

Arthritis Matters

NUTRITION

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HEALTH

Issue 64

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ON THE ROAD AGAIN

First stop: Mudgee



NEW JIA LOBBY GROUP:
Fights for better services

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OSTEOPOROSIS AND ANOREXIA:
A risk factor for young women

**Arthritis
& Osteoporosis**
NEW SOUTH WALES

www.arthritisnsw.org.au

ABOUT US

Arthritis & Osteoporosis NSW is a member-based health charity founded in 1967 to help improve the quality of life of people affected by arthritis, osteoporosis and other musculoskeletal conditions. We work to empower the individual to manage their own condition and health towards achieving their personal meaning of our vision, ***Freedom from Arthritis***.

The organisation is a trusted source of evidence-based and up-to-date information on arthritis and its treatment, with resources and education delivered across a number of platforms including our website at www.arthritisnsw.org.au, publications such as *Arthritis Matters* and community awareness sessions in metropolitan and country areas. Our health services team develops and delivers exercise programs tailored to the needs of people affected by arthritis, such as the popular Warm Water Exercise Classes and Strength and Balance program. We deliver annual camps for children affected by juvenile arthritis: Camp Twinkletoes for children under eight years old and their families, and Camp Footloose for children and young people aged nine to 18 years.

We engage with the community through our membership program, a network of support groups, publications such as *Arthritis Matters*, eNewsletter subscriptions, social media platforms such as Facebook, and our toll-free Arthritis Infoline which connects callers with health professionals.

You can subscribe to our FREE monthly eNewsletter at eepurl.com/9rFd5



BENEFITS OF MEMBERSHIP

Understanding | Support | Community

We would love to have you as a **Member** of the organisation. This involves payment of a modest annual Membership fee which not only helps us to develop and deliver our services, but also provides you with a number of unique member-only benefits. You will receive up to date information via our magazine *Arthritis Matters*, three times a year and attractive discounts on all classes and events.

For more information on becoming a Member, please visit:

www.arthritisnsw.org.au/membership/about/

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Arthritis Matters

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For arthritis information

Arthritis Infoline

1800 011 041

Arthritis Matters

Arthritis & Osteoporosis NSW

Locked Bag 2216, North Ryde, NSW, 1670.

T: 02 9857 3300 F: 02 9857 3399

W: www.arthritisnsw.org.au

 [Facebook.com/ArthritisNSW](https://www.facebook.com/ArthritisNSW)

 [linkedin.com/company/3610705/](https://www.linkedin.com/company/3610705/)

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Arthritis Matters magazine is developed and published by Arthritis NSW (ANSW), and distributed to members of AONSW, magazine subscribers, and a selection of health professionals and other supporters.

Editorial

AONSW: Sandra Vincent, Lindy Sivyer, Jo Boik, Janine Robertson, Glen Puxty, Leanne Hinden, Kat Keane; **Guest contributors:** Chloe McLeod, William C. Shiel MD, Dr April Chang-Miller, Ashley Boynes-Shuck

Referenced: Osteoporosis Australia, medicinenet.com, mayoclinic.org, healthline.com; paindoctor.com; www.a3bc.org.au

On the cover: (Left to right) Jenny Browning, Thelma Beechey, Gen Wills, Marie Croom, Gloria Hooke and Susan Bartny at the Arthritis NSW education seminar *Living Well with Arthritis* at Club Mudgee on 28 August.
Photographer: Ashleigh Bower

ADVERTISING

Contribution and advertising closing dates: Issue 65 (March 2020): booking deadline 29 January 2020

For enquiries or to advertise in *Arthritis Matters*: P: 02 9857 3300 or E: info@arthritisnsw.org.au

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Reflecting on a great year



Hello everyone, welcome to the latest issue of *Arthritis Matters* and welcome to our new members.

Since I last wrote this column, we have launched our 2019/20 Health Services Program of rural seminars and children's camps. The first of our four seminars was held on 28 August in Mudgee. We were delighted with the enthusiasm of the Mudgee community, and are extremely grateful to the small but well-connected group of people who spread the word that we were coming to town. The event filled very quickly and our team presented to 150 people at Club Mudgee. We have more on the seminar on page 11.

On September 30 at Broken Bay, we began our five-day Camp Footloose event for 30 young people with juvenile arthritis. This is the first of our four children's camps for 2019/20, which we will repeat in Dubbo and at Lake Burrendong in the NSW Central West, to ensure these events are accessible to families living with juvenile arthritis in rural areas.

Arthritis NSW is taking our gentle exercise programs out to country NSW as well. We began holding Strength & Balance classes in Mudgee in September, and are planning more classes further west and south in 2020.

Kicking goals

At this time of the year, I like to reflect on our 2017-2020 Corporate Strategy and I can say that 2018/19 was very productive. I'm proud of the Arthritis NSW team for their hard work, achievements and commitment. Regarding the objective *Empowering the Individual*, we reviewed the Arthritis Infoline to improve service, expanded our Strength & Balance and Warm Water programs, trialled our Rural Health Initiative at five rural centres, and applied our revised Clinical Governance Framework across all services to meet National Health Care Service Standards.

For *Structuring for Growth*, we increased subscribers to our eNewsletter and *Arthritis Matters*, went live with our new website, and grew our online communities. Within the third objective *Sustainability and Growth*, we built our presence at retirement villages, community groups and clubs across NSW, ensured new families were targeted for the children's camps each year, and surveyed our consumers, members and subscribers to gather data for a new marketing strategy.

This final year of the corporate strategy 2019/20 will focus on delivering quality consumer services in support and education. Our rural program pilot has become business as usual, and we have increased our children's camps from two to four each financial year. We are also continuing to apply pressure to government through the media to advocate for better services for the families of children living with juvenile arthritis.

Annual General Meeting

We have included in this magazine the Annual General Meeting Notice of Meeting and Proxy Notification for members. Please read it and, if you wish to vote, return your proxy by 9.30am on 22 November.

Thank you

As always, I want to express my gratitude to everyone who has supported our appeals, who have included a bequest to Arthritis NSW in their Wills and to the families of those whose bequests we received this year. These funds, and the value they provide, enable us to deliver our programs when and where they are needed.

I would also like to mention the passing in June of former Arthritis NSW Board member and long-time leader of the Ryde Support Group, Doris Carroll. From 2006, Doris led the support group with enthusiasm and compassion and, between 2012 and 2014, she was a valuable member of the ANSW Board. Her friends and colleagues in both these groups will miss her very much.

Finally, we would like to hear from any of our readers who have not completed our online survey, to contribute to the development of a new marketing and communications strategy. If you would like to receive a survey by mail, please contact the office on (02) 9857 3300.

Arthritis Matters is your magazine and I want it to be relevant to you. If you would like to see a particular arthritis topic or event featured in these pages, please contact us at: info@arthritisnsw.org.au.

A handwritten signature in black ink that reads "Sandra".

Sandra Vincent
Chief Executive Officer
Arthritis NSW

WORLD ARTHRITIS DAY

This World Arthritis Day: October 12, Arthritis NSW is delivering an awareness campaign to bust the many myths about arthritis. We receive a lot of feedback from people who live with this chronic condition that their friends, family and the wider community don't understand arthritis and its impact on people's lives.

The myths we are busting include:

Myth 1: There is only one type of arthritis – there are more than 100 types

Myth 2: Arthritis is an old person's disease – it affects people of all ages, including kids!

Myth 3: Everyone will eventually get arthritis – arthritis is not automatically part of old age

Myth 4: If it's not visible it can't be that bad – statistics show how the disability affects people's daily lives

Myth 5: There's nothing you can do to improve arthritis – there's a lot you can do such as exercise, weight management, diet, and pain management

The campaign will run on Facebook, Instagram, our website and in eNews. We are also asking for donations to support the services that we provide to people affected by arthritis every day.

Follow us on Facebook and visit our website for more information – and



share it with your friends, families and community!

Leanne Hinden

Social Media Marketing Co-ordinator
Arthritis NSW

Help give a voice to children with JIA

Parents of children living with juvenile arthritis (JIA) are getting behind a new national group that will lobby government to fund research and full clinical services for the condition.

Arthritis NSW is promoting the development of the organisation, the Juvenile Arthritis Foundation of Australia (JAFA), to give a voice to children with JIA in Australia.

JAFA was founded in August 2019 by Associate Professor Ruth Colagiuri AM and Professor Stephen Colagiuri OA, whose granddaughter has JIA. This national organisation proposes to lobby for much-needed services, such as those proposed in the 2013 *Model of Care for the NSW Paediatric Rheumatology Network* – but have not yet been implemented by the NSW Government.

In January 2019, Arthritis NSW issued a media release detailing the severe lack of funding for the diagnosis and treatment of juvenile arthritis which affects more than 3000 children in NSW, calling on the State Government to significantly increase funding and education for doctors and nurses treating the condition.

Comprehensive services

Professor Colagiuri said that when her granddaughter was diagnosed with JIA, her family were shocked to find how few services there were in our public hospitals for children with arthritis. 'This forces families into the private health sector but many people can't afford it and there are not enough paediatric rheumatologists in private practice anyway,' Professor Colagiuri said. 'We need treatment and education centres for Juvenile Arthritis in our hospitals where parents can take their children to a one-stop service to see rheumatologists, specialist nurses, physiotherapists and pain management specialists in one place.'

'We need to distinguish the needs of children with JIA from the adult population with arthritis. The number of kids with arthritis is so much smaller, so we need a separate voice for them. After all, children deserve better.'

Invest in research

Professor Colagiuri said that she wanted JAFA to shape government policy and lobbies for research funding and financial support. 'JAFA's role won't be to provide direct services.



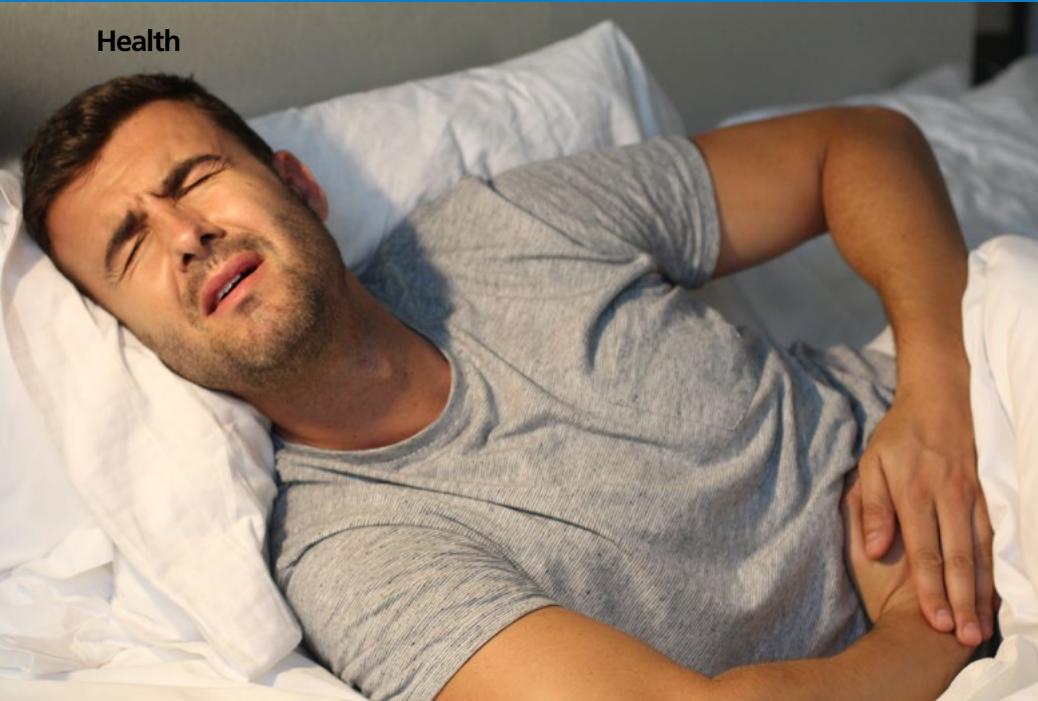
Nine-year-old Christian was diagnosed with Systemic Idiopathic Juvenile Arthritis in February 2019, almost a year after his first symptoms appeared.

