

# JOINT SUPPORT

ARTHRITIS NEW ZEALAND NEWSLETTER SEPTEMBER 2014



*Acknowledging the different faces of arthritis*

## Let's turn New Zealand ORANGE this September!

September is a special month for many reasons. In the southern hemisphere, we have equinox, and the beginning of spring. We can see the days getting longer and lighter. And September is also a time when we can make the days brighter for one in six New Zealanders. Those who are living with arthritis. Because this is the month when Arthritis New Zealand's annual appeal takes place, and when we try to turn New Zealand orange.

Orange is the colour of the gerbera, our symbol. It is a colour of joy and creativity. Orange promotes a sense of general wellness, and emotional energy that should be shared, such as compassion, passion, and warmth.

These attributes are an excellent description of the work of Arthritis New Zealand. We raise public awareness of arthritis, advocate for those living with the condition, fund research, and provide support through advice and information.

But we need your support, because only 12% of our funding comes from government agencies. So, without the generosity of our donors and volunteers, we would be unable to support those with arthritis, and those who care for them.

Arthritis is one of New Zealand's major health burdens. It is one of the leading causes of disability in the country. And while the popular image of a person with arthritis may be the grandmother who has just had a hip replacement because of osteoarthritis, the reality is that arthritis can strike any one, at any age. About a thousand of those who



Students from Lincoln College, and St Margaret's College in Christchurch, collecting outside the Re:START Mall

are living with arthritis in New Zealand are children. That's right, children. Some of them are taking chemotherapy drugs. Not because they have cancer. But to treat their arthritis.

Arthritis New Zealand's 2014 annual appeal will run from 23 - 29 September. The Street Day collection will be on Friday 26 September. In some areas there may also be door to door collections. If you can spare an hour or two to assist with our collection, you can help us make a difference for those who are living with arthritis. Just contact your nearest Arthritis New Zealand Regional Office (numbers are on the back page) and ask to speak with your Regional Fundraiser. Or phone 0800 663 463.

And if you are unable to help with the collection, your donation will be greatly appreciated, as it will help Arthritis New Zealand carry out its vital work. Watch out for the collectors in their bright orange vests carrying gerberas. Or phone 0900 333 20 to donate \$20. Or visit [www.arthritis.org.nz](http://www.arthritis.org.nz).

Please give generously. And help us to turn New Zealand **ORANGE!**

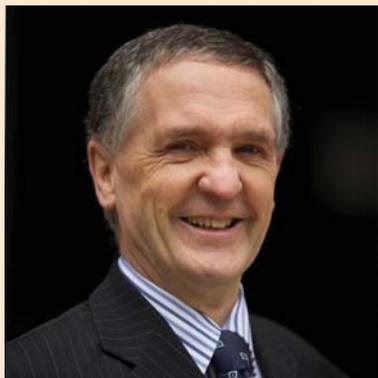
**Our annual appeal is only possible because of the tireless support of our amazing volunteers. We are truly grateful for everyone's help.**



**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

I am not known for being highly excitable but the recent recognition of Kathie Smith in the Queen's Birthday Honours, which Arthritis New Zealand initiated, made me very excited and proud. We owe a huge debt to Kathie for what she has done for Arthritis New Zealand. The longer I continue as President, the more examples I come across where Kathie's hand is evident, and the recognition is richly deserved.

It is also a recognition of Arthritis New Zealand and the work it does. OMNZ is one of the higher Honours that can be conferred. Although it is primarily recognition for Kathie, I believe it is also recognition of the standing Arthritis New Zealand has in the not-for-profit and health sectors and we all, in that sense, are being recognised. I am sure Kathie would acknowledge that she would not have received the award without the achievements that Arthritis New Zealand has made. We can all bask in reflected glory.

It has been another very good year for Arthritis New Zealand. When we present the annual report at the AGM to be held in Christchurch this year it will show for the second year in a row a significant surplus. This surplus is only possible because of the combined efforts of so many people and the changes that were made three years ago.

This year we have again been humbled to be the recipient of significant bequest funding. To be remembered in a person's will is a reminder of how much Arthritis New Zealand can impact on a life. We

treat these very precious gifts with great respect and work hard with the family to ensure that we use the money in ways that reflect the wishes of the benefactor.

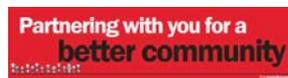
However as a Governing Body we are very conscious that we cannot always rely on bequest income. The challenges for fundraising face us and every other charity. Traditional forms of fundraising, like the annual appeal, may not raise as much income as they did in past years but they remain important awareness raising as well as fund raising opportunities.

