

"It's surprising who has arthritis"

Always have goals and dreams to aspire to!



For Matt Lockwood, who we introduced you to in our March edition, it was not letting ankylosing spondylitis (AS) get in the way of his dream to be a V8 Supercar driver and in fact, his condition may have made this career choice easier to achieve.

He had to give up the sports he loved, and was able to convince his mum that V8 driving really was an OK option. You can imagine that it took some years to really convince her.

For Arthritis New Zealand, the dream was to have a national 'awareness campaign' and that dream becomes a reality this year on July 12th.

Michael Woodhouse, MP, and organiser of our 'Parliamentary Friends of Arthritis' group, will launch our fabulous new campaign in the Beehive that evening.

The campaign will feature a 30 second and 15 second television commercial, plus a website dedicated to AS with expert interviews and stories.

The tag line is 'It's surprising who has arthritis' and features Matt and the affect AS has on the body.

The campaign uses the very clever metaphor of the spring in a car's shock absorber as 'rusted' in an endeavour to show what might occur in your spine if you have AS and it's left untreated.

Why a race car driver you might ask? Our primary audience is males and then women who may be wives, mothers or partners of someone who has had pain for some time.

It's also about Matt's story, as he chases his dream and manages this painful condition.

The metaphor of the car spring and spine were so obvious.

We know that AS affects more men than women and that diagnosis of AS is often delayed when males present to their GP. It is often diagnosed as a sport or work injury.

It is only persistent visits to a Medical Practitioner that brings a diagnosis.

The goal of this campaign is to:

- Raise awareness of this form of arthritis.
- Encourage people to visit their GP if they have any of the symptoms.
- Explain the role of a Rheumatologist as this form of arthritis needs to be ultimately diagnosed by a Rheumatologist.
- Educate the public that AS is treatable.



We hope Matt's words "but with treatment it doesn't need to hold you back" will become the catchphrase for this and future campaigns. This is the first step in raising awareness of all forms of arthritis.

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If you would like to contribute to the next issue of *The Juice*, please submit content by 25th July 2011.

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FROM THE

Chief Executive's Desk

Kia ora tatou

Over the last two years we have been trying to find ways in which we can meet people living with arthritis more effectively.



One of the challenges we have, is we can only ever meet a small proportion of the people living with arthritis.

You will read in here about our initiative with the Nelson Bays Primary Health group. We know that just about everyone with arthritis sees their GP or practice nurse. We also know, because clients and members tell us, that nurses, GPs and Rheumatologists do not often refer people to Arthritis New Zealand services. When people find about an Arthritis Educator, they are surprised that they didn't get referred. We hope that this initiative makes it easier for people in the Nelson area to get targeted help when they need it.

In this day and age, hoping that help will happen is not enough. We will evaluate the Nelson project to check that people with arthritis get better access to help with an Arthritis Educator in the team. We will also test whether having some in house expertise gives benefits for Nelson Bays Primary Health too. This project is one of the 'demonstration' projects that are part of our new way of working. We need to test new ways and research the impact, so that effective measures can be implemented in other areas.

It is no secret that another challenge we have had for the last two years has been raising enough money to cover our service costs. In our fundraising programme we have tried to do some things better and tried some new things. Some things have worked very well – and some haven't.

Our donor mail programme is a successful programme that is growing. As part of this

programme, we send out letters that tell one person's experience with arthritis and the difference using Arthritis New Zealand services made for them. We use these letters to showcase our services and to ask for contributions to support our work. It generates for us a significant income. Equally the life experiences are testimony to the challenges people overcome when they live with arthritis. I cannot thank the people who share their experiences enough.

Our lottery programme is an area where we have tried something new, and learned from our experience. We have made mistakes – but have learned a great deal too. We still believe that a lottery programme is part of our fundraising mix. People, who don't come in contact with us any other way, learn about arthritis because they buy a lottery ticket.

We will continue to learn and grow as an organisation. I can't guarantee we will get everything right. I can commit to evaluating, to learning from our experiences and to making changes where necessary.

It was Einstein who said "Learn from yesterday, live for today, hope for tomorrow. The important thing is not to stop questioning." I know this to be true – in my personal life and in the life of Arthritis New Zealand.

Nga mihi nui

**Sandra Kirby
Chief Executive**

NOTE FROM

The President

You will have seen that this issue of The Juice contains the membership renewal form for the year ahead.



