



joint efforts

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THE OFFICIAL NEWSLETTER OF ARTHRITIS FOUNDATION MALAYSIA | www.afm.org.my

With every issue, our dedicated team at JE strives to bring you more information. So do catch-up on the latest developments in arthritis research in our “News” section as well as the available demographics of the prevalence of arthritis in Malaysia in our “NIAR Report”. Our whole thrust is to be able to meet your expectations so we welcome any suggestions.

As the year comes to an end and we await a new dawn, let us make a commitment to be proactive and embark on a healthier lifestyle. And “commitment” to a diet plan or exercise schedule or both, is a key word here. It implies; regardless of whether we feel great, or we just want to curl under our blankets and never look up, we **STICK** with the plan! And why is this so important? Because as I was listening to Prof. Dr. Oh Kim Soon at the recently held World Arthritis Day organized by AFM, the take home message for me was that education, weight loss, exercise were all the first line of defense; decisive factors, in the road to prevention and management of arthritis.

Health is not just confined to diet and exercise, but also to our mental wellbeing. How do we respond to people? Are we calm or agitated or reactive? Can we be a little more tolerant? A little less judgmental? Taking up practices like yoga and tai-chi which combine body movements with the breath are especially beneficial as they leave us not just more flexible and co-ordinated in body but calm and centered in the mind too. So this New Year, let us take up something new, explore our lives in all ways that will render it healthier and happier. Will you make that commitment with me?

To be more interactive and thus serve you better, as a new initiative our expert panel of doctors will answer your arthritis-related questions. So do take advantage of this wonderful opportunity and e-mail us your queries at info@afm.org.my. The best question will win a book voucher worth RM50.

Shailaja Menon
EDITOR



Kordel's Charity Walk 2014, read story on page 26.



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ANNOUNCEMENT

Exercise classes temporarily suspended. Will resume in 2015. For further information, kindly contact the Secretariat at Tel: 03-7960 6177.





TRANSFORM YOUR LIFE



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on the targeted therapy for rheumatoid arthritis*



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Welcome to our year end issue of Joint Efforts. It has been a very exciting quarter for us at Arthritis Foundation Malaysia (AFM) with several key events. The Kordel's Charity Walk held on the 21st of September 2014 deserves a special mention. Why? Because AFM is the sole beneficiary of their largess. This year we received RM36,000. This support goes towards our fund which in turn helps us provide prosthesis to those who need to undergo joint replacement but lack the means to purchase it, as the cost of the implant can be quite prohibitive. And undergoing this procedure can help relieve chronic pain, restore mobility and thus makes a tremendous impact on the quality of life of the person. So, thank you Kordel! We at AFM and the beneficiaries of our fund appreciate your gesture.

The World Arthritis Day (WAD) held on the 18th of October 2014 at the Swan Convention Centre, Sunway Medical Centre, was a resounding success on so many levels; in its ability to garner the interest and attendance of so many people, in its ability to present vital information and discuss important issues in an engaging manner through our knowledgeable and witty speakers, in its ability to glue the audience to their seats till the very end of the program which outran its scheduled time frame. So, well done AFM team and a big thank you to all of you who participated; sponsors, presenters, audience, support team and of course, to Sunway Medical Centre.

So once again, we urge you to continue to be in touch with us through our newsletter and the various activities that we at AFM are constantly trying to organize in our mission to spread awareness and information on arthritis.

Dr. Amir Azlan Zain
PRESIDENT
AFM

Selamat bertemu kembali dalam terbitan hujung tahun Joint Efforts kami. Suku tahun ini merupakan suku tahun yang menarik bagi Yayasan Arthritis Malaysia (AFM) dengan beberapa acara penting. Kordel's Charity Walk telah diadakan pada 21hb September 2014 layak ditonjolkan kerana mereka bermurah hati menjadikan AFM sebagai benefisiari tunggal mereka. Tahun ini kami menerima RM36,000. Sokongan ini akan memenuhi dana kami yang akan digunakan untuk membantu kami menyediakan prostesis untuk mereka yang perlu menjalani penggantian sendi tetapi tidak mampu membelinya kerana kos implan yang mahal. Prosedur ini dapat membantu melegakan sakit kronik dan memulihkan pergerakan, seterusnya memberi kesan yang besar pada mutu kehidupan seseorang. Oleh itu, terima kasih Kordel! Kami di AFM dan benefisiari dana kami sangat-sangat menghargai sumbangan yang diberikan.

Hari Arthritis Sedunia (WAD) yang telah diadakan pada 18hb Oktober 2014 di Swan Convention Centre, Sunway Medical Centre merupakan acara yang berjaya pada banyak tahap. Ia telah dapat menarik minat dan kehadiran ramai orang, membentangkan maklumat penting dan membincangkan isu-isu penting dalam cara yang menarik melalui penceramah yang berpengetahuan dan kelakar serta berupaya mengekalkan minat pendengar sehingga ke akhir program yang melepasi tempoh waktu yang dijadualkan. Syabas kepada pasukan AFM dan jutaan terima kasih kepada semua yang menyertai; penaja, penceramah, audiens, pasukan sokongan dan semestinya Sunway Medical Centre.

Sekali lagi kami menggesa anda untuk terus berhubung dengan kami melalui surat berita dan pelbagai aktiviti yang AFM sering anjurkan dalam misi kami untuk menyebarkan kesedaran dan maklumat tentang artritis.

Dr. Amir Azlan Zain
PRESIDEN
AFM

欢迎来到今年最后一期的 Joint Efforts。上个季度是令人振奋的，因为大马关节炎基金会举办了数场重要的活动。当中，最值得一提的是今年9月21日举行的Kordel 益善行，因为大马关节炎基金会是这场活动唯一的受惠单位，共获三万六千令吉的义款。由于人造关节相当昂贵，因此这些义款将悉数用来资助需要进行关节置换的贫困患者。关节置换的手术可以缓解患者长期的剧痛，恢复行动的能力，使患者显著地改善生活素质。因此，大马关节炎基金会同仁，以及关节炎基金的受益者，非常感激Kordel！

今年10月18日，假双威医药中心，天鹅会展中心 (Swan Convention Centre) 举行的世界关节炎日活动，在各方面都很圆满。这场活动吸引了许多人士出席，知识丰富又风趣的演

讲嘉宾提供了重要资讯，并以充满互动的态度和与会者讨论重要的课题。直到讲座超时，与会者依然不愿离席。在这里，我要表扬大马关节炎基金会同仁的杰出表现，也感谢大力支持我们的赞助商、演讲嘉宾、观众、支援团队以及双威医药中心。

我要再一次呼吁各位，请关注我们的会讯和活动，以继续和我们保持联系。大马关节炎基金会将一直为关节炎举办觉醒活动和宣传资讯。

Dr. Amir Azlan Zain
大马关节炎基金会主席

Smokers with High Sodium Intake Beware

September 2014 A new study from Sweden has identified a higher risk of rheumatoid arthritis among smokers with a high sodium intake.

