



# joint efforts

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APRIL 2015

THE OFFICIAL NEWSLETTER OF ARTHRITIS FOUNDATION MALAYSIA | [www.afm.org.my](http://www.afm.org.my)

**W**elcome to our first issue in the New Year. With our every issue, we strive to bring you more and more authentic and relevant information that will help you manage your condition with better understanding. We welcome your suggestions so please do get back to us.

With this in mind, in this issue, we have sought greater participation from our Editorial Team doctors and they have in turn responded generously and shared their time and expertise with us.

Did you know that pain while walking up the stairs, something we usually tend to dismiss, could be an early symptom of osteoarthritis? Or that keeping your weight down, according to research, is an important risk factor in RA outcomes. So don't miss our news section where there is information about this and more.

While we have little control over the diseases that afflict us, like arthritis, we can choose our response to it. We can make that commitment to take care of ourselves well; by educating ourselves with information and heeding our doctor's advice, and doing the best we can physically; through regular exercise and a careful diet. So go ahead, turn the pages and stay informed!

*Shailaja Menon*  
EDITOR

## NOTICE

● A **PUBLIC FORUM** will be held on the 11th April 2015, 2pm at the Lotus 1, SWAN Convention Centre, 4th Floor Tower B, Sunway Medical Centre, No. 5, Jalan Lagoon Selatan, Bandar Sunway, Petaling Jaya. All members are welcome to attend this forum. Some information on the topics that will be addressed and the speakers.

📍 **1st Speaker:** Dr. Shamala Rajalingham – Rheumatologist and General Physician, Hospital Putrajaya

**Topic:** Multiple Joint Pains

📍 **2nd Speaker:** Dr Ramani Arumugam – Consultant Physician and Rheumatologist, Hospital Serdang

**Topic:** Inflammatory Back Pain

● The **22ND ANNUAL GENERAL MEETING OF THE ARTHRITIS FOUNDATION, MALAYSIA** will be held on the same day and at the same venue at 3.30pm.



● **PACE** (People with Arthritis Can Exercise) classes resume on Wednesday the 1st of April 2015 between 10.45am to 11.45am. For further details please contact 03-7960 6177.



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# TRANSFORM YOUR LIFE



*Please consult your healthcare professional  
on the targeted therapy for rheumatoid arthritis*



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**W**elcome to our first issue of the newsletter *Joint Efforts*, for the year 2015. We cannot stress enough that the cornerstone to effectively managing arthritis is reliable information and that is what we strive to bring to you.

In our “Centre Stage” section each issue, we aim to raise awareness on one type of arthritis. This issue we have discussed Psoriatic Arthritis, a form of arthritis that affects some people who have psoriasis; a condition that features red patches of skin topped with silvery scales.

Our “Myth of the Month” section deals with whether one is “Too young for a joint replacement?” In the past, joint replacement was associated with older people. But according to current trends, the world over, knee and hip replacement patients are getting younger and younger. The fastest growing age group for knee and hip replacement surgery is between 45 and 54 years of age! We bring you the “pros and cons” so that you can be in a position to take a well-informed decision. In our “Doc Talk” section, Dr. Sargunan shares his concerns about the currently being debated dispensing separation regulation.

We also bring you a very interesting interview with Dr. Muhaini Othman, Senior Consultant Physician/ Rheumatologist and Head of Department of Medicine, Hospital Serdang. With 33 years of service with the Ministry of Health, and former President of Malaysian Society of Rheumatology (MSR) (2008-2010) she is in a unique position to chart the growth and milestones of rheumatology in Malaysia.

So do enjoy reading this issue and do touch base with us by participating in the various activities that we host on a regular basis. Stay informed and stay connected with us.

**Dr. Amir Azlan Zain**

PRESIDENT  
AFM

**S**alam alu-aluan untuk terbitan pertama surat berita kami, *Joint Efforts*, bagi tahun 2015. Kami ingin tekankan bahawa perkara penting dalam menguruskan artritis dengan berkesan adalah maklumat yang boleh dipercayai dan itulah yang kami usahakan untuk anda.

Dalam bahagian “Centre Stage” dalam setiap keluaran, kami menyasarkan untuk meningkatkan kesedaran ke atas satu jenis artritis. Dalam terbitan kami ini, kami membincangkan tentang *Psoriatic Arthritis*, iaitu satu bentuk artritis yang menjejaskan sesetengah orang yang menghidapi *psoriasis*; iaitu suatu keadaan yang menyebabkan ruam kemerah-merahan bersisik pada kulit. Penting untuk anda sedar akan simptom-simptom dan faktor risiko kerana diagnosis dan rawatan awallah yang menentukan keberkesanan pengurusan penyakit ini.

Bahagian “Myth of the Month” pula membincangkan sama ada seseorang itu terlalu muda untuk melakukan penggantian sendi. Suatu ketika dahulu, penggantian sendi dikaitkan dengan orang tua. Tetapi mengikut trend semasa, di seluruh dunia, usia pesakit yang melakukan penggantian lutut dan pinggul adalah semakin muda. Menurut laporan terkini, kumpulan usia yang semakin ramai melakukan pembedahan penggantian lutut dan pinggul adalah antara usia 45 dan 54 tahun! Kami membincangkan tentang “kebaikan dan keburukan” supaya anda boleh membuat keputusan yang berdasarkan maklumat. Dalam bahagian “Doc Talk”, Dr. Sargunan berkongsi pendapatnya tentang topik yang hangat diperkatakan sekarang, iaitu penjualan ubat yang berasingan daripada perundingan.

Kami juga membawakan temu ramah menarik dengan Dr. Muhaini Othman, Doktor/Pakar Reumatologi Kanan dan Ketua Jabatan Perubatan, Hospital Serdang. Dengan pengalaman perkhidmatan selama 33 tahun dengan Kementerian Kesihatan, dan mantan Presiden Persatuan Reumatologi Malaysia (MSR) (2008-2010), beliau berada dalam kedudukan unik untuk menetapkan pertumbuhan dan pencapaian berkaitan reumatologi di Malaysia.

Nikmatilah terbitan ini dan sentiasa kekalkan hubungan dengan kami dengan menyertai pelbagai aktiviti yang kami anjurkan.

**Dr. Amir Azlan Zain**

PRESIDENT  
AFM

**欢**迎阅读本基金会2015年的第一期 *Joint Efforts* 会讯。我们经常语重心长的一再强调，可靠的资讯即是有效管理关节炎的重点。而我们歇尽所能要做的，就是为你提供可靠的资讯。

每期会讯的主题文章 (Centre Stage) 内容就是介绍一种关节炎，目的是让读者们逐一认识各种不同的关节炎。本期讨论的是牛皮癣关节炎。牛皮癣是一种皮肤病，症状是皮肤上出现红色斑片，有的上面还会有银色皮屑。认识它的症状以及其风险因素是一件有益的事，因为及早诊断及开始治疗，在有效管理疾病方面，会收到事半功倍的效果。

本期的“每月迷思” (Myth of the Month) 内容是讨论某个年龄的患者做关节置换“会不会是太年轻了一点？”在过往，我们只听说老年人才做关节置换。不过从现在的趋势看来，全球做膝部和髋部关节置换的病人年龄已经越来越年轻。根据一项最新报告，45至54岁的病人群组，是接受膝部及髋部关节置换手术人

口中增长最快的年龄群组！我们在文章中向你说明做这种手术的“好与坏”，让你在完全了解的情形下自行决定是否要做。另外，沙谷楠医生则在“医生的谈话” (Doc Talk) 里，跟读者分享他对目前闹得沸沸扬扬的医、药分家法令的看法。

我们也刊载了一篇与高级医生兼风湿专科顾问医师莫海妮医生的有趣访谈。目前担任沙登医院医药部门主管的她，已经在卫生部旗下服务了33年，并在2008至2010年间担任大马风湿科医师公会主席。且让立场微妙的她，向我们阐述马来西亚风湿科医疗的成长和里程碑。

我谨在此祝愿各位阅读愉快，也呼吁大家多多参与我们定期举办的各种活动，不断接收最新资讯，也互相保持联系。

**Dr. Amir Azlan Zain**

大马关节炎基金会主席



## Pain When Walking Up The Stairs?

**January 2015:** Pain while walking up the stairs? Do you tend to dismiss it? Know that people who suffer from knee pain when using the stairs may be experiencing the early symptoms of osteoarthritis, according to a new study by University of Leeds experts.

The research, published in the medical journal *Arthritis Care & Research*, aimed to investigate which patient reported activities are first associated with knee pain, in order to improve early detection of osteoarthritis and increase the chances of people seeking effective treatment.

Philip Conaghan, Professor of Musculoskeletal Medicine in the School of Medicine, led the study. He said: "At present we have little concept of 'early' osteoarthritis and often only see people when they have significant longstanding pain and loss of function. This research is vital to understanding early symptoms of knee osteoarthritis. Knowing this will help us intervene earlier, perhaps leading to more effective ways of treating this very painful condition."

For this study, the team looked at the cases of 4,673 people who have, or are at high risk of, osteoarthritis. Participants completed annual surveys for up to seven years in order to help the researchers track the emergence of pain during different activities over a long-term period.

The study revealed that using stairs was the first weight-bearing task in which people noticed pain. This was followed by pain emerging during walking, standing, lying or sitting and then finally when resting in bed. So don't ignore that knee pain! Seek help!

## GUT MICROBIOME AND ITS IMPLICATIONS

**Feb 2015:** Gastrointestinal and urogenital infections have been linked with a lower risk of rheumatoid arthritis suggesting that, changes in the gut microbiome could affect the chances of getting the condition, according to new Swedish research.

Led by the Institute of Environmental Medicine in Stockholm, the research aimed to ascertain whether recent infections affect a person's risk of rheumatoid arthritis examining data from a cohort of 6,041 patients.

The team examined whether the subjects had experienced gastroenteritis, urinary tract infection, genital infection, prostatitis, sinusitis, tonsillitis or pneumonia during the two years before their inclusion in the study, while adjusting for influencing factors such as smoking habits and socio economic status.

According to results published in the *Annals of the Rheumatic Diseases*, infections

in the gastrointestinal and urogenital tract, before clinical onset, were associated with a lowered risk of rheumatoid arthritis, though the reason for this has not yet been ascertained. By contrast, no such associations were observed for sinusitis, tonsillitis or pneumonia.

The researchers concluded: "Gastrointestinal and urogenital infections, but not respiratory infections, are associated with a significantly lowered risk of rheumatoid arthritis. The results indicate that infections in general do not affect the risk for rheumatoid arthritis, but that certain infections, hypothetically associated with changes in the gut microbiome, could diminish the risk."

A spokeswoman from Arthritis Research UK commented: "We are only just beginning to understand the complex relationship between the gut and its role in arthritic disease". Pay attention to your gut!







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## Researchers Find New Gene That Confirms Existence Of Psoriatic Arthritis

**Feb 2015:** Researchers led by the Arthritis Research UK Centre for Genetics and Genomics at The University of Manchester have identified genetic variants that are associated with psoriatic arthritis (PsA) but not with psoriasis, in the largest study of PsA ever published.

