

Being an athlete with arthritis

Being a motorsport athlete is what most young boys dream of,

Matt Lockwood is making the dream a reality despite living with Ankylosing Spondylitis

Inspiring athlete

Those of you who are 'petrol heads' would have enjoyed the thrill of watching V8's hurtling around the track at breakneck speeds over recent weeks.

Most young (and some not so young) boys dream of being a driver of one of these super charged cars.

Fitness in this sport is paramount to ensure the driver has enough stamina for long hours of driving and to remain focused on keeping the car on the track.

To be a driver in this sport has always been the dream of Matt Lockwood, a dream that he achieving due to his stubbornness, commitment, dedication and sheer hard work. That's not so unusual, but what is unusual is that Matt has reached high levels in his chosen career without disclosing until recently that he has ankylosing spondylitis (AS).

His story is an inspiration for not only young men, but all aspiring athletes and those living with arthritis.

"Sheer persistence and stubbornness is how I got into motorsport five years ago. I always wanted to do it but Mum would never let me."

At 23 with only five years of motorsport racing experience under his belt he has already taken home three national championship titles.

In the world of motorsport, sponsorship is a golden ticket and Matt was afraid that his arthritis might affect sponsorship opportunities: "I thought that it (arthritis) could hurt my chances of getting sponsorship, but I had it pointed out that it hadn't affected me so far so why would it start now?"

Matt has an exciting time ahead as he is taking part in three rounds

of the New Zealand V8s in the hope to get noticed as his goal is to get to the Australian Super Cars. But he needs sponsorship to achieve this dream.

Matt was also one of the nine race car drivers chosen for the 2010 Motor Sport Elite Academy held at the Academy of Sport in Dunedin. This was a five-day programme which was organised by the MotorSport Scholarship Trust on behalf of Motorsport New Zealand and designed to teach young drivers about how they and their bodies react under various conditions, the importance of fitness and nutrition and how to work with the media and sponsors.

Matt's fitness level plays a crucial part for his success in his sport and he has to be very dedicated to remain in top condition without any injuries: "Without the physios, personal trainers and commitment I have to gym and fitness I wouldn't be able to do what I do now. I go to the gym every day for racing."

"Exercising can be quite complicated for me. As an athlete I have to be really fit and working around my knees and ankles can be really tricky. The programme I have is so particular it is quite difficult keeping the leg muscles nice and strong, without injuring myself in the process."

When asked about alternative treatments he uses Matt chuckles: "I take fish oil, but it's hard to say if it helps in any way. My Mum is a massive researcher and is always googling those type of things and couriering me all sorts of pills!"

Matt has agreed to share his story to help increase public awareness that arthritis affects people of all ages.

Matt doesn't want sympathy for his arthritis: "For me, my arthritis doesn't really change from day to day, I have had it for so long that I have learnt to tolerate the pain now. When people find out I have arthritis, they always ask how I am and I kind of like to forget about it and move on with my life."

Matt's story is continued on page 4



Sandra Kirby,
Arthritis New Zealand Chief Executive

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FROM THE

Chief Executive's Desk

Kia ora tatou

Did you make a New Year's resolution? I understand the most popular ones include lose weight, quit smoking, exercise more, pay off the credit card and give more to charity.

More importantly if you made a resolution are you still keeping it? I'm told 60% of people lose the motivation within a month. Perhaps for people with arthritis keeping resolutions is more straightforward as the principles of self management – realistic goal setting, measuring and monitoring progress – are the same skills that are required for keeping a New Year's resolution. I hope that is your experience.

Arthritis New Zealand has a resolution – we call it a Strategic Plan. This resolution aims for us to meet the needs of people with arthritis – and to reach 100,000 people with arthritis in any year. We have been working through how we can achieve this – and the reality is that we can't do this in our current way of working. We know we provide an outstanding service – and the people who experience the service know this too. However the service we provide is a costly one – both in terms of people's time and the cost of delivery.

What we were told by the people who responded to our service review last year is that, people really want to see more public awareness – a much greater reach of information than we are currently achieving.

We are working on a public awareness campaign to be launched mid year. This will be the fulfilment of a dream.

Raising awareness is a challenge for many organisations – not just us. You will have experienced awareness adverts that you like

– and many that you don't! There is debate about whether ads that people don't like are more effective than those that people do – because it gets people talking. The Arthritis Foundation in the USA launched a campaign last year www.fightarthritispain.org. Which has been controversial.