Carried out by Umea University, the dietary habits of the participants were charted as part of a community intervention program for a median of 7.7 years before the onset of arthritic symptoms, and compared to a control group of 1,886 subjects.

Results published in the journal *Rheumatology* did not find any significant association between sodium intake and the development of rheumatoid arthritis when all individuals were included. However, when only smokers were considered, sodium intake was shown to more than double the risk for the arthritic condition.

Bjorn Sundstrom, a rheumatology researcher from the department of public health and clinical medicine at Umea University, said: "The finding of sodium being a risk factor for the development of rheumatoid arthritis among smokers is intriguing, as it may explain

discrepancies in previous studies of diet as a risk factor for rheumatoid arthritis."

He added that this also helps to explain why consumption of low-sodium foods like fruits and vegetables are associated with a reduced risk of developing rheumatoid arthritis, while eating a lot of high-sodium proteins, red meat and fish with a medium fat content is generally linked to a higher chance of contracting the disease.

A spokeswoman for Arthritis Research UK, which established that eating large amounts of red meat and low intake of fruit and vegetables are risk factors for rheumatoid arthritis, said the outcome of the new study could have important implications for the dietary habits of smokers.



YOGA AS A NATURAL REMEDY FOR OSTEOARTHRITIS



October 2014 An orthopedic surgeon has said that yoga is an effective natural remedy for osteoarthritis, which can not only reduce pain and stiffness, but also slows the progression of the disease.

Imon Moyes, consultant orthopedic surgeon at The Wellington Hospital in London's St John's Wood, said that small and easy lifestyle changes in your everyday routine can be effective in protecting your knee joints and slowing the progression of osteoarthritis.

He said that the most important of these are keeping your body mass index down to normal levels, having a healthy diet, exercising regularly and keeping supple – these will all reduce the risk of injury and limit the chances of developing arthritis.

Moyes, who specializes in arthroscopic surgery for knee, shoulder, foot and ankle problems, said that yoga also helps improve flexibility and functioning of joints and therefore reduces the risk of injury, especially if the patient takes part in contact sports.

He added that they are seeing more and more 'high level' athletes such as professional footballers engaging in yoga to reduce their injury rates and risks.

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Arthritis Pain And Lack of Sleep May Lead To Depression And Disability

October 2014 Having sleep problems in addition to osteoarthritis may lead to greater disability over time, according to a new study. "If your pain is keeping you awake today, you're at risk of functional decline in the future," said lead author Patricia A. Parmelee of the Center for Mental Health and Aging at The University of Alabama in Tuscaloosa.

But these are very preliminary results, she added, noting that her team is among the first to examine how pain, sleep and mental health symptoms interact over time.

Almost 15 percent of U.S. adults over age 35 have some form of osteoarthritis, joint pain due to wear and tear on cartilage, according to the Centers for Disease Control and Prevention. Previous studies have found that having arthritis increases the likelihood of sleep problems as well. But it's been unclear which comes first and what role mood plays in both pain and sleep problems.

For the new study, the researchers mailed questionnaires on sleep disturbances, pain, functional limitations and depression symptoms to 367 adults with diagnosed knee arthritis.

During follow-up diagnostic interviews, participants discussed trouble falling asleep, waking frequently in the night or waking too early in the morning. About 70 percent of people in the study

reported some form of sleep disturbance. For physical function, participants rated their mobility, ability to walk and bend, hand and finger function, arm function, self-care and ability to do household tasks.

Those with sleep problems were more likely to have symptoms of depression and tended to have worse pain compared to people without sleep problems, but sleep was not linked to functional disability. Especially for those with more severe knee pain, sleep problems were linked to worse depression symptoms, according to the results in Arthritis Care and Research.

When 288 participants answered the same questions a year later, those who had previously reported sleep disturbance were more likely to report an increase in depression and functional disability. At any given moment, the results showed that "The combination of sleep and pain puts depression through the roof," Parmelee told Reuters Health. Over time, "Sleep disturbance predicts increased depression and increased disability."

"Very often in talking with people about this, some folks don't put that much emphasis on the importance of sleep and don't understand that in the long range it can be important," Parmelee said. "If you're having sleep problems you need to get help for that."

PROTEIN POWER

September 2014 A small protein named GILZ appears to protect against the bone loss that often accompanies arthritis and its treatment, researchers report.

Arthritis as well as aging prompts the body to make more fat than bone, and the researchers have previously shown GILZ can restore a more youthful, healthy mix. It also tamps down inflammation, a major factor in arthritis.

Now they have early evidence that GILZ might one day be a better treatment option for arthritis patients than widely used synthetic glucocorticoids, which actually increase bone loss, said Dr. Xingming Shi, bone biologist at the Medical College of Georgia at Georgia Regents University.

Their research was presented at The American Society for Bone and Mineral Research 2014 Annual Meeting September 12-15 in Houston.

In addition to bone loss, glucocorticoids, such as prednisone, produce other side effects, including diabetes. While GILZ is induced by glucocorticoids, directly overexpressing the protein appears to better target sources of bone loss and inflammation and avoid these serious side effects.

Glucocorticoids and GILZ are both produced naturally in the body. Glucocorticoids are steroid hormones that help regulate the body's use of the fuel glucose and dampen the immune response.



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Osteoarthritis

Do you experience stiffness or pain in your lower back, hips or knees as you climb the stairs? Or do you struggle to grasp and hold objects? If the difficulty persists, know that it could be the early signs of osteoarthritis. Read on for more information.

WHAT IS OSTEOARTHRITIS?