My thanks to those people who have already renewed your membership – the commitment to the organisation is both our history and our future.

Our history is a proud one – for more than 40 years we have provided advice, support and information on arthritis. The way that information and support is provided has changed over the years. We are changing again.

Whatever changes have occurred have been hard, but the Governing Body of the day looks to put the organisation in the best future position. These changes are no different. In the 21st century the type of advice and support needed is different to that required 40 years ago.

We will uphold our commitment to support member groups and activities – be these support groups, social groups, exercise or hydrotherapy. Where these groups have been connected to a Service Centre, you will be contacted by either a Regional Manager or the new Regional Coordinator.

One of the challenges that has faced us as an organisation, has been the links between member groups. We need to make sure we can continue to talk to each other – be that by phone, by e-mail or face to face. The Regional Liaison Groups were established to help us do this. In some areas this has worked well, but certainly not consistently. There are some areas that don't have a Regional Liaison Group representative.

We need people with good communication skills and a passion for the organisation to take on these roles. Is this something you could do? If you have a passion to keep our membership base strong and vital then do let us know – a conversation with either a Governing Body member or your Regional Manager would be a good start.

There is an old saying about strength in numbers – that certainly is true when we think about members.

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

Kathie Smith
President

Notification Of Arthritis New Zealand AGM

When: 19 November 2011

Where: Wellington Airport Conference Room

Information calling for Election Nominations, Remits, Notice of Motion, and Honorary Life Membership Nominations will be available on our website during July/August.

Members will be notified.

www.arthritis.org.nz

'Out With Gout' Hui

Around 90 people attended the East Coast's first forum 'Out with Gout' in March this year, in a move to fight a condition that plagues a large number of adults in the region.

The hui was hosted by Ngati Porou Hauora. Several Arthritis New Zealand staff attended the hui which included presentations on the gout programmes being run by Arthritis New Zealand in Auckland and Tairāwhiti.

One of the lead presenters at the hui was Dr Peter Gow, the clinical head of rheumatology at Middlemore Hospital. In his reflections at the end of the conference, Peter summarised what he considered to be the issues and pathway forward for gout.

"The issues of gout can be considered as follows:

1. A medical education issue

Two thirds of patients are untreated, undertreated or mistreated.

2. A personal issue

Gout is extremely painful and inflicts long term damage on the joints, the kidneys and the heart, as well as the wairua.

3. A whanau ora issue

Gout is responsible for significant work absences, with reduced income and loss of job security, and can lead to addiction and family violence.

4. A colonisation issue

The pain of gout is added to the pain of loss of whenua and te reo has contributed to poverty, malnutrition and poor health, as contributory factors to the genesis of gout.

5. A globalisation issue

Fast food outlets are not in Aotearoa for the good of the tāngata whenua. Fatty foods and fructose are a major problem.

6. A health equity issue

Gout and its partners, diabetes, hypertension and heart disease are major contributors to the inequity of burden of disease and shortening of life.

7. A political issue

With the admirable exception of PHARMAC, gout is not appearing in policy documents of the Ministry of Health and the National Health Board, including Māori agencies. Primary care initiatives and regional health plans are not giving it the attention we believe it deserves.

But the impacts of all the above can be changed for the better.

Some of the action points that are being taken to 'out gout' include:

1. Local Māori are advocating for improved fitness and healthier lifestyle. We can encourage them and support applications for new or continued funding.

2. GP's are keen to learn more and we will work to provide training for GP's to support this.

3. We will be making approaches to Māori with influence at higher levels in the health sector in order to get gout on the health agenda.

4. Working with media to raise public awareness of gout and assist people get to treatment.

5. Dissemination of successful management models to other regions e.g Wellington and Northland.

Gout remains a serious health issue for New Zealand, and particularly for Māori men in New Zealand. We must continue to work together to firstly raise awareness of gout, but also to eliminate the pain and disability caused by gout.



Dr Peter Gow

Reproduced with permission

“I Thought I Had Broken My Foot Or Something It Was That Painful”

Samoan prop Neemia Tialata is a force to be reckoned with; any player who has come up against him in a scrum can tell you that. But gout, a form of arthritis, has taken the big guy down on more than one occasion.



Two years ago, Neemia had his first gout attack: “I thought I had broken my foot or something it was that painful.”

Neemia went to see the Team Doctor who sent him off for a x-ray which did not reveal the source of the crippling pain. It wasn't until Neemia had blood tests it was confirmed, at the age of 27; Neemia had gout.