Some people have complained that the ad shows people looking silly – as they dance in public. One of the aspects of the campaign that I like is that it does use real people – not models. "Movement is the best medicine" is their take home message. Maybe not so much dancing in the streets – but then advertising is often an exaggeration isn't it? Whether it is effective or not remains to be seen – because results from awareness campaigns are not immediate.

So our organisational resolution this year is to be more visible. We have some goals and we will be working towards them – using those self management principles.

My best wishes for you as together we make 2011 the best it can be.

Nga mihi nui

Sandra Kirby
Chief Executive

NOTE FROM

The President

This year is a significant one for us as we review what services we deliver and where and how these are delivered. It is never easy to do this – and changing a service will always be difficult and controversial.

We are facing several linked realities which make this review essential.

The most significant is the need for us to reach a growing number of people in different ways – most people with arthritis in New Zealand are of working age and as people are able to stay in work, which is a good thing, there is a greater demand for services that are accessible outside of the working week – be that by telephone or web based. The second challenge is that support groups, which were the catalyst for Arthritis New Zealand are in many, but not all, parts of the country no longer the way people connect with the organisation. The third is the cost to Arthritis New Zealand. The reality is that we have been running an excellent but costly service and we cannot sustain this model.

The last time such a review was undertaken was at the time of the amalgamation of divisions into the regional structure and much of the health landscape has changed since then. The growth of the primary care organisations, the improved access to joint replacement operations and better access to effective medications for arthritis have

all resulted in improved health for people with arthritis. We must celebrate these achievements – we fought hard to have them happen. We also have to recognise that with these changes we too need to adapt and change.

The Governing Body has approved a plan that keeps our focus on the areas members, service users and other people have told us are important. The five key components of the Arthritis New Zealand service are:

1. Awareness raising
2. Advocacy
3. Research
4. Providing information, advice and support
5. Having the funding and infrastructure to support the work

The overwhelming response from the surveys last year is that people want to see us more visible at a national level. We want to ensure that we do improve the quality of life for people with arthritis. To achieve this means providing services differently to how we have done in the past – and we need your support to achieve this more than



ever before. For those with arthritis now and those yet to be diagnosed we need to remain a vital organisation providing sustainable and appropriate services.

Do talk to any of the Governing Body members if you want to discuss this further – their contact details are included in this edition of *The Juice* on page 4.

A handwritten signature in black ink, which appears to read 'Kathie Smith'.

Kathie Smith
President

Matt's story continued ...

From the front cover

At eight years of age, Matt's right knee started to swell for no apparent reason. Because Matt hadn't injured the knee, his mother booked him in for an appointment with a rheumatologist who diagnosed him with Juvenile Idiopathic Arthritis (JIA). The arthritis later spread to his other knee, both ankles and then his fingers and jaw. It was then that Matt was diagnosed with ankylosing spondylitis (AS).

Matt has always loved sport: "Being diagnosed with arthritis was such a disappointment as I used to play a lot of sports at school and I had to drop them all as I would get too sore. Right through school I could never do PE, I always had to sit down and watch...which was never that exciting."

"I always thought arthritis was an older person thing, I tell people I have arthritis and they are shocked as I'm so young. When it first started, I didn't think it would be arthritis as no one else in my family had it, so it was totally unexpected."

Arthritis impacts heavily on Matt's life: "I can't really walk for long periods of time and I can't run."

"But the biggest thing is job wise I need a sit-down job, which is a bit tricky for me as I would rather be out and about than sitting in an office."

"One thing I noticed when I was younger and had stopped playing sports due to the arthritis, the strength in my leg muscles started to deteriorate very quickly. Once that happened, it was very tough to build them up again."

"So my advice to young kids with arthritis would be to try and do something to keep active and keep those muscles working."

Matt offers inspiration to those young people affected by arthritis: "Make sure you do what you want to do and try and work with your arthritis, don't let it be a barrier to your life."