Osteoarthritis is a degenerative joint disease that affects people of all ages especially those over 65 years of age. It occurs as a result of breakdown in the cartilage covering the ends of bones where they meet to form a joint and allow movement. Cartilage is a firm, slippery tissue that permits nearly frictionless joint motion. As the cartilage wears away, the bones become exposed and rub against each other. The deterioration of cartilage also affects the shape and makeup of the joint so that it no longer functions smoothly. The slick surface of the cartilage becomes rough. Eventually, if the cartilage wears down completely, you may be left with bone rubbing on bone.

Other problems can occur inside the joint as cartilage breakdown affects the joint components. Fragments of bone or cartilage may float in joint fluid, causing irritation and pain. Spurs, or osteophytes, can develop on the ends of the bones, damaging surrounding tissues and causing pain. Fluid inside the joint may not have enough of a substance called hyaluronan, which may affect the joint's ability to absorb shock. And although inflammation is not a main symptom of osteoarthritis, it can occur in the joint lining in response to the cartilage breakdown.

ARE YOU AT RISK?

Several factors are involved in causing the disease, including heredity and lifestyle. While osteoarthritis was long believed to be a simple mechanical process in which joints wore out, it is now viewed as a disease of the joint.

- **Age.** The risk of osteoarthritis increases with age.
- **Sex.** Women are more likely to develop osteoarthritis, though it isn't clear why.
- **Obesity.** Extra weight puts added stress on weight-bearing joints, such as your hips and knees. In addition, fat tissue produces proteins that may cause harmful inflammation in and around your joints.
- **Joint injuries.** Injuries, such as those that occur

when playing sports or from an accident, may increase the risk of osteoarthritis.

- **Certain occupations.** If your job includes tasks that place repetitive stress on a particular joint, that joint may eventually develop osteoarthritis.
- **Bone deformities.** Some people are born with malformed joints or defective cartilage, which can increase the risk of osteoarthritis.
- **Other diseases.** Having diabetes or other rheumatic diseases such as gout and rheumatoid arthritis can increase your risk of osteoarthritis.
- **Gene defect.** Certain people may have a defect in the gene responsible for the body's production of collagen, the protein that makes up cartilage. This somewhat rare genetic defect might lead to abnormally weak cartilage that wears down after just a few decades of normal activity, causing osteoarthritis as early as age 20.

DO YOU HAVE ANY OF THESE SYMPTOMS?

- **Pain.** Your joint may hurt during or after movement.
- **Tenderness.** Your joint may feel tender when you apply light pressure to it.
- **Stiffness.** Joint stiffness may be most noticeable when you wake up in the morning or after a period of inactivity.
- **Loss of flexibility.** You may not be able to move your joint through its full range of motion.
- **Grating sensation.** You may hear or feel a grating sensation when you use the joint.
- **Bone spurs.** These extra bits of bone, which feel like hard lumps, may form around the affected joint.

Osteoarthritis often gradually worsens, and no cure exists. But staying active, maintaining a healthy weight and other treatments may slow progression of the disease and help improve pain and joint function.



OA AND THE SPINE

Our spine is vulnerable to OA, especially in the lower or lumbar region, because we walk upright on two legs. That produces a constant loading on the spine. Also, as we age, persistent pressure on the spine wears away the tough cartilage lining the facet joints. The disks in the spine too begin to narrow due to water loss, adding to pressure on the facet joints which is why people shrink as they age. So the facet joints can develop inflammation.

What's more, OA can make the spine unstable as in response, bone spurs can form in the joints. While bone spurs appear to be the body's attempt to restore stability, they can cause the spine to stiffen. As OA worsens, bone spurs can narrow the "frames" where nerves exit the spinal cord. This condition, called spinal stenosis, can pinch nerves and cause numbness and weakness in the legs.

WHEN TO SEE A DOCTOR

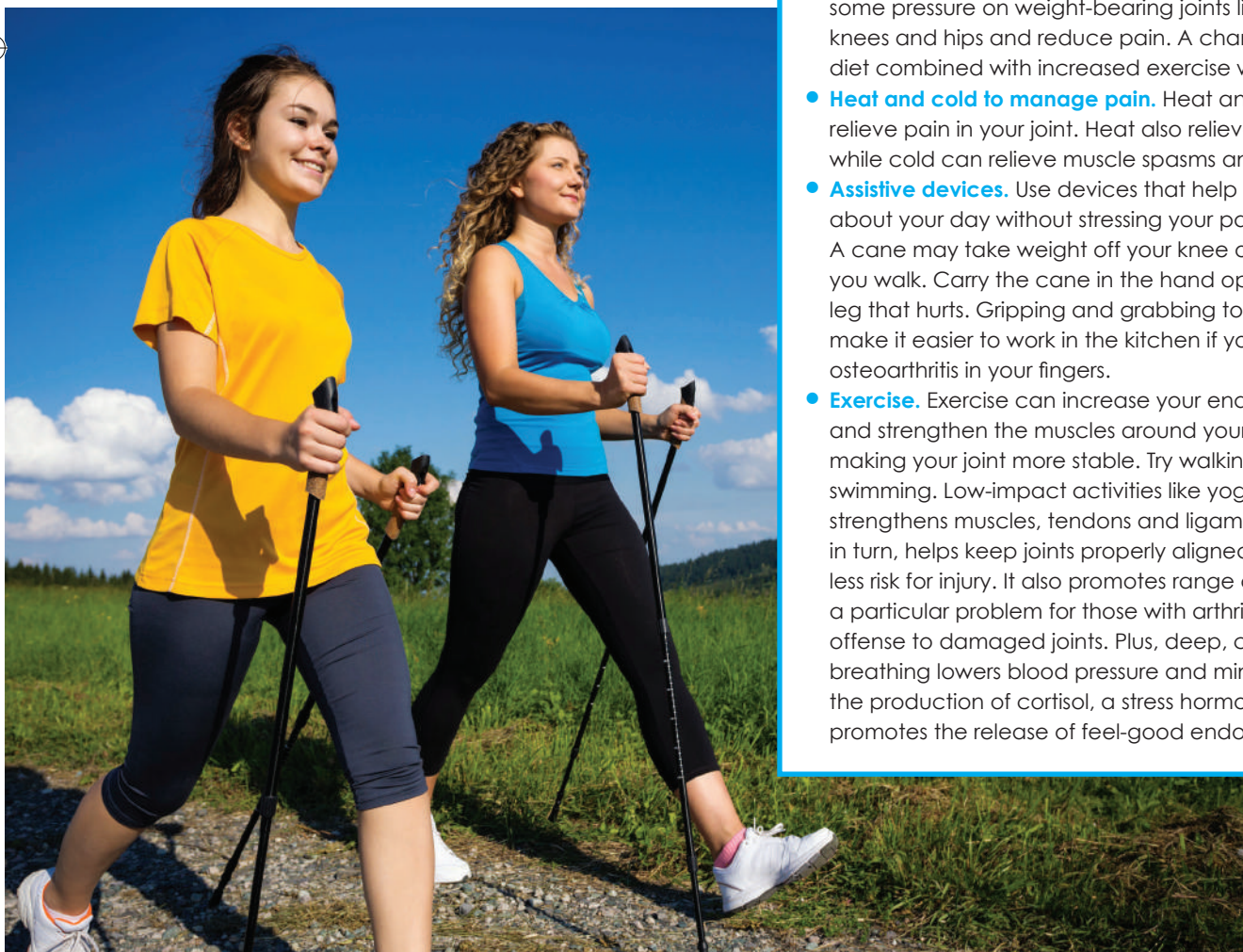
If you have joint pain or stiffness that lasts for more than a few weeks, make an appointment with your doctor.