PsA is a common inflammatory form of arthritis causing pain and stiffness in joints and tendons that can lead to joint damage. Nearly all patients with PsA also have skin psoriasis and, in many cases, the skin disease is present before the arthritis develops. However, only one third of patients with psoriasis will go on to develop PsA.

The researchers, who are part of a European consortium, say that their work, which took three years to complete and is published in *Nature Communications*, is a breakthrough because genetic changes have been identified that increase the risk of PsA but not psoriasis.

Dr John Bowes, who led the analysis of the work, said: "Our study is beginning to reveal key insights into the genetics of PsA that explain fundamental differences between psoriasis and PsA. Our findings also highlight that CD8+ cells are likely to be the key drivers of inflammation in PsA. This will help us to focus on how the genetic changes act in those immune cells to cause disease."

The gene identified by the research team lies on chromosome 5 and is not the first PsA-specific gene to be identified. Patients who carry the HLA-B27 gene are also more likely to develop PsA.

Professor Anne Barton, a rheumatologist and senior author on the study explained:

"By identifying genes that predispose people to PsA but not psoriasis, we hope in the future to be able to test patients with psoriasis to find those at high risk of developing PsA. Excitingly, it raises the possibility of introducing treatments to prevent the development of PsA in those individuals in the future."



## So You Think Your Weight Doesn't Matter?

**Nov 2014:** A study by Hospital for Special Surgery (HSS) researchers finds that body mass index (BMI) plays a role in rheumatoid arthritis (RA) patients' ability to achieve a sustained remission. Looking at patients who had received an RA diagnosis within the past 12 months, investigators found that those who were significantly underweight or overweight/obese were the least likely to remain in remission.

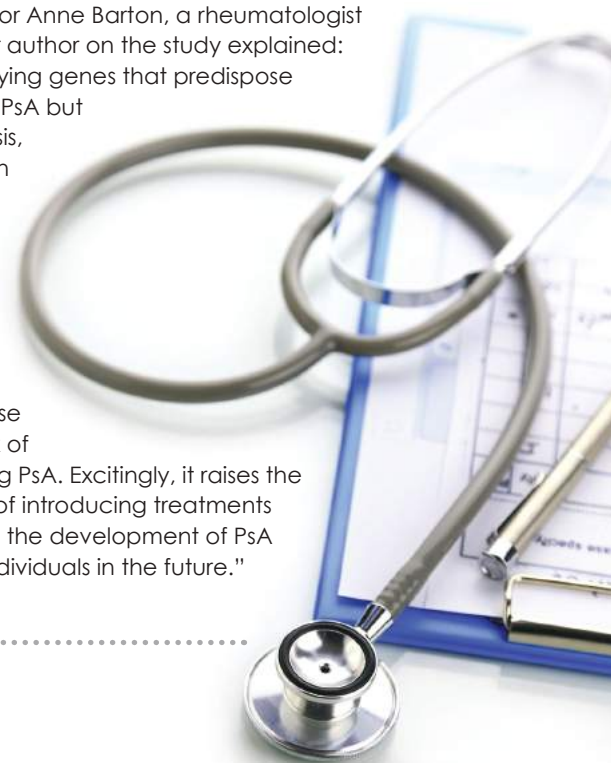
The study, titled, "Very Low or High Body Mass Index Negatively Affects Patients' Ability to Achieve Sustained Remission in Early RA in a Multicenter Canadian Cohort," was presented at the American College of Rheumatology annual meeting on November 16 in Boston.

Researchers set out to determine if early RA patients with a very low BMI (<18.5) or high BMI (≥ 25) were able to achieve a sustained remission. Patients were grouped by BMI categories and symptoms were measured prospectively over three years in patients participating in the CATCH (Canadian Early Arthritis Cohort) study using the Disease Activity Score for RA (DAS28).

"What's striking is that if you look at the BMI classifications, all the patients in the underweight or overweight categories were much less likely to achieve sustained remission compared to those with a normal BMI," said Susan Goodman, M.D., a rheumatologist at HSS. "Patients who were severely obese had an even lower chance of achieving sustained remission. Individuals in the highest BMI categories also had more inflammation and more pain."

Then looking at other contributing factors, the researchers found that early use of methotrexate, nonsmoker status and responding to treatment within the first six months increased the chances of achieving a sustained remission, independent of BMI.

"Our findings represent the first study to present evidence that BMI should be considered among the modifiable risk factors for poor RA outcomes," said Dr. Goodman. "There are many things patients can do to manage the disease. Along with timely diagnosis and treatment, weight control and other good practices can result in better outcomes." Great advice to pay heed to!





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# Psoriatic Arthritis

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vertebrae  
spine  
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colitis  
extra-articular  
manifestations  
rheumatoid  
body  
tissues  
spondylitis  
painful  
bones





## While arthritis is a common enough word, what is psoriatic arthritis? How is it different from Rheumatoid arthritis? What are its symptoms?

### PSORIATIC ARTHRITIS

Psoriatic arthritis affects up to 30% of patients with psoriasis. Arthritis usually occurs after the onset of skin lesions, although less commonly, the reverse occurs. It can sometimes mimic rheumatoid arthritis in its joint distribution and symptoms, as in both diseases, the joints become painful, swollen and warm to the touch. It can also bring severe destruction to the joints and bones, a condition called arthritis mutilans, a disabling form of the disease.

Psoriatic arthritis is an autoimmune disease where the body's immune system begins to attack itself, resulting in inflammation in the joints. Psoriatic arthritis can affect any combination of joints.

### SYMPTOMS

Some possible symptoms and signs:

- **Swollen fingers and toes.** Psoriatic arthritis can cause a painful, sausage-like swelling of your fingers and toes, a term called dactylitis.
- **Enthesal pain.** There may also be pain at the points where tendons and ligaments attach to your bones – especially at the back of your heel (Achilles tendinitis), in the sole of your foot (plantar fasciitis) and at your elbows (tennis or golfer's elbow).
- **Low back pain.** Some people develop a condition called spondylitis as a result of psoriatic arthritis. Spondylitis mainly causes inflammation of the joints between the vertebrae of your spine and in the joints between your spine and pelvis (sacroiliitis).
- It can also cause **inflammation in body tissues** apart from the joints and the skin, termed extra-articular manifestations. They include the eyes, heart, lungs, and kidneys.

Psoriatic arthritis also shares many features with several other arthritic conditions, such as ankylosing spondylitis, reactive arthritis, arthritis associated with Crohn's disease and ulcerative colitis. All of these conditions can cause inflammation in the spine, peripheral joints, and have similar extra-articular manifestations. In view of these similarities, they are collectively referred to as "spondyloarthropathies".

### RISK FACTORS

- **PSORIASIS.** Having psoriasis is the single greatest risk factor for developing psoriatic arthritis. People who have psoriasis of their nails are especially likely to develop psoriatic arthritis.
- **YOUR FAMILY HISTORY.** Many people with psoriatic arthritis have a parent or a sibling with the disease. Having a family member with psoriasis is a major risk factor for developing psoriatic arthritis.
- **STRESS.** Stressful life situations could affect the immune system, allowing for the expression and/or exacerbation of psoriatic arthritis.
- **YOUR AGE.** Although anyone can develop psoriatic arthritis, it occurs most often in adults between the ages of 30 and 50.
- **GENETIC MARKERS.** Researchers have discovered certain genetic markers that appear to be associated with psoriatic arthritis. In patients with psoriatic arthritis involving the spine, a gene marker called HLA-B27 is found in about 50%.
- **ENVIRONMENTAL TRIGGERS.** Physical trauma or a viral or bacterial infection may trigger psoriatic arthritis in people with an inherited tendency.

### WHEN TO SEE A DOCTOR

If you have psoriasis, be sure to tell your doctor if you develop joint pain. Psoriatic arthritis can potentially damage your joints if left untreated.

### DIAGNOSIS

According to Dr. Benjamin Cheah, Consultant Rheumatologist, "The diagnosis of psoriatic arthritis is mainly made on clinical evidence. Suspicion for psoriatic arthritis is high if joint pain occurs in the presence of clinical features of psoriasis or if one has a family member with psoriasis." He adds that there is currently no diagnostic investigative test that confirms psoriatic arthritis. Inflammatory markers, namely the erythrocyte sedimentation rate (ESR) and the C-reactive protein (CRP), will usually be elevated. Your doctor may also send your blood for other autoimmune tests, for example, Antinuclear antibody (ANA) and Rheumatoid factor (RF).

## LIVING WITH PSORIATIC ARTHRITIS

People with arthritis often develop stiff joints and muscle weakness due to lack of use. Proper exercise is very important to improve overall health and to maintain flexibility of joints.

Walking is an excellent way to exercise. An exercise bike provides another good option. Walking aids or shoe inserts will help to avoid undue stress on feet, ankles, or knees affected by arthritis. In addition, yoga and stretching exercises can help with relaxation. Swimming or walking laps in the pool offers an activity without stressing the joints, as movements are assisted by the buoyancy of the water.

## TREATMENT

Dr. Cheah explains that, treatment of psoriatic arthritis may involve:

### • DRUGS

1. Non-Steroidal Anti-inflammatory Drugs (NSAIDs), eg Ibuprofen and Indomethacin
2. Selective Cyclo-oxygenase-2 (COX2) inhibitors, eg Celecoxib
3. Disease-Modifying AntiRheumatic Drugs (DMARDs), eg Methotrexate
4. Biologic therapy, in particular, Anti Tumor Necrosis Factor alpha, eg Infliximab

• **PHYSICAL THERAPY** Physical therapy may also be needed for some patients to help improve joint function and institute non-pharmacological approaches to pain control. This might involve the expertise of a physiotherapist and occupational therapist to strengthen muscles, protect joints from further damage, and increase flexibility.

• **INTRA-ARTICULAR INJECTIONS** If a particular joint is severely swollen and inflamed, your doctor may perform an intra-articular joint injection. This is where a needle is placed into the joint to extract the synovial joint fluid. Medications, particularly steroids, can then be injected into the joint to reduce inflammation.



## WATCH OUT FOR

There are several poor prognostic signs. Some of them are; the number of involved joints and the severity of damage, elevated inflammatory markers, failure of previous treatment regimes and reduced physical function.



*Dr. Cheah advises, "It is important for patients to discuss concerns with their doctors. Treatment may vary between patients and the focus of such treatment may differ depending on the individual patient. The ultimate goal is to diminish all joint inflammation and hence eliminate pain and improve function and quality of life."*

*As treatment may be long term, understanding its purpose, side effects and possible therapeutic efficacy is important. This helps manage realistic expectations and improves adherence to treatment.*



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# Psoriatik Arthritis

Arthritis adalah perkataan yang biasa didengar, tetapi apakah psoriatik arthritis? Apakah perbezaannya dengan Rheumatoid arthritis? Apakah simptom-simptomnya?

## PSORIATIK ARTRITIS

Sehingga 30% daripada pesakit psoriasis menghadapi psoriatik arthritis. Arthritis selalunya berlaku selepas terjadinya lesi pada kulit, walau pun ada kalanya arthritis berlaku dahulu. Kadang-kadang penyakit ini menyerupai rheumatoid arthritis daripada segi penjejasan sendi dan simptomnya kerana kedua-dua penyakit menyebabkan sendi berasa sakit, bengkak dan panas apabila disentuh. Penyakit ini juga merosakkan sendi dan tulang, iaitu suatu keadaan yang dipanggil arthritis mutilans, iaitu suatu bentuk penyakit yang mencacatkan.