With the start of spring I know the annual appeal is fast approaching. Our income from the appeal is directly linked to the number of volunteers who can spare an hour or two to stand on the street or in a shopping mall or at an event with a bucket. Even though fewer people carry cash than in past years the spare change we collect makes a big impact for us.

I will be in my usual spot on The Terrace in Wellington shaking a bucket and hoping to catch the eyes of people passing by. I find that people are incredibly supportive of our appeal. It is heartening to hear from people that they have seen our ads on television; been to a seminar or like what we do. I encourage you all to experience it for yourselves.

Alan Henwood  
President

Arthritis New Zealand is grateful to be supported by:



## From the Chief Executive

Kia ora tatou

It wasn't a nice message to get but none the less it was a message that made me think. We had sent out the email inviting people to join the fight and show politicians that enough people cared about arthritis to make this a health priority. The response came from an angry person who said I had been trying to get arthritis recognised as a health priority for years and that I should consider myself a failure for still asking.

It is true that for the six years I have been at Arthritis New Zealand this has been our aim. I can also point out that it has been the aim of the organisation before I came. It is not yet achieved. And yes I am disappointed. Does this mean we have failed?

There have been some great gains over the last six years to which Arthritis New Zealand contributed. There is better access to medicines for people with inflammatory arthritis; a better paediatric rheumatology service for children with arthritis; hip and knee replacement surgery is included in a health target to name a few. We have a cross party group of Parliamentary Friends of Arthritis – MPs who willingly talk with us about our concerns and our issues. We have succeeded in some areas but not in all. And so we keep pushing.

“What are the most significant election issues this year?” was an early election poll. Employment, health and welfare are the top three concerns across the country for all voters. If we look back over previous elections we will find these three issues are frequently feature. Have we all failed or do we need to acknowledge that these issues are thorny, difficult and require long term strategies?

Arthritis matters because it affects over half a million New Zealanders. It is no respecter of ethnicity or gender.

Anyone of any age can get arthritis. It can affect all parts of your life – health, welfare and employment. It is costing this country – as individuals and as a whole community. There are policies that could help such as early diagnosis; earlier interventions and supportive employment. We believe these would be good investments for the whole country.

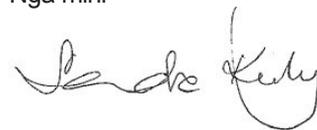
It took over twenty years to get women's suffrage in New Zealand, and New Zealand was seen as an early adopter. While I am not for one moment comparing myself to Kate Sheppard I wonder how many people suggested she had failed during that time?

Criticism hurts. Being able to criticise is part of the freedom of speech inherent in a democracy. That we must celebrate. And the reflection is important. Maybe I do sound like a cracked record. Perhaps we have focused on the gap not the gains.

And while we did have one complaint, 1,769 people have to date signed our electronic petition calling for arthritis to be a health priority to date. The message had resonated for many.

I will be out voting on 20 September. The following week I will be pulling on my orange shirt; adding my orange vest; my gerbera and my bucket to collect as part of the Arthritis New Zealand Annual Appeal because we still need to convince the general public and the politicians that arthritis matters. I know many of you will be out there too. Thank you - your support makes a difference.

Nga mihi



Sandra Kirby  
Chief Executive



## Arthritis New Zealand AGM



Our Annual General Meeting is set for Saturday 22 November 2014 and will be held at the Novotel Hotel, Cathedral Square, Christchurch.

For further information about the AGM, please email [karen.baker@arthritis.org.nz](mailto:karen.baker@arthritis.org.nz)

To advertise in *Joint Support*, email [editor@arthritis.org.nz](mailto:editor@arthritis.org.nz) or phone 0800 663 463.

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## Footwear for knee osteoarthritis



Physical activity is important for managing osteoarthritis. If walking is your preferred exercise, you need to consider the appropriateness of your footwear. You should choose footwear that is suitable for your everyday activities, which may include working, shopping, and gardening.

Two distinct views currently guide the prescribing of footwear. The first is that the foot is inherently weak, and requires support, protection, and control. The second is that the foot is inherently strong, and is well-adapted to fulfil its function. If a clinician follows the first view, he or she is more likely to prescribe orthotics, and shoes with dual or soft density, that will reduce or control inward roll, and increase cushioning of the foot. But if a clinician follows the second view, he or she is likely to consider the foot is considered to be “well-adapted”, and able to absorb shock because of its anatomical shape and muscles. This view would argue that shoes should not interfere with a person’s individual movement pattern.

