Do you have a current will?

There are several good reasons for ensuring that you have a valid and up-to-date will:

To protect loved ones.

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.

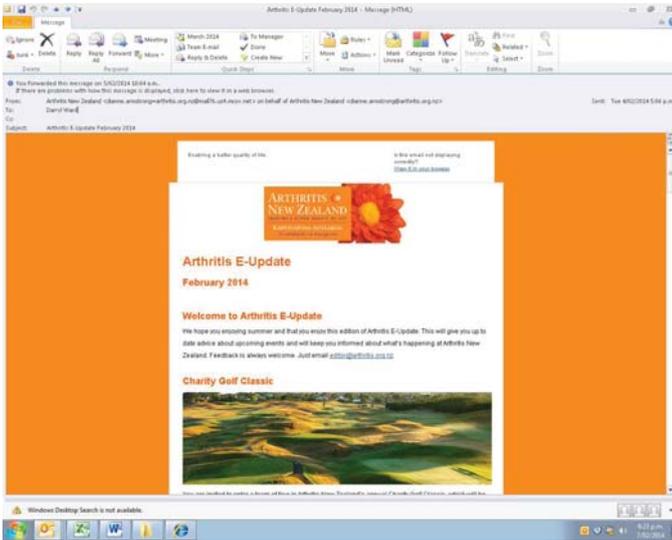
Once you have taken care of those who are close to you, you may like to remember Arthritis New Zealand. We are always overwhelmed when we receive advice of a bequest. These gifts ensure our work continues for generations and confirms the importance of supporting the 530,00 New Zealanders with arthritis.

Big or small your bequest will be greatly appreciated. It will help us to continue to provide services now and into the future.

If you would like to talk to someone about leaving a bequest to Arthritis New Zealand or more information, please call 0800 663 463 and ask to speak to Dianne Armstrong, or email: dianne.armstrong@arthritis.org.nz



E-Updates



Don't forget that Arthritis New Zealand publishes monthly e-updates to keep you up to date with what's happening in your region.

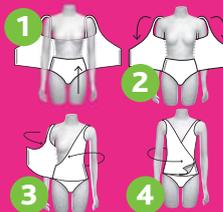
If we don't already have your email address, please tell us, so we can add you to the list.

Just go to our website: www.arthritis.org.nz

There's a field on the homepage where you can enter your email address. It's that easy.

Tired of struggling in and out of your swimsuit?

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



- Sizes from 8 to 30+
3 torso lengths per size
- Choice: modest cut or box leg
Navy, black and two new prints



Enjoy the many benefits of water exercise - easing pain, keeping joints mobile, reducing weight, staying active - without the struggle to get in and out of your swimsuit, with a SlipOn swimsuit. This world-wide patented design features an attractive double-wrap around bodice with adjustable pleating for figure flattering style and comfort. The quality, four way stretch fabric retains its shape for many seasons of swimming. Best of all it really does take just minutes to slip on and off.



For details and ordering information
www.sliponswimsuits.com or 0800 754 766

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



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: / /

Card holder:

Signature:

Did you know that you can also donate online?

Visit www.arthritis.org.nz.

Thank you for your generosity!

For further information...

Call free 0800 663 463

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

Make a donation

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

Visit www.arthritis.org.nz

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

Regional Offices

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

National Office

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

Facebook



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

Twitter



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