It will be to raise awareness and lobby government to invest more in research and clinical services and the information and support services that parents need to manage their child's condition,' she said.

Ruth and Stephen welcome anyone who has financial skills and experience in governance to help them establish the organisation. If you are interested in being involved, please contact Ruth on 0408 648 235 or r.colagiuri@hotmail.com.

Lindy Sivyer

Marketing & Campaigns Co-ordinator
Arthritis NSW



REACTIVE ARTHRITIS

Reactive arthritis is a chronic form of inflammatory arthritis featuring inflamed joints, inflammation of the eyes, and inflammation of the genital, urinary, or gastrointestinal systems.

It's called reactive arthritis because medical specialists feel it involves an immune system that is reacting to the presence of bacterial infections. Accordingly, some people's immune systems are genetically primed to react abnormally when these areas are exposed to certain bacteria, leading to spontaneous inflammation in the joints and eyes. This can be confounding to the doctor when their patient presents with arthritis or an eye inflammation long after an infection has passed.

Reactive arthritis most frequently occurs in patients aged in their 30s or 40s, and is considered a systemic rheumatic disease. This means it can affect the organs as well as the joints, causing inflammation in tissues such as the eyes, mouth, skin, kidneys, heart, and lungs. Reactive arthritis shares many features with other arthritic conditions, such as psoriatic arthritis, ankylosing spondylitis, and arthritis associated with Crohn's disease and ulcerative colitis. These conditions can cause similar disease and inflammation in the spine and other joints, eyes, skin, mouth, and various organs and are collectively referred to as spondyloarthropathies.

Causes

Reactive arthritis is also felt in part to be genetic. There are certain genetic markers that are far more frequent in patients with reactive arthritis than in the normal population. For example, the HLA-B27 gene is commonly seen in patients with reactive arthritis. However, even these patients require exposure to certain infections to trigger the onset of the disease.

A common bacterium that has been associated with reactive arthritis is *Chlamydia trachomatis*. Reactive arthritis also occurs after bowel infections caused by *Salmonella*, *Shigella*, *Yersinia*, *Campylobacter*, and *Clostridium difficile*. Typically, the arthritis develops one to three weeks after the onset of the bacterial infection. Reactive arthritis has also been associated with bladder infusions of Bacillus Calmette-Guerin, an immunotherapy used to treat bladder cancer.

There are also a number of risk factors:

- gender – Reactive arthritis is more frequent in men
- age – it is most frequent in people between 20 and 40 years of age
- hereditary factors – there are inherited genes, such as HLA-B27, that increase the risk for developing reactive arthritis.

Symptoms

The symptoms of reactive arthritis can be divided into those that affect the joints and those that affect the non-joint areas.

The classic joints that can become inflamed in reactive arthritis are the knees, ankles, and feet. The inflammation leads to joint pain, stiffness, swelling, warmth, and redness. Patients may develop inflammation of entire fingers or toes which can give the appearance of a 'sausage digit'. Reactive arthritis can be associated with inflammation of

the spine, leading to stiffness and joint pain in the back or neck – characteristic of all of the spondyloarthropathies. Cartilage can also become inflamed, especially around the breastbone where the ribs meet in the front of the chest. In addition, the tendon insertion points can become inflamed, tender, and painful when exercised. Achilles tendinitis is common with reactive arthritis.

Non-joint areas that become inflamed and cause pain and irritation in patients with reactive arthritis include the eyes, genitals, urinary tract, skin, mouth lining, large bowel, and the aorta.

Inflammation of the white portion of the eye and the iris of the eye are frequently seen early in reactive arthritis and may be intermittent. Urinary tract inflammation commonly involves the urethra, the tube that drains urine from the bladder. The bladder and prostate gland can also become inflamed.

Other symptoms include tiny blisters on the palms of the hands and soles of the feet, ulcers in the mouth and on the tongue (often painless), and inflammation of the large bowel. An inflamed aorta can be seen in a small percentage of patients who have reactive arthritis. It can lead to failure of the aortic valve, which can cause heart failure. The electrical conducting pathway of the heart can also become scarred in reactive arthritis, leading to irregular heartbeats (arrhythmias) that may require a pacemaker.

Diagnosis

There is no single lab test used to diagnose reactive arthritis. Reactive arthritis is diagnosed based upon recognition of the combination of arthritis with the symptoms mentioned above. The health professional obtains a medical history to note the time course of possible infection in the genital or urinary tracts, or the bowel. Stiffness and pain are monitored. Inflammatory types of joint problems typically cause more stiffness in the morning. Blood tests may document the presence of inflammation in the body. The HLA-B27 gene marker blood test can be helpful, especially in the diagnosis of patients with spine disease. Other tests may be ordered to eliminate other possible diseases with similar symptoms.

X-rays of the spine or other joints can reveal typical changes of inflammation in these areas but generally not until later in the disease. Patients with eye inflammation may require ophthalmology evaluation. Tests can be carried out to detect the presence of infections in the bowel and urinary tract. The prostate gland, which can also be inflamed in a patient with reactive arthritis, may be examined for tenderness.

Sometimes the fluid of the inflamed joint needs to be drawn and examined for white blood cells, bacteria (to check for infection), and crystals (to eliminate gout as a diagnosis).

Treatment

Treatment of reactive arthritis is based on where it has manifest in the body. For joint inflammation, patients are generally initially treated with nonsteroidal anti-inflammatory drugs (NSAIDs) including aspirin, indomethacin (Indocin), tolmetin (Tolectin), sulindac (Clinoril), piroxicam (Feldene), and others. Corticosteroids, such as prednisone, can be helpful to reduce inflammation in the short-term. Antibiotics may be prescribed if one still has the infection that triggered reactive arthritis.

For chronic joint inflammation in reactive arthritis, medications that suppress the immune system, including the disease-modifying anti-rheumatic drug (DMARD) methotrexate (Rheumatrex, Trexall), are used. It is given on a weekly basis and requires monitoring of blood counts and blood liver tests because of potential toxicity to the bone marrow and liver.

Eye inflammation can be alleviated with anti-inflammatory drops. Some patients with severe iritis require local injections of cortisone to prevent damaging inflammation to the eye, which can lead to blindness.

Prognosis

The outlook for reactive arthritis is generally very good as there are many effective treatments. The outlook is best when the disease is diagnosed and treated aggressively early on. When a specific cause is identified and eradicated, it is sometimes possible to completely cure reactive arthritis. Complications, such as eye, skin, or prostate disease, can require co-management with specialists, including ophthalmologists, dermatologists, and urologists as well as rheumatologists.

In the future, new medications will be developed that are more specific in the treatment of reactive arthritis. Clinical trials with long-term antibiotic treatment are under way, and it is possible that these may be especially effective in reactive arthritis that is associated with chlamydia infection.

The tumor necrosis factor (TNF) blockers, such as etanercept (Enbrel) and infliximab (Remicade), have potential for treating severe, resistant reactive arthritis. These drugs may improve both the joint and non-joint areas of inflammation.

**For a reactive arthritis information sheet visit:
arthritisnsw.org.au/health-information**

Source: medicinenet.com/reactive_arthritis/article.htm#what_are_reactive_arthritis_symptoms_and_signs

Author: William C. Shiel Jr., MD, FACP, FACR



Depression linked to RA flares

Rheumatoid arthritis and depression commonly occur together, although people with rheumatoid arthritis (RA) often aren't screened for depression, so it may not be diagnosed or treated. Dr April Chang-Miller, writing for the Mayo Clinic, explains below that if depression occurring with RA isn't addressed, the treatment for RA itself can be less effective.

It's unclear whether depression and anxiety in people with RA are a result of their physical symptoms, or if depression is yet another symptom caused by the chronic, systemic inflammation of RA.

Researchers believe that people who had depression before the onset of RA may be less responsive to their rheumatoid arthritis treatment. More research is needed to determine the exact connection between all types of arthritis and depression. Left untreated, depression in people with rheumatoid arthritis may result in:

- greater pain
- greater risk of cardiovascular disease and heart attacks
- loss of productivity at work
- increased risk of economic hardship
- deterioration of relationships with friends and family
- sexual dysfunction.

What is known is that people who have RA and depression that occur together respond better to treatment when both conditions are addressed. Although different medications may be prescribed to treat RA and depression, many

activities can help to address the physical and emotional effects of both conditions, such as:

- regular exercise
- stress management techniques
- friends and support groups familiar with the challenges of both conditions.

People with all types of arthritis are at high risk of depression and anxiety. If you have been diagnosed with rheumatoid arthritis and are feeling depressed or are worried about developing depression, it's important to talk to your doctor. With medication, support and a personalized plan of action, depression and rheumatoid arthritis are treatable conditions.

Treatment tapering

Depression and RA has also been the subject of new research from the King's College London Department of Inflammation Biology, School of Immunology & Microbial Sciences which has addressed the correlation between RA and depression with those who were tapering their treatment.

Ashley Boynes-Shuck, writing for Healthline, said that the researchers found evidence that showed an increased risk



of disease activity and associated flares in RA patients who also suffered from depression, especially among those who were in the process of tapering their therapy.

A flare, or flare-up, is an acute episode of pain, inflammation, and occasional stiffness in the joints of someone with RA.

Sometimes, RA flares will include skin rashes, lesions, fever, eye issues, or even gum or organ problems.

Fatigue is another hallmark of RA flares. RA flares can be unpredictable, difficult, and debilitating. They may last hours, days, or weeks. In addition, RA flares can't be accurately predicted. Some patients can identify flare triggers, while others see no rhyme or reason.

Depression trigger

In this study, scientists analysed data from a recent trial to try to identify if there were any flare predictors or identifiable triggers in those who've stabilised their RA and were tapering their therapy.

While studying the effects of tapering biologics, the researchers stumbled across the increased association of depression and RA flares.

About 16 per cent of RA patients live with major clinical depression. Up to 50 percent of patients demonstrate occasional depressive symptoms associated with their pain and fatigue.

