

# Arthritis Matters

NUTRITION

RESEARCH

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HEALTH

Issue 65  
R.R.P \$6.95

## CAMP FOOTLOOSE

Five days of fun and inspiration

Jafa  
makes headway in JIA funding hopes

WHICH YOGA STYLE  
will help your arthritis?

IS RHEUMATOID ARTHRITIS  
triggered by gum disease?

 **Arthritis**  
NEW SOUTH WALES

[www.arthritisnsw.org.au](http://www.arthritisnsw.org.au)

# ABOUT US

Arthritis NSW is a member-based health charity founded in 1967 to help improve the quality of life of people affected by arthritis 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 [arthritisnsw.org.au](http://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](http://eepurl.com/9rFd5)



## BENEFITS OF MEMBERSHIP

**Understanding | Support | Community**

We would love to have you as a **Member** of Arthritis NSW. 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:

[arthritisnsw.org.au/membership/about/](http://arthritisnsw.org.au/membership/about/)

Call: 02 9857 3300 Email: [info@arthritisnsw.org.au](mailto:info@arthritisnsw.org.au)

- ✓ Be heard
- ✓ Be informed
- ✓ Be supported
- ✓ Be rewarded



# Arthritis Matters

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For arthritis information  
**Arthritis Infoline**

**1800 011 041**

**Arthritis Matters**

### Arthritis NSW

Locked Bag 2216, North Ryde, NSW 1670.  
T: 02 9857 3300 F: 02 9857 3399  
W: arthritisnsw.org.au

 Facebook.com/ArthritisNSW

 linkedin.com/company/3610705/

 Twitter.com/ArthritisNSW

 Instagram.com/ArthritisNSW

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**ANSW:** Lindy Sivyver, Andrew Cairns, Jo Boik, Janine Robertson, Kat Keane, Glen Puxty  
**Guest contributors:** Professor Ruth Colagiuri, Jennifer Mannell, Professor Mark Bartold

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**On the cover:** Tasman Vout masters abseiling at Camp Footloose 2019.

**Photographer:** Ashleigh Bower.

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## Building on our success in 2020



Hello and welcome to the first issue of *Arthritis Matters* for 2020.

This is going to be a year of strong growth for the organisation, with the delivery of our new Arthritis NSW Corporate Strategy 2020–2023 beginning July this year. The details of the full strategy will be finalised in the near future, but I can already say that the Board's vision for Arthritis NSW includes drawing on our strengths such as delivering face-to-face community education programs, supporting families as they care for children with the condition and sharing the latest information with you on all our information platforms.

These goals were shared at the 2019 Annual General Meeting held on 26 November. Thank you to the members who attended and to Board member Professor Davinder Singh-Grewal who presented the meeting with an update on the current juvenile arthritis services offering in NSW and what was required to meet future needs. Thank you also to the Board and the Arthritis NSW team for their hard work in 2019.

### Revitalisation

Late in 2019, Arthritis NSW and Arthritis Australia got together for a productive meeting at our North Ryde office. Both teams shared experiences and talked of improved future collaborations between the state

affiliates who are all delivering valuable and ground breaking programs. This is a very exciting time for us and the strengthening of this alliance will bring great value for our members.

### Rural expansion

This year, ANSW will be increasing our reach into country NSW with two children's camps and five health education seminars scheduled for our Rural Health Program. On the strength of the encouraging response to our seminars held over the past two years, ANSW has planned events in Wagga Wagga, Dubbo, Goulburn, Orange and Lismore for 2020. We are looking forward to offering families living with juvenile arthritis in central western NSW the support, education and social benefits of Camp Footloose in April and Camp Twinkletoes in May.

### Exercise classes

I am extremely pleased that our exercise class program increased last year to 10 venues for our warm water classes and three venues for our Strength & Balance classes. One new venue is in Mudgee, which aligns with our expansion into rural areas. Plans are underway to further increase our reach.

### JIA funding

Late in 2019, the Juvenile Arthritis Foundation of Australia made a submission to Brad Hazzard, the NSW Minister for Health and Medical Research, outlining the need for more clinical services for children with juvenile arthritis. As a result, the Minister has asked the Ministry of Health to work with the Sydney Children's Hospitals Network to investigate funding for paediatric rheumatology. I know this is early days, but it is a step in the right direction to increase access for our JIA families to more paediatric rheumatology services.

### Thank you

I would like to thank our interim CEO Samantha Challinor for her dedication

and achievements since commencing. Samantha brought to ANSW her experience as a Board Director and in financial and risk management in the not-for-profit and government sectors in the health system. She has provided excellent guidance as we set the future direction of ANSW and prepare the organisation for the permanent CEO.

*Arthritis Matters* is your magazine and we want it to be relevant to you. If you would like to see an arthritis topic featured in these pages, please let us know: [info@arthritisnsw.org.au](mailto:info@arthritisnsw.org.au).



**Nigel Corne**  
President  
Arthritis NSW



*Thank you to members of the Arthritis Australia team who visited the offices of Arthritis NSW in December 2019 to discuss mutual future goals.*



*Board member Professor Davinder Singh-Grewal and I enjoyed chatting with members of the Ryde Support Group who attended our Annual General Meeting on 26 November 2019.*

# Join the campaign to increase JIA services

The campaign to lobby the NSW Government to increase and improve NSW Paediatric Rheumatology services for children with juvenile arthritis and related childhood rheumatic diseases across the state is making headway. Below, co-founder of the Juvenile Arthritis Foundation of Australia – Associate Professor Ruth Colagiuri outlines the campaign's progress.



*'The paediatric rheumatologists we have are compassionate, well skilled and committed – there are just not enough of them.'*

Associate Professor Davinder Singh-Grewal and CNC Anne Senner late last year. It is understood that, at the Minister's request, the Ministry of Health will work with the Sydney Children's Hospitals Network to investigate funding for Paediatric Rheumatology.

Jafa is a new national organisation focused exclusively on lobbying and fundraising for better awareness, improved services, and a greater investment in research into the treatment, care and a possible cure for juvenile arthritis and childhood rheumatic diseases. Jafa was founded last year by the Colagiuris whose 7-year-old granddaughter has JIA. They are professors of public health and medicine respectively and are very familiar with the type of services that children with JIA and their families should be able to access.

Jafa was incorporated in December 2019 and is being assisted by parents, friends, and allies such as Arthritis NSW. Jafa will hold its formal launch in Parliament House, Canberra on March 25, 2020.

Jafa works collaboratively with Arthritis NSW on local issues and has gained the support of national and state-based arthritis organisations across Australia. Its mantra is: 'Kids with juvenile arthritis deserve better' and by working together we can and will get a better deal for them – it's just a matter of time and determination.

## Call to action

Parents have been supporting the campaign by writing to their local NSW Member of Parliament and urging him/her to bring the JIA service deficiencies to the Minister's attention and lobby for improvements. Alternatively, you can make an appointment with your local MP to discuss this in person – why not take your daughter or son with you to explain what life is like for a child with JIA? The more letters and visits to local MPs, the more likely the campaign will be successful. The next few weeks will be critical.

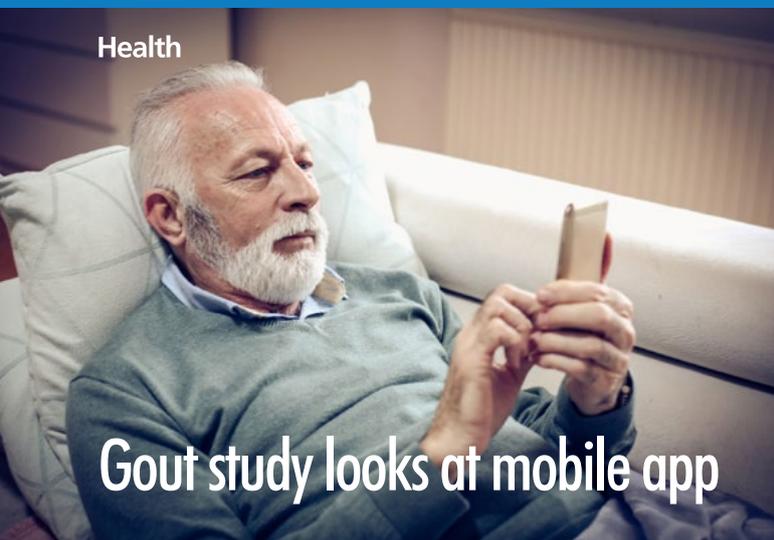
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## More services needed

NSW services for juvenile arthritis (JIA) have the unenviable reputation of lagging behind the rest of Australia. Further, NSW is currently unable to provide traineeships for young paediatricians to undertake specialist training in rheumatology due to the lack of funding for senior rheumatologists to supervise such training. The paediatric rheumatologists we have are compassionate, well skilled and committed – there are just not enough of them. There is only one clinical nurse consultant (CNC) to cover the whole of NSW and no specialist physiotherapists, pain management practitioners, psychologists or occupational therapists dedicated to JIA.

## Positive response

Initiated and led by the Juvenile Arthritis Foundation Australia (Jafa) and supported by Arthritis NSW, the campaign is based around representations to the NSW Minister for Health and Medical Research, Brad Hazzard. These include a formal proposal to increase paediatric rheumatology staffing levels and expand rural outreach services. The Minister met and discussed the proposal with Jafa's founders, Associate Professor Ruth Colagiuri and Professor Stephen Colagiuri, and subsequently with the NSW Paediatric Rheumatology Team, Dr Jeffrey Chaitow,



## Gout study looks at mobile app

A 12-month research study has been launched Australia-wide by the University of NSW to test the effectiveness of a new mobile app for people who suffer with gout.

One of the research study leaders is Professor Ric Day, Professor of Clinical Pharmacology, UNSW Medicine, St Vincent's Clinical School. Professor Day said that the study aimed to evaluate whether the use of the app would support the reduction of patients' urate concentration, in addition to standard care.\* The app is tailored for the self-management of gout, providing personal feedback and alerting patients to take their medication.

### About gout

Gout is a common form of inflammatory arthritis that can unleash intensely painful flares in individual joints, often in the big toe. Australian research indicates that gout is a significant and increasing problem, with at least 1.5 per cent of the general population affected. Gout can also become chronic and lead to the destruction of joints.

Gout develops in some people who have high levels of uric acid in the blood; the uric acid can form needle-like crystals in soft tissues and joints. Uric acid is produced when the body breaks down chemicals called purines. Purines occur naturally in your body but are also found in certain foods and beverages such as alcohol. Your kidneys would normally clean uric acid out of the blood and eliminate it in urine. If your body can't get rid of the uric acid efficiently, it can build up in your blood and reach levels that could cause problems (above 6mg/dl).

Existing drugs that lower urate levels are relatively safe and effective in lowering urate concentrations. The predominately prescribed therapy is allopurinol which works by inhibiting the production of urate.

### Resistance to treatment

Unfortunately, some patients don't have successful outcomes with the treatment. In an article on the research study published on [bmj.com](http://bmj.com).<sup>1</sup> Professor Day and his colleagues report that the most important reason for the suboptimal outcomes experienced by patients with gout who take a urate-lowering medication was likely to be poor adherence to the treatment. In fact, previous studies report that less than half of patients are consistent with taking their medication.