Facts on ankylosing spondylitis:

- AS is a form of arthritis that affects men approximately three times more than it does women
- Symptoms usually develop between the ages of 15 and 35 years
- When AS appears in children (usually adolescents), it commonly affects the ankles and feet rather than the spine.
- Ankylosing means stiffening or joining together and is used to describe the fusion of bones in the spine. Spondylitis means inflammation of the spine – a characteristic feature of AS.
- An early feature in most people with AS is usually a dull ache felt deep in the buttock region, sometimes spreading out over the buttocks.
- Early diagnosis of AS is important because spinal deformity can be minimised and loss of mobility can be reduced with appropriate management. Although there is currently no cure or prevention for AS, the treatment options have improved in recent years so the disease can be managed positively.

Governing Body Contact Details

Following are contact details for the Governing Body, please contact them if you have a question about Arthritis New Zealand

President:

Kathie Smith - kathie.smith@arthritis.org.nz

Vice President/ Southern Region Representative:

Lynne McMillan - 03 981 9082

National Representatives:

Peter Larmer - peter.larmer@aut.ac.nz

Mike Higgins - mike.higgins@clemengerbbdo.co.nz

Northern Region Representative:

Phil Donnelly - phil.donnelly@xtra.co.nz

Midland Region Representative:

Maureen Medley - 07 576 3256

Central Region Representative:

Katharine Bracey - kamba@slingshot.co.nz

Co-opted Members:

Lisa Stamp - lisa.stamp@cdhb.govt.nz

Kate Anderson - kate.a@xtra.co.nz

Our Award Winners

In the last Juice we mentioned the Arthritis New Zealand National Awards, which were presented at an Awards Dinner on 19 November in Christchurch.

These awards are to recognise the exceptional effort and contribution of noted individuals and business's towards the work of Arthritis New Zealand. We thought you might want to read about these inspirational people.

Young Achievers' Award

Joint Winners: Olivia Clarke and Rebecca Crowe



Olivia Clarke, 19 from New Plymouth was diagnosed with Systemic Lupus Erythematosus (lupus) at the age of three. For Olivia, lupus means she experiences wide spread pain in nearly all of her joints. She is also affected by stomach problems, fevers, butterfly rashes and never-ending fatigue.

Everyone who meets Olivia notes with great admiration her drive, courage, strength, determination, perseverance and her overall approach to life. She is just inspirational.

In the past, Olivia has visited schools to educate other young students on how younger people can be affected by arthritis as well as the older generation.



Rebecca Crowe was diagnosed with severe Juvenile Idiopathic Arthritis (JIA) in 2004. Because of the severity of her condition, Rebecca has had to endure numerous medical admissions and different therapies including joint injections, surgery and medications. Rebecca has attended and talked at Arthritis New Zealand information

sessions for parents and children on JIA. Rebecca and her family have worked alongside Arthritis New Zealand in advocating for access to high cost medicine for the treatment of arthritis.

Distinguished Service Award



Winner: Elva Anderson

Elva Anderson was elected as a member of Arthritis New Zealand Governing Body in 2003 as the Governing Body representative for the Midland Region at the time of the organisation restructure and retained this role until 2009. Elva brought to the Governing Body a strong personality along with many business, financial and fundraising skills gained through her years of volunteering for Arthritis New Zealand and her other roles in the wider community.

Premier Award



Winner: Alan Henwood

Alan Henwood has been an outstanding volunteer for over 18 years contributing assiduously as the Vice President and Member of the Arthritis New Zealand Governing Body, Chair person of the Research Grants Committee, Chair person of the Investment Committee, Member of the Audit Committee and the Arthritis New Zealand representative on the New Zealand Joint Registry Board.

His interest in Arthritis New Zealand has been heightened by the fact that he has osteoarthritis and has had both hip joints replaced.

As well as being a respected lawyer in Wellington, Alan's skills have been invaluable. He has worked meticulously to protect the interests of Arthritis New Zealand.

The Business Development Award



Winner: Hot Spring Spas Ltd

For a number of years, **Hot Spring Spas Ltd** has provided Arthritis New Zealand with a Spa pool as a prize for our lotteries.

Each spa pool has carried a retail value in excess of \$22,000. This prize is donated to Arthritis New Zealand and provides us with a highly desirable second prize. The company seeks very little in return for this generous gift.

A Rheumatologists view...

Dr Lisa Stamp is a member of the Governing Body of Arthritis New Zealand and is an Associate Professor based at the Christchurch School of Medicine and Health Sciences. Dr Stamp was asked to speak at last year's Arthritis New Zealand National Award's dinner, following are extracts from her insightful speech:



"It was quite a struggle to decide what to talk about – because there have been many new developments recently in the field of rheumatology.