This study is the first to specifically look at the mental-emotional state of RA patients who were tapering their biologic drug. These patients were either reducing the dose or stopping the medication completely.

According to the researchers, the study aimed to determine if mental health predicted the likelihood of a disease flare. While looking at those with RA who were tapering their treatment, researchers used a mental health score. It ranged from 0 to 100. Patients with lower scores suffered more severe depressive symptoms. The study found that with every 10-point decrease in a patient's mental health score, the risk of an RA flare increased by at least 19 percent.

Researchers concluded that a worse mental health score was associated with an increase in disease flares in RA patients who were undergoing treatment tapering.

Personalised treatment

The researchers suggest that in order to ensure success with treatment tapering, a mental health screener should be carried out in RA patients. They believe that this may help physicians make more personalised treatment decisions and may also lead to better outcomes in patients.

Even when RA patients aren't tapering, they may need resources and help in dealing with depressive issues.

Many with RA feel that it does coexist with depression. Below some people who live with both share their feelings.

I feel like RA and depression go hand in hand. The relentless pain is only worsened by the depression it brings on. It's a never-ending cycle.

The vicious cycle of both physical and mental illness can trigger each other, making each worse, especially when depression causes inactivity: long sleeping periods that leave the joints sore and stiff, inability to keep up with self-care. I sometimes find the emotional pain from depression as painful as my rheumatoid arthritis.

I've lived with a juvenile form of autoimmune arthritis since I was two. Being in constant pain is very isolating because I don't have the energy to go out or talk to friends. Being alone for long periods of time really makes me depressed. When I'm depressed I feel my physical pain more acutely. A physical flare is often accompanied by an emotional depressed state for me.

Resources

The information sheet *Arthritis and emotional wellbeing* is available at arthritisnsw.org.au/living-with-arthritis-emotions-relationships/ www.beyondblue.org.au www.lifeline.org.au

Sources: mayoclinic.org/diseases-conditions/rheumatoid-arthritis/expert-answers/rheumatoid-arthritis-depression/faq-20119780

healthline.com/health-news/depression-and-ra-flare-ups#1



Marie and Terry Croom



Andrew Cairns explains condition types to the Mudgee audience

The audience tries out the sit-to-stand exercise

Hello Mudgee!

Community engagement and word of mouth brought 150 people to the Arthritis NSW (ANSW) education seminar held at Club Mudgee on 28 August.

ANSW partnered with Hearing Australia to run the event which is part of Arthritis NSW's Rural Program to address the shortfall of health information in rural areas.

ANSW Health Services Manager Andrew Cairns delivered the *Living Well with Arthritis* presentation, giving an overview of the different types of arthritis and explaining how people could use strategies around nutrition and exercise to self-manage their condition.

The audience welcomed the new information and the opportunities it gave them to reduce their arthritic symptoms and make practical improvements to their lives.

Local praise

Mudgee locals Terry and Marie Croom attended the event and praised the seminar, the speakers and the information shared. 'It was a brilliant seminar,' said Marie who is the President of the Mudgee CWA Day Branch. 'The presentation was impeccable and the presenter Andrew Cairns really knows his subject and believes in what he says. The information was pitched at the right level for the audience. Others I spoke to on the day agreed with me. It was very informative, yet relaxed.'

Marie cares for her husband Terry who has lived with osteoarthritis for many years. 'It started in my hands, wrists and neck. Now I find it difficult to walk because of the pain in my ankles which makes standing almost impossible as my back locks up,' Terry said.

'Andrew did a first-rate job. I was amazed at his breadth of knowledge and how he conveyed it to the audience. I learned that I have to exercise more and Andrew mentioned that Tai Chi was a good gentle exercise, so I might try that.'

Arthritis NSW Program Administrator Glen Puxty spoke to the audience about our gentle exercise programs: Warm Water Exercise and Strength & Balance classes. The Strength & Balance classes commenced in Mudgee in September.

Demystified symptoms

Another Mudgee local Jenny Browning found the seminar useful because it demystified her symptoms. 'I live with rheumatoid arthritis and osteoarthritis and I've always been unsure which of my symptoms related to which condition,' Jenny said. 'But thanks to Andrew's diagrams I now have much clearer understanding. He made easy explanations of a complex topic and helped us learn to live with arthritis and get on with it. So I'm signing up for the Strength & Balance class.'

Co-presenters Hearing Australia gave the audience practical advice on how to care for their hearing. They also gave complimentary hearing checks after the presentations.

Business Development Manager Joanne Boik said she was extremely pleased with the response to the seminar. 'The numbers at the Mudgee event surpassed all the rural seminars we have held so far,' she said. 'We're so grateful to community groups such as the CWA and Tai Chi class who spread the word.'

The seminar was the first in the ANSW 2019/2020 Rural Program which will also cover Dubbo, Wagga Wagga and Queanbeyan.

Lindy Sivyer

Marketing & Campaigns Co-ordinator
Arthritis NSW

Health advice keeps Bathurst moving

A return visit to Bathurst in May and a regrouping of our July 2018 seminar audience has shed positive light on our health strategies and the people who have integrated them into their lives. Our Health Services Quality Manager Janine Robertson reviewed their feedback and shares the encouraging news below.



L-R: Nelma Brooks, Sue Murray and Pauline Sutton at the Bathurst feedback session

In 2018, the Arthritis NSW Rural Health Initiative kicked off in Bathurst and more than 60 participants enjoyed our first event, which presented the concept that the pain and inflammation of arthritis could be reduced using different approaches to nutrition and exercise.

Nine months later, we returned to Bathurst and spoke to nearly one third of those who attended last year to find out if they had adopted the health strategies we presented and whether they had made a difference to their lives. This is part of our commitment to ensure that our community programs are making a positive and lasting impact on rural communities.

We were pleased with the results of our survey and appreciated that participants returned to provide their feedback, tell their stories and help us with continuous quality improvement.

Exercise increase

One of the most exciting outcomes was that over 95 per cent of last year's participants made an effort to exercise more and/or exercise differently. Variation in exercises improves the number of muscles used, adaptability to movement and facilitation of blood flow (which aids healing) along with many other benefits. From the 95 per cent of participants who increased their

efforts to exercise, more than 80 per cent had maintained an increase nine months later. In relation to barriers to physical activity, pain or poor function rated the highest barrier, followed by lack of motivation and issues with physical health. Interestingly, fewer than five per cent of participants indicated that lack of suitable options was an issue. We are pleased they had taken on the message that even a few minutes a day of extra activity is useful, and it is important to start slowly – for some people this may mean walking to the end of the street and back on a tough day.

Weight loss

It was great to hear that nine months later, participants had retained specific information and were able to put it into practice. Examples of this are:

- *Psychologically, I felt more aware of what was going on for me*
- *Being more positive and not beating myself up if I needed to rest after exercise*
- *Less beer batter and breadcrumbs, more raw food.*

In relation to other health benefits realised as a result of the Bathurst seminar, 40 per cent of participants experienced weight loss, another 40 per cent reported decreased stress,



Bathurst feedback session

25 per cent had improved blood sugar levels. These improvements are very significant in relation to longer term health outcomes and reducing the risk of developing other chronic conditions.

Coordinator of the Bathurst Support Group Nelma Brooks reported that there was new attendance at the group meeting as a result of our visit in May and that there had been greater uptake of physical activity among group members, and a definite feeling of increased motivation. Nelma, who walks every day, swims and works out at the gym most days, herself lost a kilo, saying that another member who had lost eight kilos had inspired her. She has also experienced reduced hand pain since doing the 'stretch-out' exercises shown by the physiotherapist at the seminar.

As an overall rating, participants scored the Bathurst event 100 per cent excellent or above average. We believe that this was due to the Arthritis NSW Health Services team seeking community insights and feedback prior to visiting, their collaboration with a respected local service provider, and a wonderful community venue at the Bathurst RSL Club. A special shout-out to the one-and-only Nelma Brooks, the Bathurst Support Group, the RSL who provided our free meeting venue, and all else who contributed to the 2019 event and the session that evaluated the 2018 event.

Janine Robertson

Health Services Quality Manager
Arthritis NSW

Do you have knee pain from osteoarthritis?

Could a natural treatment help?

Researchers from NICM Health Research Institute are conducting a study investigating if a herbal medicine is effective in reducing pain from osteoarthritis of the knee.

We are looking for participants who:

- are aged 40 to 75 years
- have osteoarthritis of the knee and experience mild to moderate pain
- live in Sydney or the Southern Highlands of NSW

For more information and to register your interest, please contact

Christine Murray, NICM Principal Investigator
p. 0488 228 474
e. christine.murray@westernsydney.edu.au

This clinical trial has been approved by the Western Sydney University Human Research Ethics Committee (Approval Number H13062).

NICM
Health Research Institute

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nicm.edu.au/kneepainstudy

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RRP: \$31.83 | Code: PAT-AA8060Y

Member's Price:

\$25.47



Standard, 60cm Long

STEP LIGHTLY

Arthritis NSW's gentle exercise program continues to grow, with more participants, venues and marketing materials.

The Warilla/Shellharbour Support Group welcomed to their August meeting Roger Fekser from Wollongong Physical Therapy who spoke about the ANSW Warm Water Classes he hosts at his venue. Roger outlined the gentle exercises used throughout the class and also the amazing facilities he has to ensure that those with mobility issues are able to partake in the same classes as those more able. Classes in Wollongong are held on Mondays and Fridays at 10am.

New brochures

The Health Services team has produced new brochures to promote our Warm Water Classes and the Strength & Balance Program. Until recently, our brochures featured generic images but they now feature photos of our own groups taking part in their various classes. Thank you to the participants and their instructors of the Mowll Village Thursday 2.30 Warm Water class and the North Sydney Community Centre Strength & Balance Program for their kindness, time and patience while we collected these fantastic images.

During the photoshoot in North Sydney, one of the participants, Kwee Lim, excitedly discussed her experience with the Strength & Balance program and how it had helped her with everyday activities. Kwee was referred to the program by the Royal North Shore Hospital Osteoarthritis Chronic Care Program after she completed her nine-month program for osteoarthritis in her knees.

She explained to us: 'I wanted to improve my strength and mobility and I couldn't even pick up a piece of paper from the floor! I was feeling down and out because I was missing out on all my dancing. Our instructor Mel is doing a very good job and has helped with my mobility and given me the confidence to go about my daily tasks. After just a



few weeks, I feel strong enough to dance and I can now bend my knees to pick the paper off from the ground!'

In addition to the physical improvements, Kwee also noted how much she and her fellow participants had grown together socially as well. 'We all feel the same pain but we all go through with it and we can manage all of the exercises that Mel gives us. We discuss each of the issues we have and we work together to get through it together.' But it is her love of dancing and the steps routine that she knows so well that for her, sums up joining the Strength & Balance Program: 'The journey to better health begins with the first step!'

The Health Services team told Kwee's story to the audience at our Mudgee seminar, inspiring nine people to sign up on the spot for the new Strength & Balance classes starting at their local physio clinic Stride Health. We have viewed venues in other locations and met with several exercise physiologists who are all excited to be involved with ANSW and support our fantastic rural and regional members. We will provide more information on these new classes in the next edition.