The reasons for this include:

- the patients' limited knowledge about the causes and consequences of gout
- lack of understanding about the different therapeutic approaches
- uncertainty about therapeutic options if an attack occurs
- insufficient appreciation of the importance of persisting with the medication
- confusion regarding contributions of diet and lifestyle to gout
- stigma associated with the diagnosis.

Many gout patients must take their medication every day to avoid a recurrent attack. However, during the early months of therapy there is a paradoxical increase in the risk of acute attacks even though urate concentrations are falling. The natural reaction of patients is to stop the therapy if not forewarned as they can lose confidence in their medication. Fortunately, the risk of acute attacks can be significantly lowered in the early months by taking an additional medicine, such as regular, low-dose colchicine or non-steroidal anti-inflammatory drug. Also, it is likely but not yet finally established, that beginning a urate-lowering treatment with a low dose and increasing the dose at 2–3 week intervals will lower the risk of a hypersensitivity reaction to allopurinol and the risk of an acute attack. The key message for patients and their doctors is to continue taking allopurinol every day during this period even if an attack occurs.

### How an app might help

The article reports that there is evidence that mobile phone apps can improve patient persistence with preventative and therapeutic medications and lifestyle practices in chronic conditions such as arthritis. Apps have the potential for patients with gout to provide feedback regarding their urate concentrations and whether they've reached their target concentrations, given the close links with the risk of gout attacks. Research using this app has shown that personally held information improved health decision-making, uptake of therapy and organisation of health-related tasks. Users also valued the social interactions and peer support the app provided. Gout, with its high prevalence and impact despite the availability of proven effective therapy is a good target for enhancing patient self-management with a purpose built app. This study aims to test the effectiveness and cost-effectiveness of an app to enhance self-management in gout patients in primary care.

\* Professor Ric Day spoke to Norman Swan on ABC Radio National's Health Report about the research study on 14 October 2019. To listen to the seven minute conversation or download the transcript visit: [abc.net.au/radionational/programs/healthreport/we-know-how-to-treat-gout-so-why-do-people-still-suffer/11599570](http://abc.net.au/radionational/programs/healthreport/we-know-how-to-treat-gout-so-why-do-people-still-suffer/11599570)

1. *Effectiveness of an electronic self-management tool for gout sufferers: a cluster randomised controlled trial protocol:* [bmjopen.bmj.com/content/7/110/e017281](http://bmjopen.bmj.com/content/7/110/e017281)

For the latest information on gout, visit our website: [arthritisnsw.org.au/wp-content/uploads/2020/01/Gout-Booklet-2020.pdf](http://arthritisnsw.org.au/wp-content/uploads/2020/01/Gout-Booklet-2020.pdf)

## SIX NEW FACTS ABOUT GOUT

The American College of Rheumatology/Association of Rheumatology Health Professionals held their annual meeting in November 2019 which brought important information on gout drug therapies, better understanding of diseases causes and symptom management, and more ways to help patients feel better. The team from CreakyJoints (a digital community for millions of arthritis patients and caregivers worldwide) was on site, reviewing studies, attending sessions from top gout experts, and chatting with patients and physicians for their take on the most important findings and trends for patients.

Here are six insights to be aware of:

**Gout is curable.** 'Gout is associated with multiple linked conditions and other disease states and it's a very disabling condition for a lot of patients, but most importantly it's curable and I think we need to get that word out,' said Duke University rheumatologist Robert Keenan, MD in a panel discussion on gout updates. 'We can actually cure gout.'

**Common type 2 diabetes drugs could raise gout risk.** People with type 2 diabetes are more likely than average to develop gout, though it's not clear if it's the diabetes itself or other common risk factors like obesity and hypertension that explain the connection. But new research suggests that the drugs used to treat diabetes might also tip the balance one way or the other. People with diabetes who took a drug in the GLP1 agonists class were more apt to develop gout compared to those who used an SGLT2 inhibitor instead. The research does not prove that drugs in this class cause gout, but the connection is worth exploring.

**Seronegative rheumatoid arthritis may actually be misdiagnosed gout.** In a video on gout updates, Florida rheumatologist Guillermo Valenzuela, MD, highlighted an important area of potential gout misdiagnosis that patients should be aware of: seronegative rheumatoid arthritis could actually be gout. 'If we look back in the literature, we find a high degree of association between those [seronegative] patients and gout that is sub clinically diagnosed. Synovial biopsies have demonstrated the presence of micro-tophi,' Dr. Valenzuela explained. He cautioned doctors to not forget about gout in a diagnosis.

**There's no one best diet for gout.** While diets low in purine are often recommended for gout, research from Harvard showed that three different diet types each helped lower uric acid levels and improved heart disease risk factors: low-fat restricted calorie, Mediterranean restricted calorie, and low-carb non-restricted calorie.

However, it's important to note that each diet was less effective than taking a uric acid-lowering drug. In other words, diet can be complementary to medication for gout but it should not replace it.

Rather than focusing on specific foods thought to be high or low in purine, it may be best to focus on simply losing weight, which could help lower uric acid and in turn reduce heart disease risk factors that are also elevated in many patients with gout.

**Tart cherry doesn't affect uric acid levels.** Tart cherry juice is a popular gout home remedy, but there's not great research on whether or not it actually works — or why. A New Zealand study found that tart cherry juice did not lower uric acid levels in patients with gout. 'If it works, it's due to different mechanism; possibly through reducing flares,' rheumatologist Nicola Dalbeth, of the University of Auckland, said in a RheumNow panel.

**The type of provider you see for gout can affect the quality of your care.** Gout patients who were seen by a rheumatologist were more likely to get appropriate blood tests for uric acid levels and subsequent prescriptions for uric acid-lowering medications compared with gout patients who saw other health care providers, a study showed. Unfortunately, less than half of those patients with advanced gout see a rheumatologist. The authors concluded, 'more frequent referral to rheumatologists and closer adherence to guidelines may improve outcomes for gout patients.'

Source: [creakyjoints.org/education/acr-2019-research-gout](http://creakyjoints.org/education/acr-2019-research-gout)

## The WalkBack Trial Preventing Recurrences of Low Back Pain

Seeking volunteers who have experienced low back pain in the last 6 months and are not walking for exercise 3 or more times per week.



To find out more about the study:  
Visit our website - [www.walkbacktrial.com](http://www.walkbacktrial.com)  
Call the team - 0434 833 542  
E-mail - [walkback@mq.edu.au](mailto:walkback@mq.edu.au)



**MACQUARIE**  
University

Ethics Approval Number:  
5201949218164

# THE YOGA LOWDOWN

Consider a yoga practice that's good for you and your joints....



There are many forms of yoga, and equally as many views on whether it helps or hinders when managing arthritis and its symptoms. Below, **Arthritis NSW Health Services Quality Manager Janine Robertson** reviews recent research into yoga, informed opinions and our own Arthritis NSW member feedback.

Arthritis USA, which funds a variety of research, describes yoga as 'a blend of physical exercise and mental relaxation or meditation techniques, dating back more than 5,000 years to ancient India'. Today, people around the world practice any of more than 100 different styles of yoga on a regular basis. Among them are many people with arthritis, who find yoga is easy on their joints, relieves their symptoms and promotes relaxation.

## Can yoga help manage arthritis?

Yoga is said to be 'ideal for people with arthritis' by Sharon Kolasinski, MD, a professor of clinical medicine and rheumatology at the University of Pennsylvania, because it offers a form of daily physical activity but poses little risk of injury to delicate joints.

Scientists are just beginning to examine yoga's physical and mental benefits. A number of recent studies, including some conducted by Dr Kolasinski, show that regular yoga practice can reduce pain and improve function in people with arthritis. With its gentle stretches and weight-bearing resistance moves, yoga can help build muscle strength and improve balance and posture.

Among other evidence, yoga reduced disability and eased swollen joints and pain without causing adverse effects in thousands of study participants, according to a review of clinical trials conducted between 1980 and 2010. The study, funded in part by the Arthritis Foundation, was published in *Rheumatic Disease Clinics of North America*.

## Does yoga help with depression?

A study in 2017 conducted by the American Psychological Association, and reported in ScienceDaily, focused on the effectiveness of yoga to reduce symptoms of depression. It says: 'Yoga has become increasingly popular in the west, and many new yoga practitioners cite stress-reduction and other mental health concerns as their primary reason for practicing,' said Lindsey Hopkins, PhD, who chaired a session highlighting research on yoga and depression. 'But the empirical research on yoga lags behind its popularity as a first-line approach to mental health.'

Research conducted at the San Francisco Veterans Affairs Medical Center by Hopkins focused on the acceptability and antidepressant effects of Hatha yoga, the style of yoga that 23 male veterans participated in twice-weekly for eight weeks.

On a 1–10 scale, the average enjoyment rating for the yoga classes for these veterans was 9.4. All participants said they would recommend the program to other veterans. More importantly, participants with elevated depression scores before the yoga program had a significant reduction in depression symptoms after the eight weeks.

Another, more specific version of Hatha yoga commonly practiced in the West is in studios heated to 40 degrees centigrade. Sarah Shallit, MA, of Alliant University in San Francisco investigated this version of hot yoga in 52 women, aged 25–45. Just more than half were

assigned to participate in twice-weekly classes for eight weeks. The rest were told they were wait-listed and used as a control condition. All participants were tested for depression levels at the beginning of the study, as well as at weeks three, six and nine. Shallit and co-author Hopkins found that eight weeks of hot Hatha yoga significantly reduced symptoms of depression compared with the control group.

## Choosing your yoga style

As there are more than 100 forms of yoga and even more types of arthritis, you may find that one works better than another in managing symptoms, and find that some don't agree with you at all. Steffany Moonaz, PhD, a health behaviourist and yoga research consultant in Baltimore USA, described several forms of yoga and their safety issues below. The 'Keep in Mind' comments for each form of yoga below are provided by Jane Foody, a New York City-based physical therapist and certified yoga instructor who works with individuals who have arthritis.

### Restorative yoga

The goal of restorative yoga is to relax, rest and restore. Poses, which are held for between five and 15 minutes at a time, are done using lots of props, such as ropes and foam blocks. 'So the body is completely supported and minimal or no muscular effort is necessary to maintain the posture,' says Moonaz.

**OK with arthritis?** Yes. **Keep in mind:** Unlike almost all other forms of yoga, Restorative yoga doesn't build physical fitness.

## Vinyasa

With Vinyasa yoga, a series of poses is done in a row; each pose transitions into the next. **OK with arthritis?** In some cases. **Keep in mind:** Many Vinyasa classes are complex and involve a lot of weight-bearing through the hands. Look for 'Gentle Vinyasa,' which tends to be slower and is less likely to require you to support your body weight through your hands. Unless you have very mild arthritis, I wouldn't recommend Vinyasa unless it's a private lesson or a small class with a well-qualified instructor who can take the time to offer proper individualized instruction.

## Chair yoga

With chair yoga, gentle yoga poses are primarily performed while seated. A small but growing number of yoga centres and senior centres offer chair yoga, which includes relaxation exercises and yoga moves while seated in a chair or wheelchair, and many yoga instructors are able and willing to modify regular poses for people with limited mobility.

Chair yoga sometimes includes a few standing poses where participants use their chairs as props to help stabilise them as they stretch. **OK with arthritis?** Yes. **Keep in mind:** Begin chair yoga moves seated in an armless chair with feet firmly on the floor, legs hip-width apart and back straight. Ask your doctor if it's OK for you to add these exercises to your routine and stop if you feel any pain.