Psoriatik arthritis adalah penyakit auto imun di mana sistem imun badan mula menyerang dirinya, menyebabkan radang pada sendi. Psoriatik arthritis boleh menjejaskan sebarang kombinasi sendi.

## FAKTOR-FAKTOR RISIKO

- **PSORIASIS.** Menghidapi psoriasis adalah faktor risiko yang paling besar untuk mendapat arthritis psoriatik. Orang yang mempunyai psoriasis kuku sangat cenderung untuk mendapat arthritis psoriatik.
- **SEJARAH KELUARGA.** Ramai orang yang menghadapi arthritis psoriatik juga mempunyai ibu bapa atau adik-beradik dengan penyakit ini. Mempunyai ahli keluarga yang menghadapi psoriasis adalah faktor risiko utama untuk mendapat arthritis psoriatik.
- **TEKANAN.** Tekanan akibat situasi kehidupan boleh menjejaskan sistem imun, yang membolehkan arthritis psoriatik terbentuk.
- **USIA ANDA.** Walaupun sesiapa sahaja boleh menghidap arthritis psoriatik, namun penyakit ini berlaku paling kerap di kalangan orang dewasa yang berumur di antara 30 dan 50 tahun.
- **PENANDA GENETIK.** Para penyelidik telah menemui penanda genetik tertentu yang nampaknya dikaitkan dengan arthritis psoriatik. Dalam pesakit yang menghadapi arthritis psoriatik yang melibatkan tulang belakang, penanda gen dipanggil HLA-B27 terdapat pada kira-kira 50% daripada mereka.
- **PENCETUS PERSEKITARAN.** Trauma fizikal atau jangkitan virus atau bakteria boleh mencetuskan arthritis psoriatik pada orang dengan kecenderungan yang diwarisi.



## SIMPTOM

Sesetengah simptom dan tanda yang mungkin termasuklah:

- **Bengkak pada jari dan jari kaki.** Psoriatik arthritis boleh menyebabkan jari dan jari kaki anda bengkak seperti sosej. Keadaan ini dipanggil daktilitis.
- **Sakit Entheseal.** Tendon dan ligamen yang melekat pada tulang boleh menjadi sakit - terutamanya di belakang tumit (Achilles tendinitis), di tapak kaki (fasciitis plantar) dan pada siku (siku tenis atau pemain golf).
- **Sakit Pinggang.** Sesetengah orang mengalami keadaan yang dipanggil spondilitis akibat arthritis psoriatik. Spondilitis terutamanya menyebabkan radang sendi antara vertebra tulang belakang dan di sendi antara tulang belakang dan pelvis (sacroiliitis).
- Ia juga boleh menyebabkan **keradangan pada tisu badan selain daripada sendi dan kulit**, yang dinamakan sebagai manifestasi tambahan-artikular. Ini termasuk mata, jantung, paru-paru, dan buah pinggang.

Arthritis psoriatik juga mempunyai persamaan dengan beberapa keadaan arthritis lain, seperti spondylitis ankylosing, arthritis reaktif, arthritis yang berkaitan dengan penyakit Crohn dan kolitis ulser. Semua keadaan ini boleh menyebabkan keradangan pada tulang belakang, sendi periferi, dan mempunyai manifestasi tambahan-artikular yang sama. Memandangkan persamaan ini, secara kolektifnya, keadaan ini dirujuk sebagai "spondyloarthropathies."



## BILAKAH PERLU BERJUMPA DOKTOR

Jika anda mempunyai psoriasis, pastikan anda memberitahu doktor anda jika anda mengalami sakit sendi. Arthritis psoriatik berpotensi merosakkan sendi anda jika tidak dirawat.

## DIAGNOSIS

Menurut Dr Benjamin Cheah, Pakar Perunding Reumatologi, "Diagnosis arthritis psoriatik terutamanya dibuat berdasarkan pada bukti klinikal. Rasa syak terhadap arthritis psoriatik adalah tinggi jika terdapat sakit sendi selain daripada ciri-ciri klinikal psoriasis yang ada atau jika seseorang itu mempunyai ahli keluarga yang menghadapi psoriasis." Beliau menambah bahawa buat masa ini tiada ujian penyiasatan diagnostik yang mengesahkan arthritis psoriatik. Penanda radang, iaitu kadar pemendapan eritrosit (ESR) dan protein C-reaktif (CRP), biasanya akan meningkat. Doktor anda juga boleh menghantar sampel darah anda untuk ujian auto imun yang lain, sebagai contoh, antibodi antinuklear (ANA) dan faktor reumatoid (RF).

## RAWATAN

Dr Cheah menjelaskan bahawa, rawatan arthritis psoriatik boleh melibatkan:

### • UBAT-UBATAN

1. Ubat anti-radang bukan steroid (NSAID) seperti Ibuprofen dan Indomethacin
2. Perencat tertentu Cyclo -oxygenase-2 (COX2), seperti Celecoxib
3. Ubat Anti-Rheumatik Mengubahsuai Penyakit (DMARD), seperti Methotrexate
4. Terapi Biologi, khususnya, Alfa Faktor Nekrosis Anti Tumor, seperti Infliximab

• **TERAPI FIZIKAL** Terapi fizikal juga mungkin diperlukan untuk sesetengah pesakit bagi membantu meningkatkan fungsi sendi dan

## HIDUP DENGAN ARTRITIS PSORIATIK

Orang yang menghadapi arthritis sering mempunyai sendi yang kaku dan otot yang lemah kerana kurang penggunaan. Senaman yang betul sangat penting untuk meningkatkan kesihatan secara keseluruhan dan untuk mengekalkan kelenturan sendi.

Berjalan adalah cara terbaik untuk bersenam. Basikal senaman adalah satu lagi pilihan yang baik. Alat bantu berjalan atau tapak yang dimasukkan ke dalam kasut akan membantu mengelakkan tekanan pada kaki, pergelangan kaki, atau lutut yang terjejas akibat arthritis. Di samping itu, yoga dan senaman regangan boleh membantu untuk ketenangan.

Berenang atau berjalan di dalam kolam renang adalah aktiviti tanpa member tekanan pada sendi kerana pergerakan dibantu oleh keapungan air.

melaksanakan pendekatan bukan farmakologi untuk mengawal kesakitan. Ini mungkin melibatkan kepakaran ahli fisioterapi dan terapi pekerjaan untuk menguatkan otot, melindungi sendi daripada kerosakan yang lebih teruk, dan meningkatkan fleksibiliti.

• **SUNTIKAN INTRA-ARTIKULAR** Jika sendi tertentu bengkak dan radang teruk, doktor akan melakukan suntikan intra-artikular pada sendi. Semasa prosedur ini, jarum diletakkan ke dalam sendi untuk mengekstrak cecair sinovia sendi. Ubat-ubatan, terutama steroid kemudiannya boleh disuntik ke dalam sendi untuk mengurangkan keradangan.

## BERWASPADA

Terdapat beberapa tanda ramalan yang tidak berapa tepat. Sesetengahnya adalah; bilangan sendi yang terlibat dan keterukan kerosakan, penanda radang yang tinggi, kegagalan rejim rawatan sebelumnya dan fungsi fizikal yang kurang.



*Dr Cheah menasihatkan bahawa penting bagi pesakit untuk membincangkan tentang apa yang merisaukan dengan doktor mereka. Rawatan mungkin berbeza-beza antara pesakit dan fokus rawatan itu mungkin berbeza bergantung kepada pesakit individu. Matlamat utama adalah untuk mengurangkan semua keradangan sendi dan dengan itu menghapuskan kesakitan dan meningkatkan fungsi dan kualiti hidup.*

*Memandangkan rawatan adalah jangka panjang, memahami tujuan, kesan sampingan dan kemungkinan keberkesanan terapeutik adalah penting. Ini membantu menguruskan jangkaan realistik dan meningkatkan pematuhan kepada rawatan.*

# 牛皮癣关节炎

关节炎已经是一个耳熟能详的字眼，那么牛皮癣关节炎又是什么呢？  
它跟类风湿性关节炎有什么不同？它又有些什么症状呢？



## 牛皮癣关节炎

牛皮癣患者当中，有三成的人会得牛皮癣关节炎。关节炎通常是在皮肤病变发生之后才开始，虽然也会有反向发生的例子，但是却比较少见。这种关节炎在关节分布及症状方面，有时跟类风湿性关节炎有几分相像；这两种关节炎的患者关节都会肿痛并有温热感。它也会严重损坏关节和骨骼以致引发残毁性关节炎，一种致残式的关节炎。

牛皮癣关节炎是一种自身免疫疾病，身体的免疫系统攻击自己身体，结果造成关节发炎。牛皮癣关节炎会侵犯关节，受累及的关节并没有一定的组合形式。

## 风险因素

- **牛皮癣**。患上牛皮癣是会得牛皮癣关节炎的单一最大风险因素。患有指甲牛皮癣的人士尤其容易患上牛皮癣关节炎。
- **家族病历**。许多牛皮癣关节炎患者的父亲或母亲，或兄弟姐妹里头会有人是患者。如果家族里有人患牛皮癣，这将是患上牛皮癣关节炎的最主要风险因素。
- **压力**。生活里的沉重压力会影响身体免疫系统，使得牛皮癣关节炎得以爆发出来或者加重病情。
- **年龄**。虽然人人都可能患上牛皮癣关节炎，但是最常发病的是年龄介于30至50岁的成人。

## 症状

以下是一些可能出现的症状和讯号：

- **手指与脚趾肿胀**。牛皮癣关节炎会使手指及脚趾肿得像香肠一般并且会痛，这种情形称为指炎。
- **附着点疼痛**。患者的韧带及肌腱附着在骨骼上的附着点处也可能会疼痛，尤其是在后脚跟（跟腱炎）、足底盘（足底筋膜炎）以及手肘（网球或高球肘）处。
- **腰痛**。有些人会因为牛皮癣关节炎而引起僵直性脊椎炎，这病症主要是脊椎椎骨之间的关节发炎，以及脊椎跟骨盆之间的关节发炎（骶髂关节炎）。
- 除了关节和皮肤之外，它也会**造成身体组织发炎**，这种情形称为关节以外病症显现。会受影响的包括眼睛、心脏、肺部和肾脏。

牛皮癣关节炎也跟其他几种关节疾病有着多项共同特性，这里所指的关节病症为僵直性脊椎炎、反应性关节炎以及克罗恩疾病及溃疡性结肠炎有关的关节炎。这所有的疾病都会导致脊椎，以及外周关节发炎，同时还会有相同的关节以外病症显现。基于这种种的相似之处，它们被统称为“脊椎关节病”。



- **遗传标记。**研究人员在人体内发现了一些跟牛皮癣关节炎有关的遗传标记。在那些脊椎受到牛皮癣关节炎侵犯的病人当中，约半数人的体内都有一种叫做HLA-B27的遗传标记。
- **环境诱因。**身体受创，或者受病毒或细菌感染，都可能在因为遗传因素而容易患上此疾病的人身上诱发牛皮癣关节炎。