Our current exercise classes are listed on page 30 and at www.arthritisnsw.org.au. If you would like to join a class, call **02 9857 3300**.

Glen Puxty

Program Administration Officer
Arthritis NSW

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A promotional advertisement for Luggie portable scooters. The background is blue with white illustrations of the Eiffel Tower and a cruise ship. In the center, a yellow and black Luggie scooter is shown folded up, supporting a brown backpack. The Luggie logo is written in a stylized, cursive font above the scooter. At the bottom left, there is a dark blue box containing the text 'scooters' and 'australia'. To the right of the scooter, the phone number '1300 622 633' and the website 'www.scootersAus.com.au' are listed. A small vertical text 'SCA34193' is in the bottom right corner.

Living with arthritis in Mudgee

Arthritis NSW's recent visit to Mudgee generated many conversations with local residents who have been doing their best to live well with arthritis. Each of the 150 people at the seminar had their own story, including Mudgee locals Jenny Browning and Susan Bartyn who shared their experiences of arthritis below.

Jenny and Susan both live with psoriatic arthritis (PSA). Susan was diagnosed a year ago after having lived with the autoimmune skin condition psoriasis since she was 20 years old. Jenny, who also has osteoarthritis (OA) and rheumatoid arthritis (RA), was diagnosed with PSA in the 1990s.

Exhaustion

Jenny was widowed at 48, when her husband died of cancer. A trained nurse and special needs teacher at a special school, she was left with four sons aged 16 – 24. She was frequently exhausted and in a lot of pain from osteoarthritis in her neck and left ankle, the result of an earlier injury incurred while teaching.

Three months after her husband's death, Jenny moved to Sydney to another primary school teaching seven year olds. By 1990 she had also developed RA, diagnosed by her rheumatologist. Non-steroidal, anti-inflammatory drugs (NSAIDS) brought her some relief.

'By the mid-90s, I was unable to continue teaching,' Jenny said. 'A forced transfer to another school had taken me away from the teachers, my friends who had helped me to cope. This caused major flare ups of RA because of the severe stress and the complexities of a large school culture which already had staff problems and was in disarray. I needed cortisone treatment.'

'My sons were now adults sorting out their own lives and the youngest had graduated from university. I was 55, retired from teaching and left Sydney for the mid north coast, travelling every six months to Sydney to see my rheumatologist.'



Jenny Browning



Susan Bartyn

Happy and productive

At this point, Jenny joined a trial for the drug Vioxx, which was introduced in 1999 as an effective, safer alternative to NSAIDs to treat the pain associated with osteoarthritis and RA.

'Vioxx was magic. I was able to do things I had been unable to do for years. I enjoyed the coastal lifestyle, running a small bed and breakfast. My early childhood teaching qualification enabled me to work supervising Aboriginal Student's Practicum work for a TAFE. I was a volunteer in local tourist information centre and in the small local library. They were happy, productive years.'

However, the combination of post-menopausal temperature imbalances and excessive perspiration, and RA, prompted Jenny to move to the cooler Toowoomba Ranges in Queensland in 2000.

In 2004, Vioxx was taken off the market as it had been found to increase the risk of cardiovascular disease. Without Vioxx, Jenny was back in pain and miserable and also

battling challenges to find a good rheumatologist in the Toowoomba area. 'My GP suggested I travel 37km down the Range to Gatton to see a rheumatologist who travelled from Brisbane regularly to see patients. He and I went down the path of Methotrexate treatment; which controls severe psoriatic and rheumatoid arthritis that has not responded to other treatments. I hated the side effects of nausea and hair loss but once again I was able to function, attend groups like University of the Third Age (U3A), quilters and an art group, so I had an active, enjoyable life. I also trained as a volunteer to take a small group through aqua-aerobic exercises in a heated pool three times a week, all year round.'

Knee replacements

'My sons were married and I had nine beautiful grandchildren. My eldest three granddaughters had boarded in Toowoomba while their parents were over 500km away on their property. This was a close special time for me to share in their school days.'

Over the years in Toowoomba, Jenny had a partial left knee replacement, then a full right knee replacement. Then the partial left knee replacement was removed and a full knee replacement done late in 2012.

In January 2013, she moved to Mudgee to be near her younger grandchildren; three in Sydney and three in Mudgee.

'With Sydney nearly 270km away, I returned to travelling by bus and train to see my former Sydney rheumatologist. In consultation with my Brisbane rheumatologist, he amended my diagnosis to OA, RA and Psoriatic Arthritis. I now administer Enbrel 50mg to myself weekly. I had a full ankle replacement at the Mater Hospital Sydney in 2015, which improved my mobility. Now aged 79, I belong to U3A, CWA and I love quilting. My mobility, through loss of function in my feet and hands are now my major problems.'

Some thoughts

Jenny has shared her thoughts on what she has learned from her life with arthritis.

1. Seek good advice, listen and take responsibility for your condition.
2. Be prepared to have good and bad times.
3. Trust your own judgement but do not be too hard on yourself.
4. Stress and frenetic activity, poor diet and exercise, and emotional distress all bring on flares.
5. Have a good relationship and be honest with your GP, rheumatologist, physiotherapist, podiatrist, occupational therapist and pharmacist.
6. Accept, encourage and show friends and family how they can assist you.

Pain kept moving

Psoriatic arthritis can develop long after a psoriasis diagnosis. Susan Bartyn and her husband Gerry moved to Mudgee 16 years ago from Sydney where they had lived for most of their lives. Susan, a retired accountant, was diagnosed with psoriatic arthritis

about 12 months ago after living with psoriasis from the age of 20, along with other autoimmune conditions.

'The medication I was taking for psoriasis seemed to be keeping my arthritis at bay until a flare 12 months ago,' Susan said. 'I can't pinpoint what caused the first flare-up, but I suddenly had a lot of unpredictable pain.'

'One day I wasn't able to walk, then that cleared up but the next day I couldn't do anything with my hands. Then I'd have a swollen ankle and the swelling would go away on its own. The pain and swelling just kept moving, I felt like a hypochondriac. Today the pain is in my shoulders.'

'The GP couldn't understand what I had, and then it really flared and I couldn't use my hands for seven weeks. He gave me Prednisone for the pain until the rheumatologist came to Mudgee from Newcastle and diagnosed me with PSA. These autoimmune conditions are so weird.'

'So now I'm on an autoimmune biologic which really helped to calm things down. I haven't had any flare-ups since taking it, though my doctor says it's becoming less effective.'

At the same time that the PSA was flaring, Susan was experiencing debilitating fatigue. At first she mistook it for the fatigue that comes with arthritis, but after more tests she was diagnosed with pernicious anemia. 'The fatigue is very difficult to manage. I just take it one day at a time and listen to my body,' she said.

Susan and Gerry's family don't live in Mudgee, the closest being their daughter who lives in Blaxland. 'We have two grandchildren and one great grandchild who live elsewhere so I stay active with community groups and activities. I recently joined the Country Women's Association which I am totally enjoying.'

'Even though my shoulders are so sore, I can still play golf and belong to Mudgee Golf Club and play when I am able. Other than that, I take it from day to day.'

Lindy Sivyer

Marketing & Campaigns Co-ordinator
Arthritis NSW

Psoriatic arthritis

Psoriatic arthritis is a condition that causes inflammation of the joints, causing them to become painful, stiff and often swollen. Usually only people who have the skin disease psoriasis are affected by psoriatic arthritis. Only one or two out of every 10 people with psoriasis will develop this type of arthritis.

Symptoms

Psoriatic arthritis can affect any joint in the body and symptoms can vary from person to person. It can develop slowly with mild symptoms, or come on quickly and be severe. The most common symptoms are:

- pain, swelling and stiffness in one or more joints
- pain and stiffness in the buttocks, lower back or neck
- pain in tendons, such as at the back of the heel or sole of the foot
- changes in nail colour, thickening, or separation from the skin
- pain and redness in the eyes.

Causes

The exact cause of psoriatic arthritis is not known. Genetics, the immune system and environmental factors, such as an infection, may play roles in causing this type of arthritis. This has yet to be proven in research.

Treatment

A rheumatologist will tailor a person's treatment to their symptoms and condition. There is no way of predicting exactly which treatment will work best. Several different treatments may be trialled and may include medicines such as:

- non-steroidal anti-inflammatory drugs (NSAIDs)
- disease-modifying anti-rheumatic drugs (DMARDs)
- biological DMARDs.

Biobank will hold the key to a cure

The Australian Arthritis and Autoimmune Biobank Collaboration (A3BC) is a multidisciplinary project conceived and managed by the Royal North Shore Hospital Rheumatology Department to find a cure for arthritis, and they need your help.

National Director of the A3BC, Dr Craig Willers says that the project will use the biospecimens to identify the biological and environmental causes for inflammatory musculoskeletal conditions such as rheumatoid arthritis, psoriatic arthritis, juvenile idiopathic arthritis, ankylosing spondylitis and vasculitis. 'The more biospecimens we have, the greater the possibilities to uncover unknown patterns and associations for safer, more effective prevention, diagnosis and treatment of arthritis,' says Dr Willers.

A biobank is a collection hub for biospecimens: blood, tissue, and body fluids, which are frozen and stored for later analysis. Each person who donates their biospecimens also provides health and personal

information. The A3BC freezers are starting to fill with biospecimens from people living with arthritis but they have plenty of space to store thousands more.

Innovative analysis

The most innovative element in the A3BC vision is the level of data analysis and integration not seen before in Australia. The A3BC will link broad biological data, patient-reported outcome data from the Australian Rheumatology Association Database (ARAD), the Australian and New Zealand Childhood Arthritis Risk factor Identification study, cross-jurisdictional electronic medical records, pathology and medical imaging data, Commonwealth health datasets, national cancer and death registries, and longitudinal studies, into a comprehensive platform for discovery and change.

Philanthropic donation

The A3BC was established in late 2016 by Head Rheumatologist at the Royal North Shore Hospital Professor Lyn March. The department had received a philanthropic donation from a grateful patient who had experienced a good result from their treatment and wanted to facilitate more research so others living with arthritis could experience a similar outcome.

Dr Willers says that the difficulty in finding a cure for arthritis lies in the multitude of elements that govern



how the disease progresses. 'At the moment there are several research projects across the country, but there has been a limited number of biospecimens. If we're going to find that needle in the haystack, we need more specimens, and a broader scope of analysis so we can look at what these elements are doing in any point in time. That's what the A3BC, with our partners, is working to do.'

How to contribute to A3BC

Being an A3BC participant involves:

1. Donating biological samples eg. blood, saliva and urine: Sample collections usually scheduled during routine clinic visits or appointments can be made with A3BC collection staff at a time that works for you.
2. Completing online questionnaires on your phone or laptop.
3. Consenting to health data linkage from clinics, hospitals, state and national datasets.

Pilot testing of A3BC study procedures is underway. Please feel free to contact A3BC to register your interest in participating:

A3BC Project Team

Email: info@a3bc.org.au

Web: a3bc.org.au

Phone: 02 9463 1891

Lindy Sivyer

Marketing & Campaigns Co-ordinator
Arthritis NSW

What is biobanking?