## Hatha

A blanket term for poses commonly identified with yoga, Hatha involves balancing and stretching in seated, standing and prone positions. Usually performed slowly, it concentrates on strengthening and reducing stress. **OK with arthritis?** In some cases. **Keep in mind:** Because class intensity varies widely, it's always best to ask the instructor what the class involves.

## Iyengar

Props such as blocks, straps and pillows are used to ease into poses without causing strain or injury with Iyengar yoga. **OK with arthritis?** Yes. **Keep in mind:** 'Iyengar is well suited for people with arthritis because there is a lot of attention to individual alignment and limitations,' says Moonaz. 'A beginner level class is recommended so that you

have the time and attention to properly adapt poses to your needs.' **Key tip:** Once you've found a class that's right for you, start slow, do only what feels comfortable, and if you feel any joint pain during a pose, stop doing it.

## Evidence from Australia

There is limited research in Australia on yoga, possibly because of the many types of yoga on offer. It is difficult to gather clear evidence when there are many variables in the types of yoga, frequency and length of practice, instructor quality, and method of research. This may be why the Australian College of GPs, in their *Guidelines on the Management of Hip and Knee Osteoarthritis*, provides general advice.<sup>1</sup> They re-inforce that 'regular exercise is important for relieving pain and increasing function for people with hip and/or knee osteoarthritis. For knee osteoarthritis, land-based exercises such as muscle strengthening, Tai Chi and walking are strongly recommended. Other land-based exercise that could be considered for knee osteoarthritis include stationary cycling and Hatha yoga. The best type of land-based exercise for hip osteoarthritis could not be determined because of limited research.'

*The Guidelines for Hip and Knee Osteoarthritis* also advises: 'Key factors that should be considered as part of the holistic assessment for arthritis include the modifiable risk factors such as joint alignment; injury/buckling, and being overweight.'

## Views from members and readers of Arthritis NSW eNews:

*I did yoga for six months before the crippling pain made me quit. It's not enough to say that it's great for arthritis. There are many different types of arthritis with many co-morbid conditions. I have Ankylosing Spondylitis. If it had been diagnosed much earlier, yoga may have helped. But it was recommended as a treatment by a physiotherapist at a time when I really needed a bilateral hip replacement, not stretching.*

*Yoga is great. My teacher modifies poses for me or says don't do that one but when I'm flaring badly: uh oh, don't go.*

*I went to weekly Hatha yoga classes for many years before developing RA and got to intermediate level. The classes included breathing exercises and relaxation/meditation exercises at the end. For the next three years, I still attended and just adapted the postures as needed when my joints were flared up. I stopped going for unrelated reasons and just didn't get around to finding a new class. During the following few years, I developed fibromyalgia, type 2 diabetes and other related health issues. I often wondered if they would have hit me so hard if I had continued the yoga classes. Three years ago, I found a lovely basic level Hatha yoga class at a neighbourhood house. I'd done some strength training classes in the meantime, but yoga has really helped me look after my whole body.*

*I developed ankylosing spondylitis in my sacroiliac joints since restarting yoga and, although I can't do some of the postures as well as I used to, they really help me maintain my flexibility and reduce my pain levels.*

Exercise is a key part of Ankylosing Spondylitis treatment and many of the exercises recommended by the international Ankylosing Spondylitis organisations are based on Hatha yoga postures.

There are many different types of yoga plus differences in the styles of the instructors, so it is important to shop around to find one that suits you. It is also important to note that you can do yoga from a chair or even while in bed and all postures can be adjusted to suit your abilities and conditions.

## Janine Robertson

Health Services Quality Manager  
Arthritis NSW

1. The Royal Australian College of General Practitioners, *Guidelines for the management of knee and hip osteoarthritis*. 2nd ed. East Melbourne, Vic: RACGP, 2018

Other sources: Arthritis.org/health-wellness; Sciencedaily.com

For more information visit: arthritis.yoga



# Taking arthritis in their stride

Making new friends and re-connecting with old ones was the most common motivator among 29 pre-teens and teenagers with juvenile arthritis who attended the Arthritis NSW Camp Footloose in October 2019.

Held at Broken Bay Sport and Recreation Centre from 30 September to 4 October, the camp continued its tradition of 20 years in providing the same supportive atmosphere for young people aged nine to 18. Camp Footloose participants are invited to have fun, meet others like them and share their experiences with the goal to gain a sense of control over arthritis and their lives.

## Great experience

Six children new to the camp experience attended, and it is a testament to the success of this event that almost 85 per cent of the children returned because they had already had a positive experience at Camp Footloose.

The fact that the camp was only accessible by ferry and parents were farewelled before the boat departed Brooklyn Wharf added to the children's feelings of independence and the adventure of not being on the 'main land'. Over the week, they enthusiastically took on abseiling, rock climbing, ropes and flying

foxes, orienteering and volleyball. In the evenings they enjoyed movies, campfires and trivia games.

## Education and discussion

The camp included education sessions to help the children gain a sense of their own health management. Paediatric rheumatologist Dr Jeff Chaitow discussed juvenile arthritis and the medications and procedures they can access to manage their condition. Clinical psychologist Dr Renee Sandells from the Children's Hospital at Westmead gave an in-depth presentation on pain and ways the children can manage it. Arthritis NSW Health Services Manager Andrew Cairns facilitated a group discussion session: *Let's Talk JIA* where the children shared their experiences and offered advice to each other on a range of topics including: entering the work force, participating in social sport, understanding nutrition, noting the first time you noticed you were different and how that made you feel, navigating school, tips on how to pace yourself, and understanding medication. To ensure only the most

relevant content was discussed, the topics were compiled from a survey ANSW sent to the children in the months leading up to the camp. 'After sharing their stories, the children left the session with a greater sense of pride and resilience,' said Andrew. 'I think they were mostly surprised at identifying their own resilience, they realised that they had often witnessed their non-arthritis-affected peers getting upset over things that wouldn't bother them as much because they had lived with their condition and possibly gained a different perspective on the word 'challenge.'

## An amazing time

One of the children who enjoyed the camp was 11-year-old Laura McNeil (pictured top, far left, headband). Her mother Roz said Laura had the most amazing time at Camp Footloose.

'Laura spent weeks after the camp talking about everyone she had met, the medications that people take and the challenges that others face,' said Roz. 'She hadn't ever spoken aloud

about how difficult arthritis can be before she attended the camp.'

'Laura didn't go to her school sporting camp last year because she was worried that she wouldn't be able to manage the physical and social challenges that camp would present. After Camp Footloose she said that even though she wasn't very good at most of the physical activities, she loved trying them all and that everyone was so friendly and cheered everyone else on.'

Of the many activities in the camp program, Laura loved the high ropes course, the games/trivia night and particularly the information session with Dr Jeff Chaitow. 'Also, having the young adult mentors who have been living with arthritis at the camp was of huge benefit to Laura,' said Roz. 'It was great for her to see how others can be successful at school, university and in the workforce despite living with arthritis. She talked quite a bit about the mentors and what they had been doing since they finished school.'

'Laura looked more relaxed and happy than I have seen her for a long time when she stepped off the boat after camp. She has kept in touch with some of the friends she made and is looking forward to going back to Camp Footloose and meeting up with them again. Her peer relationships have improved at school and she is happily engaging in sport and physical education again when she is able to. We would highly recommend Camp Footloose, it has had such a positive impact on Laura and our family.'



## Thank you

Thank you to our 11 volunteers and ANSW staff members who attended the camp and guided the children through the program. Our gratitude also goes to health professionals Dr Chaitow and Dr Sandells for graciously giving their time and expertise to empower the children with knowledge and understanding of their condition.

### Lindy Sivyer

Marketing & Campaigns Coordinator  
Arthritis NSW

## Camp Footloose 2020

In recognition of the needs of families living with JIA in rural areas, ANSW will hold the next Camp Footloose from April 20–22 at Lake Burrendong Sport and Recreation Centre in central western NSW.

For more information contact ANSW on **02 9857 3300** or visit: [arthritis.org.au/children-arthritis/camps-for-kids](http://arthritis.org.au/children-arthritis/camps-for-kids).

## Impact of juvenile arthritis on children:

- more than 80% have pain from their arthritis on a daily basis
- 85% are unable to fully participate in school and sporting activities
- the condition impacts families psychologically and financially
- 50% of patients will have ongoing disease into adulthood.

Source: *Juvenile Arthritis in Australia AIHW 2008*

# New venues for 2020

What an exciting past few months it has been for our gentle exercise programs! Thanks to a huge increase in interest, most classes are almost completely full in locations such as Anglicare Castle Hill and St Luke's Hospital, and new classes have opened, at old locations and new.

## Meeting challenges

One of our biggest challenges led to the addition of a permanent new venue to our gentle exercise program. The challenge was to find a replacement for the pool at St Luke's Hospital during its renovation, which was resolved with a temporary shift to Waverley War Memorial Hospital. We will return to St Luke's Hospital in the near future, however we are pleased to announce to members and friends that we are keeping the War Memorial Hospital as a permanent venue in our warm water exercise program, therefore opening up more spots for our eastern suburbs people. Another exciting development came from negotiations between Kat Keane from our Health Services team and Lady Davidson Private Hospital in North Turrumurra. With our new connections, we have now moved forward, adding more classes throughout the state than ever before! We currently have vacancies at Waverley War Memorial Hospital on Mondays, Wednesdays and Saturdays and at Lady Davidson Private Hospital (*pictured below*) on Tuesdays. As interest increases, we will add more classes at these locations.

Along with the warm water classes at the above locations, we are in discussion with their health service managers to look at opening Strength & Balance Programs in their hospitals. We will provide further information in the near



future regarding start dates but they will be fantastic additions to our steadily growing land-based program. On the topic of steady growth, our Epping YMCA Class has seen a second program open and we are happy to take bookings now! It has proven to be very popular so contact Arthritis NSW quickly to reserve a spot.

## Eyes on Wagga

We are back on the road for the Rural Health Program and we are visiting Wagga Wagga! I am hoping to bring something to our rural friends for 2020 and set up a class there as we did in Mudgee. The Rural Health Program is being held at the Wagga Commercial Club on Thursday 26 March, so register now to reserve a place so you don't miss out. You don't have to be a member to register so feel free to bring family and friends and spend some time with us to learn how to better manage arthritis. Register online at [arthritisnsw.org.au/rural-health-program-wagga-wagga/](http://arthritisnsw.org.au/rural-health-program-wagga-wagga/) or call us on **02 9857 3300**.

As ever, we are always on the look-out for new venues so if you know of any venues or suitable instructors, feel free to contact me. I am more than happy to help organise a class in your location!

## Glen Puxty

Exercise Program Co-ordinator  
Arthritis NSW

ndis  
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# THAT'S A WRAP: BEST AND WORST PACKAGING FOR 2019

Each year Arthritis Australia runs a very useful campaign to determine the best and worst packaging as voted by people living with arthritis. According to their research, 44 per cent of consumers struggle with packaging every day, negatively impacting their emotional wellbeing and sense of independence. Hard-to-open packaging can also increase the risk of injury to consumers and 92 per cent of consumers report damaging or spilling a product when trying to open it.<sup>1</sup> People with arthritis in their hands are particularly sensitive to overpackaging.