## 什么时候应该求诊

如果你患有牛皮癣，而又出现关节痛的话，那就一定要让你的医生知道。若置之不理，牛皮癣关节炎很可能会损坏你的关节。

## 诊断

风湿专科顾问医师谢天远医生指出：“牛皮癣关节炎的诊断主要是根据临床证据来确定。如果临床上有牛皮癣的特征，或者患者家族里有牛皮癣病史，那么患上牛皮癣关节炎的可能性就很大了。”他补充说，目前还没有检验可以帮助确诊牛皮癣关节炎。患者体内的发炎标记如血沉率及C反应蛋白的指数通常都会飙升。你的主治医生或许也会把你的血液送去作其他自身免疫测试，例如看看有没有抗核抗体及类风湿因子的存在。

## 治疗

谢医生解释说，用来治疗牛皮癣关节炎的包括以下几项：

- **药物。**
  1. 非类固醇消炎药 (NSAIDs)，例如Ibuprofen 和 Indomethacin
  2. 选择性环氧合酶-2 (COX2) 抑制剂，例如Celecoxib
  3. 改变病程抗风湿药 (DMARDs)，例如Methotrexate
  4. 生物剂治疗法，尤其是使用抗肿瘤坏死因子α，例如Infliximab

● **物理治疗。**有些患者需要借由物理治疗来帮助增进关节功能，并实行非药物式的疼痛管理。专业物理治疗师及技能治疗师会指导患者如何增强肌肉、保护关节不再受损以及提高关节的灵活性。

● **关节内注射。**若某个关节严重发炎和肿胀，你的主治医生或会为你进行关节内注射。医生会将一支针刺入关节内，抽出里面的滑膜关节液。然后再将药物，尤其是类固醇，注射到关节内以减少发炎。

### 该留意的事项

预后不良的迹象有几项，大家不妨多加留意。这些迹象如下：受影响关节的数量以及受损的严重程度、居高不下的发炎指标、之前的治疗方案不成功，还有身体机能下降。

### 与牛皮癣关节炎共处

关节炎患者的关节通常会变得僵硬，加上平时少用而导致肌肉无力。平时多做适当的运动，在增进全面健康和保持关节灵活方面很重要。

步行是一项很好的运动。健身脚踏车也是一个不错的运动选择。助行器或鞋垫，能帮助受关节炎影响的双足、脚踝或膝盖避免承受不必要的压力。除此以外，瑜伽和伸展运动也有助放松身心。

游泳或在泳池里来回浮行，是一种关节不用承受压力的运动，原因是人体的动作都有水的浮力在扶助进行。

请教  
医生

谢医生劝请道：“患者们跟医生沟通、讨论问题是很重要的。患者间所接受的治疗方法不尽相同，治疗上所注重的方面也因人而异。医疗的终极目标就是要消除所有的关节发炎，并借此消除疼痛，增进生活的功能和品质。”

治疗的过程可能很长远，因此患者要能明了治疗之目的、副作用和可能的治疗功效，这点非常重要。这将有助管理现实的期望并提高对治疗的依从性。

# TOO YOUNG FOR A JOINT REPLACEMENT?

So do you think you are too young for a joint replacement?  
Are you faced with a decision that you believed you would face only  
10 years down the road? If so, this information may interest you.

## WHAT IS JOINT REPLACEMENT?

Joint replacement is a surgical procedure to treat moderate and severe arthritis – most commonly, osteoarthritis. The knee and the hip are the most commonly replaced joints, but the elbow and shoulder joints can be replaced too. In effect, the ends of the two bones that meet to form a joint are removed and replaced with an artificial surface – an implant. The #1 reason for having joint replacement is to treat the pain of really bad osteoarthritis.

The demographics of knee and hip replacement patients are changing. The world over, knee and hip replacement patients are getting younger and younger.

### Young patients with joint replacements should be cautious, and perform only suggested activities like

- Cycling
- Calisthenics
- Swimming
- Low-resistance rowing
- Skiing machines
- Walking & Hiking
- Low-resistance weightlifting

### ACTIVITIES TO BE AVOIDED ARE:

- Baseball
- Basketball
- Football
- Hockey
- Soccer
- High-impact aerobics
- Gymnastics
- Jogging
- Power lifting

These lists are meant to give patients an idea of what to expect if they undergo knee replacement surgery. Before you begin a new exercise program, it is important that you discuss this with your doctor.

## TO REPLACE OR NOT—PROS AND CONS

Why should you replace? A sedentary lifestyle is a threat to your health. It can lead to weight gain and obesity, diabetes, high blood pressure and heart disease, and stroke, to name just a few potential problems. And severe joint pain can make you sedentary. Pain and discomfort associated with moderate and severe knee or hip arthritis can be debilitating to the point where even walking becomes a challenge. So the benefits of performing replacement surgery in younger patients are primarily quality of life, pain reduction, and maintaining proper fitness.

## RISKS AND CONCERNS

The primary risk of performing total knee replacement surgery in younger patients is the concern of wearing out the implant. Revision surgeries too are on the rise, and patients contemplating surgery need to be aware of that. Replacements may fail by the parts becoming loose. The joint surfaces may wear out. Bone could break down around the parts, infection could set in, or in rare cases, the parts themselves might break. Many of these problems can be seen by a doctor on x-rays before you feel that anything is wrong. This is why you should see your doctor on a regular basis after surgery even if you feel well.

*“Do not hesitate to seek a second opinion, if you are in doubt after being advised to consider having a joint replacement.”*

*~ Dr. Amir*



*Dr. Amir Azlan Zain, Consultant Rheumatologist and President of Arthritis Foundation Malaysia gives you some reasons why you should consider a joint replacement even if*

*you are relatively young;*

*1. Less co-morbidities when younger e.g. diabetes, heart disease*

*2. Recovery time is faster*

*3. If you wait too long, muscles will waste around the arthritic joint making it more difficult to rehabilitate*

*4. Complications of operation are fewer when younger*

*5. Cost of the operation may increase in later years*

*6. Having the joint replaced almost always results in reduced pain, reduced inflammation and swelling, improved range of movement at the joint, greater mobility, and thus improved quality of life*

## JOINT REPLACEMENTS AREN'T JUST FOR THE ELDERLY ANYMORE

The fastest growing age group for knee and hip replacement surgery is between 45 and 54 years of age. According to a report in February 2015, from the Centers for Disease Control and Prevention, a growing number of baby boomers and 40-somethings are getting the procedure. The number of total hip replacements tripled for the 55-64 age group from 2000 to 2010, while the procedures increased 205 percent – from 138,000 to nearly 311,000 for those aged 45-54, the report said. The surge reflects the increased bid to maintain active lifestyles as Americans age, doctors say.





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# Children and Arthritis – Juvenile Idiopathic Arthritis (JIA)



**M**ention arthritis, and instantly an image of an older person hobbling down the stairs forms in your mind. But did you know that kids could have arthritis too? It's hard to imagine that, but yes, they do. Well read on, to understand more about the condition.

Dr. Tang Swee Ping, Malaysia's pioneer Pediatric Rheumatologist with Hospital Selayang says, according to hospital figures in 2010, there have been about 150 referrals with a diagnosis of JIA since the Paediatric Rheumatology unit started in 2003. Cautions Dr. Tang, "If your child complains of persistent joint pains or swelling it is important not to dismiss or ignore these symptoms. Early and correct treatment can prevent irreversible damage to the joints."

## PROCESS OF DIAGNOSIS

Says Dr Tang, see a general practitioner or a pediatrician first. If the diagnosis of arthritis is suspected then the child will be referred to see a pediatric rheumatologist (only available in Selayang Hospital) or to see a rheumatologist. Various investigations will then be carried out and they

- Juvenile means that the arthritis began before 16 years of age.
- Idiopathic means that the cause is unknown.
- Arthritis means that one or more of the joints are inflamed (i.e. they're swollen, painful and stiff).
- Even if the child is over 16, doctors will still use the term JIA because this type of arthritis is different from adult forms of arthritis.

normally would include; blood tests and X-rays. Other imaging modalities like MRI or investigations like bone marrow examination will be done only when indicated. Only then can diagnosis be confirmed and path of treatment decided on.

- Blood tests are often used to support the diagnosis by looking for things such as inflammation and auto-antibodies.
- X-rays of the affected joints are usually needed to allow the doctor to look for any joint damage or other pathologies which may mimic arthritis.
- Ultrasound and magnetic resonance imaging (MRI) scans are other ways to look at the joints.

## SOME COMMON TYPES OF JIA

► **OLIGOARTHRITIS** It affects one to four joints and commonly affects the knees. The good news is that it is often mild and is the most likely type of JIA to go away and leave little or no damage to joints.

But it also has the highest chance of developing chronic anterior uveitis (inflammation of the eye). So regular eye checks with an ophthalmologist (eye specialist) will be needed.

► **EXTENDED OLIGOARTHRITIS** With this form of JIA, you have oligoarthritis in the first 6 months and then develop arthritis in more joints subsequently (5 or more).

► **POLYARTHRITIS JIA** This type of JIA tends to cause painful swellings in small joints like fingers, toes and also larger joints like wrists, ankles, hips and knees. It also commonly affects the neck and jaw.

- It may come on suddenly or can steadily involve more joints over a period of months.
- The child may feel unwell and tired and occasionally develop a slight fever.

► **PSORIATIC ARTHRITIS** Psoriasis is a scaly skin rash, and with this condition, the child can also get joint pains and swelling (arthritis) known as psoriatic arthritis. This arthritis usually affects the fingers and toes, but it may affect other joints too.

► **SYSTEMIC-ONSET JIA** Here, joint pain is part of a general illness involving fever, tiredness, rash, loss of appetite and weight loss.

- The child may have enlarged glands in the neck, under the arms and around the groin area.
- The doctor may find the spleen and liver enlarged, and very occasionally, the covering of the heart inflamed (pericarditis).

► **UNDIFFERENTIATED ARTHRITIS** Sometimes young people don't fit neatly into the above groups and the condition is defined as undifferentiated arthritis.



## DR TANG'S ADVICE TO PARENTS

Watch their diet and ensure that they eat healthily with adequate intake of calcium containing foods like milk, cheese, yoghurt, leafy greens, seafood.

Ensure that they get adequate rest.

Regular exercise is important as it can help improve a child's sense of well-being, boost energy levels and help sleep better. During exercise, the body produces chemicals called endorphins. Endorphins help to reduce pain, joint stiffness, and anxiety.

Supervise your children's medications and ensure that they attend regular clinic appointments. It's important to be compliant to treatment as it offers the best chance of remission and leading a life of quality.

Also aim for a well-balanced diet with plenty of fruit and vegetables and high-fiber content, while avoiding too much fat and carbohydrates.

Set aside 15-20 minutes each day for exercise. Range of motion exercises help to reduce stiffness and improve joint motion. Ensure that each joint in the neck, spine, arms and legs moves fully. Stretching can reduce a child's stiffness and help keep her joints and muscles flexible. Cardiovascular fitness can help the child maintain a healthy weight, and improve her sleep and mood.