New Zealand has the highest incidence of gout in the world. It is estimated that 14% of Māori and Pacific men experience gout mainly due to genetic predisposition. This compares with a reported 1 to 5% prevalence of gout in populations of European origin.

Gout is caused by a build up of uric acid. Uric acid is a chemical that is part of the normal breaking down and building up of food and body tissues. The levels of the uric acid in the blood can be measured. The condition of raised blood uric acid level is called hyperuricaemia. When this is present, the uric acid, which is normally dissolved in the blood, may form microscopic crystals in the joint. These crystals set up the inflammation called acute gouty arthritis or acute gout.

Neemia was put on medication called Allopurinol, which lowers uric acid levels in the body. His symptoms soon faded and he was able to resume life as normal.

Since then, Neemia has had a few more gout attacks and has found by excluding certain food groups and alcohol from his diet during rugby season, he is able to manage his condition: “I knew nothing about gout, so I went to the Team Doctor to find out more. During the season I make sure not to eat mushrooms, seafood and beer as they seem to trigger it (gout).”

Neemia urges those who suspect they have gout to go to the doctor: “Go to your GP and listen to them, it's really painful and needs to be fixed. They will tell you more about living with gout and how to manage it.”

Gout – the facts

- Gout is a serious chronic form of arthritis which largely effects the male population.
- Gout can affect any joint, but the first attack usually affects the big toe or another part of the foot. The joint becomes very painful and swollen.
- Some foods, such as shellfish like paua, are particularly high in uric acid and may trigger a gout attack.
- Gout is under-diagnosed in New Zealand which can be due to sufferers being embarrassed about having this painful condition because of common misconceptions such as gout is an ‘old man’s disease’ and ‘gout is normal, you just live with it’.
- It has been estimated that gout takes 400 South Aucklanders out of work each year.
- Left untreated, attacks can become more frequent, inflammation may spread to other joints and tissues, leading to bone and kidney damage.

It is important to remember that once diagnosed, this disease can be successfully managed to reduce pain and the associated disability.

If you would like to find out more information about gout, please call our Arthritis Educators on 0800 663 463.

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The Cochrane Collaboration & The Cochrane Library



Have you ever been to the doctor and been confronted with a treatment you knew nothing about and an explanation that left you just as confused? Making informed health-related decisions can be difficult.

The Cochrane Library can help sort through the maze of apparently confusing studies. The reports summarise current research and highlight the best available evidence for current conditions.

What is the Cochrane Collaboration?

There are 14 independent not-for-profit Cochrane Centres worldwide. Collectively, these centres are known as the Cochrane Collaboration based in the United Kingdom. The main objective of the Cochrane Collaboration is to help people make well-informed healthcare decisions by producing, maintaining and promoting systematic reviews which provide up-to-date information about healthcare interventions. To fulfill its purpose, the Cochrane Collaboration is made up of groups that are based on a particular disease or health problem. The Musculoskeletal Group encompasses many types of arthritis and soft tissue disorders. Most people involved in contributing to the reviews, whether they be healthcare provider, researcher or consumer, do so voluntarily because they are committed to the outcome.

What is a Systematic Review?

A systematic review begins by addressing a clearly formulated question (such as, “Is methotrexate effective in eliminating the symptoms of rheumatoid arthritis?”). The results of many studies or trials are then rigorously assessed using scientific guidelines. A systematic review is the detailed summary of these results and provides the answer to the initial question. Is the intervention helpful, harmful or is the result inconclusive indicating that more high quality research is necessary? Cochrane systematic reviews take the guess-work out of making well informed decisions about healthcare by providing people with a reliable source of evidence about an intervention. Because Cochrane systematic reviews use such high scientific standards to determine which health therapies work and which ones don’t, they are less biased and more comprehensive than tradition reviews. They are, in fact, the “gold standard” in evidence-based health care.

What is the Cochrane Library?

The Cochrane Library is a collection of evidence-based medical databases. The one which would probably interest consumers the most is the Cochrane Database of Systematic Reviews which is a collection of over 4,500 health treatment reviews which are published on the internet and updated at least quarterly to ensure they contain the most current data.

If someone is trying to obtain information regarding a treatment for a type of arthritis, for example, the easiest way to access the Cochrane Library would be to:

- Go to www.thecochranelibrary.com
- Browse the “Cochrane Database of Systematic Reviews” to the left side of the page
- Click expand option
- Click on Rheumatology
- Click on the type of arthritis
- Click on chosen review topic

If you don't find the topic you're looking for immediately, do an advanced search using keywords or by all means browse other rheumatology topics.