## Results for 2019

The *That's a wrap* campaign is conducted via social media and invites consumers to reflect on their experiences to nominate what they found to be the most and least consumer-friendly packaging. Here are the top two for 2019:

1. Gaviscon sachet stick pack with perforated/tear away tab. The perforated line assists with tearing with minimal force and a clean tear. The design of the label allows the consumer to easily see and understand the opening directions.



The Mount Franklin disposable water bottle was voted the worst in packaging in 2019.

The Gaviscon sachets and Colgate toothpaste tube were voted the easiest to open in 2019.

2. Colgate toothpaste. The tube has a 'living hinge' which means it is made of thin plastic that bends easily. The overhanging tab is large enough to push against to open.

The top pick for the worst packaging was the plastic cap with tamper-evident band on disposable Mount Franklin water bottles. The small cap size and high force required to break the seal make it hard to open. The textured cap digs into the consumer's hand, making it hard to grip.

For more on Arthritis Australia's Accessible Design Division visit: [arthritisaustralia.com.au/accessible-design-division](http://arthritisaustralia.com.au/accessible-design-division).

1. *How accessible is food and drink packaging? Industry Perception vs Consumer Reality*, 2018 Arthritis Australia: [arthritisaustralia.com.au/accessible-design-division/resources-for-industry/guidelines-research/how-accessible-is-food-drink-packaging-industry-perception-vs-consumer-reality](http://arthritisaustralia.com.au/accessible-design-division/resources-for-industry/guidelines-research/how-accessible-is-food-drink-packaging-industry-perception-vs-consumer-reality)



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**Dycem Non-Slip Jar Opener**  
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Member's Price: **\$13.52**

**Dycem Non-Slip Bottle Opener**  
 RRP: \$15.60 | Code: PAT-AA5005

Member's Price: **\$12.48**

**Homecraft Key Turner**  
 RRP: \$14.96 | Code: PAT-AA6240

One Key Only

Member's Price: **\$11.97**

**Metron Lumbar D-Roll**  
 RRP: \$18.58 | Code: MET-DROLL

Member's Price: **\$14.86**

**Homecraft Pick-Up Reacher**  
 RRP: \$31.83 | Code: PAT-AA8060Y

Member's Price: **\$25.47**

Standard, 60cm Long

# FOCUS ON NECKS, KNEES AND HANDS

**Bathurst Physiotherapist Jennifer Mannell** gave a presentation to our Bathurst seminar audience in 2019, providing exercises to help those people living with arthritis in their neck, knees and hands. She shares her wisdom below.

You're reading this article because you, a family member or a friend has arthritis. As a physiotherapist, I see many different ages and stages of arthritis, and it is very difficult to recommend a one-size-fits-all treatment or solution. However what I can recommend are ways to assess your own situation, and suggest ways to start to take control of the management of your arthritis.

## Take control of your health

How we react to situations, events and our own health needs vary from person to person. It is important for us all to take as much control as possible over the future direction that your health takes. Important steps to take include weight management and maintaining an active lifestyle. Overwhelming research evidence exists to support the strong link between Body Mass Index (BMI) and its causal relationship to osteoarthritis (OA). Being overweight is a significant risk factor for developing OA in the large weight bearing joints of the knees and hips, but is not related to the development of OA in the hands. If your arthritis mainly affects your hips or knees, then weight management may be a factor.

## Morning routine

The way in which we stand, sit and move all places different stress on different joints at different times. Our joints have developed to enable a large range of motion, however over our lifetime we often develop habits and postures that restrict this range of motion. Prolonged postures in sitting such as long car trips, sitting in a movie or watching too much television can all have an impact upon joint stiffness. An incorrect sitting posture can affect neck, back, hip and knee pain. For many people with OA, stiffness is worse in the morning. Developing your own morning routine to help minimise this is important in your overall arthritis management plan. Suggestions may include starting your day with a hot shower and stretches,

to maximise the joint range of motion in your back, knees, shoulders and hips. Some people find doing exercises in the morning helps them get going, however others prefer to leave doing exercise until late morning once they have overcome their morning stiffness.

## Stand up straight

The next time you stand up, take notice if you are fully straightening up. Many people think they are standing tall, however they are actually still bent at the hips, their shoulders are rolled forward and their head is poking forward. Imagine someone has a handful of your hair on the very top of your scalp, and they are pulling it up towards the sky. Attempt to straighten into this, to reduce that 'pulling sensation'. At the same time think about tucking your chin in, and also squeezing tight your buttocks to fully straighten your hips. This exercise will help improve your overall posture, and improve the joint alignment of your skeleton.

When it comes to arthritis in your hands, activity is the key. Keep as many joints actively doing things. Hobbies such as knitting, handicrafts, playing music, and anything involving manipulation are great. Avoid things needing forceful movements, and carrying hot liquids that may cause a scald if a spill occurs.

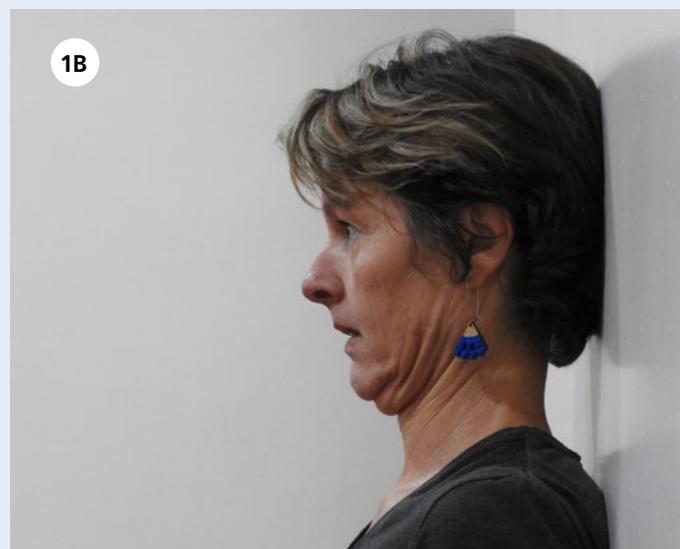
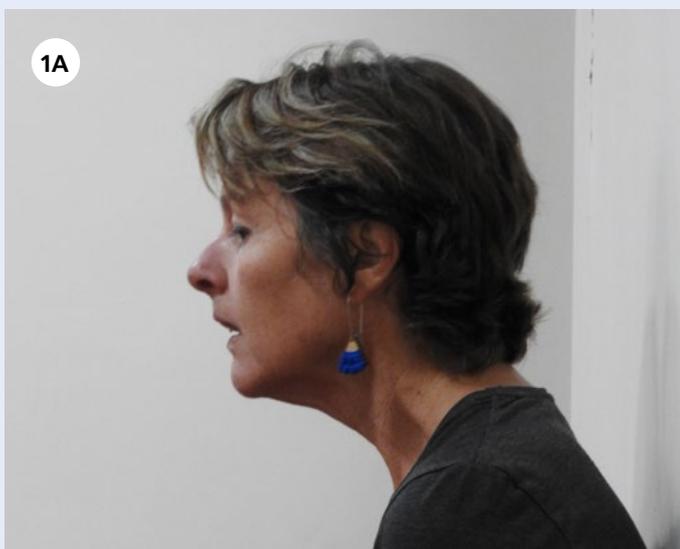
As we enter a new decade it is an opportunity to reflect upon how we can direct our own attention, thoughts and efforts towards positive steps forward in relation to our health. Those steps do not need to be large leaps, but instead manageable steps in the direction towards improved muscle strength, improved balance, better weight management and improved nutrition.

**Jennifer Mannell**  
Physiotherapist

## EXERCISE 1

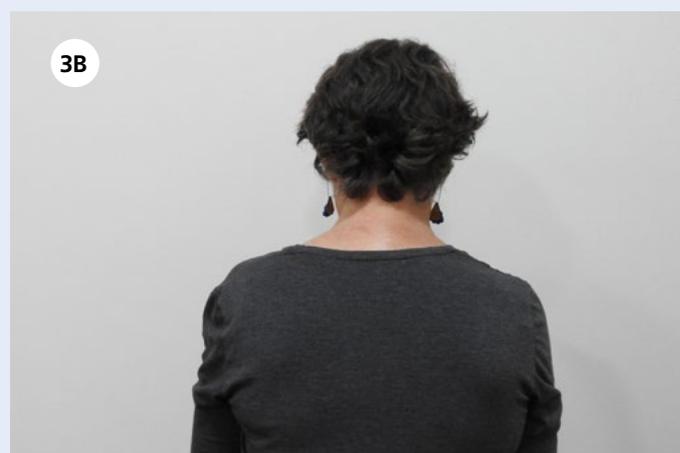
If you were to drop a plumb line down from your chin, would it land over your toes or your chest? If you stand with your back against a wall, can you move your head backwards to have the back of your head touch (or at

least move towards) a wall? These examples are a great activity to start to work on to improve your neck and upper thoracic spine posture. It can also have a secondary good influence on your lower back posture too.



## EXERCISE 2

How often do you fully extend and straighten your fingers? Can you move your fingers apart? Often the things we do with our hands, or the exercises we do to improve movement and mobility all involve clenching or bending our fingers. It is important to give attention and focus to the opposite direction also. If you have finger stiffness or pain, this exercise might be easier done in a sink full of warm water. You can create your own hydrotherapy pool for your hand. Focus on fully straightening your fingers, and also upon moving fingers apart, then close together again.



## EXERCISE 3

Due to our lifestyle that is becoming more sedentary and screen focused, we can also become quite rounded at the shoulders, which also exacerbates the 'poke neck' posture. It is important for shoulder health that the whole shoulder complex is also positioned where it should be. This position is set back, not rounded forward. To achieve this, think about your own shoulder posture, and where your

shoulders are positioned. Take a deep breath, and as you breathe out attempt to pull your shoulder blades back together and slightly down. Hold this for 3 seconds, then relax. This is a useful exercise if you find yourself feeling tense. Repeat 3–5 often throughout the day, to reset your shoulder posture.



# Bone strength linked to timing of puberty

A new study from the University of Bristol has linked bone strength to the timing of puberty.

Published in August 2019 in *JAMA Network Open*, researchers looked at six repeated bone scans from 6389 children in Bristol's *Children of the 90s* study between the ages of 10 and 25 to assess if the timing of puberty had any influence on bone density throughout adolescence and into early adulthood.

## Lower bone density

They found that although teens who had their pubertal growth spurt later than their peers did catch-up to some degree, they continued to have lower bone density than average for several years into adulthood.

Peak bone mass at the end of the teenage growth spurts is considered to be an indication of later risk of fracture and osteoporosis.

Thanks to repeated measures covering 15 years in the large *Children of the 90s* study, academics were able to examine how bone density changes over time to assess the extent to which later maturing individuals may 'catch-up' with their peers.

## Risk of fractures

Lead author and Senior Research Associate in Epidemiology Dr Ahmed Elhakeem said: 'Our research adds to the evidence that children who mature later may be at increased risk of fractures as they grow. They may also have increased risk of the fragile bone condition osteoporosis in later life.'

'Thanks to the *Children of the 90s* study, we were able to look for the first time at children in great detail as they grow into young adults and observe their bone density. I'd like to see more advice available for people who reach puberty later regarding measures they can take to strengthen their bones.'

'The next steps should involve more detailed assessments of the long-term effects of puberty on growth and bone development.'