In either case, the most important issue when choosing footwear is comfort. Extensive research has been conducted to determine the optimal shoe, particularly for people with knee osteoarthritis. When a person has osteoarthritis of the knee, there is often a shift of the loading through the knee while walking and standing. In particular, there is often a tendency for ‘bowing out’ of the knee, which is likely to increase pressure or

loading in the inner (medial) side of the knee, where osteoarthritis and pain is common.

In people with mild knee osteoarthritis, footwear may be prescribed with the aim of improving the leg alignment, by distributing the weight more equally across the whole knee joint. While it was traditionally more common to prescribe medial wedges with orthotics (making the inner side of the heel and forefoot higher than the outer side), lateral wedges (which make the outer side of the heel and forefoot higher than the inner side) are being used to improve leg alignment. A systematic review from the University of Otago, School of Physiotherapy has indicated that these lateral wedges are, indeed, likely to decrease the loading of the inner knee, as has been estimated from movement analysis in biomechanics laboratories. However, clinical trials conducted in Australia and elsewhere have had mixed results, showing that these wedges are not always successful for decreasing pain associated with knee osteoarthritis.

One limitation of the clinical trials is that they do not always describe the shoes that are used by the study participants. As shoes age, more wear is normally seen under the outer (lateral) side than the inner (medial) side of the heel. The increased wear and decreased density (softness) of the lateral outer sole of the heel may potentially aggravate the ‘bowing out’ of the knee, and counteract the effects of the lateral wedges or orthotics. Therefore, shoes need to be checked for wear prior to prescribing wedges or orthotics.

Three basic guidelines suggest that:

- Firstly, shoes should be symmetrical in terms of density and height around the heel and the forefoot.



Dr Gisela Sole

- Secondly, the height of the heel is important as loading of the inner knee increases with increasing heel height. (Thus, footwear with a low or minimal heel is recommended.)
- Finally, footwear should be flexible in all directions, rather than stiff, to maintain and encourage normal mobility of joints and muscle strength of the foot.

Overall guidelines from research suggest that selection of basic, flexible, low-heeled shoes can be recommended for people with knee osteoarthritis and comfort, as perceived by the individual person, is most important.

And if feet are painful and stiff, a referral to a health professional such as a podiatrist or physiotherapist should be considered.

Dr Gisela Sole  
School of Physiotherapy

## Youth leaders' development weekend

Arthritis New Zealand will be hosting a youth leaders' development weekend in Auckland from 10 to 12 October 2014. There are 20 positions available for young people aged 13-18. We are excited to be able to offer two nights and three days of activities for youth leaders who have been diagnosed with some form of arthritis.

This year's camp will be held at the Chosen Valley Christian Camp.

The theme for the weekend will be the Great Arthritis Race, and the team will be competing to complete challenges all over Auckland over the weekend.

Arthritis Educators Zoe McGavock and George Ngatai are looking



Youth leaders meeting in 2013

forward in spending time with our youth leaders over the weekend which will be filled with

fun, information and support opportunities for this group.

Phone 0800 663 463 for further information.

**Did you know that osteoarthritis is the most common form of arthritis? Voltaren® Osteo Gel can help you to manage the pain.**

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For temporary relief of local pain and inflammation associated with mild forms of osteoarthritis of the knees and fingers. Always read the label. Use only as directed. If symptoms persist, see your healthcare professional. Novartis Consumer Health Australasia, Pty Ltd, Auckland. TAPS: NA 7260 NVT1935

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## Taranaki scholarship

Each year, Arthritis New Zealand offers scholarships to young people with arthritis attending secondary and tertiary institutions throughout the Taranaki Region

This year, Elizabeth Mischefski, a first year nursing student at the Western Institute of Technology at Taranaki (WITT), was awarded \$2000.00 to cover the costs of her text books and support her with her studies.

Elizabeth is 23 years old and has Juvenile Idiopathic Arthritis. She also works as a casual caregiver at the Riverside Care Home and Hospital.

We wish Elizabeth all the best with her studies.

For more information about these scholarships contact 0800 663 463 or email [tui.tararo@arthritis.org.nz](mailto:tui.tararo@arthritis.org.nz)



Elizabeth Mischefski

## Days to remember

**Sunday 12 October**  
is World Arthritis Day



World Arthritis Day, which is celebrated every year on 12 October, provides an opportunity for those with arthritis to have their voices heard, and the opportunity to highlight some of the issues they face.