The development of new drugs is exciting, it has bought its own challenges.

By virtue of their nature – being what we call biological drugs, their development and getting them to market has been hugely expensive.

This means the cost of the drug for each patient is high in dollar terms.

While Pharmac, has funded a couple of these drugs it has not been without a fight. I clearly remember shortly after arriving back in New Zealand in 2004, treating a young girl with aggressive juvenile idiopathic arthritis (JIA). Her father, Richard, an ex-policeman stood over me on one occasion demanding to know why his daughter could not have access to the latest and best treatment available. I was quite intimidated at the time – he seemed to stand very close and be very angry!

As a doctor this is one of the worst situations to find yourself in – knowing something is being denied simply because of money. Luckily a new biologic agent was funded for children with arthritis and then it was only a matter of time before his daughter could access it. Luckily for adults with arthritis, Richard and Adrienne were not satisfied with the fact that only children had access and began advocating for access for these drugs for all ages. This "advocacy" included a 'sit-in' at the Ministry of Health building in Christchurch, and an application to the Human Rights Commission that limiting access on the basis of age was discriminatory.

At the same time the New Zealand Rheumatology Association and Arthritis New Zealand were also actively trying to get these new agents funded for adults with arthritis – but seemingly beating our heads against a brick wall. But such was the power of the patient advocate group that the head of Pharmac Peter Moodie, flew to

Christchurch specifically to meet with them.

The patient voice is one of the most powerful tools and it is not to be underestimated. However being heard is going to be an ongoing challenge for us and our patients with the increasing number of new high cost medicines available.

New Zealand has also gained an international reputation in rheumatology research. New Zealand's contribution in the field of genetics in gout and RA, as well as the underlying mechanisms and treatment of these conditions, is internationally recognised. Funding for research remains a challenge and the ongoing commitment by Arthritis New Zealand is welcomed.

Of course no research would take place without the assistance of patients. Recently we undertook a new study which required patients to spend three half days in the hospital, have multiple blood, collect all and I mean all of their urine and take something that makes you wee a lot. When I explained this to Jill, the research nurse, she rolled her eyes at me, and said how am I ever going to find anyone prepared to do that! My response was you will be surprised - although secretly I had my doubts and had all my fingers and toes crossed.

Nevertheless Jill did find the required number of patients relatively easily. Patient's commitment never ceases to astound me – now you all know we had a little earthquake here on 4th September. As it happened that was the last day of the study and we had two patients due at the hospital at 8am for their final blood test of the three days - it was critically important – not getting it meant we would have to repeat the whole three days. I rang Jill at 7am and we decided we had to go into the hospital just in case they turned up.

We sat there and at 8.15am the first patient walked in having driven from Redcliffs – stating he considered not coming but thought "gout research must go on" and hopped in his car. The second patient turned up ½ hour later with his daughter – he hadn't been able to open his garage door after the quake so had walked several blocks to his daughter's house and asked her to bring him in. There is no doubt that this commitment from patients is inspiring and makes my job as a researcher much easier.

While there are a number of good things there are of course, ongoing challenges. We have currently 17 junior doctors training to be rheumatologists. Where they will find jobs in NZ is unknown – we are still understaffed in rheumatology in most areas on a population basis but funding for new rheumatology posts is limited. These are challenging financial times and for Arthritis New Zealand, along with other charitable organisations, fundraising remains an ongoing issue. Like many organisations, the financial times have bought a review of services. Arthritis New Zealand provides important services for patients with arthritis - the challenge is how to provide the best service to its clients including those in more remote areas, and in the internet age, when many are older and not used to the technology.

For me, the biggest and most important challenge for Arthritis New Zealand is to raise the public profile both of the organisation and people with arthritis. Many in the public consider arthritis to be aches and pains that everyone gets so what's the big deal...we all know that's not true and we need to work harder to educate the public to that effect. Unfortunately we don't have the heart sting pulling of dying of cancer or heart disease – the challenge is to find the message that drives home how common and how serious arthritis is so it gets the attention it deserves both from health funding authorities, the public and donors.

I would like to see a more visible Arthritis New Zealand, more drugs funded for my patients, more rheumatology research in NZ – but all of that takes money.

Thanks

Dr Lisa Stamp

IN THE NEXT EDITION

Our new drug guide!