This is a chronic disease and your children could do with a lot of support and encouragement. Treatment is a slow process and often no immediate effects can be seen. You need to be patient.

Do not embark on buying various supplements in the hope that it will offer an immediate cure. Likewise, please do not be gullible and believe everything you read on the internet about quick cures.

*"If your child complains of persistent joint pains or swelling it is important not to dismiss or ignore these symptoms. Early and correct treatment can prevent irreversible damage to the joints." ~ Dr. Tang*

## Kanak-kanak dan Arthritis – Juvenile Idiopathic Arthritis (JIA)

**B**ila sebut 'Arthritis', pastinya ramai yang membayangkan orang tua terketar-ketar menuruni tangga. Tetapi tahukah anda bahawa ramai kanak-kanak juga boleh menghidapi arthritis? Memang sukar untuk membayangkannya, tetapi perkara ini memang berlaku. Sila teruskan bacaan untuk mengetahui lebih lanjut tentang keadaan ini.

Dr Tang Swee Ping, perintis Reumatologi Pediatrik Malaysia yang berkhidmat dengan Hospital Selayang berkata bahawa menurut perangkaan hospital pada tahun 2010, terdapat kira-kira 150 rujukan dengan diagnosis JIA sejak unit Reumatologi Pediatrik mula ditubuhkan pada tahun 2003. Dr Tang mengingatkan, "Jika anda anak mengadu tentang sakit sendi atau bengkak yang berterusan, adalah penting untuk mengabaikan gejala-gejala ini. Rawatan awal dan betul boleh mengelakkan kerosakan yang tidak boleh dipulihkan pada sendi."

### PROSES DIAGNOSIS

Kata Dr Tang, berjumpalah dengan pengamal perubatan atau pakar kanak-kanak terlebih dahulu. Jika diagnosis mengesyaki arthritis maka kanak-kanak itu akan dirujuk

- Juvenile bermakna arthritis bermula sebelum umur 16 tahun.
- Idiopathic bermakna bahawa puncanya tidak diketahui.
- Arthritis bermakna satu atau lebih sendi radang (iaitu bengkak, sakit dan kaku).
- Walaupun jika kanak-kanak itu berusia melebihi 16 tahun, doktor masih akan menggunakan terma JIA kerana arthritis jenis ini berbeza daripada arthritis yang dialami oleh orang dewasa.

untuk berjumpa dengan reumatologi pediatrik (hanya terdapat di Hospital Selayang) atau pakar reumatologi. Pelbagai siasatan akan dijalankan dan biasanya termasuk ujian darah dan X-ray. Modaliti pengimejan lain seperti MRI atau penyiasatan seperti pemeriksaan sum-sum tulang yang akan dilakukan hanya apabila terdapat petunjuk. Hanya selepas itu diagnosis boleh disahkan dan rawatan ditentukan.

- Ujian darah sering digunakan untuk menyokong diagnosis dengan mencari bukti-bukti seperti keradangan dan auto-antibodi.

- X-ray pada sendi terjejas yang biasanya diperlukan untuk membolehkan doktor mencari sebarang kerosakan sendi atau patologi lain yang boleh menyerupai artritis.
- Ultrasound dan imbasan pengimejan resonans magnetik (MRI) adalah cara lain untuk melihat sendi.

## SESETENGAH JENIS ARTRITIS IDIOPATIK JUVENIL (JIA) YANG BIASA

► **OLIGOARTHRITIS** Ia memberi kesan kepada satu hingga empat sendi dan biasanya memberi kesan kepada lutut. Walau pun begitu, ia selalunya tidak teruk dan adalah jenis JIA yang paling mungkin akan sembuh dengan hanya sedikit atau tiada kerosakan kepada sendi.

Tetapi ia juga mempunyai peluang yang tinggi untuk menghadapi uveitis anterior kronik (radang mata). Oleh itu, pemeriksaan mata yang kerap dengan pakar mata diperlukan.

► **OLIGOARTHRITIS LANJUTAN** Dengan JIA jenis ini, anda menghadapi oligoarthritis pada enam bulan pertama dan kemudian mejadi artritis pada lebih banyak sendi kemudiannya (5 atau lebih).

► **POLYARTHRITIS JIA** JIA jenis ini selalunya menyebabkan bengkak yang menyakitkan di sendi-sendi kecil seperti jari, jari kaki dan juga sendi yang lebih besar seperti pergelangan tangan, pergelangan kaki, pinggul dan lutut. Ia juga biasa memberi kesan kepada leher dan rahang.

• JIA jenis ini boleh datang secara tiba-tiba atau dengan perlahan-lahan boleh melibatkan lebih banyak sendi dalam tempoh beberapa bulan.

• Kanak-kanak itu mungkin berasa tidak sihat dan letih dan kadang-kadang demam sedikit.

► **ARTRITIS PSORIATIK** Psoriasis adalah ruam yang menyebabkan kulit bersisik, dan dengan keadaan ini, kanak-kanak juga boleh mendapatkan sakit sendi dan bengkak (arthritis), dikenali sebagai artritis psoriatik. Arthritis ini biasanya memberi kesan kepada jari tangan dan kaki, tetapi ia boleh menjejaskan sendi-sendi lain juga.

► **SISTEMIK-AWAL JIA** Di sini, sakit sendi adalah sebahagian daripada penyakit umum yang melibatkan demam, keletihan, ruam, hilang selera makan dan kehilangan berat badan.

• Kanak-kanak mungkin mempunyai kelenjar yang bengkak di leher, bawah lengan dan di sekitar kawasan pangkal paha. Doktor mungkin mendapati limpa dan hati yang membesar, dan berkemungkinan kecil, penutup jantung radang (pericarditis).

► **ARTRITIS DIBEZAKAN** Kadang-kadang anak-anak muda tidak dapat hendak digolongkan dalam mana-mana kumpulan di atas dan keadaan ditakrifkan sebagai artritis dibeza.

## NASIHAT DR TANG UNTUK IBU BAPA

Jaga diet mereka dan pastikan mereka makan secara sihat dengan pengambilan kalsium yang cukup, mengandungi makanan seperti susu, keju dan yogurt. Makanan seperti sayur-sayuran hijau, makanan laut, kekacang dan buah-buahan juga mengandungi kalsium.

Menyelia ubat anak-anak anda dan memastikan mereka menghadiri temujanji klinik yang dijadualkan. Penting sekali untuk mematuhi arahan rawatan kerana ia menawarkan peluang terbaik untuk sembuh dan menjalani kehidupan yang berkualiti.

Luangkan 15-20 minit setiap hari untuk bersenam.

Pelbagai senaman gerakan membantu untuk mengurangkan ketegangan dan meningkatkan pergerakan sendi. Pastikan setiap sendi di leher, tulang belakang, lengan dan kaki bergerak sepenuhnya. Peregangkan boleh mengurangkan kekejangan bagi kanak-kanak dan membantu menjaga sendi dan otot mereka supaya fleksibel.

Kecergasan kardiovaskular boleh membantu kanak-kanak itu mengekalkan berat badan yang sihat, dan meningkatkan tidur dan mood mereka.

Pastikan mereka mendapat rehat yang cukup.

Sasarkan diet yang seimbang dengan banyak buah-buahan dan sayur-sayuran dan kandungan serat yang tinggi kandungan, di samping mengelakkan terlalu banyak lemak dan karbohidrat.

Ini adalah penyakit kronik dan berikan anak anda banyak sokongan dan galakan. Rawatan adalah proses yang perlahan dan selalunya mempunyai kesan serta-merta tidak dapat dilihat. Anda perlu bersabar.

Jangan membeli pelbagai makanan tambahan dengan harapan ia akan memberi penawar serta-merta. Begitu juga, jangan mudah tertipu dan percaya semua yang anda baca di internet mengenai penawar segera.

Senaman yang kerap adalah penting kerana ia boleh membantu meningkatkan kesejahteraan nak anda, meningkatkan tahap tenaga dan membantu tidur yang lebih baik. Semasa bersenam, tubuh akan menghasilkan bahan kimia yang dipanggil endorfin. Endorfin membantu mengurangkan kesakitan, ketakutan sendi, dan kebimbangan.

*“Jika anda anak mengadu tentang sakit sendi atau bengkak yang berterusan, adalah penting untuk tidak mengabaikan gejala-gejala ini. Rawatan awal dan betul boleh mengelakkan kerosakan yang tidak boleh dipulihkan pada sendi.” ~ Dr. Tang*



# 孩童与关节炎 - 少年自发性关节炎

**每**当提起关节炎，脑海中马上浮现一位老人家步伐艰难地缓缓下楼的画面。但是，你可知道孩童也会患上关节炎吗？这虽然有点令人难以置信，不过他们确实是可能会得关节炎。请细读此文，从而增加你对这种关节炎的认识。

目前任职于士拉央医院，身为马来西亚首位小儿关节炎专科医师的邓瑞冰医生指出，根据院方2010年的数字显示，自该医院的小儿风湿专科部门由2003年开始运作以来，转诊到来的病例中有150个确诊为少年自发性关节炎。邓医生提醒的说：“如果孩子抱怨关节一直会痛或肿胀的话，请千万别对这些症状置之不理。尽早采取适当的治疗，可以避免关节遭受永久性破坏。”

- 之所以用“少年”，是因为此种关节炎发生在16岁以前。
- 用“自发性”是因为原因不明。
- “关节炎”是指一个或多个关节发炎（即关节肿胀、疼痛及僵硬）。
- 即使患者年龄已经不止16岁，但是医生依然会称它为少年自发性关节炎，原因是它跟成人的关节炎不相同。

## 诊断的过程

邓医生说，初诊可以先去看全科医师或小儿科医师。如果怀疑是关节炎的话，有关的医生会写转诊信，让小孩去见小儿风湿专科医师（唯士拉央医院有此医疗服务）或风湿专科医师。医生会展开各种检测，包括验血和照X光以其它的影像检查，例如磁场共振成像扫描，或在需要时还会进行骨髓检验。只有在进行了这些检测后，方可以确诊，并决定医疗的方式。

- 进行血液检验，寻找炎症指标及自身免疫抗体，用来支持医生所作的诊断。
- 医生通常都会给受累的关节照X光，方便检查关节是否受损，或看看是否是其它症状跟关节炎相似的疾病。
- 医生也可能会用超声波及磁场共振成像扫描来检查患者的关节。

## 几种常见的少年自发性关节炎

▶▶ **少关节型** 它只累及一个至四个关节，通常会侵犯双膝。庆幸的是，它的症状多数不严重，而且是最可能会慢慢消失或只轻微损坏关节，甚至完全不损坏关节的一种关节炎。

但是患者患上慢性虹膜睫状体炎（眼睛发炎）的几率最高，所以患者需定期让眼科医师做眼科检查。

▶▶ **扩大少关节型** 这类型的少年自发性关节炎在首6个月是属少关节型，之后其它多个（五个或更多）关节就会开始出问题。

▶▶ **多关节型** 这类型的少年自发性关节炎多数会造成小关节肿痛，例如手指、脚趾，以及较大的关节如手腕、脚踝、髋和膝。它通常也会累及颈部关节及颞关节。

- 它或许是突然发生，也可能是随着时间稳定渐进，在几个月时间内，受累的关节会越来越多。

- 有关的孩童或许会感到不适、疲累，偶尔还会轻微发烧。

▶▶ **牛皮癣关节炎** 牛皮癣是一种皮肤鳞屑皮疹，患牛皮癣孩童的关节也可能会肿痛，这情形被称为牛皮癣关节炎。这种关节炎通常会累及手指与脚趾，有时也会累及其它关节。