Alison Doyle, Head of Operations and Clinical Practice at the Royal Osteoporosis Society, said: 'This research that adds to a current gap in the evidence of understanding how bone density changes from puberty into early adulthood.'

'Investment in this area of research is vital to further our understanding of the causes of osteoporosis and help people to maintain good bone health throughout life.'

'Understanding changes in bone density during puberty, and the interventions that people can take for their bone health now to prevent osteoporosis and fractures in the future, is an important step forward in finding a cure for this disease.'

'The charity's Osteoporosis and Bone Research Academy, which launched in 2019, is working to build on these findings and create a future without osteoporosis.'

The study did not make conclusions on any influence of the final adult height on the findings. As the study participants are still only in their 20s, it will be important to follow up with them as they age to reach conclusions about fractures in later life.

Source: [sciencedaily.com/releases/2019/08/190809113028.htm](https://www.sciencedaily.com/releases/2019/08/190809113028.htm)

# CHAMPIONS AND TRIUMPHS



Arthritis NSW is grateful to all who contribute to our health service delivery. Sometimes they are health professionals who share their expertise and sometimes they are members who raise funds so we can continue to help others like them. Below are two people whose very different contributions are valued and appreciated.

## Anne Senner

Anne Senner (*pictured above*) is the Clinical Nurse Consultant for the Paediatric Rheumatology for Sydney Children's Hospitals Network. She works with children with juvenile arthritis and their families at The Children's Hospital at Westmead and the Sydney Children's Hospital, Randwick.

The service sees about 30 patients a week and, as the only paediatric rheumatologist specific nurse in NSW, Anne sees up to 75 per cent of those, supporting families with expert advice and education through their child's treatment.

'I meet the families and talk to them during their appointment,' Anne said. 'I provide education one-on-one and written information about juvenile arthritis (JIA), talk about disease management, medication, school and sport, working with a physiotherapist to help the children return to normal physical activities.'

'I'm the contact person if families have questions or are having difficulties and need other health professionals. I also help families who live in rural areas, if they need medication at their local hospital. I visit schools for kids who want me to talk to their class about their condition.'

Anne refers patient families to Arthritis NSW's children's camps and often speaks at the education sessions. 'The ANSW camps are important because one of the difficulties for children with JIA is that there are no obvious signs of their condition and their flares, and the pain fluctuates. So the times when they have physical limitations vary and so their peers think they are putting it on,' Anne said. 'When they go to the ANSW camps, all the children have JIA and everyone gets the chance to talk about it and share experiences. They feel like they are not alone and the experience gives them more confidence.'

'ANSW also offers support networks for parents on social media, which is very valuable to them. I also support their advocacy role that raises awareness for the need for more paediatric rheumatology services.'

## Earl Woods

Last year, Earl Woods (*above, arm raised*), 18, raised \$565 for Arthritis NSW by competing in a boxing competition, the iFight Challenge. Not only did he raise the money and win his fight, he also underwent a four-month boxing training program while managing juvenile arthritis (JIA) in his fingers, wrists, ankles and knees.

Living in a rural area, the Woods found the path to Earl's JIA diagnosis a lengthy and arduous journey. A lump on his ankle was removed, but not recognised as a symptom of JIA and swelling continued. When he was 13, the diagnosis was finally made, medication relieved his symptoms and Earl was able to get on with his school life, though with reduced ability to do exercises such as push-ups and squats, and writing was a struggle. He attended Camp Footloose and enjoyed the ziplines and canoeing activities.

His condition hasn't diminished over time, though Earl is not letting that stop him aspiring to new challenges. Having watched his brother learn to box over the years, Earl took up his mother Myola's suggestion that he did the iFight Challenge. 'I've always been interested in boxing and we thought it would be fun to do and raise some money for Arthritis NSW,' Earl said.

'The training was very difficult, there is the fitness component, technical and then sparring which brings it all together. After four months of training 4-5 sessions a week as well as a home fitness program, it was fight night.'

'In the first round my nose started to bleed and I just kept going. My coaches cleaned me up in between rounds and kept me motivated. It was a close match and when the referee put my hand up in the air at the announcement I was the winner... I was unbelievably thrilled.'

Congratulations Earl! This year he has a new job in the events section at his local hotel and we wish him the best of luck with that too.

## Children's camps begin rural expansion



Arthritis NSW's highly valued children's camps, Camp Footloose and Camp Twinkletoes, will be held at rural venues in 2020 for the first time.

Camp Twinkletoes offers information, support and networking to families of young children who have juvenile arthritis (JIA), many who have only recently been diagnosed. Camp Footloose is a parent-free camp for 9–18 year olds that provides education and peers with whom they can share experiences and understanding.



In the past, families have travelled from throughout the state to converge on a camp event in or close to Sydney or on the coast. In 2020, we are offering country families the option for their children to attend Camp Footloose at Lake Burrendong in central western NSW from 20–22 April. We are also looking for expressions of interest from families to attend Camp Twinkletoes in Dubbo on 23 May.

If you would like to discuss the benefits of our camps further with our Health Services Team, please contact them on **02 9857 3300**.

## Support our Rural Health Program



Thanks to all who have donated to our latest Rural Health Program Appeal. Your generosity allows us to visit people in rural NSW where health information and services are less accessible than metro areas. Our seminar presentation *Living Well with Arthritis*, gives audiences information that helps to reduce inflammation and immobility through nutrition, exercise and pain management.

The 2019 Rural Health Program seminars were held at Bathurst and Mudgee and each was extremely successful. The Bathurst event included an evaluation session with people who had attended the seminar the previous year. They provided encouraging feedback on how they had adopted many of the management strategies provided at the 2018 seminar and experienced improvements in their functional lives. The Mudgee event attracted 150 people, which was the highest attendance of any of the Rural Health events Arthritis NSW has held to date.

The ANSW Rural Health Program for 2020 is ready to go. The Health Services Team is looking forward to meeting our members and others who are living with arthritis in Wagga

Wagga on 26 March, followed by Dubbo on 21 May and Goulburn on 16 June. Planning for the rural program in the second half of 2020 is underway with the team looking to head to Orange and Lismore. There will be announcements of these venues in coming months on social media, our website and in the June issue of *Arthritis Matters*.

Thank you to our supporter Hearing Australia which provided free hearing checks at our Mudgee event and will continue to support this program in 2020.

If you would like to donate to our Rural Appeal, visit [arthritisnsw.org.au/support-us/current-appeals/rural-health-appeal-2019/](http://arthritisnsw.org.au/support-us/current-appeals/rural-health-appeal-2019/) or call **02 9857 3300**.

# BLUE SKIES AHEAD FOR 2020

Arthritis NSW ended 2019 on a high note with a calendar full of speaking engagements with community groups, celebrations with our support groups, and a very successful Golf Day with our business partners.

## A Patch of Blue

On 12 November we held the ANSW Inaugural Golf Day: A Patch of Blue, held at the Castle Hill Country Club. The day was our inaugural event where our guests had the opportunity to network with each other and meet members of our Board, while learning more about and supporting Arthritis NSW. A total of 34 golfers teed off at 7am for the ambrose event and later enjoyed lunch and updates from our President Nigel Corne and Board member Professor Davinder Singh-Grewal.

Thank you to Slattery Auctions and *Bizinet Magazine*, our media partner, for their sponsorship on the day. *Bizinet* is the publication of the Business Alliance: Macquarie Park and Norwest. ANSW was showcased in their November issue and if you would like a copy please contact us. Thank you also to the Castle Hill Country Club for providing an amazing course for our players and a superb lunch.



The first of 18 holes at the Patch of Blue Golf Day.



ANSW Vice-President Murray Smith with his team after the game.

I'm looking forward to our next Patch of Blue Golf Day on 17 November 2020. This year I will be looking to partner with more businesses that can provide member benefits.

If you are interested in forming a team, registering as a single player or would like to partner with us, call **02 9857 3300**.

## Life Membership

Congratulations to our valued member Pat Brooks who was awarded Honorary Life Membership by the ANSW Board at our Annual General Meeting on 26 November 2019.

Pat has been a member for 15 years of the Warilla/Shellharbour Branch, which nominated her for the award. It honours her exceptional and outstanding individual efforts and commitment to forwarding the cause of Arthritis NSW.

I had the immense pleasure of presenting Pat with her award in person at the Warilla/Shellharbour Branch Christmas party several weeks later. She was delighted with the honour and said she was proud and humbled to be nominated by her beloved support group.

Speaking of Christmas parties, I also visited Holroyd Support Group, Woy Woy Support Group and Ryde Support Group, in December to celebrate the season and the achievement of another great year of support and friendship with their communities.

This year I kicked off my support group program with a visit in February to the Dubbo Support Group in preparation for the Rural Health Program seminar ANSW will deliver at the Dubbo RSL on 21 May.

## Community connections

Invitations to speak to community audiences continue to flow in and we have engaged with an array of groups over the past five months. They include the Cessnock Seniors Group and the Warilla Residents Group on World Arthritis Day, and St John's Ambulance at Revesby, Wingegaribee Men's Health Group and Polio Australia. We ran a display stand at the Healthy Body, Healthy Mind expo at Hornsby Mall and our Health Services team gave two presentations to Your Side Australia, a not-for-profit social program for local people.

Retirement village visits include The Gracewood, Angus Bristow and the Living Choice Volunteer Expo at Glenhaven Village.

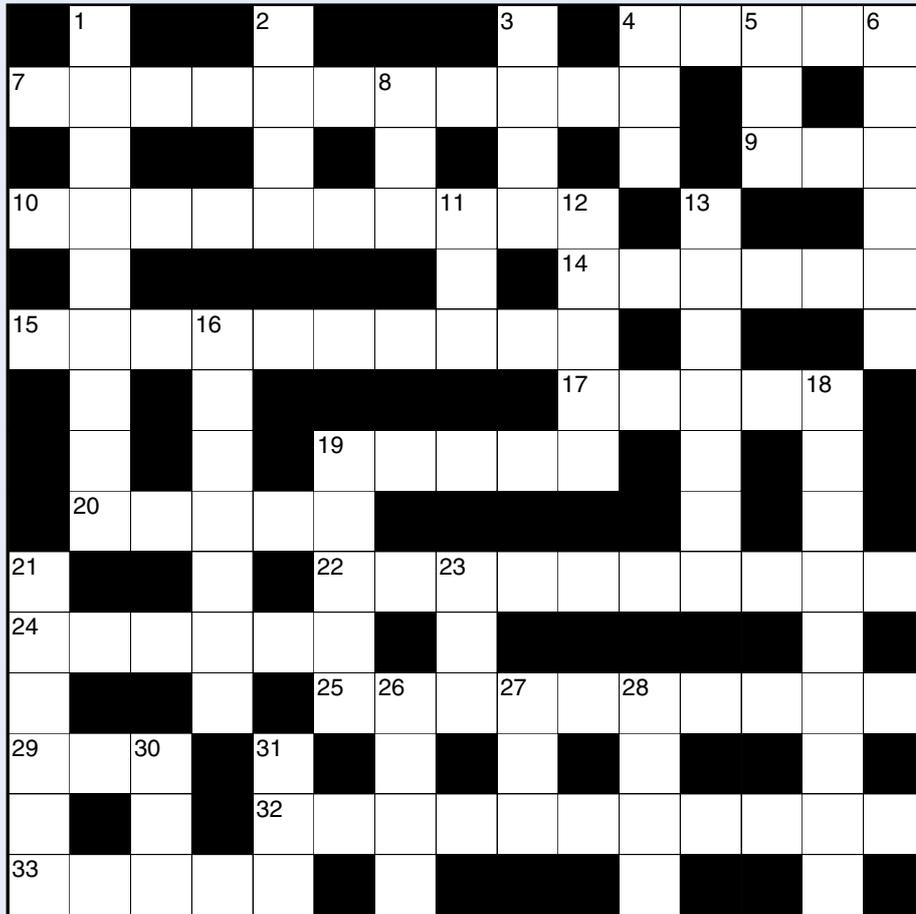
### Joanne Boik

Business Development Manager  
Arthritis NSW



Jo presents Pat with her Honorary Life Membership at the Warilla/Shellharbour Support Group Christmas party.