One of the biggest issues facing people living with arthritis is awareness of the impact of this chronic health condition. Arthritis is not treated as a health priority. People may be told 'it's just arthritis'.

The theme of World Arthritis Day this year is Living Better, Ageing Well.

So please remember everyone who is living with arthritis on this day, and every day.

**Wednesday 3 December**  
is International Day of Persons with Disabilities



International Day of Persons with Disabilities is celebrated every year on 3 December.

The aim of this day is to encourage a better understanding of people affected by a disability, together with helping to make people more aware of the rights, dignity and welfare of disabled people.

This is a very important day for us, given arthritis is one of the leading causes of disability in our country.

Accessibility and empowerment for people with disabilities are important priorities for us, as we work to improve the quality of life for people with arthritis.

**Friday 5 December**  
is International Volunteer Day



International Volunteer Day is celebrated every year on 5 December. Arthritis New Zealand has a long tradition of being a volunteer led organisation. Our Board lead the way in providing their time and skills to meet the mission. Volunteers help us in raising awareness of the more than 140 different forms of arthritis, advocating for those with the condition, and providing advice and support. Volunteer support means we are able to achieve much, much more than we could with our limited resources.

With the support of our valued volunteers, we can break down barriers and provide the networks that are so needed in our communities.

## Support for newly diagnosed with arthritis

An exciting new initiative that has been developed by Arthritis New Zealand is the new support service for people who have been newly diagnosed with arthritis. Volunteers who have arthritis will be the mentors.

The programme came about after it became obvious that a recurring theme amongst those who contacted Arthritis New Zealand for support was the need for people to be able to speak with others who had the same condition, or were of a similar age, to them. The need for this initiative was recognised by its inclusion in our 2013-16 Strategic Plan.

On 26 and 27 July, fourteen volunteers from around the country met in Wellington to help us develop this new service. It does not replace our existing support services provided by Arthritis Educators, but it complements them, and it may eventually be linked with peer support networks and other groups.

See our website [www.arthritis.org.nz](http://www.arthritis.org.nz) for further information about accessing this service.



Wendy Harnett is from Wellington. She is 48 and she has reactive arthritis and osteoarthritis (OA).

She says the new initiative is “... going to help people who may be feeling isolated and alone with the condition, and provide people with the support of others who have been there, as arthritis can be a lonely disease.”

She also says it will also provide a source of practical information for people who are going to phone in, and provide tips that will make day to day life easier. These may include small details that health practitioners might not necessarily know, such as what kind of heating pad works best, etc. In short, it will be complementing medical support with personal experience.

### 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](https://www.facebook.com/pages/Arthritis-New-Zealand/141779119206755)

Dave Morrison is from Christchurch. He is 67, and he has had rheumatoid arthritis (RA) for 28 years. During that time he has had four joint replacements. When he first got RA was treated by a GP, but the treatment was not really working for him, so he eventually contacted an Arthritis Educator from Arthritis New Zealand. His experience will enable him to support those who are newly diagnosed.

“I feel your pain and I understand your fears,” he says. “Rheumatologists treat the disease, but they don't offer this kind of support... although they will offer reassurance. RA is nasty, but it is not the end of the world.”

# JOINT SUPPORT

## A snapshot of the year

Arthritis Educator services

0800 calls



Arthritis Educator Zoe McGavock takes a call

22,547 people used our Arthritis Educator services (including our live sessions on Facebook), an increase of 13%.

There were 9,651 calls to our toll free helpline 0800 663 463.

Website hits

Arthritis advocates and ambassadors



A meeting of some of our Arthritis Advocates

There were 195,077 hits on the Arthritis New Zealand website: [www.arthritis.org.nz](http://www.arthritis.org.nz)

We have 60 Arthritis Advocates, and 10 Arthritis Ambassadors.

This is a 400% increase on the previous year.