Each issue of *Juice* will feature information on drugs that are available for treating arthritis in New Zealand.

We will explain what it is, how it works and the pros and cons of each type of drug.

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The 'A' Word

Arthritis New Zealand Governing Body member and Head of the Department of Physiotherapy at Auckland University of Technology - Peter Larmer, shares his experience of living with arthritis



So I have been diagnosed with 'ARTHRITIS'. The one thing that is common for this diagnosis is that we all experience it differently. While tests may confirm that we have similar components of this problem, the actual lived experience will be our own. Health professionals we encounter may lump us all together

as being the same, but this is definitely not the case. I would like to share my perspective and experience with you.

The first 'announcing' of my arthritis occurred 400 metres from my home as I was finishing a 35km training run. I was 38 years old at the time and training for my seventeenth marathon. The 'announcement' started as a slight niggle in my right hip that did not ease when I ended my run. I had become accustomed to having niggles from my running so was not particularly concerned. Using my years of experience as a physiotherapist I immediately diagnosed myself as having a groin muscle strain and decided with a bit of stretching and 'icing' it would settle before my run the following day. The saying 'A little knowledge is a dangerous thing' (Alexander Pope, [1688 – 1744]) was never more appropriate! Firstly it did not settle as predicted and secondly it felt worse. I was so convinced that it was simply a soft tissue injury I marched off to have a colleague treat it. After several treatments failed to improve my discomfort I saw my GP who also diagnosed a likely soft tissue injury and suggested perhaps an ultrasound scan would be useful. The radiologist where I worked then suggested that a normal x-ray may be helpful. That is when I was given the news that I had significant degeneration in both hips. 'Hang on' I thought, this is an old person problem and I only have pain in one hip. Have they got this right?

Yes, I could see the degeneration on the x-ray and yes I did have some of the classical signs of an arthritic hip (stiffness and pain), but I was young and bullet proof. Once I got over the shock and anger (I blamed my mother who had had a hip replacement several years previously), I realised I had to take stock of my situation. My GP referred me to an orthopaedic specialist, who offered me a hip replacement

and told me to stop running. I considered myself too young for this and elected to call him back when I thought I was ready. This turned out to be 12 years later.

Instead I rationalised all that I knew about this problem. I understood that it was not going to get any better. I realised that it could not be cured (despite the various remedies several well meaning people attempted to convince me to try). I realised that running marathons was unlikely to be helpful in the long term. I also knew that physical activity had been a major part of my life. I had undertaken some form of vigorous activity for at least six days a week for the past 25 years. It was essential to 'me' that I would not stop doing this. My professional knowledge also provided me with the understanding of the importance of exercise. I realised that I had to think about other activities. So I increased my swimming exercise and took to bike riding as an alternative to running. I also took up yoga. I quickly found out despite the best intentions of my GP that while medication provided some short term relief, it was not particularly helpful in the long term (the side effects were worse than my arthritic pain). By modifying my activities I was able to maintain an exercise regime, which was extremely important to me, and also importantly ensured that I did not gain unnecessary weight as I knew this put more strain on the joints.

Something I learned about living with my arthritis is that I would have good times and not so good times, a bit like being on a roller coaster. When it was good I would get on with my life with gusto and when it was bad I would not be the nicest person to be around according to my family. My arthritic condition progressed relatively slowly almost creeping up on me. I would find I had limitations stopping me from everyday tasks. It was difficult to acknowledge that there were certain daily activities I could no longer do: like tying my shoelaces or cutting my toenails. I would have been a candidate for the funniest home videos if anyone had captured me trying to attempt some of these tasks.

By modifying my mode of exercise, managing my pain and keeping positive I was able to ensure that I ruled my arthritis and that it did not rule me.

My take home message:

Arthritis does not mean that your enjoyment of life will stop. It is a disability that as an individual we can, to some extent, take control of in terms of life choices and mind-set. I learnt not to let it control me, nor the activities that mattered to my sense of self. It is also important to find a health professional that will support and assist you in achieving your goals and not place unnecessary restrictions on your life. Acknowledgement of ever changing limitations, adjustment, and a change of pace brought me 12 extra years before I decided it was time to have a hip replacement. It was the

relentlessness of worsening pain which made me decide I had had 'enough'. I am mindful that not all arthritis sufferers have a surgical option of joint replacement. I salute their courage and determination as they soldier on making the best of what life has to offer. My experience taught me that there was much I could still do, and new opportunities to pursue. The human spirit is amazingly resilient given a chance.