# Crossword



© Lovatts Puzzles

## DOWN

1. See 10 across
2. Those people
3. Match before final
4. Healthy beverage, green ...
5. Optic organ
6. Treated successfully
8. Intestine
11. Not in
12. Spine segments
13. Branch of learning that's provided us with this link between 10 across and 22 across
16. Inherited (characteristic)
18. General practitioner
19. Hostility
21. Broad group of body parts affected by 10 across

Answers to many of the clues below can be found by reading the article on oral health on page 26.

## ACROSS

4. Cleaning them twice daily will ensure that they stay white and healthy
7. Keeping on top of this, through brushing, flossing, and dentist visits, could dramatically reduce the likelihood of 10 across (4,7)
9. Historical period
10. & 1 down. Debilitating autoimmune disorder that's a focal point of this magazine (10,9)
14. Cut into
15. This inflammation of the gums precedes 22 across
17. Walk quietly
19. Throbs painfully
20. Strict
22. Medical research now shows a clear connection between 10 across and this inflammatory dental condition (3,7)
24. Business workplace
25. Immunity (to illness)
29. Pecan or cashew
32. Of or relating to the condition at 22 across
33. Night rest
23. Local members (1,2)
26. Organs of hearing
27. Marriage vow (1,2)
28. Brisk pace
30. Foot digit
31. Smartphone program



## What legacy will you leave behind?



**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](mailto:bequests@arthritisnsw.org.au) or visit our website at [www.arthritisnsw.org.au/support-us/planned-giving-bequests/](http://www.arthritisnsw.org.au/support-us/planned-giving-bequests/)

# Behaviour change in the older population



Physical activity is one of the most cost-effective, nonpharmacological, and non-invasive ways to promote healthy joints, yet only a small percentage of middle-aged and older adults participate in the minimum recommended amount of regular physical activity. Below, **Arthritis NSW Health Educator Kat Keane**, discusses the reasons why we engage in less physical activity as we age and looks at ways to address them.

There is a mountain of evidence that indicates that regular physical activity is safe for the older population (both healthy and frail) and risk for developing cardiovascular and metabolic diseases, obesity, falls, cognitive impairments and musculoskeletal conditions such as osteoarthritis and osteoporosis, is significantly decreased by regular physical activity<sup>1</sup>. In spite of these widely circulated benefits, physical activity (PA) participation continues to decline progressively as we age<sup>2</sup>.

## Pain and your brain

Pain is a common symptom of those with arthritis, and while it is not an inevitability, it presents as the most complained about symptom, closely followed by a lack of mobility and stiffness. For those with arthritis, in particular inflammatory arthritis, pain can come and go in waves or flare ups, however, research indicates that those with arthritis who experience pain regularly are more susceptible to developing persistent/chronic pain.

### What does this mean for your pain experience and behaviour?

Firstly, persistent chronic pain (CP) causes central and peripheral nervous system changes that ultimately lead to an over sensitive nervous system and increased pain experience (this was explained in-depth in the last issue of *Arthritis Matters*). Secondly, and more specifically, there is a small part of the brain (amygdala) that is involved heavily in emotional learning and fear conditioning. Several studies show that persistent/chronic pain is associated with heightened amygdala activity. This means that those with CP will have a greater focus on and awareness

of pain, especially while moving, which often leads to some level of fear of movement. Consequently, this heightened sensitivity and focus on pain when moving can create a learned fear and over-reaction with strong negative emotions attached. If this pain and fear feedback loop continues, the more movement is jeopardised and guarding/protective behaviours may develop. If this sounds familiar to you, the next time you feel pain when you move, it may not necessarily equate to tissue damage. Indeed, the pain felt is real but instead of the experience of pain being representative of tissue damage, it may be driven and influenced more by fear and over-reaction.

## Movement is the antidote

Understandably, when you're in pain, it may seem counterproductive and not worthwhile to get up and move; for some, physical activity is a pain provoking experience. While this may be what people with arthritis feel or believe, the latest research indicates that exercise is safe for your joints, does not cause damage or further injury to arthritic joints and acts as potent analgesic. The mechanism of Exercise Induced Hypoalgesia (HIA) is not clearly understood, however, is characterised by an increased pain threshold and a reduction of pain intensity rating both during and post exercise<sup>1,2</sup>. Not everyone finds exercise easy to engage with and admittedly it can be uncomfortable and a little bit sweaty at times. However, research suggests that those with CP and osteoarthritis (OA) can and should exercise to pain tolerance, and that the more exercise performed correlates to a reduction in overall pain and pain

behaviours. If you are pain sensitive in forward bending activities, eg. tying your laces, graded exercise that exposes you to that movement pattern will help reduce the fear of the movement, increase your self-efficacy about doing that movement, and ultimately reduce your pain experience.

## Take control of your arthritis and pain

Imparting information is important for educating the consumer, however, it is rarely sufficient to facilitate behaviour change. Don't get me wrong, understanding the benefits of exercise for arthritis and pain science is certainly important but without addressing the individual from a logistical and socio-economical perspective, or considering their needs and wants, goals, and self-efficacy, behaviour change likely won't occur. Additionally, research indicates that different behaviour techniques work better for some goals than others. For example, physical activity is best supported by<sup>3</sup>:

- prompting and social support to stimulate behaviour, eg. family, friends, health professional with a telephone or face-to-face reminder
- self-monitoring, eg. recording your behaviour using a planner, calendar, diary, writing a to-do/activity list
- goal-setting, eg. step-goals monitored with a pedometer, scales for monitoring weight loss, timed activities.

It is challenging to maintain behaviour change long-term, let alone initiate it. Evidence suggests that self-efficacy is key to initiating physical activity or

exercise<sup>1</sup>, and employing management techniques and being intrinsically motivated will help with behaviour change adherence<sup>3</sup>. In regards to self-efficacy for physical activity, it is your belief in your capabilities to organise and execute certain behaviours, or that it may be easy or under your control<sup>1</sup>. To address this, perhaps pay for a few exercise classes or a qualified professional to show and teach you how to exercise, thus instilling confidence in your ability to do it on your own, recalling times where you have successfully performed the physical activity/exercise, or exercising with others so you feel socially facilitated and motivated<sup>1</sup>.

For long term behaviour change, time management techniques, eg. how to fit activity into a daily or weekly schedule, can help maintain physical activity levels. Encouraging positive self-talk before and during planned behaviours is another useful technique in facilitating physical activity. When considering goals, think deeply and meaningfully about what will motivate you to achieve those goals. Find what intrinsically drives you; new behaviour/s must be somewhat enjoyable and compatible with your sense of self, likes and interests. Knowing that PA and exercise can help reduce pain intensity and frequency, and improve joint health, should be enough to motivate anyone, however, this isn't always the case. If this doesn't seem to motivate you to change, try considering another or more intrinsically aligned reason. Such self-driven motivation is said to facilitate stable and enduring behaviour change.

### Tips for reducing sedentary behaviour

1. Get up to change the channel on the TV.
2. Set reminders every hour to get up and move, it could as simple as 5 sit to stands.
3. Lift a weight or walk around your living room during ad breaks.
4. Instead of sitting and listening to the radio or a podcast, listen while walking.

5. Park further away from public transport so you have to walk a little more.
6. Organise regular walking groups/catch-ups.
7. Have family or friends keep you accountable by calling and checking in.
8. If you can, take the stairs instead of the lift or escalator.

### Challenge misguided cognitive beliefs with alternative self-talk

Address misguided, negative cognitive beliefs and self-defeating attitudes and re-structure them. Instead of *what if I'm in more pain after exercise?* think *exercise reduces my pain*. Instead of focusing on the worst, try thinking of positive outcomes.

1. *I'm too old to exercise.* You're never too old exercise. You may need to work around some limitations but exercise can be done! Start easy and progress gradually.
2. *Exercise is bad for my joints.* Instead think 'motion is lotion'. Exercise is good for your joints as it keeps them lubricated and healthy. Sitting still is worse for your joints as synovial fluid is not pumped around, which makes them feel stiff and rigid. Think 'rest is rust'.
3. *Exercise will make my pain worse.* There may be some conditions where exercise may make the condition worse, such as fibromyalgia, or exercising during a flare up for those with Rheumatoid Arthritis. However, for the most part, exercise can reduce your pain experience. Sometimes you may over-do it and that's ok; you need to test your limits sometimes so you know what you're capable of.
4. *If I exercise I may fall over.* Yes, this may be a risk, but engaging in exercise or PA is a protective factor of falls by making you stronger and improving your balance. The more you exercise the more you potentially reduce your risk of falls.

Self-regulate your attitude around engaging in PA – try to adopt a 'can do' or 'keep going' attitude.

### Tips for behaviour change and reducing pain long term

1. Graded exercise/exposure. This means that those who gradually and progressively build physical activity/expose themselves to sensitive movements into their daily routine have increased physical activity adherence and reduce their pain experience.
2. Find exercises that are intrinsically enjoyable, eg. if you enjoy socialising, choose activities that involve others.
3. Lack of motivation – increase self-efficacy and choose goals that are intrinsically aligned.
4. Understand, acknowledge and choose activities that meet your physical activity outcome expectations.
5. Booster sessions with a physio (or similar health professional) helps to increase exercise adherence.

Behaviour change is not easy, but small changes or wins every day will compound and can have a significant impact over time. If you get 1% better every day, you'll end up with results nearly 37% times better after one year than if you made no attempt to change all – that's significant!

### Kat Keane

Health Educator  
Arthritis NSW

#### References:

1. McPhee, J. S., French, D. P., Jackson, D., Nazroo, J., Pendleton, N., & Degens, H. (2016). Physical activity in older age: perspectives for healthy ageing and frailty. *Biogerontology*, 17(3), 567-580.)
2. Lachman, M. E., Lipsitz, L., Lubben, J., Castaneda-Sceppa, C., & Jette, A. M. (2018). When adults don't exercise: Behavioral strategies to increase physical activity in sedentary middle-aged and older adults. *Innovation in aging*, 2(1), igy007.
3. Greaves CJ, et al. (2011). Systematic review of reviews of intervention components associated with increased effectiveness in dietary and physical activity interventions. *BMC Public Health* 11:119.

# Living with arthritis

Arthritis affects people of all ages and circumstances, impacting not only on the person's health, but also on their ability to work and their family dynamics. Thank you to these members for sharing their stories.