**We couldn't have done any of this without your support. So thank you for helping**

## ending 30 June 2014

### Exercise and support groups



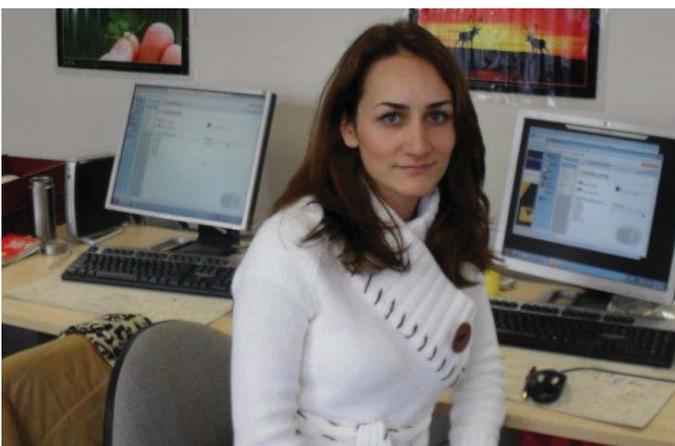
We have 30 exercise groups, and 42 support groups.

### Research grants



We gave out \$231,015 in research grants.

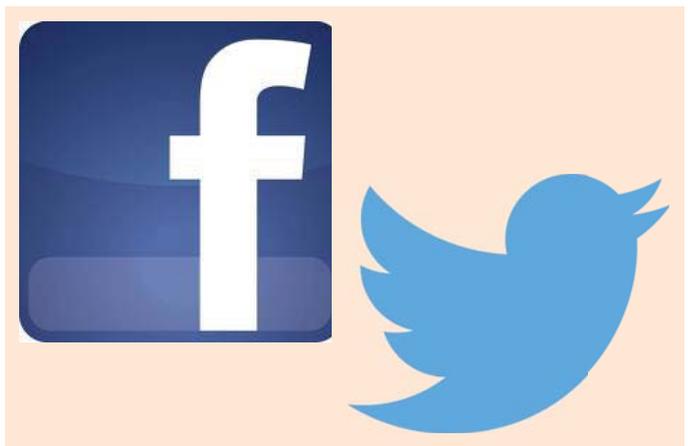
### Members, volunteers, and donors



National Office volunteer Katya Skobeleva

We have 2,827 active volunteers, 5,183 members, and 11,345 donors.

### Social media



We have 1,144 'likes' on Facebook, and 1,401 followers on Twitter

us to help the 530,000 New Zealanders who are living with arthritis.

## The BUPA and arthritis partnership

Arthritis is the single greatest cause of disability in New Zealand. More than half a million people will be affected by arthritis during their lifetime. Symptoms of arthritis include joint pain, stiffness and swelling. The three most common types are osteoarthritis, rheumatoid arthritis and gout. There are four groups of people most at risk – older people, sports people, women and Māori and Pacific men.

Bupa's purpose is to help people live longer, healthier, happier lives. We do this by providing a broad range of healthcare services, support and advice to people throughout their lives.

We have no shareholders and invest our profits to provide more and better health care services to our customers and communities around the world and in New Zealand. Bupa is a global business and we have we have 22 million customers in over 190 countries with over 60 years experience in healthcare.

Our goal is to reducing our environmental impact. By 2015 we want to enable 60 million people to make positive changes to be healthier, happier and protect the environment by reducing our carbon footprint by 20 percent.

Care home residents are at the heart of everything we do – we develop individual care plans and tailor activities to suit them. Our personal medical alarms keep you safe in your own home and our retirement villages provide independent living options. Rehabilitation develops individually designed programs to help people relearn daily living skills and enable them to live as independently as possible.

We are the largest provider of aged residential in New Zealand and have a long-term partnership with Arthritis New Zealand who has similar values – enabling a better quality of life. We help customers and residents living with arthritis be as active as possible and make the most of life everyday.



Gráinne Moss, Managing Director of Bupa Care Services NZ Limited

There are lots of things together we can do to make living with arthritis easier.

Keeping a healthy weight will reduce the risk of osteoarthritis. Combined with healthy eating, physical activity helps people living with arthritis regain control of their lives. Moderate exercise, for 30 minutes a day, 5 days a week is recommended. Examples include brisk walking, lawn bowls, mowing the lawn or gardening perhaps even Tai Chi. Your GP can help you decide on some suitable activities that fit your lifestyle.

To help people retain mobility and improve muscular strength, at several villages we run "sit down" exercise sessions for residents twice a week. These sessions are very popular and well attended. The program has been developed by Arthritis New Zealand with input from a physiotherapist.

Our retirement villages and care homes are warm and dry. Especially during winter, this has a positive impact on people living with arthritis in our care, as their joints don't ache the same way they do as if they were living in a cold or damp environment.

Regularly, Arthritis New Zealand host education sessions in our community centres. This provides an opportunity for people to be informed about arthritis and ask the arthritis nurse educator for further help and advice.