The Cochrane Musculoskeletal Review Group also offers a series of "Decision Aids". Decision aids are evidence-based tools designed to complement health practitioner counselling and encourage patient involvement in decision making. There are currently decision aids available on osteoarthritis, osteoporosis and rheumatoid arthritis. Watch out for one about ankylosing spondylitis coming up soon. These decision aids may be accessed at www.musculoskeletal.cochrane.org/decision-aids.

The good news is that EVERYONE can download FREE abstracts and plain language summaries of reviews. Abstracts are shortened versions of reviews which still contain a certain amount of medical terminology and technical information on how the review was conducted. Plain language summaries, on the other hand, are exactly what you would expect. The review is briefly summarised in easily comprehensible language which includes the findings on benefits and harms of the intervention in question as well as any limitations of the review and studies it includes. The plain language summary is perfect for the layman and generally follows the abstract in a review.

By broadening your knowledge base with the evidence-based information Cochrane systematic reviews can provide, you might feel better prepared to face that next doctor's appointment and have the confidence to ask questions and work with your doctor in shared decision making. Remember that knowledge is power and you have a right to have a voice in your own health care.

The latest reviews include:

How well does physical therapy work for treating ankylosing spondylitis and how safe is it?

Cochrane Musculoskeletal Group analysed 11 studies testing over 700 people who had ankylosing spondylitis (AS).

Studies compared people who did exercises at home, went to group exercise programmes, went to spa or balneotherapy, performed different exercise programmes or had no therapy at all.

These studies provide the best evidence we have today. There is "silver" level evidence (www.cochranemsk.org) that exercise programs, home-based or supervised, are better than no exercises, they improve movement and physical function.

Group exercises are better than home exercises in improving movement and overall well-being.

<http://www2.cochrane.org/reviews/en/ab002822.html>

Intraarticular corticosteroid for osteoarthritis (OA)

Intraarticular (IA) corticosteroid products provide opportunity to treat OA in individual knee joints.

The results of twenty-eight trials (1973 participants) were analysed in this review.

The review concludes that the IA corticosteroid class of products is superior to placebo. The response is generally rapid, but may not be sustained in the longer term.

<http://www2.cochrane.org/reviews/en/ab005328.html>

The Cochrane collaboration is always interested in the opinions and involvement of consumers. If you are interested in becoming involved, please contact the Cochrane Consumer Network at www.cochrane.org/consumers for details regarding all the ways that consumers can contribute. You can also contact them directly via e-mail at ccnet-contact@cochrane.de with contact information and any enquiry. Being involved with the Cochrane Collaboration is a satisfying way of contributing to potential improvements in the quality of health care.

The information for this article is adapted from links found at:

www.cochrane.org/consumers

www.thecochranelibrary.com

www.musculoskeletal.cochrane.org/decision-aids

www.ccnc.cochrane.org

Adapted from an article by Marilyn Walsh

(Volunteer local contact for the Ontario Spondylitis Association, Canada and volunteer consumer reviewer for the Cochrane Musculoskeletal Review Group).

Medications Guide

Introducing our new medications guide section of *The Juice*. This will be a regular feature where we highlight different forms of medication available in New Zealand to help certain types of arthritis.

This month we cover Prednisone

Prednisone is from the drug family called corticosteroids. For more than 50 years they have played an important role in the treatment of rheumatoid arthritis and other inflammatory diseases. They are sometimes referred as steroids and some doctors call them by their more specific name: glucocorticoids. In contrast, anabolic steroids, most widely associated with athletes, are related to the hormone testosterone and have no role in arthritis treatment.

How they work

Prednisone works very quickly. Within a few days you may notice your pain and stiffness is much better and/or your joints are less swollen. Steroids can help with several different types of rheumatic disease, including rheumatoid arthritis, systemic lupus erythematosus (SLE) and polymyalgia rheumatica (PMR). However, they only suppress the disease and do not cure it.

Dosage

Prednisone can be swallowed as tablets or liquid. It is usually taken once or twice a day. Sometimes it is taken every second day. It is usually taken in the morning, with or immediately after food. Other corticosteroids can be given by injection into joints, soft tissues or muscles. Injection into a vein (intravenous) may also be used if need be. Dosages of corticosteroids vary widely according to the disease being treated.