## Heather

Heather Hind has been a member of the Woy Woy Support Group for at least 15 years. She lives in a self-care unit in a retirement village at Point Clare. In her working life she was a teacher's aide special, working with handicapped children.

She has osteoarthritis, rheumatoid arthritis, and arthritic gout in both feet. Her GP diagnosed the gout about 18 months ago after her feet became swollen and painful. 'The gout is caused because my body makes too much uric acid. I've had to give up eating all my favourites: shellfish, cheese, tomatoes, strawberries, and silverside, because of the acid in those foods,' Heather said.

The rheumatoid arthritis is in her thumbs and wrists and was diagnosed when she was 50. 'My thumbs ache and lock up. The osteoarthritis was diagnosed about 12 years ago and is everywhere. I've been a diabetic since 1996 and have blood tests every six months. 'Everything would show up in my blood tests after I was diagnosed with diabetes.'

Ten years ago Heather had both knees replaced. 'I'm not on medication for the arthritis. I take meds for blood pressure, for diabetes, thyroid and cholesterol. The arthritis hasn't affected my life, though if the gout flares up and I can't drive the car, I miss a day of bingo. I play bingo three times a week to help keep my brain working and I like the company of other people. If I win it's a bonus. I have trouble opening packaging all the time, but I have gadgets to help.'

Heather takes two tumeric tablets a day for the arthritic gout, and has done so for the past 18 months, on the advice of others in the Woy Woy Support Group. As a result, her pain is not as severe and doesn't last as long.

'I enjoy my life. I have wonderful neighbours and I like helping people. I can still clean my unit myself and drive my car. I have to climb two flights of stairs every day to get from my car to my unit. That's my exercise.'



## Kerry

Kerry was diagnosed with osteoarthritis about five years ago after experiencing a lot of pain in her knees. 'Both of my knees are bone on bone and I need replacements with the left knee being worse,' Kerry said. 'My specialist has instructed me to delay surgery as long as possible.'

'I recently developed pain in my right ankle and also in my hands though these have not been diagnosed.'

Kerry said that arthritis had affected her life in a big way. 'I find it hard to go shopping as I can't walk for very long because it becomes much too painful. I therefore have my groceries delivered. I do my other shopping on the internet and have it delivered.'

'My disability has limited my travel options as I find it too tiring to fly so most of my travel is now by car. I went on a short cruise a few months ago but only after having a cortisone injection and asking for wheelchair assistance boarding and disembarking. This made life so much easier and I can now think about going on another cruise. I couldn't go on any of the sightseeing tours though as they involved moderate to hard physical activity.'

'I can't join my husband for walks with the dog – I can only walk for a very short distance. I have to drive to work and get there very early in the morning so that I can find parking close by, so I don't have to walk very far. When I go out with friends or family, we have to choose a location where there is parking close by.'

'I have had to turn down social invitations as the locations would not work for me. I have also put on weight as my options for exercise are limited. I've managed by seeing my physiotherapist and doing gentle exercises. I attend warm water exercise classes twice a week.'

'I use warm or cold packs depending on which one eases the pain at the time. I also use various creams for pain relief which sometimes work. I find that pain relief medication does not help me.'



### Laura

Eleven-year-old Laura was diagnosed with polyarticular juvenile idiopathic arthritis when she was nine-years-old. The condition has affected all of her joints except her lower spine.

Her mother Roz said that when she was eight, Laura started to complain

that her knee was sore. 'It was swollen and stiff and we initially thought that she had injured it in a fall,' Roz said. 'Several months later it was still sore and she started crying whenever someone hugged her because her shoulders were so sore. She started refusing to eat hard food because it hurt her jaw and complaining that that her fingers wouldn't work properly. She stopped sitting on the floor at school and was constantly exhausted and irritable. She went to pick up Lego off the floor one day and she couldn't bend down to get it. We knew that something more serious was going on.'

When Laura's paediatric rheumatologist recommended that she attend one of Arthritis NSW's children's camps, she was very reluctant to attend and didn't go in the first year after her diagnosis.

'Laura has really struggled to come to terms with having a chronic disease and we began to see a counsellor who recommended the camp,' Roz said. 'She was still not convinced and then eventually decided she would like to go and meet other children who had arthritis. She only just managed to hold back the tears when I dropped her at the ferry that was taking everyone to camp.'

'We live in a small town that is over 500km from Sydney and while people in Laura's world are sympathetic and caring, she often feels isolated because of her arthritis. I hoped that meeting other kids with arthritis at Camp Footloose would help to normalise her condition and take away some of the loneliness that comes with having a disease that is so often misunderstood by others. I also wanted her to have fun and challenge herself physically in a safe and supportive environment.'

Read about Laura's positive experience at Camp Footloose on page 11.



### Tasman

Tasman, 16, was diagnosed just before his second birthday with juvenile rheumatoid arthritis. His mother Celeste recalls that he woke one morning with a swollen left knee, the size of a large orange. 'His GP at the time thought he had sepsis and rushed us to Westmead Hospital,'

said Celeste. 'After three days of being examined and many tests, Tasman was diagnosed with JRA. This is where we met Dr Jeffery Chaitow. Tasman eventually had an aspiration procedure to his left knee to treat it and within hours of the procedure we could barely see any swelling of his kneecap.'

For the next two years, Tasman did not experience a recurrence, however when he turned four, his right knee became very swollen in the same way as the left. 'He had the same aspiration procedure with Dr Chaitow, with same outcome as the first time,' said Celeste. 'Then when Tasman turned six it returned to his left knee, again another repeat of the same procedures to fix the swelling and to this day all has been quiet with Tasman's body joints.'

'It was suggested to us that Tasman would need to have his eyes checked as a precaution. To our surprise he had started to have the symptoms of Uveitis – Iritis. This was managed for a couple of years through visits to the ophthalmologist to have his eye pressure checked along with multiple eye drops. Tasman was eventually referred to Professor John Grigg, who still treats him today. Tasman has had countless eye operations to combat the inflammation and pressure in his eyes. Having so many operations brings the added risk of developing Glaucoma – which he did, in both eyes! He now has two artificial lenses. Because of his condition, Tasman had to take a lot of time off school, wear reading glasses and be forced to wear sunglasses at school while outdoors, which he still does. This has caused some social problems over the years as children don't understand his condition or the significance it brings. Tasman loves school and is quite the academic. He plays soccer for school and his local club while wearing sports glasses.'

'His JRA and Uveitis has never been an issue with Tasman's younger brother or our family dynamic and we try very hard to not let it impact anything we do as a family.'

# The connection between gum disease

Professor Mark Bartold, Emeritus Professor, University of Adelaide, specialises in periodontics, and is a founding member of the Oral Health Advisory Panel. His article below examines the link between rheumatoid arthritis and gum disease.

Many people who live with rheumatoid arthritis also find themselves experiencing gum disease, and vice versa, and it is now well recognised within the scientific and medical communities that the two conditions are interlinked in some way. What remains something of a mystery, however, is exactly how and why they are related, with this interconnectedness not yet fully understood.

## Silent trigger

As those who experience it know all too well, rheumatoid arthritis is an autoimmune disease where a person's immune system 'attacks' their joints. A person's first flare up of rheumatoid arthritis is generally triggered by something – an illness, an injury, even a stressful event – and in some cases it is thought gum disease could be that initial trigger. This may occur when inflammation in the gums – a symptom of periodontal disease – damages special proteins in the body, and subsequently triggers an autoimmune response in the joints.

## What science tells us

It has not yet been scientifically proven beyond doubt that gum disease can cause rheumatoid arthritis. However we do know that people with severe periodontal disease are as much as four times more likely to develop rheumatoid arthritis than people who have healthy gums. While still in its early stages, emerging research has found similarities in the inflammatory processes that affect both a person's joints and their oral tissue, and other research projects have identified a possible genetic link between the two conditions. Gaining a greater understanding of this link will hopefully lead to new and effective treatment options for people

experiencing either or both of these inflammatory conditions.

## Signs of gum disease

Experiencing swollen or bleeding gums is the first sign that something is wrong and means you should visit your dental practitioner as soon as possible. Early gum disease – known as gingivitis – can be treated and reversed, but if left alone this bacterial infection and associated gum inflammation can spread into the structures that support your teeth, eventually leading to teeth either falling out or needing to be extracted.

Gum disease can be prevented by practicing good oral hygiene, including twice daily brushing, flossing regularly, and seeing your dental practitioner every six months.

While we cannot say for sure that gum disease causes rheumatoid arthritis, we do know that people with severe gum disease are much more likely to develop rheumatoid arthritis than people with healthy gums. Therefore, preventing gum disease from occurring in the first place may reduce your risk of developing rheumatoid arthritis in the future.

For people diagnosed with early gum disease, effective treatment may go a long way towards preventing that initial autoimmune trigger which may result in rheumatoid arthritis.

For people diagnosed with rheumatoid arthritis, keeping on top of your oral health and preventing future incidences of gum disease may help to keep your inflammatory arthritis flare ups at bay. Make sure you let your dental practitioner know that you have rheumatoid arthritis so they can be vigilant with their care of your gums.



While there are still many unknowns, whether you experience rheumatoid arthritis and/or periodontal disease it is crucial that you seek appropriate and regular treatment from a health care professional to keep on top of these conditions.

## Sources and further reading

- *Periodontitis and rheumatoid arthritis: a review*: RM Bartold, RI Marshall and DI Haynes, J Periodontal, Volume 76, No. 11
- [colgateprofessional.com.au/education/patient-education/topics/plaque-and-gingivitis/stages-of-gum-disease](http://colgateprofessional.com.au/education/patient-education/topics/plaque-and-gingivitis/stages-of-gum-disease)

## Professor Mark Bartold

Emeritus Professor  
University of Adelaide  
Founding member Oral Health  
Advisory Panel

*The Oral Health Advisory Panel (OHAP), is a group of independent healthcare professionals with the aim of raising awareness of the importance of good oral health and its impact on general wellness. The Panel aims to take oral health beyond the dental clinic. For more information visit [ohap.com.au](http://ohap.com.au).*

# and rheumatoid arthritis

## THE EIGHT WORST FOODS FOR YOUR TEETH

By **Stacey Feintuch**  
for health.com

They say you are what you eat. And in no better place can that be seen than in your teeth. That's because many foods and beverages can cause plaque, which does serious damage your teeth. Plaque is a bacteria-filled sticky film that contributes to gum disease and tooth decay. After you eat a sugary food, the sugars cause the bacteria to release acids that attack tooth's enamel. When the enamel breaks down, cavities can develop.

Cavities cause complications like pain, chewing problems, and tooth abscesses. And if you don't brush or floss your teeth, your plaque will harden and turn into tartar. Tartar above the gums can lead to gingivitis, an early form of gum disease.

How can you prevent plaque from wreaking havoc on your mouth? Besides brushing your teeth at least twice a day and flossing and visiting a dentist regularly, try to avoid or limit the foods below.

### Sour lollies

It's not surprising that candy is bad for your mouth. But sour candy contains more and different kinds of acids that are tougher on your teeth. Plus, because they're chewy, they stick to your teeth for a longer time, so they're more likely to cause decay. If you're craving sweets, grab a square of chocolate instead, which you can chew quickly and wash away easily.

### Bread

When you chew bread, your saliva breaks down the starches into sugar. Now transformed into a gummy paste-

like substance, the bread sticks to the crevices between teeth. And that can cause cavities. When you're craving some carbs, aim for less-refined varieties like whole wheat. These contain less added sugars and aren't as easily broken down.