When a person is moving into a care home, at their initial assessment, for example if they are living with arthritis, we can provide cutlery, which is more flexible and has larger handles so it is easier to use. Also we provide vitamin D and calcium supplements for people prone to bone fractures.

If a person has had a hip or knee replacement, our Bupa care homes can provide convalescent care. Normally this is for 6-8 weeks after surgery and then the person returns home, continuing with rehabilitation and exercise.

Working together we can make a positive difference in peoples lives everyday.

<https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/arthritis>

## Arthritis volunteers honoured



Kathie Smith, ONZM

Arthritis New Zealand is delighted to report that its volunteers have received three significant awards recently.

Kathleen (Kathie) Smith was recognised in the Queen's Birthday Honours with the award of an ONZM. The award recognised Kathie's commitment to people with arthritis both within the health system and in the community. A former President of Arthritis New Zealand, it was under her guidance that the organisation evolved into what it is today. Kathie was first introduced to the services of Arthritis New Zealand, as a Ward

Sister working in the Rheumatology Ward, Middlemore Hospital in the 1980's. Since that time she has had over 30 years continuous service with the organisation at both national and regional level. Kathie has also worked alongside other professional bodies in the field of arthritis. In 1985 she was instrumental in establishing the NZ Health Professionals in Rheumatology group.

Our volunteers were also recognised in the 2014 Minister of Health Volunteer Awards. These awards recognise and celebrate the invaluable contributions of volunteers to the health and disability sector in New Zealand, and highlight the commitment and willingness that individuals and teams of volunteers have demonstrated within that sector.

Arthritis New Zealand's Community Gout Champions won the Māori/Pacific Health Service Award. The Māori/Pacific Health Service Award honours individual or teams of volunteers who show passion and commitment to a Māori/Pacific health service. Gout is the second most common form of arthritis in New Zealand. The incidence of gout is much higher among Māori and Pacific

men than other populations groups and often occurs at a younger age. These are populations that can be difficult to reach, but our Community Gout Champions have had success in communicating their message through attending Hui, Marae, markets, and health day meetings, and talking to whanau. They have succeeded in getting the message across that gout is nothing to be ashamed of, and that it can be controlled.

Clare Richards was runner up in the Long Service Award. Clare has contributed significantly to Arthritis New Zealand and people with arthritis. Her enthusiasm for helping people to overcome the effects of their own arthritis and to make society more accommodating have lead to her involvement with various support groups and activities over many years. She has been at the forefront of many forms of advocacy activities, including campaigning for access to medicines, for more user friendly packaging, packaging, and for better seating for people with disabilities at Christchurch Airport. She has also been involved in the governance of Arthritis New Zealand at local, regional and national levels.

## 2014 general election: the issues for people with arthritis

The next general election will be held on Saturday 20 September.

We have raised matters that are important for people with arthritis, and have identified three key issues:

- We have asked for arthritis/musculoskeletal health to be a priority – on the basis of the numbers of people; the cost involved; the current health burden; elective surgery waiting lists etc.
- We want some specific reforms regarding the ACC process with regard to musculoskeletal injuries that are currently declined due to underlying asymptomatic degeneration.
- We have some specific requests regarding the access to employment for people with arthritis.



Remember that the election is your chance to have YOUR say about how the country will be run for the next three years.

# JOINT SUPPORT

## Pride of New Zealand

Arthritis New Zealand is overjoyed that Tama Easton was a South Island region finalist in the Fundraiser of the Year Section in the Pride of New Zealand Awards.

Tama has had reactive arthritis for five years, and more recently has developed ankylosing spondylitis.

For many years he has arranged the 'Longest Day Bike Ride' and challenged other cyclists to join and pledge donations to support our work. This involves people all over New Zealand cycling from sunrise to sunset on the longest day (Summer Solstice) Arthritis New Zealand is grateful for the efforts of people like Tama, who really do make a difference.



Tama Easton

## Arthritis New Zealand supports research

Every year Arthritis New Zealand uses the dedicated research funds to support New Zealand based research into the causes and treatment for various forms of arthritis. This year we received a record 17 applications for funding.

"The number of high quality applications gave the Research Grants Committee and the Governing Body a real challenge," says Cathie Morton the newly appointed Senior Advisor Clinical Services & Research.

Each proposal is assessed by national and international experts as well as the Arthritis New Zealand Research Grants committee. Following these assessments six research projects have received funding from Arthritis New Zealand.