DIAGNOSIS

- **Physical exam.** During the physical exam, your doctor will closely examine your affected joint, checking for tenderness, swelling or redness, and for range of motion in the joint.
- **X-rays.** Cartilage loss is revealed in an x-ray by a narrowing of the space between the bones in your joint. An X-ray may also show bone spurs around a joint.
- **Magnetic resonance imaging (MRI).** MRI uses radio waves and a strong magnetic field to produce detailed images of bone and soft tissues, including cartilage.
- **Blood tests.** Blood tests may help rule out other causes such as rheumatoid arthritis.
- **Joint fluid analysis.** Your doctor may use a needle to draw fluid out of the affected joint. Examining and testing the fluid from your joint can determine if there's inflammation and if your pain is caused by gout or an infection.

SOME LIFESTYLE CHANGES AND HOME REMEDIES

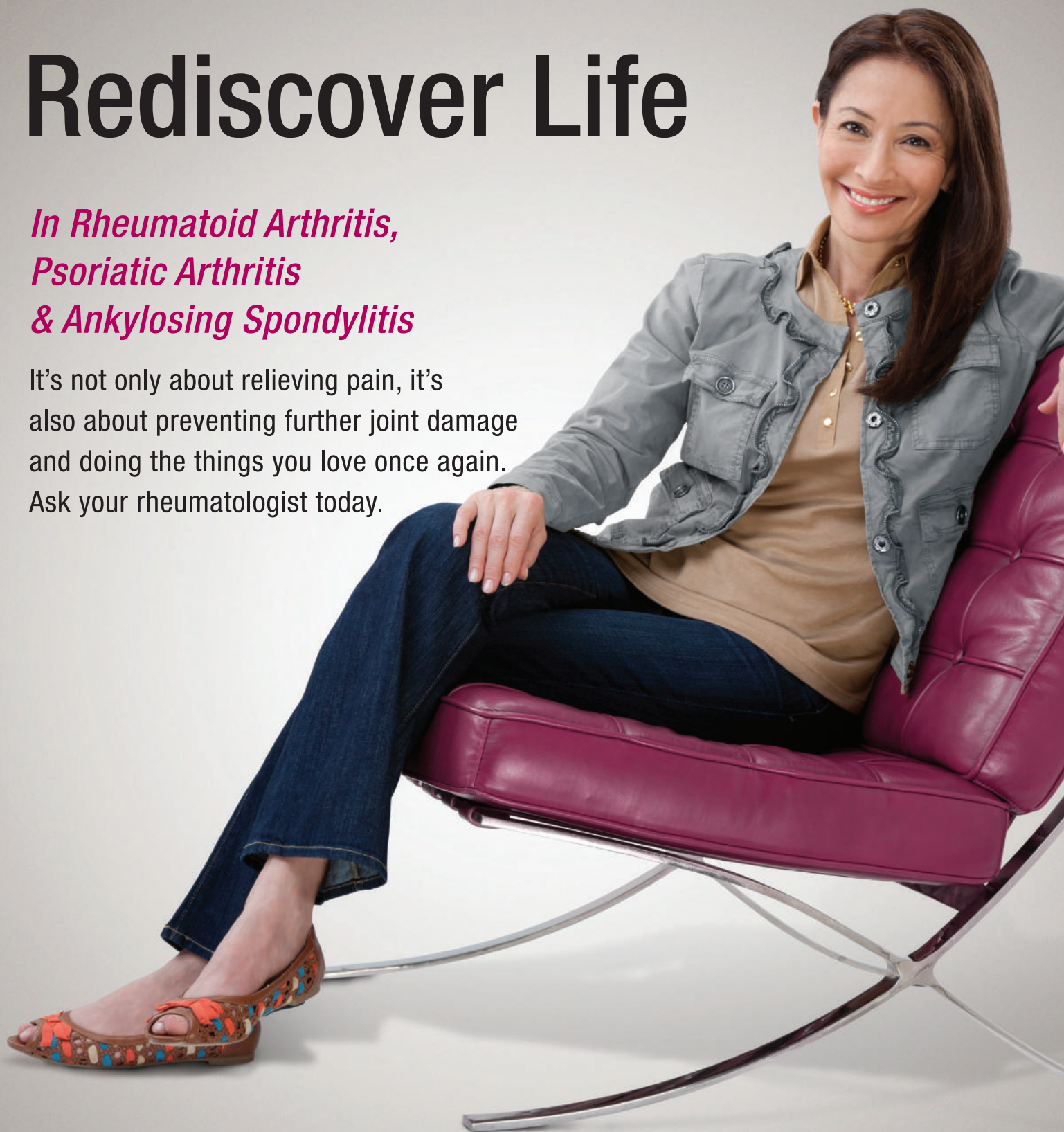
- **Lose weight.** Even losing a little weight can relieve some pressure on weight-bearing joints like the knees and hips and reduce pain. A change in your diet combined with increased exercise works best.
- **Heat and cold to manage pain.** Heat and cold can relieve pain in your joint. Heat also relieves stiffness while cold can relieve muscle spasms and pain.
- **Assistive devices.** Use devices that help you go about your day without stressing your painful joint. A cane may take weight off your knee or hip as you walk. Carry the cane in the hand opposite the leg that hurts. Gripping and grabbing tools may make it easier to work in the kitchen if you have osteoarthritis in your fingers.
- **Exercise.** Exercise can increase your endurance and strengthen the muscles around your joint, making your joint more stable. Try walking, biking or swimming. Low-impact activities like yoga also helps strengthens muscles, tendons and ligaments, which, in turn, helps keep joints properly aligned and at less risk for injury. It also promotes range of motion, a particular problem for those with arthritis, with less offense to damaged joints. Plus, deep, controlled breathing lowers blood pressure and minimizes the production of cortisol, a stress hormone, and promotes the release of feel-good endorphins.