Peter Larmer

Bequests

Making a Will is an important part of planning for the future.

After you have provided for your loved ones, you may want to consider including us as a beneficiary

Arthritis New Zealand relies heavily on gifts and donations to continue the work we do in the community. Only 12% funding is received from the government with the balance having to be raised from the community. We welcome your support in making that happen by including Arthritis New Zealand in your Will.

Many people leave bequests to Arthritis New Zealand in their Will, and over the years these gifts (large and small) have contributed significantly to our work. Your gift to Arthritis New Zealand will make a difference to our work and research, enabling us to plan for tomorrow.

This can be directed to the organisation generally, or a particular area or project and we would be happy to help you decide where your bequest could best meet your wishes.

We recommend you get professional advice when drawing up your will and suggest the following wording:

I give to Arthritis New Zealand for the general (or specific) purposes of Arthritis New Zealand the residue of my estate (or the sum of \$.....) and I declare that the receipt of a proper officer of Arthritis New Zealand shall be a full and sufficient discharge to my trustees.



We ensure your money is used as you have asked in benefitting people affected by arthritis.

If you would like to talk to us about making a bequest, please contact Dianne Armstrong by phone on 04 472 1450.

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What an attitude!

Melanie Sloan epitomises the attitude by which people overcome life's challenges and Arthritis New Zealand warmly congratulates her on winning two Attitude TV Awards

Melanie won the 'Attitude ACC Supreme Award' and 'Spirit of Attitude Award' for her courageous attitude towards her chronic condition – juvenile rheumatoid arthritis and her generous spirit to others with disabilities.

Sandra Kirby, Chief Executive of Arthritis New Zealand is thrilled for Melanie: "Melanie is an inspiration to those who live with arthritis".

"In 1999 she was one of our amazing ambassadors for our Annual Appeal where she helped increase awareness of arthritis in the younger generation.

"Congratulations to Melanie. These awards are a testament to an

inspirational and gutsy young woman who shows that living with arthritis can and should be an active and fulfilling life".

"Melanie's awards will mean a great deal to the 1000 other children in New Zealand who are living with arthritis. Melanie is a perfect role model."

Since winning the awards, Melanie has been humbled by all of the ongoing support, messages and praise for her achievements: "I'm still blown away by the whole thing! The last few months have been tough for me with build up to my shoulder surgery and recovery, but the Attitude TV Awards was a night I will never forget!"

Congratulations to all our lottery winners

1. 48781 Mr R Hamel - Waitara
2. 26461 Mr J Strang - Taupo
3. 48505 Mrs Alison Bell - Khandallah
4. 72026 Mrs B Hazelwood - Palmerston Nth
5. 72913 Mr R Kilkenny - Paparangi
6. 48583 Mrs Lois Bowie - Karori
7. 71726 Mrs Lorna Sparkes - Lower Hutt
8. Ms Marianne Pettigrew - Linden

Thanks to all those people who supported the Arthritis Lottery # 2.

**NEW LOTTERY LAUNCHING IN MARCH
SO KEEP AN EYE ON www.arthritis.org.nz**



In brief...

'Let's keep moving'

Youngsters from Invercargill to Whangarei and their families are counting down the days until the 25th March when along with Arthritis New Zealand staff and members of the National Paediatric Rheumatology teams, they will gather at the Totara Christian Camp in Matamata for two days of fun, information and networking. Ages range from 2 years to 13 and many of the children have been recently diagnosed with arthritis.

The camp has been made possible with grants from AXA Hearts in Action and the Newman's Own Foundation. It has been a number of years since Arthritis New Zealand hosted a camp and it is a tangible way we can support families.

Outward Bound

Congratulations to Nicole Denton who won the scholarship to participate in an Outward Bound Course in January this year. Nicole, who is 27, is a volunteer in our Whangarei/Kaipara Districts Service Centre and has been living with arthritis for four years. Nicole says her grandmother is an inspiration as she has had fibromyalgia since her teens and has always encouraged Nicole to live life to the fullest. *PS* We are so glad that the boating accident didn't detract from your enjoyment of the whole experience Nicole!