Professor Fiona McQueen and her team received funding to support their research exploring the use of MRI as a biomarker for monitoring treatment of rheumatoid arthritis.

Professor Keith Rome and the podiatry team from AUT in Auckland have received funding for their work looking at changes in the first metatarsophalangeal joint in people with high uric acid levels.



An exciting study that looks at how obesity might impact on cartilage damage led by Dr Elwyn Firth could potentially help answer some questions that arise with increasing levels of obesity in New Zealand and the link to osteoarthritis.

Associate Prof Duncan Warwick from the University of Otago Dental School has received funding to contribute to a novel study that looks at growing stem cells from bone tissue harvested from the jaw. The hypothesis is that these cells can help cement joint replacements better than existing techniques.

A research project by Dr Valerie Wright-St Clair will explore the experiences of clients and Arthritis Educators and effectiveness of the Arthritis New Zealand self-management programme.

A project to examine the treatment of young women at risk of osteoporosis met the criteria for the dedicated Osteoporosis Fund.

Three research projects were awarded summer scholarships giving a senior medical student an opportunity to contribute to New Zealand based arthritis research.

## The therapeutic staircase



'Surgeons do surgery' is something that I often say to patients. I usually follow this up with 'physiotherapists do exercises, and GPs do medications (or prescriptions)'. While this is a huge stereotype of professions, to a point I think it is correct. It is fair to say that as health professionals we all have our own approaches to managing a condition.

Treating your arthritis is often complex and requires a multifaceted approach to management. It is important for people to be aware that health professionals have bias. This is not a bias driven by competition between the different health professionals but a bias driven by health professionals wanting to offer the most assistance to their patients they possibly can. As a physiotherapist, when a patient comes to me with pain in their knee, my first thoughts are not is this person a candidate for surgery or pharmaceutical intervention as they would probably be for a surgeon or a GP. I am thinking is this person a candidate for exercise and mobilisation, and this is my bias. I think it is important for people living with arthritis (or any chronic health condition for that matter) to be aware of this bias. Because it helps to clarify why it is so important for people to get advice from a number of health professions so that they can get a sense of the big picture and make the best choices for their condition, lifestyle and beliefs.

In medicine clinicians often refer to the analgesic staircase. This analogy implies that before moving to a stronger drug (usually with more side effects) a weaker drug should be trialled first to see if it is effective enough to do the job. If it is not, a stronger medicine is trialled. But it is done in a structured stepwise fashion. Often, the new painkiller is added on top of the existing one. For a long time

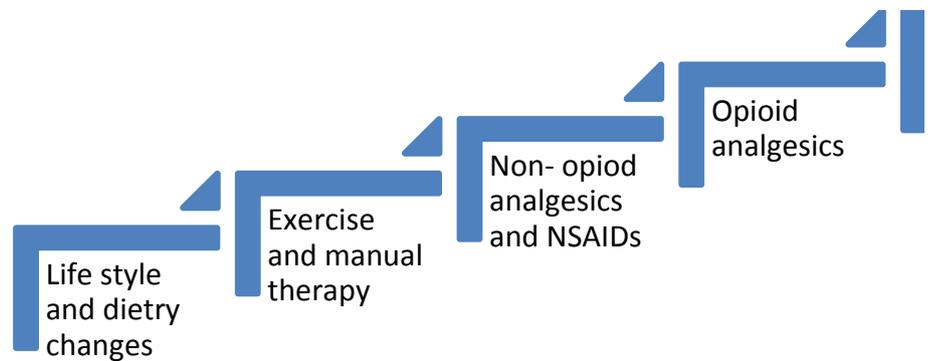


Figure 1: Progressive OA Management Ladder: Adapted from NICE Osteoarthritis Guidelines (2008)

I have felt that this staircase analogy is also useful for considering the management of arthritis.

In terms of the management of osteoarthritis a person may start with addressing their lifestyle (diet, weight, activity levels etc.), if this does not prove to be successful they can then look at more active treatment (physiotherapy, osteopathy, massage therapy etc.). From here the next step could be to look at medication (analgesics, anti-inflammatory drugs), and finally, if things are still not improving surgery may be appropriate (see Figure 1). It is important to remember that each level on the staircase is not exclusive. For example, research has indicated that anti-inflammatory drugs can be more effective in the management of knee osteoarthritis if they are prescribed with the prescription of regular exercise.