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Osteoarthritis

Adakah anda pernah mengalami kekakuan dan sakit pada pinggang, pinggul atau lutut bila menaiki tangga? Atau anda menghadapi kesukaran menggenggam atau memegang objek? Jika ada kesukaran ia mungkin merupakan tanda-tanda awal osteoarthritis. Sila baca untuk maklumat lanjut.



APAKAH OSTEOARTHRITIS?

Osteoarthritis ialah penyakit sendi degeneratif yang melibatkan orang pada semua peringkat usia terutamanya mereka yang berumur 65 tahun ke atas. Penyakit ini berlaku akibat kerosakan rawan yang menyaluti hujung tulang yang bertemu tulang lain untuk membentuk sendi bagi membolehkan pergerakan. Rawan ialah tisu padat dan licin yang membolehkan pergerakan sendi hampir tiada geseran. Bila rawan haus, tulang terdedah dan bergesel antara satu sama lain. Kerosotan rawan juga menjejaskan bentuk dan rupa sendi maka sendi tidak lagi berfungsi dengan baik. Permukaan licin rawan menjadi kasar. Lama kelamaan, bila rawan merosot sepenuhnya, tulang anda mungkin bergesel dengan tulang lain.

Masalah lain yang boleh berlaku di dalam sendi bila rawan merosot menjejaskan komponen sendi. Cebisan tulang atau rawan mungkin terapung di dalam lendir sendi, menyebabkan gangguan dan kesakitan. Cecair di dalam sendi mungkin tidak mempunyai cukup bahan yang digelar hyaluronan, yang boleh menjejaskan keupayaan sendi untuk menyerap hentakan. Walaupun keradangan bukanlah simptom utama osteoarthritis, ia boleh berlaku dalam lapisan sendi akibat kemerosotan rawan.

ADAKAH ANDA BERISIKO?

Terdapat beberapa faktor yang menyebabkan penyakit ini, termasuk keturunan dan gaya hidup. Ramai mempercayai osteoarthritis ialah proses mekanikal yang mudah, di mana sendi menjadi haus. Namun, kini penyakit ini dilihat sebagai penyakit sendi.

- **Umur.** Risiko osteoarthritis semakin meningkat mengikut usia.

ADAKAH ANDA MEMPUNYAI SIMPTOM-SIMPTOM INI?

- **Sakit.** Sendi anda mungkin sakit semasa atau selepas pergerakan.
- **Rasa Nyeri.** Sendi anda mungkin rasa nyeri bila dikenakan tekanan lembut ke atasnya.
- **Kekejangan.** Kekejangan sendi mungkin ketara bila anda bangun pada waktu pagi atau selepas tempoh tidak bergerak.
- **Hilang kelenturan.** Anda mungkin tidak boleh menggerakkan sendi anda pada pergerakan penuh.
- **Sensasi parutan.** Anda mungkin dengar atau rasa sensasi seperti parutan bila sendi digunakan.
- **Taji tulang.** Tulang tambahan ini rasa seperti benjol keras, mungkin terbentuk di keliling sendi yang sakit.

Lama-kelamaan keadaan osteoarthritis selalunya semakin teruk dan tiada rawatan. Tetapi jika pesakit kekal aktif, mengekalkan berat badan ideal dan melakukan rawatan lain, ia mungkin dapat memperlambatkan peningkatan penyakit dan membantu mengurangkan sakit dan mempertingkatkan fungsi sendi.



- **Jantina.** Wanita lebih berisiko untuk mendapat osteoarthritis, walaupun sebabnya tidak diketahui.
- **Obesiti.** Berat yang berlebihan menambah tekanan pada sendi galas berat, seperti pinggul dan lutut. Selain itu, tisu lemak menghasilkan protein yang mungkin mengandungi keradangan berbahaya di dalam dan di keliling sendi anda.
- **Kecederaan sendi.** Kecederaan seperti yang berlaku semasa bersukan atau akibat kemalangan mungkin meningkatkan risiko osteoarthritis.
- **Pekerjaan.** Sekiranya pekerjaan anda termasuk tugas yang meletakkan tekanan berulang pada sendi tertentu, sendi tersebut mungkin lama kelamaan akan mengalami osteoarthritis.
- **Kecacatan Tulang.** Sesetengah orang dilahirkan dengan sendi yang cacat atau rawan yang rosak, yang boleh meningkatkan risiko osteoarthritis.
- **Penyakit-penyakit lain.** Penyakit-penyakit lain seperti diabetes atau penyakit reumatik seperti gaut dan arthritis reumatoid boleh meningkatkan risiko anda terhadap osteoarthritis.
- **Kerosakan gen.** Sesetengah orang mungkin mempunyai kerosakan dalam gen yang bertanggungjawab terhadap penghasilan kolagen, iaitu protein yang membentuk rawan, di dalam badan. Kerosakan genetik yang jarang berlaku ini boleh mengakibatkan rawan lemah yang tidak normal yang merosot hanya selepas beberapa dekad aktiviti normal, menyebabkan osteoarthritis seawal usia 20 tahun.

OA DAN TULANG BELAKANG

Tulang belakang kita mudah terdedah kepada OA, terutamanya pada bahagian bawah atau lumbar, kerana kita berjalan menegak atas dua kaki. Itu meletakkan beban sepanjang masa pada tulang belakang. Apabila kita semakin meningkat usia, tekanan berterusan pada tulang belakang ini akan menghauskan rawan yang kuat yang melapisi sendi facet. Cakera pada tulang belakang mula menyempit kerana kehilangan air, menambah lagi tekanan pada sendi facet – itulah sebabnya orang akan mengecut apabila semakin lanjut usia. Sendi facet boleh menjadi radang.