Side effects

Low dose Prednisone, taken for a few days or even a few weeks, does not normally cause any unwanted side effects.

If Prednisone is taken in high doses or for a long time, certain predictable side effects can occur. Some of these improve after Prednisone is stopped.

The most common side-effects are:

- weight gain and/or increase in appetite
- thinning of the bones (osteoporosis)
- easy bruising
- indigestion
- high blood pressure
- Diabetes - prednisolone can cause a rise in blood sugar in people with diabetes
- increased risk of some infections, including mouth infections (such as thrush), shingles and lung infections.

If you are taking Prednisone or other corticosteroids, you should see your rheumatologist regularly to make sure the treatment is working and to minimise any possible side effects.

Special Instructions

Never stop steroids abruptly or alter your dose without discussing with your doctor first.

You could consider wearing a medical bracelet.



Remember, medication is only one part of effective management for arthritis. Exercise, stress management and joint protection are also important.

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% of our 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.

Knowing about your gift when you make the decision, means we can keep you up to date with our services and programmes and ensure you are confident in our management of funds. You may even like to join our Gerbera Club. 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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Help Us Turn New Zealand Orange This September!

September 20 – 26 2011 is the week we want to turn New Zealand orange for Arthritis Appeal Week.

And we need your help to do this! Think of the person you know that has arthritis and let the orange creative juices flow! Perhaps you want to hold your own fundraising event through the week, for example last year we had people walking for arthritis. Or perhaps you have a big challenge in your mind that you have always wanted to do...well now is the time and why not do on behalf of Arthritis New Zealand?

There is an easy online tool to help you with your fundraising as well. Go to everydayhero.co.nz and click on 'start fundraising now'. Fill in your details and make sure to select Arthritis New Zealand as your chosen charity. Then all you need to do is flick the web link for your page to friends and family to start the donations rolling in!

Or perhaps you would like to organise an orange function or event? You could organise a cake stall with orange goodies to sell, or host a morning tea with proceeds going to Arthritis New Zealand...the ideas are limitless!

We have plenty of collection buckets here at Arthritis New Zealand, all of which would like a little outing during the 20-26th of September for our Arthritis Appeal. If you would like to take one of these buckets out for the day please call 0800 663 463.



To help us stand out on collection days, why not come up with a wacky orange and purple outfit? Last year we had a staff member dressed as a giant gerbera...her bucket got very heavy!

If you would like to make a gerbera head featured left, then please contact Elena Kutseva on either 04 472 5640 or email elena.kutseva@arthritis.org.nz

Do you have any thoughts you would like to share on turning

New Zealand orange in support for arthritis? If so please email megan.hubbard@arthritis.org.nz.

Imagine if every New Zealander donated \$1 during Arthritis Appeal week that would mean \$4,411,185 would be raised for the 530,000 New Zealanders who live with arthritis...

"Volunteering - Every Minute Counts" 2011 Volunteer Awareness Week

The theme of this year's Volunteer Awareness Week will highlight that volunteers provide an invaluable contribution to our society and that every minute of their work counts.

For us, this means we need to consider how we can be flexible in how and when we involve our volunteers so as to enable everyone – even the busiest – to have the opportunity to volunteer. For everyone who is considering volunteering, it means that every moment of their busy life they can spare for volunteering is valuable because volunteers all contribute no matter what amount of time they give.

We would like to take this opportunity to thank all our wonderful volunteers. Our volunteers help out in so many ways, by being

members of our Governing Body, providing administration assistance, managing support groups, heading out with a bucket during the Arthritis Appeal, the support is endless. Without them, we couldn't do what we do. So THANK YOU!

If you would like volunteer for us (and we are really hoping you would) in particular around the Arthritis Appeal Week, which is being held from 20th September to 26 September, then please call free of charge 0800 663 463.

We really do appreciate every minute you give.

In brief...

Looking To Top Up Your Winter Wardrobe?

Brrrr! It's getting chilly, so it might be time to top up that winter wardrobe. Untouched World is offering a special discount to friends of Arthritis New Zealand.

Shop online and receive a 10% discount!

All you need to do is enter the promo code: 530,000 and you will receive a 10% discount on your purchases and you will be supporting Arthritis New Zealand at the same time.

Please note this discount applies to full price merchandise only and does not apply to already reduced product.

At the conclusion of this promotion, Untouched World will donate 10% of the total amount spent by our network back to Arthritis New Zealand.