### Alcohol

When you drink alcohol, you dry out your mouth. A dry mouth lacks saliva, which we need to keep our teeth healthy. Saliva prevents food from sticking to your teeth and washes away food particles. It even helps repair early signs of tooth decay, gum disease, and other oral infections. To help keep your mouth hydrated, drink plenty of water and use fluoride rinses and oral hydration solutions.

### Carbonated drinks

Carbonated soft drinks enable plaque to produce more acid to attack tooth enamel. So, if you sip soft drink all day, you're essentially coating your teeth in acid. Plus it dries out your mouth, meaning you have less saliva. And last but not least, dark-coloured soft drinks can discolour or stain your teeth. A note: don't brush your teeth immediately after drinking soft drink; this could actually hasten decay.

To prevent damage:

- drink with a meal to neutralise the acid
- drink water afterward
- use a straw to bypass teeth.

### Ice

All ice contains is water, so it's fine to chew ice, right? Not so, according to the American Dental Association. Chewing on a hard substance can damage enamel and make you susceptible to dental emergencies such as chipped, cracked, or broken teeth,

or loosened crowns. You can use your ice to chill beverages, but don't chew on it. To resist the urge, opt for chilled water or drinks without ice.

### Citrus

Oranges, grapefruits, and lemons are tasty as both fruits and juices, and are packed with vitamin C. But their acid content can erode enamel, making teeth more vulnerable to decay. Even squeezing a lemon or lime into water adds acid to a drink. Plus, acid from citrus can be bothersome to mouth sores. If you want to get a dose of their antioxidants and vitamins, eat and drink them in moderation at mealtime and rinse with water afterward.

### Potato chips

Potato chips are loaded with starch, which becomes sugar that can get trapped in and between the teeth and feed the bacteria in the plaque. Since we rarely have just one potato chip, the acid production from the chips lingers and lasts a while. After you've eaten a bag of chips, floss to remove the trapped particles.

### Dried fruits

You likely assume that dried fruits are a healthy snack. That may be true, but many dried fruits, eg. apricots, prunes, figs, and raisins, are sticky. They get stuck and cling in the teeth and their crevices, leaving behind lots of sugar. If you do like to eat dried fruits, make sure you rinse your mouth with water, and then brush and floss after. And because they're less concentrated with sugar, it is a better choice to eat the fresh versions instead!

Medically reviewed by Peggy Pletcher, MS, RD, LD, CDE in May 2015.

Source: [healthline.com/health/dental-and-oral-health/worst-foods-for-your-teeth#1](https://www.healthline.com/health/dental-and-oral-health/worst-foods-for-your-teeth#1)



# THE GOODNESS OF GINGER

Research has shown that ginger has a better therapeutic effect than non-steroidal anti-inflammatory drugs to treat pain and inflammation. It is also delicious in many savoury dishes, as well as in teas, juices and desserts. Incorporate ginger into your regular diet and feel the difference for yourself.

## Iced ginger, orange and turmeric tea Serves: 2

### Ingredients

- 3 cups purified water
- 1 turmeric root, grated (or 1 tsp turmeric powder)
- 1 inch ginger knob, grated
- 2 oranges, juice only
- 2 mint tea bags
- 1 tsp raw honey
- Fresh mint leaves, to garnish
- Ice cubes, orange slices, to serve

### Instructions

1. In a saucepan, combine the purified water with grated turmeric and ginger and bring to a boil over low heat.
2. Add the mint tea bags, cover the pan and let simmer for 5 minutes over medium heat.
3. Turn off the heat, strain, and set aside to cool.
4. In a pitcher combine the orange juice, turmeric tea, raw honey and ice cubes, and mix.
5. Serve with ice cubes, orange slices and fresh mint leaves.



Source: detoxdiy.com



## Carrot and ginger soup Makes five cups

### Ingredients

- 2 teaspoons ground coriander
- half teaspoon ground cumin
- 2 tablespoons olive oil
- 1.5 cups yellow onion, chopped
- 2 teaspoon garlic, minced
- 2 tablespoons fresh ginger root, finely chopped
- 2 teaspoons lemon zest
- 4 cups carrots, peeled and coarsely chopped
- 2 cups unsalted vegetable broth
- 450ml can coconut milk
- 1.5 tablespoons squeezed lemon juice
- 1 teaspoon salt
- half teaspoon white pepper

### Garnish

- third cup sour cream
- 2 sprigs coriander

### Instructions

1. In a small frying pan, toast the coriander and cumin seeds until fragrant.
2. At the same time, heat the olive oil in a soup pot over medium high heat. Add the onions and saute for 4–5 minutes, stirring occasionally. Add the ginger and garlic and saute for 2 minutes.
3. Add the carrots, cumin, coriander, and lemon peel and cook for 2 minutes.
4. Pour in the vegetable stock and coconut milk, cover, and bring to a boil. Reduce the heat, then simmer covered for 25 minutes or until the carrots are very tender.
5. Puree the soup in a blender in small batches.
6. Return the soup to the pot. Stir in lemon juice and season with salt and white pepper.
7. Garnish with sour cream and coriander.

Source: savortheflavour.com

# Orange and ginger marmalade

## Ingredients

- 1kg oranges
- 115g fresh ginger chopped
- 1kg sugar
- 1 lemon
- 2.3 litres water
- 2 pieces crystallised ginger finely chopped

## Instructions

1. Place the oranges, lemon, fresh ginger, and water into your saucepan, bring to the boil and simmer for 1.5 hours.
2. Remove from the heat and carefully lift out the oranges. Be careful as they can burst and will be very hot.
3. Scoop the flesh, pith and pips out of the oranges and return to the liquid. Bring it back to the boil and let it simmer while you shred the peel.
4. Sieve the liquid by placing a muslin bag or clean tea towel in your sieve. Once most of the liquid has gone through tie the bag up, leave to drip for a couple of hours until it stops dripping. Resist squeezing the bag as this is what makes the marmalade clear.
5. Measure out the liquid and add any extra water to make it up to 2.3 litres and return to the pan. Add the shredded peel, the crystallised ginger and the sugar and bring to the boil.
6. While the liquid is coming up to temperature, wash, rinse and sterilise your jars by placing in the oven at 100C.
7. If you have a jam thermometer, place in the pan and bring to a boil until it reaches 104C.
8. Remove from the heat, allow the mixture to cool for 10 minutes, this ensures that peel floats in the marmalade. Then carefully pour the mixture into your hot sterile jars, I recommend using a jam funnel and ladle to avoid too much mess. Seal tightly and allow to cool.
9. The marmalade will last for up to 12 months unopened and a month open in the fridge.



Source: amandasettle.com



# Ginger pancakes Makes 20 pancakes

## Ingredients

- 2 cups white whole wheat flour
- 1 tablespoon gingerbread spice mix
- 2 teaspoons baking powder
- half teaspoon baking soda
- half teaspoon salt
- 2 eggs
- half cup unsweetened applesauce
- third cup molasses
- 1.25 cups milk whole milk is best in this recipe
- 2 tablespoons unsalted butter melted and cooled slightly

## Instructions

1. In a bowl, whisk together the flour, spice, powders and salt.
2. In another bowl, whisk together the eggs, applesauce, molasses, and milk. Whisk in the butter.
3. Pour the dry ingredients into the wet. Combine. Rest for 5 minutes.
4. Heat a large skillet over medium heat. Scoop a quarter cup (about 3 tablespoons) of batter for each pancake. Cook on the first side for 2–3 minutes, until bubbles form and the bottom is lightly browned. Flip and cook about 2 minutes more, until cooked through.
5. Serve pancakes immediately or keep warm in the oven while you cook the rest.
6. You may freeze extra pancakes for later. Cool completely and store airtight in a zip-top bag.

Source: kristineskitchenblog.com

## Research says

The anti-inflammatory properties of ginger have been known for centuries. Ginger inhibits the production of prostaglandins, which the body produces at sites of tissue damage or infection, where they cause inflammation, pain and fever as part of the healing process.

The original discovery of ginger's inhibitory effects on

prostaglandin production in the early 1970s has been repeatedly confirmed. This discovery identified ginger as an herbal medicinal product that shares pharmacological properties with non-steroidal anti-inflammatory drugs.

Source: *Ginger – an herbal medicinal product with broad anti-inflammatory actions*, by R. Grzanna, L. Lindmark and CG Frondoza, ncbi.nlm.nih.gov



## March 2020

**Mar 7:** Kidsflix: Hoyts Warrawong

**Mar 21:** Kidsflix: Hoyts Bankstown

**Mar 26:** Rural Health Program:  
Wagga Wagga

## April 2020

**April 20-22:** Camp Footloose:  
Lake Burrendong

## May 2020

**May 16:** Kidsflix: Hoyts Erina

**May 21:** Rural Health Program: Dubbo

**May 23:** Camp Twinkletoes: Dubbo

**May 30:** Camp Twinkletoes: North  
Ryde

## June 2020

**June 16:** Rural Health Program:  
Goulburn

**June 20:** Kidsflix: Hoyts Blacktown

## Warm water exercise

Classes operate during the NSW Public School term. The following class times are subject to availability. To register your interest, visit our website at [arthritisnsw.org.au/warm-water-exercise](http://arthritisnsw.org.au/warm-water-exercise) to complete and submit the form or call us on **02 9857 3300**.

### Canterbury Hospital, Campsie

Monday 12pm (women only)  
Wednesday 1.30pm

### Mowll 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

Tuesday 1.30pm  
Wednesday 12.30pm  
Thursday 5.00pm

### St Lukes Hospital, Potts Point

*(Temporarily at Waverley War Memorial Hospital)*

Wednesday 12.30pm  
Saturday 9.00am and 10.00am

### Royal Rehab, Ryde/Putney

Tuesday 4.00pm and 5.00pm  
Saturday 10.00am

### Lady Davidson Private Hospital North Turramurra

Tuesday 9.30am

### Waverley War Memorial Hospital, Waverley

Monday 4.00pm  
Wednesday 4.00pm  
Saturday 9.00am and 10.00am

### Physical Therapy, Wollongong

Monday 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

Tues and Thurs 2.00pm

## Volunteer

Arthritis NSW is grateful for the support of our wonderful volunteers who help us deliver our services, children's camps and Kidflix. We are always keen to hear from people interested in volunteering with us, particularly in the following areas:

- fundraising activities
- 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.

If you are interested in helping in any of these areas, call **02 9857 3300** or email: [volunteers@arthritisnsw.org.au](mailto:volunteers@arthritisnsw.org.au).

## 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	3rd 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	Charmaine	0423 500 066	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 Room, Cnr Tindale St and 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 and 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

If you would like to know more about forming a support group, call us for a convenor's pack on **02 9857 3300** or email [friends@arthritissw.org.au](mailto:friends@arthritissw.org.au).



[www.arthritisnsw.org.au](http://www.arthritisnsw.org.au)

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Arthritis NSW  
Locked Bag 2216  
North Ryde NSW 2113

Authority to fundraise CFN12845  
ABN 64 528 634 894

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

Sign up for our monthly eNewsletter: [eepurl.com/9rFd5](http://eepurl.com/9rFd5)  
Facebook: [facebook.com/ArthritisNSW](https://facebook.com/ArthritisNSW)