Selain itu, OA boleh membuatkan tulang belakang tidak stabil dan sebagai responsnya, ketumbuhan yang digelar osteopit atau taji tulang boleh terbentuk pada sendi. Walau pun taji tulang ini sebenarnya tumbuh kerana usaha tubuh kita untuk mengekalkan kestabilan, taji tulang ini boleh menyebabkan tulang belakang kaku. Apabila OA semakin teruk, taji tulang boleh menyempitkan “rangka” di mana saraf keluar daripada saraf tunjang. Keadaan ini dipanggil stenosis spina, memicit saraf dan menyebabkan kaki kebas dan lemah.

DIAGNOSIS

- **Pemeriksaan fizikal.** Semasa pemeriksaan fizikal, doktor anda akan memeriksa sendi anda yang sakit secara terperinci, memeriksa sama ada terdapat rasa nyeri, bengkak atau kemerah-merahan, dan tahap pergerakan sendi.
- **X-ray.** Kerosakan rawan ditunjukkan dalam x-ray melalui ruang yang menyempit antara tulang di dalam sendi anda. X-ray juga menunjukkan taji tulang pada sendi.
- **Pengimejan resonans magnetik (MRI).** MRI menggunakan gelombang radio dan medan magnetik yang kuat untuk menghasilkan imej tulang dan tisu lembut, termasuk rawan.
- **Ujian darah.** Ujian darah mungkin boleh menyingkirkan sebab-sebab lain seperti rheumatoid arthritis.
- **Analisa cecair sendi.** Doktor anda mungkin perlu menggunakan jarum untuk mengeluarkan cecair daripada sendi yang sakit. Pemeriksaan dan ujian terhadap cecair daripada sendi anda akan menentukan sama ada terdapat keradangan dan sekiranya kesakitan anda disebabkan oleh gaut atau jangkitan.

BILAKAH PERLU BERJUMPA DOKTOR

Sekiranya anda mempunyai sakit sendi atau kekejangan selama lebih daripada beberapa minggu, berjumpalah doktor anda.

SESETENGAH PERUBAHAN DALAM GAYA HIDUP DAN RAWATAN RUMAH

- **Kurangkan berat badan.** Mengurangkan sedikit berat badan boleh melegakan sedikit tekanan pada sendi galas beban seperti lutut dan pinggul dan mengurangkan sakit. Perubahan diet digabungkan dengan senaman tambahan adalah yang terbaik.
- **Panas dan sejuk untuk mengurus kesakitan.** Panas dan sejuk boleh melegakan sakit pada sendi anda. Panas juga melegakan kekejangan manakala sejuk boleh melegakan kekejangan dan sakit otot.
- **Alat bantuan.** Gunakan alat yang membantu anda bergerak tanpa memberi tekanan pada sendi anda yang sakit. Tongkat mungkin mengurangkan berat daripada lutut atau pinggul ketika anda berjalan. Pegang tongkat pada tangan yang berlawanan daripada kaki yang sakit. Alat menggenggam dan memegang boleh memudahkan kerja di dapur sekiranya anda mempunyai osteoarthritis pada jari-jari anda.
- **Senaman.** Senaman boleh meningkatkan ketahanan dan menguatkan otot-otot anda, menjadikan otot anda lebih stabil. Cuba lakukan senaman seperti berjalan, menaiki basikal atau berenang. Aktiviti impak rendah seperti yoga juga membantu menguatkan otot, tendon dan ligamen, yang mana, membantu meluruskan sendi dengan betul dan mengurangkan risiko kecederaan. Ia juga memperbaiki tahap pergerakan, iaitu masalah khusus bagi mereka yang menghadapi artritis, dengan tekanan yang kurang pada sendi yang rosak. Dan pernafasan dalam yang terkawal mengurangkan tekanan darah dan meminimumkan penghasilan cortisol, iaitu hormon stres, dan menggalakkan pelepasan hormon rasa hebat, endorfin.



骨关节炎

上楼梯时，你的腰部、髋部或膝盖部位会感到僵硬或疼痛吗？或者要拿东西时会很困难吗？如果这种困难的情形持续，这可能是骨关节炎的早期征兆。请细读本文，进一步了解这个疾病。





骨关节炎是什么？

骨关节炎是一种各个年龄层都可能会患上的退化性关节疾病，尤其是65岁以上者更容易患上。软骨包裹着关节处的骨头尾端，使骨头相互滑动，而患者的软骨因为破损而导致骨关节炎。软骨是结构致密且滑溜的组织，可使关节在几乎没有摩擦的情况下活动。可是，当软骨渐渐磨损之后，骨头就会曝露出来并互相摩擦。软骨变质也会影响关节的形状和构造，以致关节不再顺畅操作，原本光滑的软骨表面亦变得粗糙。最后，一旦软骨完全耗尽，那就只剩下骨头与骨头在互相摩擦了。

软骨破损会影响关节构造，而产生其它问题。关节液里可能会出现骨屑或软骨屑，引起关节不适和疼痛。关节的骨头尾端会长出骨赘，或俗称骨刺的东西，破坏周边的组织并带来疼痛。关节内的液体会欠缺一种叫做玻尿酸的物质，以致影响关节减低震荡的功能。另外，虽然发炎不是骨关节炎的主要症状，但是关节衬垫层会因软骨破损而产生发炎的反应。

你会患上它吗？

导致这个疾病的原因有几个，其中包括遗传和生活方式。过去，当关节耗损时，骨关节炎一直被认为是单纯的力学过程，而如今这个问题已被视为一种关节疾病了。

- **年龄** 随着年龄的增长，患上骨关节炎的风险也随着提高。
- **性别** 女性比较容易患上骨关节炎，原因却不明。
- **肥胖** 身体多余的重量会给关节带来负担，如髋部和膝盖的关节。另外，脂肪组织会制造令关节内部及周边发炎的蛋白质。
- **关节损伤** 运动或意外造成的损伤，都可能引发骨关节炎。
- **职业** 假如你工作时让某处关节必须频繁承受压力，那么这处关节未来可能会出现骨关节炎。
- **变形的骨骼** 有些人天生骨骼异常或软骨有缺陷，这些因素会增加患上骨关节炎的风险。
- **其它疾病** 患有糖尿病、痛风、类风湿性关节炎等风湿疾病，都会提高患上骨关节炎的风险。
- **基因缺陷** 有些人天生体内，负责制造组成软骨之胶原蛋白的基因有缺陷。这种罕见的基因缺陷可能会形成不正常的弱质软骨，以致不消几个十年便开始耗损，最早会在20岁就患上骨关节炎。