Discount offer finishes 30 September 2011, so get shopping!
www.untouchedworld.com

Outward Bound Scholarship

Arthritis New Zealand has been offered a scholarship (valued at \$1,820) to attend Aspire - a low impact Outward Bound course tailored for people with a physical limitation or old sporting injury.

The aim of the course is to get people who find physical activity challenging, into the outdoors and really challenge them in a safe and considered way.

Aside from the physical activities, participants will also be encouraged to step outside their comfort zones mentally so that they can gain a better understanding of their own personal strengths.

Scholarship application closing date is on Friday 25 November 2011. The course runs from 13 -20 February 2012. For more information please visit www.outwardbound.co.nz/aspire.

To apply for the scholarship, please contact: Simone Harris, Email sharris@outwardbound.co.nz, Phone 0800 688 927.

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Did you know that you can also donate online?

www.arthritis.org.nz

A Personal Insight Into Arthritis

A new publication is now available that contains personal accounts of 12 New Zealanders living with arthritis.



Modern arthritis treatments require a significant investment from the New Zealand health system, making arthritis an expensive disease to treat.

However, these treatments can dramatically improve the quality of life for some people, who previously were severely limited by their arthritis.

This booklet contains the stories of twelve patients with

arthritis. The stories are expressed in plain terms and in a way that captures the human face of their struggles with arthritis, before and after treatment with biological therapies.

Dr Andrew Harris, who conceived the project and Christopher Drury, the third-year medical student who conducted the interviews, presented the patient's stories at a breakfast event, held in Wellington on June 15th.

If you would like a free copy of this book, please call Elena Kutseva on 04 472 1427 or email elena.kutseva@arthritis.org.nz.

OA & Stem Cell Therapy UK Study

The trial, funded by the charity Arthritis Research UK, will use stem cells extracted from the patient and mix them with chondrocytes in a combination therapy.

Up to 70 people with knee osteoarthritis will take part in the study, which is due to be launched at the Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry, Shropshire, before the end of this year.

The trial is part of a £500,000 five-year research programme.

Stem cells are immature undeveloped cells that be turned into different kinds of tissue and grown in the laboratory.

In the trial, stem cells will be removed from the bone marrow using keyhole surgery and grown in the laboratory for three weeks.

They will then be implanted along with the chondrocytes, into the area of damage in the hope of forming new cartilage over a period of several months.

It is hoped that the combination of cells will trigger a type of mending so powerful that it could reduce the need for surgery and pain relieving drugs.

Professor Sally Roberts and Professor James Richardson at Keele University, are optimistic that the procedure could produce robust new cartilage cells to treat patients with osteoarthritis.

Professor Richardson said it was the combination that was exciting and that he hoped that the "whole would be greater than the parts".

"We hope they work hand in hand or in harmony better than they do on their own."

Professor Roberts said: "They certainly have huge potential - we just need to learn how to harness it properly."

"We think this has great potential but the trial is experimental and we really need to find if it works before we get too excited," said Jane Tadman, spokesman for Arthritis Research UK.

Arthritis New Zealand footnote: It's very early to get excited about this form of treatment as we will need to see long term results to check for any side effects of this therapy. We hope that this will be a totally new form of treatment and in the future we will not need so many medications and joint replacement operations.

An Exclusive Evening At Pah Homestead

Arthritis New Zealand supporters had their hearing, sight and taste senses on full alert at the Historic Pah Homestead in Auckland.



Left: Geraldine and Beatrice performing

They arrived to flares and red carpet with a personal welcome at the door of the renovated Homestead by Arthritis New Zealand President Kathie Smith and Chief Executive Sandra Kirby.

Guests were served finger food and a wonderful selection of beverages from Ara wines as they toured the Homestead viewing the Wallace Art Trust collection.

It was then time to be entertained by Arthritis Ambassador, Geraldine Brophy and her daughter Beatrice Joblin as they performed 'Ladies a Plate' in the Drawing Room.

This play at times had people laughing hysterically, and then brought to tears.

Cracking Your Knuckles Gives You Arthritis... Truth Or Myth?

A perennial question is "Am I more likely to get arthritis because my knuckles crack?"

It has been a research question also. In a study published recently in the American Journal of the American Board of Family Medicine, 215 people were x-rayed to look at their knuckle (more technically the metacarpophalangeal joint).

Knuckle cracking is a behavior that involves manipulation of the finger joints that results in an audible crack, and it is often done habitually.