▶▶ **系统性发病的少年自发性关节炎**

- 在这类型的关节炎里，关节痛是其中一项症状，其它症状还包括发烧、疲累、红疹、食欲不振、消瘦。

- 有关孩童的颈项、腋下及腹股沟处的腺体或许会增大。经过检查，医生可能会发现患者的脾与肝也增大了。还有，心脏的覆盖层偶尔也会发炎（心包炎）。

▶▶ **未分化关节炎** 有些年少患者的情形不与以上所述的关节炎类型吻合，医学上称它们为未分化关节炎。

## 邓医生对父母亲的忠告

注意孩子的饮食，确保他吃得健康，饮食里要有足够富含钙质的食物如奶、乳酪及优格乳。绿叶类蔬菜、海鲜、豆类和水果也是富含钙质的食物。

督促孩子定时服药和按时复诊。在医疗的路途上，遵从医嘱非常重要。如果孩子能做到这点，疾病进入缓和期的机会就很高，孩子也就因而能够快乐轻松过日子。

每天花15-20分钟做运动。关节活动幅度运动有助减轻僵硬感，提高关节活动性。运动时确实要做到颈部、脊椎、手臂和脚部的每个关节通通都有完全活动的机会。伸展运动可以减轻僵硬感，令孩子的关节和肌肉都比较灵活。增进心血管健康的运动有助孩子维持健康体重，增进睡眠质量，并让孩子心情愉快。

请确保孩子有足够的休息，不要太操劳。

同时，饮食要尽量做到营养均衡。在给孩子多吃水果、蔬菜和高纤维食物之余，也要避免吃下太多的脂肪和碳水化合物。

这是一种慢性疾病，你给孩子的扶持、鼓励和打气，能帮助孩子勇敢面对疾病。治疗不会马上见效，而是需要经过一段时日才会看到效果。你必需要有耐心。

不要因为冀望孩子能够迅速康复，而开始购买各种有的没的营养补品。同样的，切勿轻信网上的所见所闻，勿相信真的会有可以治病快速治愈的方法。

经常做运动对健康很重要，运动能使孩子感到身心舒畅，增强体力并令他们睡得更好。人体在运动时会制造一种叫做内啡肽的化学物质，它有助减轻疼痛、减少关节僵硬和焦虑。

**“如果孩子抱怨关节一直会痛或肿胀的话，请千万别对这些症状置之不理。尽早采取适当的治疗，可以避免关节遭受永久性破坏。” ~ 邓瑞冰医生**

# DR. MUHAINI OTHMAN

## Tracing The Path of Rheumatology in Malaysia



*“My vision is for all patients, even those living in the remotest areas, to have access to rheumatologists and thus the advantages of early treatment.” ~ Dr. Muhaini*

**W**ith 33 years of service in the Ministry of Health, Dr. Muhaini Othman, one of the pioneers of rheumatology in Malaysia and former President of Malaysian Society of Rheumatology (MSR) (2008-2010) charts the growth and milestones of rheumatology in Malaysia.

Senior Consultant Physician/Rheumatologist and Head of Department of Medicine, Hospital Serdang, Dr. Muhaini has a easy smile and gentle demeanor. She recalls nostalgically about her early years as a fledging doctor and says she was interested in pursuing rheumatology very early on in her career, even when she was a junior medical officer. At that point there was no structured training program and she worked with Dr. Kiran Veerapen (Past President MSR), at Universiti Malaya.

In 1992, under the aegis of the Ministry of Health, one of the specialists in HKL wanted to start a clinic so she worked on that for several years. It was 1994 and a landmark year in the annals of the development of Rheumatology in Malaysia with the establishment of the clinic at Hospital Kuala Lumpur (HKL). Patients came from all over Malaysia including the remote areas of Sabah and Sarawak. Dr. Muhaini recalls, “They would take an overnight bus to Kuala Lumpur, spend the whole day at the hospital and then take another overnight bus to go back!”

### GROWTH OF RHEUMATOLOGY IN MALAYSIA

Charting the growth, Dr. Muhaini says, “We have grown a lot since those initial days and we have four pioneer

centers that train as well as do research. The year 1999 was a milestone year as Hospital Selayang was earmarked to be the first tertiary rheumatology unit in the Ministry of Health (MOH). Concurrently, other designated rheumatology service and training centers are at Hospital Tuanku Ja’afar Seremban, Hospital Putrajaya and Hospital Taiping. In 2007, I was transferred from Hospital Taiping to set up the rheumatology services in Hospital Serdang. By the year 2008, many of the state hospitals had their own rheumatologists, and trained people with their own curriculum.”

As a result of the ease of access to rheumatologists and good medical care, more and more people are getting treated in the early stages of the disease. In the past, people came in late for diagnosis which led to delayed treatment and in some extreme cases even deformity. Over the years, the effort has also been to standardize treatment, equipment and budget allocation so that the care offered in all the hospitals is the same, regardless of whether it is situated in remote areas or big cities. Today, some of the big district hospitals like Sibul in Sarawak have rheumatologists too. Hopefully the service can be offered in Muar and Taiping soon.

### SETTING UP OF MALAYSIAN SOCIETY OF RHEUMATOLOGY

The Malaysian Society of Rheumatology was registered on the 7th of August 1989, and it was warmly welcomed by regional rheumatology bodies.

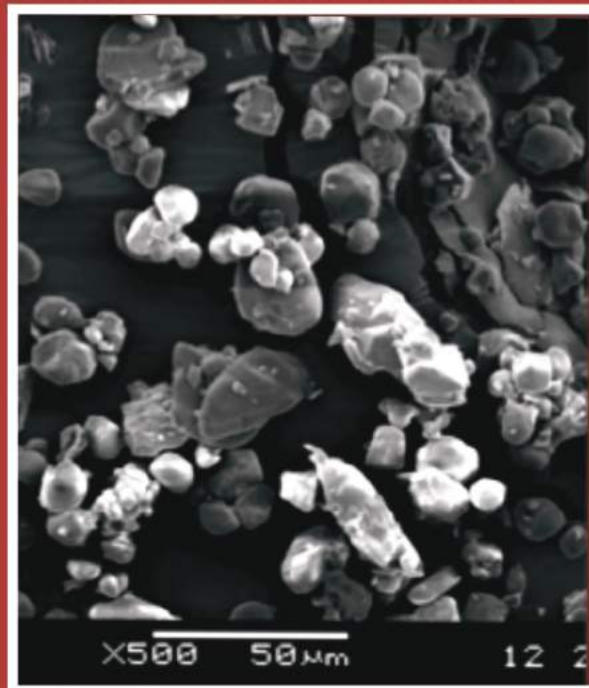
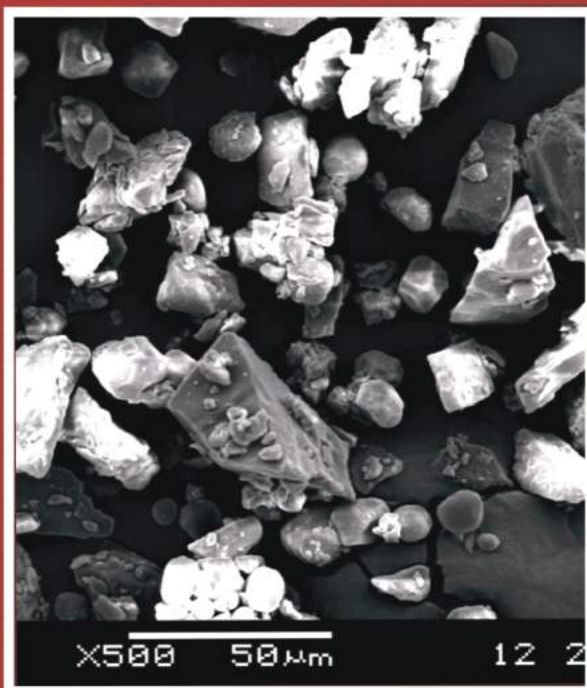
Recalls Dr. Muhaini, “In 1994, we organised our first international conference and brought in doctors from the Asia Pacific region. Over the years, MSR has also actively run rheumatology workshops and training programs throughout Malaysia for interested general practitioners and physicians, so that non-inflammatory rheumatoid disorders could be treated by generalists and inflammatory disorders appropriately referred to rheumatologists. In association with the Ministry of Health, we also do various activities to raise awareness.”

### DRUGS

Drugs too have come a long way as earlier, says Dr. Muhaini, “There were no separate drugs to treat conditions related to rheumatology. They were all borrowed from those used to treat other disease! But after 2000, specific drugs “biologics” began being used as well as newer drugs specifically to treat rheumatology.” This brought new light for inflammatory arthritis sufferers. They are now able to enjoy a new lease of life as their diseases are more controlled. We feel good that we are able to help them.”



Reflective microscopic picture of **Artril 250/Forte** capsule powder compared to the reference brand of glucosamine



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<sup>1</sup> Data on file



# Q&A

## HOW MUCH DO YOU KNOW ABOUT ARTHRITIS? TAKE THIS QUIZ AND CHALLENGE YOURSELF.

By Dr. Sargunan Sockalingam

**1. Psoriasis is known to have a partner disease that affects joints as well. What is it called?**

- A. Plaque psoriasis
- B. Pustular psoriasis
- C. Lupus
- D. Psoriatic Arthropathy

**2. "Pencil in a cup" is the radiological picture of a joint seen in?**

- A. Psoriatic Arthropathy
- B. Diabetes mellitus
- C. Paranoid schizophrenia
- D. Malaria

**3. Which diet is recommended for people with high uric acid levels?**

- A. Sea food diet
- B. Unlimited diet
- C. Purine free diet
- D. Fast food diet

**4. Which of these is a painful condition where the patient seeks urgent treatment?**

- A. Diabetic neuropathy causing pins and needles sensation in hands and legs
- B. Aches and pains after vigorous exercise
- C. Difficult breathing and wheezing of an asthma attack
- D. Painful toe swelling for the first time in a patient with high uric acid

**5. One of the following is an infectious disease that causes joint pains so severe that the patient is "stooped over".**

- A. Malaria
- B. Chikungunya
- C. Rocky Mountain Spotted fever
- D. Tuberculosis

**6. A joint disease which occurs after a person suffers from an intestinal or a urinary tract infection?**

- A. Reactive Arthritis
- B. Rheumatoid Arthritis
- C. Gout
- D. Pseudogout

**7. Arthritis in children is referred to as...**

- A. Ankylosing Spondylitis
- B. Gout
- C. Rheumatoid Arthritis
- D. Juvenile Idiopathic Arthritis

**8. A risk factor for the development of rheumatoid arthritis in susceptible individuals?**

- A. Masuk angin
- B. Sambal petai belacan
- C. Flying fox
- D. Cigarette smoking

**9. "Bamboo spine" or the complete stiffening of the spine, is seen in....**

- A. Diabetes mellitus
- B. Multiple sclerosis
- C. Tetanus
- D. Ankylosing spondylitis

**10. Supplements that have shown to benefit in Rheumatoid Arthritis?**

- A. Stem cells
- B. Fish oil
- C. Glucosamine
- D. Brown rice



## ANSWERS

**1. D.** Up to 30% of patients with psoriasis will develop the joint disease, Psoriatic Arthropathy.

**2. A.** It is seen in Psoriatic Arthropathy. The other choices are not diseases of joints.

**3. C.** Purines are broken down into uric acid. A diet rich in purines from certain sources can raise uric acid levels in the body, which sometimes leads to gout.