Biobanking refers to the process by which samples of bodily fluid or tissue are collected for research use to improve our understanding of health and disease. Other information, such as height, weight and questions about family history and lifestyle may also be recorded to provide the context for the samples. Often the samples are kept indefinitely or for several years, depending on the study, so that long term future research can be carried out.

Source: University of Oxford's healthtalk.org



Healthy snacks

If you have arthritis, or know someone with arthritis, you will understand the burden associated with this condition. Finding healthy snacks should not have to contribute to this burden!

While there is no cure, consuming certain foods can alleviate symptoms and slow the progression. In general, a Mediterranean-style diet incorporating a diverse range of whole foods, with a focus on plenty of plants, can help reduce inflammation. So, which snacks are best for those with arthritis?

Healthy snacks to include

Fruit and vegetables: a handful of fresh berries, piece of fruit (ie. apple, banana, pear, mandarin), vegie sticks (ie. carrots, celery, cucumber) with dip (ie. hummus, tzatziki, nut butter).

Why? Fruits and vegetables are rich sources of fibre, micronutrients, antioxidants and phytochemicals. High fibre foods keep you full and can assist with weight maintenance and the prevention of obesity. This is particularly important as increased weight is associated with adverse arthritis symptoms and increased risk of developing osteoarthritis. Additionally, increasing our consumption of antioxidant rich foods can lead to better removal of inflammation causing free radicals.

Nuts and seeds: 30g of unsalted walnuts, hazelnuts, macadamias, pecans, cashews, almonds, sunflower seeds, linseeds (flaxseeds).

Why? Nuts and seeds are rich sources of healthy fats, which are important for maintaining the health of cells and joints.

Fish: sashimi, smoked salmon, small can (95g) tuna, salmon or sardines in spring water. If you don't enjoy fish on its own, feel free to enjoy with some wholegrain crispbreads such as Vita-weats.

Why? Fish is an important source of lean protein, and healthy fats, in particular omega-3s. These have been shown to assist in the reduction of inflammatory biomarkers. For general health, fish is recommended 2–3 times per week, but for the best anti-inflammatory benefits, **2–6 times per week** is recommended.

Whole grains: Air-popped pop-corn (20g packet), wholegrain crispbreads such as Vita-weats with avocado or ricotta cheese, Muesli bars (ie. Barley + 7 Seeds Bar).

Why? Whole grains are low GI and high fibre, which help prevent over eating by increasing satiety. Low GI foods prevent inflammation causing spikes in sugar by providing long lasting energy.

Calcium-rich snacks: Yoghurt tub/tube (170g) + fruit or a homemade smoothie made with milk and/or yoghurt. Remember to avoid high sugar flavoured varieties.

Why? Calcium is important for keeping our bones healthy and strong.

Things to eat less of

Snacks with **added sugar**, in particular refined choices (i.e. brown sugar, caster sugar, sucrose, fructose, white sugar). In general, avoid snacks with **more than 15g sugar per 100g**.

Foods with high amounts **saturated fats** as these are associated with increased inflammatory biomarkers.

High energy snacks as these can lead to excess caloric intake and subsequent weight gain. Look for snacks between **400–600kJ per serve**.

Remember, by choosing minimally processed wholefoods, with a focus on plenty of plants, you can't go wrong when it comes to choosing the best snacks.

Chloe McLeod

Accredited Practicing Dietitian
Health & Performance Collective
Founder The FODMAP Challenge.

Chloe is a Sydney based dietitian who specialises in gut health and inflammatory conditions, and sports nutrition. She is lead author for the recipe book *Anti-Inflammatory Eating*. Visit: healthandperformancecollective.com.



Thank you for supporting Kids Appeal

In June, Arthritis NSW launched our *Kid Get Arthritis Too Appeal* to our readers, members and regular donors to raise money for our children's camps program.

Thank you to all who gave so generously to this appeal which raised more than \$10,000. The money we raised will help to run four camps in 2019/20, ie. two Camp Footloose and two Camp Twinkletoes events. Arthritis NSW has doubled the number of annual camps to bring the events to regional and rural areas, making it more convenient for families with children living with arthritis in country NSW to attend. Camp Footloose was recently held in Broken Bay from 30 September to 4 October and we are holding another Camp Footloose at Lake Burrendong in March 2020.

Camp Twinkletoes will be held in Dubbo in November 2019 and in Sydney in March 2020. For our full program calendar, visit www.arthrtisnsw.org.au.



Thank you again to our donors and bequestors, we could not hold our children's camp programs without your generosity and support.



Our Rural Program last year was a resounding success and it looks like this year's program is on the same track with the first event of the year, held in Mudgee on 28 August, attracting 150 people.

This is the highest number of people living with arthritis that our community education seminar has attracted to a rural centre to date. For a report on this event turn to page 11. Also, our personal story on pages 14–15 features two Mudgee locals Jenny Brown and Susan Bryant who share their experiences of living with psoriatic arthritis.

We have three more seminars planned for our Rural Program, to be held at Dubbo, Wagga Wagga and Queanbeyan over the next six months.

We know from the warm audience reception at each seminar that the education sessions on arthritis self-management are welcome and valued. However, in order for us to continue to reach people in rural areas, we need support through our Rural Appeal. In this issue of *Arthritis Matters* you will find a flyer and response form for this appeal. Please consider giving generously to help us continue this important program.

A Patch of Blue – for our business network



The Arthritis NSW inaugural Patch of Blue Golf Day will be held on 12 November 2019 at the Castle Hill Country Club.

Business Development Manager Joanne Boik said Arthritis NSW CEO Sandra Vincent and the Board are looking forward to welcoming our business alliances to the event. 'We value our business partnerships and they will really be the beneficiaries of the day as they will be given the opportunity to network with each other while learning more and supporting Arthritis NSW,' she said.



BUILDING FOUNDATIONS

The Arthritis NSW Community Group program is picking up traction thanks to our members and the groups they actively support.

In the past few months, Business Development Manager Joanne Boik has spoken to five more community groups. 'All the groups have approached us because they have members in common with Arthritis NSW,' Joanne said. 'It shows that our members have confidence in us and want to open the door to talk to their peers in other groups.'

Joanne has spoken to the Raymond Terrace Senior Citizens group and the Anglican Retirement Village Computer Club at Castle Hill. The computer club shares members with the ANSW Warm Water Classes held there on a Tuesday.

Our largest community group was the ACT Regional Cheerleaders Competition of 390 participants and their supporters who invited us to talk to them. One of the cheerleaders, Madeline Stewart attended her 10th Camp Footloose event in October.

Other groups that requested our presentation included the Shoalhaven Heads View Club, the Master Builders Association at Campbelltown and 60 Plus at Blacktown.

If you would like ANSW to attend your community group meeting, call **02 9857 3300** or email: info@arthritisnsw.org.au. For our comprehensive community education

sessions, such as *Living Well with Arthritis*, visit: arthritisnsw.org.au.

Support group connections

ANSW is proud of the strong connections we have with our support groups and the steady stream of invitations we receive to attend their meetings and speak to their members.

Most recently, Joanne visited Ryde, Nowra, Warilla, Holroyd and Woy Woy groups. She attended the Woy Woy event to join in their Christmas in July celebrations and returned in August accompanied by ANSW Program Administrator Glen Puxty. Glen outlined the benefits of our gentle exercise program to inspire the members to participate in warm water classes and Strength & Balance classes which will be set up in the area in the near future.

Joanne also visited Warilla Support Group with Roger Fleksers who runs warm water classes at his Physical Therapy studio in Wollongong. Roger spoke to the group about the advantages of warm water exercise in alleviating the symptoms of arthritis.

The Holroyd Support Group invited Joanne to their new meeting location at Nelson Grove Village. She is actively encouraging the village residents to join the Holroyd group.

The Nowra Support Group gave her a warm reception during her visit in August to talk about establishing Strength & Balance classes in the area.

Finally, Joanne visited the Ryde Support Group to present a video on understanding pain and provided ANSW resources on pain management.

New partners

Performance Health: We encourage our readers to take advantage of the Performance Health promotion you will find on Page 12 to access significant discounts on products that may help them as they live their best lives with arthritis. Use the promo code ANSW to get the discounts.

Hearing Australia: Welcome to Hearing Australia, a supporter of the ANSW Rural Health Program 2019/2020. They will join us at each of our seminars to provide a community talk and offer free hearing checks at each of our rural locations.

Business network: ANSW is proud to announce we have become the Charity of Choice of the Business Alliance: Macquarie Park & Norwest to extend our reach and promote awareness within the business community of the effects of arthritis.

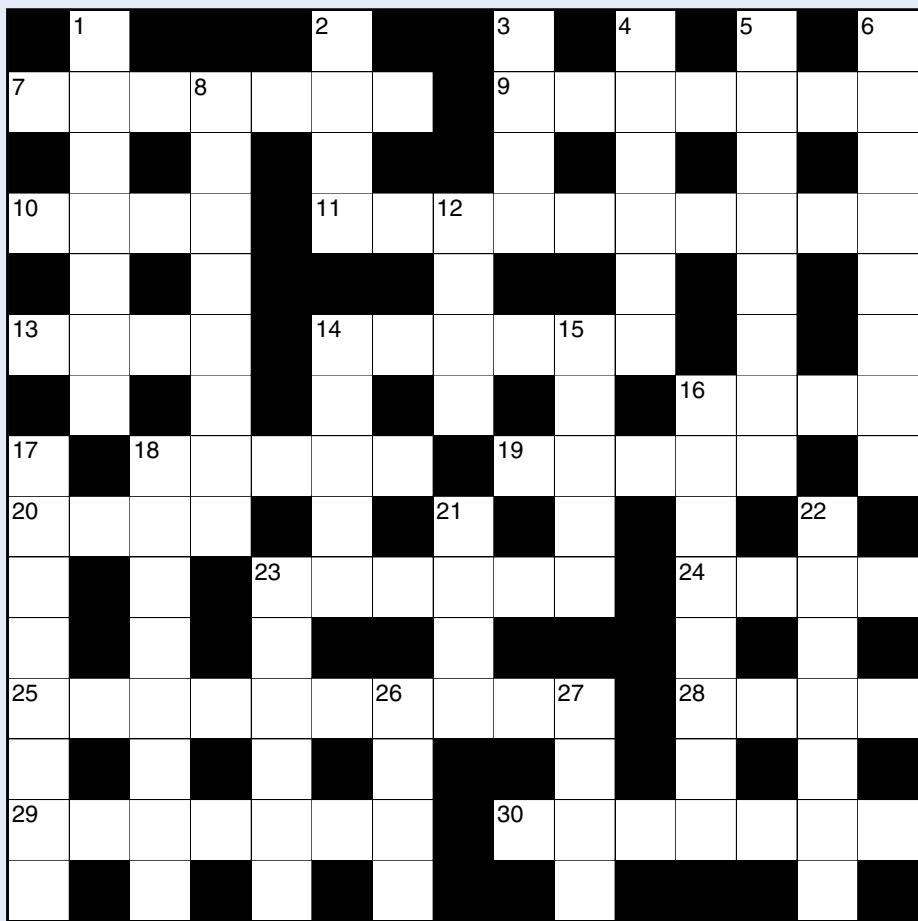
Retirement villages

We've continued to build our relationships with retirement villages and have provided education on how to self-manage arthritis to the residents of John Paul Village at Heathcote and Angus Bristow Village at Eldersley. We presented our community education sessions to the residents of the Gracewood at Kellyville in July and September. We had the opportunity to meet the management of the recently opened Oak Tree Village at Mudgee, whose residents attended our rural program seminar, also with the view to offer our Strength & Balance classes in the near future. And we're looking forward to visiting the residents of Oak Tree Village in Dural later in the year.