It is important to remember that this staircase is to an extent condition

specific. For example if I suspect that I that a patient's lower back pain is not a mechanical problem but is in fact the early stages of something systemic such as ankylosing spondylitis, the order of the steps on my staircase changes. In this case I believe that effective pharmaceutical management now comes first, and lifestyle and therapies go further up the staircase.

As health professionals become competent and then experts, they start to focus more specifically on what they do and cannot be expected to be aware of all the things that other health professions have to offer. Therefore people who only consult with one health care profession may only be getting information on one step of the staircase and not the whole flight of stairs in terms of their management.

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## 50s Up brass band concert

Once again Christchurch residents will be treated to the 50s Up brass band concert.

This year, the band will be featuring 2014 Golden Guitar Champion Cameron Luxton, and jazz violinist Cathy Irons.

The concert will be held on Tuesday 23 September at 2.00 pm at the Transitional Cathedral.



Tickets are \$20, and can be purchased from Arthritis New Zealand's Southern Regional Office in Christchurch. Phone 03 366 8383 for further information.

# JOINT SUPPORT



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.

## Kiwi Karma



Arthritis New Zealand has been part of Kiwi Karma for almost two years, and is thrilled to be part of this exciting fundraising initiative.

Kiwi Karma is a website where supporters of Arthritis New Zealand can book accommodation.

Kiwi Karma then forwards 3% of the amount you paid to Arthritis New Zealand as a donation.

The rate you pay on Kiwi Karma is fed from the hotels own central reservation system, so almost certainly is the best rate available at time of booking.

So when you next travel use [www.kiwikarma.co.nz](http://www.kiwikarma.co.nz), it is a way that you can support arthritis, simply by doing what you would have done anyway.

Kiwi Karma offers over 3,100 places to stay, and there are no booking or credit card fees!

So next time you need to book accommodation, use Kiwi Karma!

## Corporate Gerbera Club

Our Corporate Gerbera Club is a great way for businesses to show their support for Arthritis New Zealand, and help us raise vital funds for the 530,000 New Zealanders who live with arthritis.

By donating \$100, your business will be acknowledged as a community-focused organisation that recognises the serious impact of arthritis in New Zealand.

To find out more, please contact us on 0800 663 463 and speak with a fundraiser.

## Morrinsville Arthritis Support Group turns 20!



Congratulations to the Morrinsville Arthritis Support Group on turning 20 years old in May. We appreciate all that you do in your community.

## Do you have a current will?

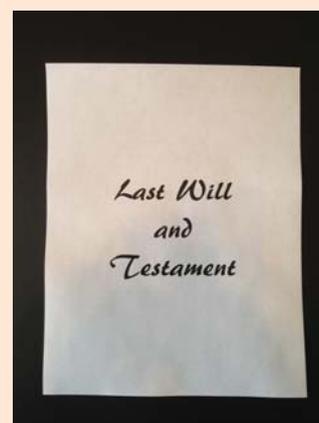
There are several good reasons for ensuring that you have a valid and up-to-date will:

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

Once you have taken care of those who are close to you, you 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 530,000 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](mailto:dianne.armstrong@arthritis.org.nz)



## Auckland Marathon



If you are a keen distance runner, you may like to consider participating in the Auckland Marathon on 2 November, and raise money for Arthritis New Zealand in the process! Entries are now open, and November is not very far away. We have two places available in the Full Marathon, 12 in the Half Marathon, and one in the Quarter Marathon.

Register now - because registrations received after Wednesday 17 September will incur a late entry fee. So form a team, and start training now! For further information, go to:

[www.aucklandmarathon.co.nz/listings/new-zealand-listings/](http://www.aucklandmarathon.co.nz/listings/new-zealand-listings/)

## The Warehouse renews sponsorship!



Arthritis New Zealand is absolutely thrilled to report that The Warehouse Region 4 has renewed its sponsorship of us.

The Warehouse's contribution over the past year has been invaluable, and has made many of initiatives possible. Including this year's Children's Camp.

So please show your appreciation by supporting participating Warehouse stores in Bell Block, Dannevirke, Feilding, Hawera, Levin, Masterton, New Plymouth, Palmerston North, Paraparaumu, and Whanganui.

And help The Warehouse to help us.



### 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:

Did you know that you can also donate online?

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

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

Freepost 157311  
Arthritis New Zealand  
PO Box 10020  
Wellington 6143

Thank you for your generosity!

# JOINT SUPPORT

## For further information...

Call free 0800 663 463

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

Make a donation

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

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

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

Regional Offices

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

National Office

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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