**4. D.** Painful toe swelling is the typical description of gout.

**5. B.** Chikungunya, caused by a virus, features high fever with body and

joint pains so severe that the patient assumes a stooped position.

**6. A.** Reactive arthritis is a painful form of inflammatory arthritis that develops in reaction to an infection by bacteria. It belongs to the family of arthritis called "spondyloarthritis".

**7. D.** Juvenile Idiopathic Arthritis (JIA) is chronic arthritis in children under the age of 17. It causes persistent joint pain, swelling and stiffness.

**8. D.** It has been determined that some genetically predisposed individuals could develop rheumatoid arthritis if they took up cigarette smoking. The meat of

flying fox and sambal have been implicated in gout due to their high purine levels.

**9. D.** Ankylosing spondylitis is an inflammatory disease that can cause some of the vertebrae in your spine to fuse together. This fusion makes the spine less flexible and can result in a hunched-forward posture.

**10. B.** There has been much research on this with variable results, though many centers advice fish oil consumption. There is no hard data on stem cells. Glucosamine helps in osteoarthritis.





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\*The American Arthritis Foundation recommended that "when a drug has been studied with good results, find out which brand was used in the study."  
1. Calculation is based on the Malaysia Pharmaceutical Audit, released by the IMS on the Glucosamine category, Jan - Dec 2012.  
2. Setnikar I et al. Arzneimittelforschung. 1993 Oct;43(10):1109-13  
3. Sachet 1500mg

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# Aquatic Therapy

By Dr. Vim & Team at Physio Plus.

Think you can't exercise because you have arthritic pain?  
Do something different! Take a splash in the pool with us.

**T**ry this simple yet effective workout program put together especially by us to help you reduce pain in tender joints and lessen the impact of arthritis. As with all exercise; listen to your body, do as much or as little as it will permit you at this point in time and do stop immediately if you feel any intense discomfort! And, don't forget to have fun!

## WHO WILL BENEFIT?

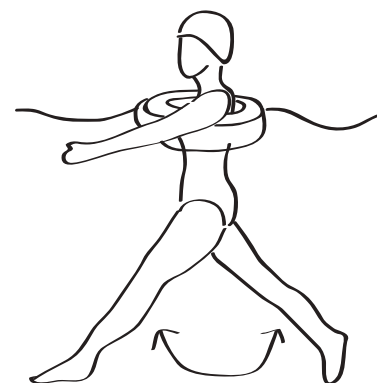
Everybody will benefit and people with significant joint pain too can do as much as their bodies will allow them at this point in time. So there's no excuse! Let's get started.

## WHY WATER?

- Water is an excellent base for exercise as it provides an anti-stress environment for movement.
- Gentle water exercises use the resistance of water or water buoyancy to build strength and increase flexibility.
- The buoyancy and cushioning effect of the water allows for freedom of movement with just the right amount of resistance needed to achieve the desired results.

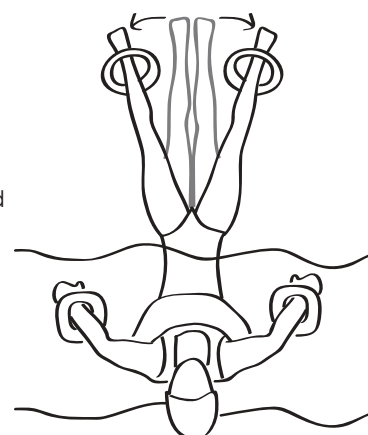
1

Slip a float over your body and under the armpits, so that it supports the body in water and allows you to gently move about. Find and enjoy the rhythm of your body floating in water and take deep breaths to consciously relax. Then perform cyclical movements with your legs.



2

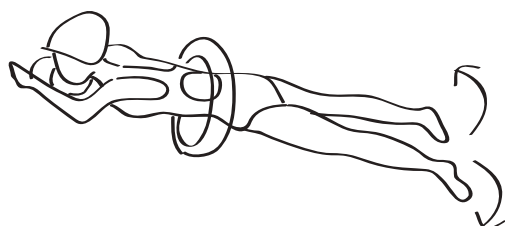
Now, lie back over the float slowly, with your neck and the back of your head resting on the float. Allow your body to rise up to the surface of the water. With arms relaxed on the float, open and close your legs rhythmically. Repeat this seven times.





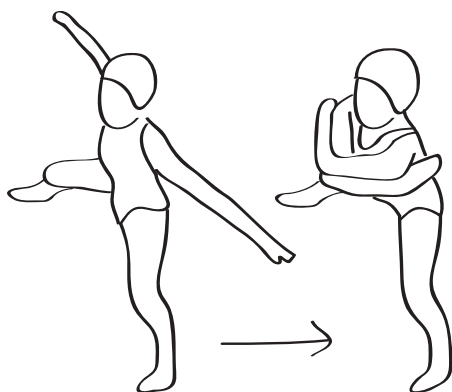
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Then, turn over to lie on the float with your chin resting on the float. Move your legs alternately with upward and downward strokes. Begin with three times each leg. You can increase the count as your body gets stronger with every passing week.



4

Stand in the pool with your legs apart and bend your knees a little. When you feel stable and balanced, inhale as you open your arms out sideways as far back as you can and exhale as you bring your arms to cross your chest. Repeat this seven times.



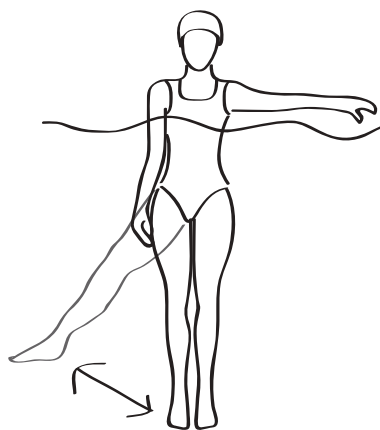
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Sit on the step of the pool or on a stool, with your body partially submerged. Bend your left hip and bring the knee close to your chest. Hold to a count of 5 and gently release it down. Repeat with the right leg. Begin with three times each leg. You can increase the count as your body gets stronger with every passing week.



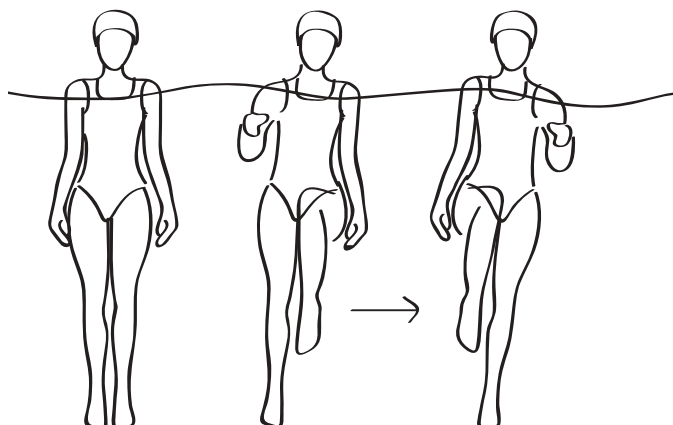
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Stand by the side of the pool, then raise your right leg sideways, up and down. Repeat with the other leg. Begin with three times each leg. You can increase the count as your body gets stronger with every passing week.



7

In a lap pool (usually 4-feet deep), walk from one side of the pool to the other at your own pace. With time you can increase it to a brisk pace.



## ARTHRITIS FUND

AFM subsidises the cost of joint replacements for eligible persons. The aim of treatment is to control arthritis and prevent joint deterioration. However, occasionally, when arthritis is severe or progressive or the patient presents for treatment late, the joint affected by arthritis can be damaged irreparably. This will result in pain and loss of mobility. In selected cases, the damaged joint can be replaced by an artificial one by undergoing joint replacement surgery. This procedure can relieve pain, restore mobility and normalise joint function.

The cost of implant for the knee surgery is generally above RM8,000. Many patients forego surgery and continue to deteriorate and suffer pain because they are unable to afford the implant.

Arthritis Foundation, Malaysia (AFM) appreciates this area of need and has set up a fund to assist those who require a joint replacement but lack the means to purchase the prosthesis.

The amount approved this quarter ended 31st March is

**RM36,350.**

The amount paid out is

**RM15,100.**

The amount pending disbursement is

**RM190,225.**

**For further details please contact AFM. You can check out our website too for more details at [www.afm.org.my](http://www.afm.org.my)**



## ANG POW GENTING STYLE! THANK YOU GENTING

### Corporate Support for AFM

In the spirit of Chinese New Year, Genting Malaysia Group donated RM1.0 million to 50 charity homes and NGOs which includes old folks' homes, orphanages and special needs learning centres.

It is with the deepest appreciation and joy that we share with you that Arthritis Foundation Malaysia (AFM) was one of the recipients.

The venue was Genting International Convention Centre, Genting and AFM was represented by Ms. Annie Hay, Hon. Secretary AFM and Ms. S. Shantamalar, Corporate Affairs Manager, AFM.

The Chairman and Chief Executive Officer of the Group, Tan Sri Lim KokThay, said that this was in line with Genting's corporate culture of caring for the less fortunate.

The cheques of RM20,000 each were presented by the Deputy Prime Minister Tan Sri Muhyiddin Yassin, who

was the guest of honour to representatives of the various organisations at the Chinese New Year Luncheon, on the 1st of March 2015, at Genting International Convention Centre. Ms. Annie Hay received the cheque on behalf of AFM.

Others present included Muhyiddin's wife Puan Sri Noorainee Abdul Rahman, Puan Sri Cecilia Lim, Minister in the Prime Minister's Department, Datuk Dr. Wee Ka Siong, Genting Berhad's Executive Director Tun Hanif Omar and wife Toh Puan Hamidah Abdul Hamid.

The guests were greeted by a grand lion dance performance while the entertainment during luncheon was a music recital by a traditional Chinese orchestra. The luncheon was for 1,000 guests, including corporate and media groups.

AFM conveys its gratefulness and deep gratitude to Genting Group Chairman, Tan Sri Lim Kok Thay, and his team for this generous contribution.

## IMID Summit

By Annie Hay

The Asia Pacific Immune Mediated Inflammatory Diseases (IMID) Summit 2014 was held in Seoul from August 30-31st 2014 and I had the privilege of representing Arthritis Foundation Malaysia. The participants were from Taiwan, Singapore, Australia, Hong Kong, Malaysia and the host country Korea. The speakers were all specialists in their own medical field or organization, all leaders dealing in chronic inflammatory diseases in the Asia Pacific region.