你是否有以下任何症状？

- **疼痛** 你的关节在活动的时候或过后，会觉得痛。
- **有触痛感** 轻轻按压关节会感觉痛。
- **僵硬感** 关节僵硬，尤其是早上起床时，或久坐不动之后更为明显。
- **灵活度下降** 你不能大幅度伸展及移动关节。
- **磨蹭感** 当你移动关节时，会有磨蹭的感觉或听见异常的响声。
- **骨刺** 这些好像硬块的骨块会增生在受影响的关节周围，骨关节炎通常会逐渐恶化，至今没有治愈的方法。然而，患者若保持活跃，保持标准体重并配合治疗，可延缓疾病的发展并减少疼痛，同时改善关节功能。

骨关节炎与脊椎

人类以双腿直立行走，这使脊椎极容易受到骨关节炎侵袭，尤其是腰部及以下的部位。这使脊椎长期负重。随着年龄增长，脊椎因为长期受到持续的压力，包衬着脊椎小关节的软骨就会被耗损。脊椎上的椎间盘也会因为水分流失而变薄，给脊椎小关节增添压力，这就是年纪渐大，体型会变小的原因。在这样的情形之下，脊椎小关节就会发炎。

更甚的是，骨关节炎令脊椎不平稳，结果关节处长出骨刺或骨赘。骨赘的出现是让人体恢复平稳的状态，但是它们也会造成脊椎僵硬。随着骨关节炎恶化，骨赘会导致脊椎关节间隙的神经通道变窄。这种情况称为脊椎狭窄，会压迫神经，以致双腿麻痺且无力。

诊断方式

- **体检** 医生为你进行体检时，会仔细检查受影响的关节，检测触痛感、肿胀或泛红，以及关节的活动程度。
- **照X光片** 在X光片上，可看到关节内骨头的间隙变得狭窄，这表示软骨已经减少了。通过X光片，也可发现关节周围有没有骨刺或骨赘。
- **磁场共振成像** 这种技术是利用无线电波配合强劲的磁场显示骨头和软组织，包括软骨的详尽图像。
- **血液检验** 血液检验可排除其它病因，例如类风湿性关节炎。
- **关节液检析** 医生会用一根针从受影响的关节里抽取液体。针对关节液体进行检验和测试后，便可得知关节有无发炎，或者关节的疼痛是否由痛风或感染所引起。

一些生活方式的调整及居家疗法

- **减重** 尽管只减掉一点体重，都能减轻如双膝和髋关节的负担。改变饮食并增加运动量，效果则更好。
- **利用冷热止痛** 冷热可纾解关节疼痛。热缓解关节的僵硬感，而冷则可以缓解肌肉痉挛和疼痛。
- **辅助器材** 在日常生活中利用一些器材来辅助你的行动，避免加剧关节的负担和疼痛。行走时，使用拐杖可以减轻膝关节或髋关节的负担。正确的使用方法是如果左腿疼痛，则必须使用右手来拄拐杖。如果你的手指患有骨关节炎，当你在厨房时，则可以利用可夹持和抓取的工具来减少行动上的不便。
- **运动** 运动可以提高耐力和增强关节周围的肌肉，使关节更加稳固。不妨试试步行、骑脚车或游泳。低强度运动如瑜伽也有助增强肌肉、肌腱和韧带，这样一来，关节就可以保持对称，降低受伤的风险。低强度运动也能在尽量不使受损关节疼痛的情况下，增加患者关节的活动幅度。还有，控制深呼吸法可帮助降低血压，减少产生一种称为皮质醇的压力荷尔蒙，并同时刺激身体释放更多令人感觉愉快的内啡肽激素。

什么时候该去求医？

假如你的关节连续几个星期都有疼痛或僵硬的情况，请及时和医生预约见面。



A Courageous Journey

At first sight, Ms Ding Mee Hong accompanied by her husband Chew Cheng Chuan seemed like any other couple, till I noticed her deformed fingers and the difference in her walk (the penguin walk as she jokingly called it). That revealed a story in itself, to the toll arthritis had taken on her body and her life. And to the brave fight she had put up not to let it overwhelm her and to lead as normal a life as possible under the circumstances.

Mee Hong recalls that, "At the point when I was diagnosed with arthritis some thirty years ago, there was very little information, awareness and medical treatment available." Her situation only got increasingly worse till finally on a visit to Singapore, her cousin took her to a doctor. He then referred her to a rheumatologist in University Hospital, Malaysia. From there on she went through various medications and treatment options.

Between the years 1994 to 1997, Mee Hong had four joint replacement operations done; both her hip joints and her knee joints. But because of that brave decision,

she believes, "My life changed positively. I was able to do things I could not do before. And most importantly, today except for needing help to put my shoes on, as I cannot squat, I am very independent."

Four operations in a span of three years, I asked incredulously. But Mee Hong says, "I procrastinated and delayed the operations for as long as possible, until the time that it became inevitable. But when I did take the plunge and go through with the first operation, it helped me so

There was a time when she was so incapacitated that, "I was unable to climb stairs or feed myself, comb my own hair or even bathe and put on my own clothes! In fact, my husband watching me struggle to climb the stairs would actually piggy-back me up." Today she travels the world with her husband spending more time abroad than in Sitiawan, Malaysia to manage their business. She does not use the wheelchair even in airports but says, "We go early, walk slow, take our time and browse through shops. The only concession I make is to push a trolley sometimes, as it helps me walk steadier."