Census 2011

The census is the official count of how many people and dwellings there are in New Zealand. It takes a snapshot of the people in New Zealand and the places where we live.

By law, Statistics NZ must hold a census once every five years, and everyone must fill in a form.

The next census will be held on Tuesday, 8 March 2011.

Population information from the census helps determine how billions of dollars of government funding is spent in the community.

You can fill your form online or on paper and you can do them in Maori or English. For more information visit census.govt.nz

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

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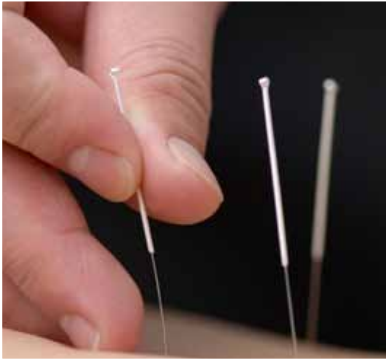
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Acupuncture in New Zealand

Dr Simon Stebbings who is a Rheumatologist at Dunedin Hospital and a qualified acupuncturist, takes a look at acupuncture in New Zealand



Acupuncture is the procedure of inserting and manipulating needles into points around the body usually for the relief of pain and occasionally for other therapeutic purposes. The first written evidence of the use of acupuncture is

recorded in the Yellow Emperor's handbook, a medical book from China written 2000 years ago.

Western medical acupuncture (WMA) is an adaptation of traditional Chinese acupuncture (TCA), which incorporates modern concepts of medical science including a knowledge of anatomy and physiology. WMA differs from TCA because it doesn't accept the traditional ancient principles of TCA – such as Yin/Yang nor does it claim to be an alternative or holistic medical system.

Acupuncture as currently practiced in the West was adapted, applied and researched originally by a doctor and acupuncturist called Felix Mann, in the 1970's. He was responsible for popularising WMA. At this time acupuncture gained credence because of the discovery that it can stimulate the release of endogenous opiates and modify pain through a process known as the 'gate control theory'.

WMA is the form of acupuncture practiced by conventionally trained healthcare practitioners in Western countries including Australia, Britain and New Zealand. In these countries the majority of practitioners are physiotherapists who have undertaken a course of training in acupuncture. Most physiotherapists practicing acupuncture in New Zealand belong to the Physiotherapy Acupuncture Association of New Zealand. A small number of doctors are also trained in acupuncture and belong to organisations such as the Medical Acupuncture Society of New Zealand or equivalent national organisations. Most of these doctors are GPs but a few are rheumatologists, anaesthetists, pain specialists or palliative care doctors. Many professionals are also registered with the New Zealand Acupuncture Standards Authority (NZASA).

As with all medical treatments, health practitioners apply sound principles of scientific evidence to the practice of acupuncture.

Acupuncture has been used to treat the symptoms of many conditions, but evidence from scientific research mostly supports its use in the relief of pain. Analysis of scientific studies suggests that acupuncture is effective in relieving neck and back pain, and has a probable benefit in relieving pain in osteoarthritis of the knee. There is no good evidence for a specific role in treating rheumatoid arthritis. Acupuncture may be particularly helpful for muscle pain and spasm, which is often a contributing factor to the pain of arthritis. Acupuncture may also have a role in relieving nausea.

Acupuncture typically involves placing 2 – 6 needles at a time – although there is considerable variation in individual practice. Needles are usually left in place for anything between 2 and 30 minutes. In some cases the stimulation from the acupuncture may be increased by rotating or otherwise agitating the needle, applying heat or electrical stimulation to the needle.

Unfortunately not everyone responds to acupuncture therapy and the effects can be unpredictable, however, serious side effects are rare. Some people can feel quite dizzy and light headed after a treatment. The needles are very tiny and seldom cause pain when inserted. Bleeding is uncommon and other complications very rare given the rigorous training standards for health professionals. All practitioners of WMA use disposable, single –use needles and this is a requirement for their accreditation with the NZASA.

In general, the availability of acupuncture in the public health system in New Zealand is good. The Department of Health does not specifically fund acupuncture, but it is widely available, usually through physiotherapists, as part of a treatment regime, which might include other treatments such as stretches, exercises and massage for musculoskeletal conditions. Acupuncture is available through the ACC, in some cases, with practitioners registered with the NZASA. A few GPs may also offer acupuncture as an alternative to tablet treatment.