The summit was hosted by various IMID Korean patient groups in partnership with Abbvie under the theme "Connect and Lead". The purpose of the summit over the two days of lectures and workshops was to provide effective communication methods; by which patient group leaders can impact the standard of care, enhance the patient disease management experience and their health outcomes. It also allowed for sharing of the best practices in various countries to support patient organization leaders in demonstrating better guidance and leadership to members.

The target audience were patient group leaders and

support leaders as well as patient support program initiators in countries of APAC. During the interactions with the members from various countries, I was exposed to the various activities being carried out. Taiwan has a National RA patient group, established in 1994 with more than 4,000 members. Hong Kong Arthritis and Rheumatism Foundation (HKARF) founded in 2001 offered many services like

- Educating the public to understand arthritis and rheumatism disorders
- Offered financial assistance to patients and patient self-help groups
- Organized regular hydrotherapy programs as well as occupational and physiotherapy sessions to its members
- Operated an arthritis patient Helpline, where counseling is offered.

Arthritis Australia is a national organization representing people with arthritis in Australia. They are in the process of developing a national strategy to improve care for people with arthritis. They have also developed a world's first evidence based website to support people with arthritis to self-manage their condition. The website is [www.MyJointPain.org.au](http://www.MyJointPain.org.au)





## An Introduction to Rheumatoid Arthritis Support Group (RASG)

While the Arthritis Foundation Malaysia (AFM) is the pillar for rheumatoid arthritis (RA) patients, the RASG was formed in 2005 as the arm that supports them. 2015 marked the 10th anniversary of RASG. They have around 70-80 members in the Klang Valley.

### Objectives

- To reach out and actively support RA patients who are suffering in silence
- To provide emotional support and share experiences with each other
- To reach out to care-givers and provide them with information

### Activities

- To have yearly gatherings for members to keep in touch
- To organize forums where invited doctors speak on various relevant subjects such as "Living with RA", "Joint Replacement" etc.
- Along with AFM, organize the World Arthritis Day, Charity Walk, Medical Congress etc.
- Organise activities outside the Klang Valley for our members residing in these areas.
- Organise PACE (People with Arthritis Can Exercise) classes for members
- Celebrate the National RA Day every year in July

In the future, RASG is working towards involving greater teenage participation from RA patients. They also hope to form support groups in Penang and Ipoh and continue to provide support, information and guidance to newly diagnosed RA patients.

For further information please contact AFM Secretariat at Tel: 03-7960 6177 email. info@afm.org.my. AFM's Secretariat official working hours are: Monday to Friday, 8.30am to 4.30pm. Lunch Time: 12.30pm to 1.30pm. RA patients may also enquire with Annie Hay at 012-292 5312.



The key challenges they face is to ensure that the personal, economic and social impact of arthritis in Australia is recognized by policy makers and service providers for the community. As without this acknowledgement it is hard to achieve support for improvements for the care of people with arthritis.

Attending this summit and listening to the scope of work being carried out in different countries in the Asia-Pacific region has inspired me with ideas that I can take back and incorporate in Malaysia.



## SANOFI Medical Updates New Day New Way



## SHARING THE CHALLENGES OF RA PATIENTS

Ding Mee Hong, AFM EXCO member, represented AFM at the Sanofi Annual Sales Conference held in Bangkok on the 14th and 15th of Jan 2015. She was invited as a speaker to share her experience being an arthritis patient over the last 30 years.

Says Mee Hong, "The event was an opportunity for a person suffering from rheumatoid arthritis to share the details of their life and their difficulties. This was to enhance better understanding with the hope of new research and development on treatment."

Mee Hong shared in her talk, "I have been in a battle with RA and I have been fighting for my independence for the last 30 years. Over the years, I have placed my hopes on new evolving drugs to reduce the suffering, especially the pain which has brought about my disabilities. The public can be very insensitive and even quick to brand me with nick names and this has caused me untold stress."

I explained that even as I arrived at the hotel and walked about in the lobby, I was the recipient of many different types of stares; stares of concern, funny stares, doubtful stares etc." But she is happy that after her talk, they responded with applause, knowing and empathizing a little bit more with the trials and tribulations of an RA patient.



# Deep Concerns About Dispensing

In this issue of Doc talk, Dr. Sargunan shares his viewpoint on the recently trending debate on the dispensing separation regulation.

By **Dr.Sargunan Sockalingam**

**R**ecently, there has been widespread interest and concern regarding the dispensing separation regulation. It appears that this is going to be the reality. For now, the regulation is yet to be realized but all indications are that we have crossed the point of no return.

Dispensing is very much part of any clinic practice. Having grown up in such an environment, as a doctor, I am very comfortable with this process. Hence I see why many general practitioners and private specialists are against such a move.

We can all agree with the benefits of the practice of dispensing drugs by the doctor's team, which may or may not include a trained pharmacist. Patients find it most convenient and comfortable to get their medicines immediately after consultation. And when a pharmacist is on the team, the process is quite acceptable.

## Inconvenience To The Patient

Perhaps we could look at the inconvenience this regulation causes to both patient and doctor. The patient will now have two places to visit instead of one. Our infrastructure is such that we do not have pharmacies situated directly next to a clinic. They may not be in the next block or just across the street. Perhaps clinics could provide complimentary umbrellas to patients after consultation! You certainly do not want your patient, who is already sick or has a sick family member, to get wet in the rain or be scorched by our harsh tropical sun after consultation. Then there is the question of parking. Maybe they had luck on their side the first time at the clinic, but then they might have to double park for the

pharmacy. Or the other way round.

There are also medications that need to be injected and some may even have a cold chain requirement. This scene is common in Tamil movies, (and could soon be a reality in the Malaysian scenario) where the doctor, after feeling the pulse of the patient would write a prescription, and ask the patient's relative, usually a bright eyed young boy, to run off to the pharmacy (in the scorching sun). But this invariably sets the scene for disaster, as he will reach the pharmacy only to discover that he does not have enough cash, or if he does make a successful transaction, the boy would fall into a manhole or be hit by a car on his way back to the clinic!

For the physician or practitioner, I am sure the negative factors are plenty. I have read many arguments put forward by our colleagues, and they are indeed valid. There are two points which stand out for rheumatologists.

## Distance Between Doctor And Patient

One of the most important practices in prescribing is, discussing the risks versus benefits of a particular drug. This is a very important process and takes time. There will be many questions and much concern over the side effects of medications. For it to carry confidence, the information must come from the treating physician. When the law comes into place, doctors are still obliged to give the same advice. The problem now is that with the distance, and after the money has been spent and drugs procured, there may still be questions and doubts. If such a situation should arise, will the physician now have to bill this as a separate consultation?

My guess is that patients will be too distressed and inconvenienced to go back to the doctor, and they will carry on without clarifying their doubts. With this new "distance" between the doctor and the patient, there is bound to be miscommunication of important information which could have far reaching and damaging ramifications for the patient.

## Trust In The Doctor

Gaining the trust of the patient. Treatments prescribed by rheumatologists usually consist of more than one drug. For instance, a patient with psoriatic arthropathy will likely have combination disease modifying drugs such as Methotrexate and Sulfasalazine, with folate, NSAIDs and topical medications. When there is more than one drug, verbal information given by the doctor and the pharmacist may differ. Doctors go to great lengths to inform patients about how to take these drugs. There is a certain peace of mind when the doctor is able to show the medication to the patient, provide the information and clarify doubts and apprehensions verbally, on the spot, and thus gain the understanding and the confidence of the patient.

If the new law comes in place, the onus now is on the dispensing pharmacist to ensure that there is coherent prescribing and drug delivery advice provided to the patient on strict terms. The law has yet to define the responsible party in the event of any slip on anyone's part; be it the doctor, pharmacist or the patient.

Any perceived commercial benefit, will only bring inconvenience and misery with detrimental implications on the health of society at large.



# FIND A RHEUMATOLOGIST

The following is a list of hospitals which offer Rheumatology services:

## WILAYAH PERSEKUTUAN

- Ampang Putri Medical Centre, Kuala Lumpur
- Gleneagles Intan Medical Centre, Kuala Lumpur
- Hospital Kuala Lumpur, Kuala Lumpur\*
- Hospital Pusrawi, Kuala Lumpur
- Hospital Putrajaya, Putrajaya\*
- Hospital Universiti Kebangsaan Malaysia, Kuala Lumpur\*
- Al-Islam Specialist Hospital, Kuala Lumpur
- Pantai Hospital, Kuala Lumpur
- Prince Court Medical Centre, Kuala Lumpur
- Pusat Pakar Tawakkal, Kuala Lumpur
- Pusat Perubatan Universiti Malaya, Kuala Lumpur\*\*

## SELANGOR

- Hospital Selayang, Batu Caves\*
- Hospital Serdang, Serdang\*
- Sime Darby Medical Centre, Subang Jaya, Petaling Jaya
- Damansara Specialist centre, Petaling Jaya
- Sunway Medical Centre, Petaling Jaya
- Hospital Tengku Ampuan Rahimah, Klang\*
- Columbia Asia Hospital, Bukit Rimau, Shah Alam
- Ara Damansara Medical Centre, Shah Alam

## KEDAH

- Hospital Sultanah Bahiyah, Alor Setar\*

## PULAU PINANG

- Hospital Pulau Pinang, Pulau Pinang\*
- Bone, Joint & Pain Specialist Centre, Sunway Perdana, Pusat Bandar Seberang Jaya, Seberang Perai

## PERAK

- Hospital Raja Permaisuri Bainun, Ipoh\*
- Hospital Pantai Putri, Ipoh

## MELAKA

- Hospital Melaka\*

## JOHOR

- Hospital Sultan Ismail, Pandan, Johor Bahru\*
- Columbia Asia Hospital, Nusajaya, Johor

## NEGERI SEMBILAN

- Hospital Tuanku Jaafar, Seremban\*

## KELANTAN

- Hospital Raja Perempuan Zainab II, Kota Bharu\*

## TERENGGANU

- Hospital Sultanah Nur Zahirah, Kuala Terengganu\*

## SABAH

- Hospital Queen Elizabeth, Kota Kinabalu\*

## SARAWAK

- Hospital Kuching, Kuching\*

\* Government or University Hospital - Patients wishing to see a rheumatologist at a government or university hospital require a referral letter from their general practitioner or another doctor.

\*\* The hospital also has a private wing, University Malaya Specialist Centre

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OCCUPATION: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

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HOME ADDRESS: \_\_\_\_\_

TEL NO: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

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I enclose herewith payment of RM \_\_\_\_\_ Cheque/Money order no. \_\_\_\_\_  
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Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin,  
Abdul Aziz Shah, 16, Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan.

Signature of applicant

Date



# Connecting with **patients**

**“I would like to change the perception of rheumatoid arthritis and increase public awareness. It is associated with the elderly, but it is a disease that can happen to anyone at any age. I’m grateful for the therapies that are available now to help sufferers live their lives as best they can.”**

**Alison**, living with rheumatoid arthritis

UCB has a passionate, long-term commitment to help patients and families living with severe diseases lead normal, everyday lives.

Our ambition is to offer them innovative new medicines and ground-breaking solutions in two main therapeutic areas: neurology and immunology. We foster cutting-edge scientific research that is guided by patients’ needs.



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