Joanne Boik

Business Development Manager
Arthritis NSW

Crossword



© Lovatts Puzzles

ACROSS

- 7. A bone ...test may result in a diagnosis of osteoporosis
- 9. Oestrogen or insulin
- 10. CT or MRI procedure
- 11. Sleepy feeling that's common for arthritis sufferers
- 13. Lead actress
- 14. Vertebral fractures might lead to a loss of this
- 16. Unknown author
- 18. Grease mark

- 19. A standard arthritis symptom is ...pain
- 20. Pleasant
- 23. Tension placed upon a hip or knee
- 24. Immense time spans
- 25. Rheumatoid arthritis, unlike osteoarthritis, is classed as this type of disease
- 28. Chilled
- 29. Mesmerize
- 30. Metabolism-regulating gland

DOWN

- 1. First described by a Turkish doctor, ...disease is often seen alongside arthritis symptoms (6'1)
- 2. Eyebrow piercing
- 3. Exhibit
- 4. Painter or sculptor
- 5. It becomes compromised when one's limbs are fatigue-affected
- 6. Court sittings, or periods spent with a physio
- 8. Living with this disorder may increase one's susceptibility to fatigue, Sjogren's ...
- 12. Exclude
- 14. The release of adrenaline can put increased strain on this organ
- 15. Basketball rings
- 16. A part of the body that is located towards the front of another part
- 17. Red and swollen
- 18. Hip and leg pain caused by nerve damage
- 21. Restaurant list
- 22. Red blood cell deficiency
- 23. Of the backbone
- 26. False belief
- 27. Reflected sound



What legacy will you leave behind?

PLANNED
GIVING
BEYOND ARTHRITIS
Arthritis
NEW SOUTH WALES

Your gift is about making a difference in the lives of those impacted by arthritis and its effects.

With one in four adults and one in 1,000 children in the state affected by this condition, we have extended our community education reach into rural NSW. Our programs create awareness of ways to prevent arthritis and to spot symptoms early for better health outcomes. Our annual camps help reduce the isolation experienced by children living with juvenile arthritis and give them a safe space to have fun in a supportive environment. Our gentle exercise programs – warm water and strength and balance classes – help keep people active and moving, building muscle strength and core stability, which reduces overall pain.

Our work helps people to manage their condition on a daily basis.

Leaving a gift in your Will is a very personal decision, and perhaps the greatest commitment you can make to help create opportunities and contribute positively to life changing services and to make a difference in someone's life.

Thank you for your support and helping us to move closer to ***Freedom from Arthritis***.

For further information about leaving a gift in your Will, or to have a confidential conversation, please call 02 9857 3300 or email: bequests@arthritisnsw.org.au or visit our website at www.arthritisnsw.org.au/support-us/planned-giving-bequests/

A SMOOTH START TO YOUR DAY

A satisfying breakfast can kick off an amazing day. If you suffer from chronic pain, start your day with an anti-inflammatory breakfast smoothie to keep you healthy and reduce pain.

Although all fruits and vegetables contain powerful micronutrients that target your cells and boost your overall health, some foods carry extra anti-inflammatory benefits. These include wholegrains, ginger, dark green vegetables, dark berries and green tea.

Whole grains

The term whole grain literally means a food containing an entire grain – the bran, endosperm, and germ. These heart-healthy foods also help fight inflammation. Options include: whole-grain bread, brown rice, oatmeal, quinoa, millet. Use whole grains directly in your food preparation so you know exactly what's in your breakfast.

Ginger

Ginger offers potent anti-inflammatory power. It is consumed worldwide as a spice and herbal medicine, thanks to its main bioactive compound Gingerol which has powerful anti-inflammatory and antioxidant effects.

Dark green vegetables

These strong-tasting vegetables include kale, spinach, broccoli, and chard. Not everyone loves the taste, but

incorporating these incredibly healthy plants into your smoothies will make your body happy. These vegetables contain a dense array of potent anti-inflammatory vitamins including A, C, and K.

Dark berries

Dark-colored fruits like berries tend to have higher concentrations of inflammation-fighting compounds than pale fruits like bananas. Berries are rich in unique compounds known as cyclooxygenase-2 inhibitors that flip the off switch on a process that promotes inflammation.

Green tea

Try serving a warm mug of green tea on the side of your anti-inflammatory breakfast smoothie. Green tea ranks among the healthiest drinks available. Green tea's leaves are unfermented and the resulting beverage is rich in a compound called epigallocatechin-3-gallate which stalls the formation of molecules that cause joint damage and inflammation in people with rheumatoid arthritis. For maximum benefit, try drinking two to three cups per day.

The following recipes are centered on whole, healthy foods.

Yoghurt parfait with raspberries and chia seeds

Serves 2

Ingredients

- Half cup fresh raspberries
- 2 tablespoons chia seeds
- 1 teaspoon maple syrup
- Pinch of cinnamon
- 450g plain yoghurt
- Fresh fruit, such as sliced blackberries, nectarines, strawberries

Instructions

1. Place the raspberries in a small mixing bowl. Using the back of a fork, mash the berries until they reach a jam-like consistency. Add the chia seeds, honey, and cinnamon to the bowl. Continue to mash until all of the ingredients are fully incorporated. Set aside.
2. Place a layer of yoghurt in the bottom of a medium-size glass or jar. Top with a layer of the raspberry chia mixture. Finish with an additional layer of yoghurt. Garnish with fresh sliced fruit and an extra drizzle of maple syrup, if desired. Repeat with the second glass/jar.



Greek yoghurt recovery smoothie

Ingredients

- 1 cup nut milk of choice, such as almond milk, cashew milk, etc.
- Half cup plain Greek yogurt
- Quarter cup packed baby spinach
- Quarter cup blueberries (fresh or frozen)
- 1 tablespoon nut butter of choice, such as almond butter, peanut butter, etc.
- Optional toppings: pinch of ground cinnamon or cardamom, pistachios, or honey
- 3–4 ice cubes

Combine all ingredients in a blender, and pulse until smooth.



1 large serve



Cacao berry smoothie

2 small serves

Ingredients

- 1 cup almond or coconut milk
- Half cup filtered water
- 1 cup fresh baby spinach
- 1 cup raspberries (fresh or frozen)
- 1 banana
- 3 tablespoons cacao powder
- 1 tablespoon honey or maple syrup
- Ice (use as desired to cool down drink)
- Optional: cacao nibs

Combine all ingredients in a blender until liquefied. Top with cacao nibs, as desired.

Energising pineapple smoothie

Ingredients

- 1 cup brewed and cooled green tea
- 2 cups spinach or kale
- 1 cup frozen pineapple chunks
- Two thirds cup cucumber, peeled and cut into large chunks
- Half cup frozen mango chunks
- Half a medium banana, peeled
- Half inch fresh ginger – peeled and cut from stalk (about half tsp)
- Quarter tsp ground turmeric*
- 3 mint leaves, roughly chopped

Instructions

1. Combine all the ingredients, except the chia seeds, in a high speed blender.
2. Add chia seeds at the end of the blending process so they don't stick to the blender container.



* Disclaimer: Turmeric may impede blood clotting and so taking turmeric alongside blood thinner medications may increase the chances of bruising and bleeding. Also, turmeric may be problematic for those with diabetes as it may decrease blood sugar levels. If you take either blood thinning medication or have diabetes, and wish to consume turmeric, please consult with your health care professional.

Living with arthritis, at any age



Damon

Damon Cassar is 12 years old and has attended several of our children's camps. Some years ago, he received a grant from a bequest to Arthritis NSW, the Ruth Stubbs Memorial Fund. This allowed his mother Jo to arrange maths tutoring, which helped him to catch up on concepts he had

missed due to his arthritis flares and hospital visits. Damon takes up his story.

'I was diagnosed with polyarticular juvenile arthritis when I was four years old. Although my doctor now thinks I probably have psoriatic arthritis. Arthritis affects almost all my joints and lately it has affected the tendon in my knee which is very painful.'

'I walked at 11 months and was a very active toddler. From two and a half years of age, I had times when I would limp on and off, and other times when I could run around perfectly fine so the GP we saw at the time thought there was nothing wrong with me. It wasn't until I was four that I was jumping around and then had a lot of pain in my knee. When my parents looked at my knee it was very swollen and wouldn't straighten. We were initially sent to an orthopaedic surgeon and then to a rheumatologist who made the diagnosis of arthritis quickly.'

'When I was in early Year 2 and Year 3 at school I had really bad flare-ups and my medication wasn't working well to control the arthritis. I had more than 70 days off school due to the arthritis in Year 2.'

'Swimming is great exercise and I love being under the water. These days I swim once a week in squad and then in summer I swim regularly in our pool at home.'

'I go to a physiotherapist once a fortnight who helps to loosen me up and reduce the stiffness in my neck and back. I find using tubigrip works well on my sore wrists and knees. Heat packs also help.'

'We can't go on long walks as it is hard on my joints. If I am very sore, I will use my wheelchair.'



Madeline

Madeline, 16, was diagnosed with polyarticular juvenile idiopathic arthritis (R+) when she was seven. She is affected in her fingers, wrists, elbows, knees, ankles, toes, shoulder and neck. During flare-ups, she often loses full movement of her joints, as she can't straighten her

arms or move her wrists.

'Madeline used to complain that her knee hurt, but then immediately afterwards start running around, playing and it seemed all right,' said her mother Jacinda. 'This happened a number of times, until one night I was tucking her into bed and her knee looked very swollen. The next day the doctor took a blood test for arthritis and told me it would probably be only in the one joint and that it wouldn't cause too much pain.'

'Within a month, Madeline became very lethargic, often not making it past four in the afternoon before falling asleep for the night. She lost a lot of weight, dropping below the recommended healthy range, had sores around her mouth and dark circles around her eyes. She looked very ill and was unable to move a number of her joints. The rheumatoid specialist at the hospital put her on steroids and methotrexate and within a few months she had responded well. She has some ongoing pain with the joints and the arthritis appears to have caused damage that is impacting her ligaments and she has some 'floating bones' which do not appear to be in place. The doctors are unsure if she will have to have operations on the impacted joints in the future.'

'Madeline has tried very hard not to let it impact her life. She is very active in sports, competes in cheerleading and plays soccer. She struggled at school early on, as the other kids didn't understand why she had to sit in a chair while they were on the ground. One girl even pulled the chair out from under her! Madeline has also had significant trouble with writing and completing school work as quickly as they require in class. Despite this she has pushed herself to do anything that she wants.'