20% of these people were referred to as KCs (knuckle crackers). The study showed no correlation between knuckle cracking and osteoarthritis – even where knuckle cracking was frequent and occurred over many years.

It was a truly amazing experience in this intimate venue, where guests received a small gift on their seat and home made meringues in keeping with the theme of the play.

The evening concluded with an auction of eight items and auctioneer Ross Foreman, had more than the measure of guests as he told them "I know there is money in the room". The auction was such a fun ending to a great evening!

The event was only possible with the support of the TSB Bank Wallace Arts Centre, The Wallace Arts Trust and the amazing generosity of our auction item donors.



Left: Auctioneer Ross Foreman and his wife Jan chat to Arthritis New Zealand staff

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New Partnership To Benefit Arthritis Patients



Arthritis New Zealand is pleased to announce a new partnership with Nelson Bays Primary Health (NBPH) that will ensure those in the Nelson and Tasman Bay area living with arthritis, will have local support and access to services to enable them to a better quality of life.

The partnership will see an Arthritis Educator made available for one-to-one referrals in complex cases as well as offering ongoing community education on arthritis.

This model of care will enable the Arthritis Educator to work more closely with health providers to assist them in becoming more skilled and knowledgeable about arthritis and pain management.

Sandra Kirby, Chief Executive of Arthritis New Zealand welcomes the new partnership: "This partnership is one that will benefit all – most importantly the people living with arthritis in Nelson. We know that most of these people visit their GP frequently. Having in-house expertise on arthritis will help these people to manage better.

We think this is a great model for Arthritis New Zealand, GP's and practice nurses."

"Through this partnership, Arthritis New Zealand's knowledge of needs in the community will be very beneficial to NBPH, while referrals from the health professionals will help increase the number of arthritis patients the Arthritis Educator will be able to assist."

"This partnership is a first of its kind, and the hope is that with its success, other Primary Health Organisations throughout New Zealand will be looking to form their own unique partnership with Arthritis New Zealand."

Andrew Swanson-Dobbs from Nelson Bays Primary Health said: "This is an exciting opportunity to work collaboratively with Arthritis New Zealand to improve health outcomes for those people with arthritis in the Nelson Bays region."

Staying In Touch

Looking to find out what is going on in your area?

Right around the country there are arthritis groups meeting regularly – support groups, social groups, exercise groups and hydrotherapy classes.

In most areas these are unchanged. In Christchurch, of course, some things have had to change. If you want information on a group in your area please talk to the Regional Manager.

Other Arthritis New Zealand services include:

- Information and advice from Arthritis Educators
- Gout education and uric acid testing
- Seminars and workshops
- Self management courses
- Workplace education
- Education resources

To find out about any of our services you only need to call:

0800 663 463

Donations In Memory

Thank you for thinking of us at this time

Arthritis New Zealand is always humbled when families and friends include us at the time of the death of a loved one.

"Donations in lieu of flowers in memory of" arrive with notes of memories from friends and family, and we enjoy passing those messages on the next of kin.

Sometimes the deceased has been a member of our organisation a client or donor. Often we have had no previous contact, and can only assume that a family member has arthritis. Whatever the link, these personal gifts are very special to us.

Please contact one of our Regional Fundraisers for any help or assistance you may need, call 0800 663 463.

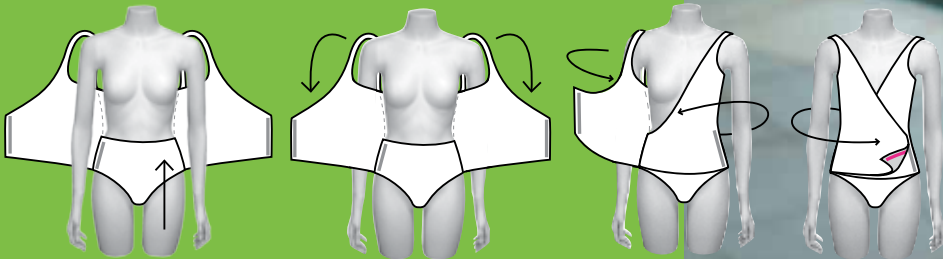
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How To Contact Us:

Free phone 0800 663 463

When you call 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.

Also by calling the 0800 number, you can find out about your region's support groups, and when an Arthritis Educator will be next visiting your town.

Visit www.arthritis.org.nz

How you can help

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