In conclusion, acupuncture is a form of treatment with a sound scientific basis, which has been practiced in different forms for thousands of years. It appears to help some people with painful musculoskeletal conditions – including arthritis, and is widely available in New Zealand, often within the public health system.

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Arthritis New Zealand is excited to announce a partnership with Woolrest BioMag.

This will involve our logo appearing on the television commercials that Woolrest BioMag run, and they will also verbally encourage support of Arthritis New Zealand, in particular at times like our annual appeal.

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These products fit within the 'complementary therapies' range; we are aware that anecdotally thousands of New Zealanders, with arthritis, gain relief.

A Big Thank You

We would like to thank our ambassadors who share their personal stories of living with arthritis

Through sharing these stories, they help increase awareness that arthritis affects us all.

Our ambassadors are from all walks of life, from actresses, to dancers, to rugby players to swimmers, they all help demonstrate that arthritis does not discriminate.

So a big thank you to:

Billy Bowden

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Longest Day Bike Ride

The longest day on the 22nd December saw Tama Easton, Dave Hutchings and friends attempt to ride from sunrise to sunset. Not an easy feat when you have arthritis, here is how they got on...

As a teenager I discovered mountain biking and never looked back. After my first ride I enthusiastically embraced riding as more than just a hobby. Working at a bike shop, organising events, building tracks, editing a magazine, co-producing a TV series and founding and operating New Zealand's most popular cycling website Vorb.

Very occasionally it flitted across my brain about what I would do when I couldn't ride bikes any more, but looking at riders going strong past their retirement that didn't seem like an issue I'd have to worry about for many decades to come.

Which meant contracting reactive arthritis at the tender age of 35 came as a bit of surprise, to say the least. After a nasty infection in mid-2009 my left little toe and right ankle swelled up, and I suffered debilitating pain.

At its worst I needed a walking stick to get around and hobbling to the letterbox brought tears to my eyes. I'd sold Vorb, and my bikes gathered dust while I took solace in Playstation. I wondered "is this it?" and tried to imagine what I'd do if I could never ride again.

During this time I was lucky enough to talk to other cyclists who'd also lived with arthritis. Some of them had been bed ridden and hospitalised for months, but they all had the same message "we got back on our bikes, you can too."

Treatment came in many forms, but after 14 months of drugs, horrible side effects from the drugs, support from Arthritis New Zealand, acupuncture, supplements, dietary changes, and time in hospital I was finally back riding in Spring 2010.

Yes I was terribly unfit, my joints were stiff and sometimes painful, but my old enthusiasm flooded back. Talking with some friends about cycling one sunny lunch time in late October I hatched an idea to ride from sunrise to sunset on the longest day of the year, the 22 of December.

To cement the plan I then invited a bunch of cycling friends from all over New Zealand to take up the same challenge, and use the ride to raise money for Arthritis New Zealand. I was very grateful to Arthritis New Zealand for their support and thought that this would be a great way to give something back, while showing that people living with arthritis can still enjoy life to the fullest.

Now, you probably expect me to say how much I trained but to be honest all I did was ride 10km to work (and back) while doing longer and longer mountain bike rides in the weekends. There was also quite a bit of map work as I tried to work out a route that would take

me from 5:45am in the morning to 9:00pm at night.

On the longest day I was joined by a friend David Bonnett, with the promise of a fine sunny Nelson day we pointed our bikes towards the Richmond Ranges and started the first of many climbs. 15½ hours later I staggered into my house after riding over 80 kilometres and climbing over 2,200 vertical metres through some of the magnificent mountain this country is blessed with.

Triumph!

Strangely while the rest of my body felt wrecked my arthritis only went from its normal background hum to a slight buzz, and not even an angry buzz at that. I'd finally knocked the bugger off.

As an added bonus my friends and I had raised over \$2,400 for Arthritis New Zealand. \$1,045 of that was raised by Dave Hutchings, another mountain biker who lives with arthritis. Dave rode an impressive 172km around Rotorua.

I know arthritis will always be with me, I can feel it now as I type this sentence. But through inspiration and the right treatment I have learnt that it doesn't need to stop me enjoying life, or embracing what I love doing.

To read more about our rides visit www.mfla.org.nz/longest-day-ride

Tama Easton



Tama in action - photo taken by Hugh Calder

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Ellen E. of Orewa enjoys pool time



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