'She has found swimming helps when her joints are particularly bad. She is very good at taking it easy when she needs to and often we forget that she has arthritis as she is more active than the rest of us!'



Joyce

Joyce was born in Canowindra NSW in December 1919, so she will be celebrating her 100th birthday this year. She is one of nine children. She has arthritis in her hands, elbows, shoulders, knees and hips, she also suffers from Paget's disease in her hips and crush fractures in her

spine. Joyce's son Don continues her story.

'Joyce was diagnosed with arthritis when she was 18. She had difficulty holding things in her hands and was not able to carry things easily. Her mother had bad arthritis in her hands. Joyce only ever took Disprin back then for the pain.

'She didn't let her arthritis interfere with her life growing up – riding horses, milking cows and helping out on the family farm.

'In later years, Joyce had chiropractic and massage treatment for 30 years. She has had three knee replacements. The first one was 28 years ago, followed by the second a few years later. She wore out the first replacement after 20 years and had it redone. She has also had surgery on her spinal discs and a new hip at 97 due to the arthritis and Paget's.

'She subscribes to *Arthritis Matters* to read about the condition and to learn more, to see what can be done and she reads every page.

'She says she is exceptionally well for her age and is often seen with a crochet hook in hand while watching television to keep herself busy. She also makes lemon butter, patty cakes and little tarts. Her sponge cakes are legendary.

'Joyce uses a wheelie roller walker around the home and a wheelchair when out – makes getting around faster! She takes Panadol Osteo and Targin for pain relief now with Voltaren gel rubbed in on her shoulders, elbows and hands each morning by her personal carer. She goes to church each Sunday and shopping every second Monday.

'Joyce lives with her little dog in her own home and is still as bright as a button. She had four children, and has six grandchildren and 15 great grandchildren.

'She has been widowed since 1993.'



Ruella

Ruella, 64, was diagnosed with osteoarthritis in her right hip at 53 after living with undiagnosed pain for a number of years. 'My GP hadn't picked up the condition as I didn't fit the profile, but my massage therapist insisted that I get an x-ray as there had been no improvement in the area with regular

massage,' said Ruella. 'Now the arthritis is also in my hands and fingers.'

Ruella has had a full titanium hip replacement on the right to give her full flexibility for the amount of sport and activity she was involved in.

'When I first developed arthritis, I was unable to go to the gym and attend high impact exercises due to the pain and restricted hip joint movement. Since the surgery I focus on low impact exercises such as swimming, walking, kayaking and hiking, and I'm now learning to ride and have taken up horse trail riding. I had to stop playing the guitar and bass which became difficult with the arthritis in my hands and fingers so I now play the ukulele instead and love this happy instrument. It's just a matter of pushing through the pain. I'm a great believer in: if you don't use it, you lose it.'

'I use natural supplements for inflammation such as fish oil, glucosamine and chondroitin, green tea, heat rubs and heat therapy. I also use arthritic support gloves and woollen gloves in the cold weather to prevent a flare up or when doing fine motor tasks.'

'I eat fresh food, stay away from foods that cause inflammation and keep my weight under control. Junk food is out, and so is sugar. I stay clear away from highly processed foods.'

'My life is great now! I retired from teaching at 50 and have travelled overseas and Australia with my husband Barry. We decided on a tree change after being city slickers all our lives and bought a rural escape, a farm stay property northwest of Mudgee. It requires much hands-on work caring for the property, the cabins and the animals. I still play the ukulele, still quilt, knit and crochet and dabble in cross stitch. I'm also 4WD driving and learning to ride my new pony, Hughey.'



Help is on the line

Arthritis NSW receives an average of 10 calls a week on our Infoline, and the reason for each call is as different as each caller. They may be in pain, have new symptoms, are looking for a different treatment or are just having a bad day. The calls are taken by our team of health professionals who answer questions, give advice and often direct the caller to more resources or refer them onwards to further treatment. Health Services Quality Manager Janine Robertson recently took a closer look at our Infoline conversations and found that our callers give us valuable direction on what the wider community of people living with arthritis are experiencing and how we can support them.

Cold calling

If you've been feeling stiff and sore over the past few months, you may be a little relieved to know that the Arthritis NSW Infoline is always more busy in winter. On some days there are double the number of calls than in the warmer months. Pain, stiffness that effects function, and fatigue are the most common reasons that people call – a combination of these symptoms can lead to a particularly bad or frustrating day. Calling the Infoline can help you to understand why some days are worse than others, and gain some self-management tips to improve your symptoms. The cold makes muscles tighter, and because muscles are responsible for joint movement, joints are affected by cold and changing weather. Sometimes people are simply relieved to find out that there are contributing factors to having a bad day and that there is something that can be done. For example, a simple heat pack may help relax tight, sore muscles and joints, while cold packs are effective for inflammation rather than tension.

Another general information tip is that pain can be worse when body alignment is not quite right –and this may be caused by something as simple as one side being stronger,

tighter, or an old injury. It may also be that you have slept in a position where muscles or joints have become caught in an uncomfortable position and become stiff. Another example is if you sit for a while talking to someone sitting next to you, your neck may get sore – these are all things that can contribute to discomfort, even if it just feels like it is your arthritis that is 'playing up'.

Condition trends

Although every caller to Infoline has the right to remain anonymous, each call is logged with information such as the reason for the call and the advice given. We have looked at calls taken over the past few months, and compared these with information on conditions that were reported to us in our recent email survey of more than 600 NSW members. There are similar trends in the types of conditions people call us about, that also led to participation in our survey.

Osteoarthritis (OA) is the single most common condition that people enquired about. The second most common call reason is Rheumatoid Arthritis (RA). Often callers are concerned about some of the drugs and treatments used – it is reassuring for people to know that RA is successfully

managed with medicines. Emerging treatments continue to improve outcomes and provide further options for people with RA. While our Infoline doesn't provide research information, our eNewsletter and *Arthritis Matters* provide information from reliable sources when it becomes available.

Another condition that people frequently call about is psoriatic arthritis – this condition can be very annoying especially when skin is irritable. We will often suggest that people keep a diary of foods, physical activity and other activities such as gardening so that you can track if there are variables that affect the condition and can therefore help with management.

Advice and guidance

The two actions that are proven to help nearly every chronic condition is the combination of a healthier diet and appropriate exercise. If the body gets the right fuel, it performs better, and exercise (along with warmth) will promote blood flow and healing. People often don't feel like exercising when they are sore, however it can be as little as a few minutes of gentle movement that will help. For example, 'pumping out' your fingers can assist your hands, while bending and straightening your leg can help with knees.

We are often asked for opinions on the latest news items, eg. back pain, surgery, marijuana, complementary medicines. Arthritis NSW must wait until information has a proven evidence-based foundation before we can provide accurate guidance in this regard. As a non-government and unfunded organisation, we can't always answer every question, however we do our best to provide accurate self-management information and guidance. Our most common referral sources are the National Prescribing Service, which provides information on all medicines, and Health Direct, a 24/7 information line that has nurses on hand to answer questions about symptoms.

Sadly, a significant proportion of our calls come from younger people or their carers, as it is a shock to receive

a diagnosis of arthritis, ankylosing spondylitis, juvenile idiopathic arthritis or psoriatic arthritis at a young age. However, the more that you understand your condition, the better that you can manage it.

The condition that we are increasingly receiving calls about is fibromyalgia. Due to the lack of clinical evidence in relation to fibromyalgia, it remains more difficult to understand the variable symptoms and to find the best approach. Often there is no visible damage or inflammation, therefore it is hard for those with fibromyalgia and their families to manage the condition. In this case, going back to the basics of a diary, trialling different approaches to exercise, diet and pain management can be useful. For example, to understand that Panadol doesn't help with inflammation, yet ibuprofen does, can help understand what is going on within the musculoskeletal system.

Similarly, heat helps with tightness and cold helps with inflammation – this is another way to understand symptoms.

Sources of information

A significant percentage of Infoline callers are experiencing difficulties with their hips and knees. In order to manage these enquiries at NSW, we summarise information such as the Royal Australian College of General Practitioners (RACGP) Guidelines for the Management of Hip and Knee Osteoarthritis 2018. This document has comprehensive data on hip and knee OA.

If doing a google search of these Guidelines, there is a Plain Language Summary which refers to a range of treatments, medications and natural therapies. Again, there are some statements that will surprise and possibly annoy people with OA, such as that glucosamine and chondroitin nutraceuticals 'should not be offered' – yet we know that some people feel that these approaches help. In some cases, as for turmeric, there is 'no recommendation that can be made' due to lack of high-quality evidence. This may mean that there are not enough studies conducted that meet required research protocols.

The one 'strong recommendation' is against surgery such arthroscopy, meniscectomy and cartilage repair for people with knee OA unless the person also has signs and symptoms of a 'locked knee'. The Guidelines also state that OA can be diagnosed clinically without X-ray/imaging, stating that 'imaging is not needed but could be considered for atypical presentations. This is because 'radiographic changes and meniscal tears are an almost universal finding' (ie. most people will have these changes/tears) and that they are likely not related to symptoms'. GPs are strongly encouraged not to use terminology such as 'wear and tear' or 'bone on bone', because those with OA may then think that they can't do anything to help. However as changes, wear and tears are almost 'universal' findings for most people – and not all people have consistent or strong pain – there are variable factors that can be managed with the right approach to exercise, diet, alignment and pain management.

NSW Health has developed programs to meet the above challenges. People who are on the waiting list for knee and hip surgery are eligible for the Osteoarthritis Chronic Care Program (OACCP). This program provides exercise advice and support from a physiotherapist, exercise physiologist, dietitian or occupational therapist. Some people on the OACCP take themselves off the surgery waiting list because they have experienced the benefits of the program. Others are able to 'last longer', regain function, reduce pain and generally manage symptoms better. There are always other benefits to be gained from this approach, including decreased risk of heart issues, diabetes and many other chronic conditions. Let's all spring (gently) into this approach with the coming change in weather!

Call the Arthritis NSW Infoline on **1800 011 041**.

Janine Robertson

Health Services Quality Manager
Arthritis NSW

Opposite page: Two of NSW Health Services team Kat Keane and Glen Puxty take calls from the Arthritis NSW Infoline.

MOTION IS LOTION: The benefits of exercise

Arthritis NSW welcomed a new member to our Health Services Team in August. Health Educator Kat Keane will be presenting many of our community education seminars and below she shares her expertise on the benefits of exercise for people living with osteoarthritis.

There is a lot of misunderstanding and fear about exercising with osteoarthritis (OA) from not only those with the condition but also from many healthcare professionals. I would like to shed some light on this matter by discussing these misunderstandings and hopefully empowering people living with OA to experience the benefits of exercise.

Exercise is safe

I often hear from those with OA and health professionals alike, that exercise can further damage arthritic joints and that it isn't safe. This belief is simply not true. In fact, a large body of evidence indicates exercise can significantly improve pain and disability in those with arthritis. A recent study, which included over 700 subjects with OA, found that exercise did not damage articular cartilage¹. Exercise is safe! Furthermore, exercise was found to stimulate regenerative processes and help improve joint cartilage composition¹. So it's time to forget 'wear and tear' and start promoting 'wear and repair'. Additionally, exercise increases the elasticity of synovial fluid which promotes the lubrication of joint surfaces². Lubrication of joint surfaces helps protect against articular cartilage stress thus reducing the risk of damage². So think 'motion is lotion' as a benefit of exercise.

Reduce your pain experience

A common misunderstanding about our perception of pain is that when we feel it, it equates to tissue damage. In most cases this may be true, however, current research explains that this is not always the case. Due to central and peripheral sensitisation of the nervous system, we may perceive pain even though there is no tissue damage occurring; this is especially true in the case of OA and associated pain chronicity³. The pain felt when exercising by those with OA may simply be an oversensitive nervous system detecting potentially dangerous stimuli; in this case exercise being the 'dangerous' stimuli. Exercise is not dangerous, in fact, exercise helps to modulate and desensitise a hyper-vigilant nervous system so it's no surprise that, over time, people with OA who exercise will generally feel less pain and have better quality movement³. Tissue heals but the nervous system remembers. Teach your nervous system to recognise exercise as safe and reduce your pain experience.



Instructor Mel Katzos guides Kwee Phaik Lim in a sit-to-stand exercise during a Strength & Balance class.

Poke the bear

Lastly, I often find people with OA are generally uncertain about what exercises to do and how much. Walking and water aerobics are excellent examples of low impact exercises, however, some resistance training needs to be included. Body weight and resistance exercises that emulate movements in your everyday life are important to focus on. For example, squats will help you get in and out of your bed and chairs. Basically, the best thing you can do is find activities that you can tolerate and perhaps most importantly, enjoy; you are likely to stick at something if you enjoy it. You want to aim for the 'Goldilocks zone' regarding exercise frequency, intensity and type; be diligent about getting enough but not too much either. And don't be afraid to 'poke the bear' to find your Goldilocks zone. That is, don't be afraid to engage in a variety of exercises to test your pain and movement limitations. We all know Goldilocks tried three varieties of porridge before settling on the perfect one for her.

Arthritis NSW runs Warm Water Exercise classes and Strength & Balance classes across Sydney and in some regional centres. Turn to Page 30 for a list of class dates and venues and to Page 13 for more detail on these beneficial programs.

Kat Keane

Health Educator
Arthritis NSW

References

1. Bricca, A., Juhl, C. B., Steultjens, M., Wirth, W., & Roos, E. M. (2019). Impact of exercise on articular cartilage in people at risk of, or with established, knee osteoarthritis: a systematic review of randomised controlled trials. *British journal of sports medicine*, 53(15), 940-947.
2. Parvizi, J. & Kim, G. (2010). Joint Lubrication. In Parvizi, J. and Kim, G, *High Yield Orthopaedics* (pp. 250-251). London, United Kingdom: Elsevier Health Sciences
3. Susko, A. M., & Fitzgerald, G. K. (2013). The pain-relieving qualities of exercise in knee osteoarthritis. *Open access rheumatology: research and reviews*, 5, 81.



Anorexia and osteoporosis

Osteoporosis is a condition in which the bones become fragile, leading to a higher risk of breaks or fractures. A minor bump or fall can be enough to cause a break in someone with osteoporosis. People with anorexia nervosa are at increased risk of developing osteoporosis.

Building a strong skeleton

The health and strength of our bones in adulthood depends largely on how we look after them in childhood and adolescence. The growing skeleton is very demanding – bones need good nutrition and a healthy lifestyle to build strength while they grow. When we reach middle age, the bones start to weaken. Women who have just been through menopause lose bone strength particularly rapidly. Looking after our bones and building up a good bone ‘deposit’ during our early years goes a long way towards reducing the impact of natural bone ‘withdrawals’ as we age.

Anorexia nervosa can have a major impact on the ability of the skeleton to achieve its peak bone mass and optimal strength, with potential adverse effects on bone health and an increase in fracture risk in later life.

The link between anorexia and osteoporosis

People of any age who have anorexia nervosa (or have suffered from it in the past) are more likely than the general population to have poor bone health.

There are several reasons for this:

Hormones

The hormone estrogen is very important for bone growth, particularly in girls going through puberty. Low body weight causes the body to stop or drastically reduce estrogen production (menstrual periods often stop when this happens), adversely affecting bone growth and strength. Levels of other growth-related hormones may fall because of weight loss during anorexia nervosa, with similar effects on bone health. Low hormone levels (including low testosterone) also affect the bone health of men and boys with anorexia nervosa.

Low body weight

Body weight has a direct effect on bone strength, and we know that people with very low body weight are at increased risk of osteoporosis.

Poor nutrition

Bones need a well-balanced diet to grow, gain strength and stay healthy. Adequate calcium is crucial. People with anorexia are unlikely to be getting enough calcium, vitamin D,

protein and other important nutrients from the diet that are needed to build and maintain bone strength.

Could I be at risk of osteoporosis?

If you have low body weight due to anorexia nervosa, particularly if your periods have stopped for several months, you may be at increased risk of osteoporosis. If you have suffered from anorexia nervosa in the past but have since recovered, you may still be at risk of poor bone health. The impact on your bones will depend on the severity of your anorexia and how long you have suffered from it. Other medical problems and any family history of osteoporosis will also have an impact on your overall risk of developing osteoporosis, particularly as you grow older.

It is important to discuss with your doctor the effects that anorexia nervosa and your general health may have had on your bones so that action can be taken to protect your bone health into the future.

Source: Osteoporosis Australia. For more information visit: osteoporosis.org.au

Events calendar



November 2019

Nov 12: NSW Inaugural Patch of Blue Golf Day

Nov 16: Camp Twinkletoes regional: Dubbo Zoo

Nov 18: Rural Health Program: Dubbo RSL

Nov 26: NSW Annual General Meeting, Sydney

Kidsflix: Playmobil tbc

Nov 2: Odeon Orange

Nov 9: Hoyts Penrith

Nov 23: Hoyts Charlestown

December 2019

Kidsflix: Frozen 2 tbc

Dec 7: Hoyts Chatswood

March 2020

Mar 12: Rural Health Program: Queanbeyan Roos Club

Mar 26: Rural Health Program: Wagga Wagga RSL

Gentle exercise programs

Classes operate during the NSW Public School with class times subject to availability. To register your interest, visit our website at arthritisnsw.org.au/health-services/exercise-classes to submit the form or call **02 9857 3300**.

Warm water exercise

Canterbury Hospital, Campsie

Monday 12.00pm (women only)
Wednesday 1.30pm

Mowill Village, Anglican Retirement Village, Castle Hill

Monday 1.30pm
Tuesday 1.30pm and 2.30pm
Thursday 1.30pm and 2.30pm

Karonga School, Epping

Saturday 8.00am

Lane Cove Physiotherapy, Lane Cove

Tuesdays 1.30pm
Wednesdays 12.30pm
Thursdays 5.00pm

St Lukes Hospital, Potts Point

Wednesday 12.30pm
Saturday 9.00am
Saturday 10.00am

Royal Rehab, Ryde/Putney

Tuesdays 4.00pm and 5pm
Saturdays 10.00am

Physical Therapy, Wollongong

Mondays 10.00am
Wednesdays 6.00pm
Fridays 10.00am

Strength & Balance

Epping YMCA, Epping

Mon and Wed 10.00am
Mon and Wed 11.00am

North Sydney Community Centre, North Sydney

Tues and Thurs 2.00pm

Stride Health, Mudgee

Tuesdays 2pm
Thursdays 2pm

Volunteer

Arthritis NSW is grateful for the support of our wonderful volunteers who help us deliver our services and keep our office running smoothly. We are always keen to hear from people interested in volunteering with us, particularly in the following areas:

- fundraising activities
- keeping our database up to date
- phoning members, support groups and branches to update our records
- helping to prepare for Camp Twinkletoes and Camp Footloose
- helping with Kidsflix registration and check in.

Please call us on **02 9857 3300** if you are interested in helping us in any of these areas.

Crossword solution



Find help, guidance and support through our local networks

Who to Contact		Meeting Place		Meeting Schedule
Bathurst	Nelma	0431 829 709	Bathurst RSL, 114 Rankin St, Bathurst	2nd Thursday 10am
Corowa	Heather	02 6033 4393	Challenge Enterprises, 93 Guy St, Cnr of Redlands Rd, Corowa	1st Wednesday 1.30pm
Cowra	Christine	0427 423 596	Upstairs, Calare Building, 103 Kendal St, Cowra	1st Tuesday 2pm
Dubbo	Heather	02 6887 2359	Macquarie Club, 313 Macquarie Street, Dubbo	2nd Thursday 10am
Holroyd/Merrylands	Michelle	02 9631 7363	Nelson Grove Retirement Village, 2 Newport Street, Pemulwuy	4th Monday 10am
Kincumber	Jeanette	0418 226 891	Brentwood Village Auditorium, Scaysbrook Dr, Kincumber	4th Friday 10am
Long Jetty	Liz	02 4332 5245	Nareen Gardens Retirement Village, 19 Bias Avenue, Bateau Bay	1st Thursday 10am
Macarthur	Beth	0407 265 419	Campbelltown Library, Hurley St, Campbelltown	1st Wednesday 10am
Maitland District	Veronica	02 4966 4649	East Maitland Bowling Club, New England Hwy, East Maitland	1st Thursday 10am
Newcastle	Judy	02 4088 3146	Mayfield Ex-Services Club, 58 Hanbury St, Mayfield	3rd Monday 1pm
Nowra	Gary	02 4423 3633	Paceway Cafe, 3 Stewart Place, Nowra	1st Thursday 10am
Parkes	Sandra	02 6863 4904	Pink Orchid Café, 16-18 Busman St (odd months); AOG Church Hall, 7 Rees Ave (even months), Parkes	Last Tuesday of the month 10am - Meet bi-monthly
Penrith	Jan	02 4722 5940	CWA Rm, Cnr Tindale St & Castlereagh St, Penrith	2nd Wednesday 9.30am
Ryde	Mary	0402 257 568	Ryde-Eastwood Leagues Club, Ryedale Rd, West Ryde	4th Thursday 1pm
Wagga Wagga	Lorraine	02 6926 3203	Rules Club, Cnr Fernleigh & Glenfield Roads, Glenfield Park	1st Thursday 1pm
Warilla/Shellharbour	Sheila	02 4296 1340	Warilla Bowling Club, Jason Ave, Barrack Heights	3rd Thursday 1.30pm
Woy Woy	Heather	0423 017 450	Ettalong Bowling Club, 103 Springwood Street, Ettalong	3rd Tuesday 10.30am

For further meeting details, please contact the person listed or refer to our website.



Arthritis & Osteoporosis

NEW SOUTH WALES

www.arthritisnsw.org.au

Arthritis & Osteoporosis NSW
Locked Bag 2216
North Ryde NSW 2113

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Arthritis Infoline: **1800 011 041**
Phone: **02 9857 3300**
Fax: **02 9857 3399**

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