HER ADVICE TO OTHERS IS

- **If you have a pain in your joints go and visit a rheumatologist immediately.** Early intervention and treatment can retard and control the spread of the disease. Do not wait until your joints get deformed.
- **You are not alone.** Don't retreat into a shell. Come out and join a RA support group. You share, they share and together everybody is empowered.
- **Family members support is vital as patients can even slip into depression.** Says Mee Hong, "I knew of a 20 year old girl who when first diagnosed confined herself to a room and just cried and cried. When I heard about it, I met with her and advised her to see a rheumatologist and begin treatment immediately. The last I heard, she is doing well, getting on with her life and continuing to work even."
- **Keep busy.** Work, pursue a hobby, cook as it keeps your mind occupied on other things besides the pain and the discomfort of the condition. Otherwise fear, anxiety and pain tend to overwhelm the mind.
- **You must help yourself as otherwise no saint can help you!** "I believe that you have to take charge of your treatment, your health and do your part. There is no point just praying all the time!"

much; gave me so much energy and independence, that I actually looked forward to the next one!"

In order to inspire and support others as a way of giving back, she served as Chairman for the Rheumatoid Arthritis Support Group for about five years. She and her husband contributed tirelessly to the "My Wira" project that has worked closely with the Ministry of Health to bring greater awareness to RA and to look into the prohibitive cost of medication, treatment and joint parts for replacement, as well as provide special parking and special access for people with arthritis among other things.

Her greatest support is her husband. Says Mee Hong, "He stood by me all along and brought meaning to the words 'through thick and thin'. I cannot ask for anything more in a marriage and feel completely fulfilled and satisfied. He has come with me for every single doctor's check-up I have had. Even now, I have to inject myself every week as part of my treatment and he does it for me."



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Event WAD

Laughter, chatter, excitement, presentations, open discussions, dancing and oh! laughter again, are the words that come to mind as I recall the World Arthritis Day (WAD) celebrated on 18th October 2014, at the Swan Convention Centre, Sunway Medical Centre. People came from far and near, some regulars and some first-timers. Regardless, they all went back with greater awareness and skills to manage arthritis better. Some of those who attended even vowed never to miss a WAD event!

The session began with an opening address by Dr. Amir Azlan Zain, President of AFM. This was followed by a talk on "Osteoarthritis and Falls in Older People" by Assoc. Prof Dr. Tan Maw Pin. She cautioned, that even after joint replacement surgery, one was still prone to falls. But she

recommended exercise intervention as a means to improve balance and to reduce the likelihood of falls. According to her, "The key to reducing falls is to improve balance. So while exercises such as strength training, walking, running, cycling were all beneficial, Tai chi was shown to improve balance quite significantly."

Enthusiastic participants led through a stretching session.



An overview of the participants at WAD 2014.



Chu Ai Reen, Occupational therapist showing-off some arthritis-friendly aids.



PRACTICAL TIPS TO MANAGING ARTHRITIS SYMPTOMS

The afternoon sessions literally rocked with merriment and even dancing! It began on a high note with Chu Ai Reen, Occupational Therapist, Hospital Tuanku Jaafar Seremban. With her presentation, "Achieving Functional Independence through Occupational Therapy", and her cheerful manner, she kept the audience engaged and entertained. Her take home message was while "doctors save your life, physiotherapists help you walk, occupational therapists give you more; teach you to dance and perform on the stage of life!" She shared very practical tips with the audience, "Respect your pain. Divide your load, divide your tasks. While carrying a bag, hang it on your shoulder as opposed to using a hook grasp with your fingers which might put added

strain on your finger joints. Ensure it is not too heavy. While cooking, place all the ingredients that you need nearby so that you don't have to keep walking up and down the kitchen. And sit and cook if necessary!"

She also had the audience in splits as she displayed several aids that she recommended to her patients to help their everyday lives. Even if they didn't get any of them, she urged them to consider getting at least, "A non-slip mat as it is very handy and could help prevent falls in the bathroom. Utensils too could be placed on it in the kitchen, to ensure that they don't run away."

BLOOD PRESSURE AND FALLS

Dr. Tan discussed the relationship between blood pressure and falls. She said that a drop in blood pressure could be responsible for falls and this is one of the lesser known risk factors of blood pressure medication. "Blood pressure medication is a double-edged sword. While it is certainly needed to reduce the risk of having a stroke, it must be constantly monitored. One of the major side-effects of blood pressure medication is the risk of blood pressure dropping. This is also why we are in the process of educating general practitioners to take blood pressure readings standing up. If it is low, there is a greater likelihood of falling".

Another very interesting question that came up was an enquiry into which muscles were weak as a result of which the falls occur. Dr. Tan elaborated that, **"It was the limb-girdle muscles that connected the hip joints to the rest of the body that needed to be strengthened. Exercise routines for that included standing up and sitting on a chair as well as stepping up and down on the stairs."**

ROLE OF A MEDICAL SOCIAL WORKER

This was followed by a talk by Puan Nor Anida Nawawi on "Psychosocial Issues in Managing Arthritis: The Role of a Medical Social Worker". In her calm and gentle manner, she first educated the audience on what the role of a medical social worker was as most people had no clue. She explained that it was a sub-discipline of social work and their objective was to "help patients solve problems which directly or indirectly affect their medical condition while in hospital. The emotional impact of Arthritis pain survey conducted in UK found that 3 in 5 people with Arthritis were depressed. 50% of the respondents feel helpless and 85% of respondents feel people close to them don't understand their pain."

They also sought to reduce the financial burden to the patient and their family as sometimes patients default treatment and stop taking medication due to lack of money. **So they offer counseling and stress management techniques, financial aid on a case-by-case basis, do home visits, refer to other NGO's; in short everything required to provide them with tools and the confidence to improve their quality of life.** Thus at the end of the session, the audience realized the key role of medical social workers and were left with a deep appreciation for the work that they do.

ASK FOR EVIDENCE, DON'T BE DUPED

The session, "Arthritis Matters", by Dr. Amir Azlan Zain and Dr. Sargunan Sockalingam would surely rank as one of the most memorable sessions. It was hilarious with the duo doing something akin to an impromptu stand-up comedy act. They had the audience rolling with laughter as they kidded each other on stage but yet managed to discuss and clear some seriously ingrained misconceptions. They cautioned the audience about going to untried and untested treatments that is advertised on the internet or just recommended by friends.

They also explained the stringent regulations that western drugs had to go through before they could gain US Food and Drug Administration (FDA) clearance. Explained Dr. Amir, "it takes close to some 15 years and millions of dollars before they get approval. Strength of evidence is vital!" They also cautioned people going for the buzz words in today's line of treatment like stem cell treatment. Dr. Amir asked the audience, "Did you know that your immune system would be completely wiped out? That new immunity would be injected?" He then elaborated the down sides of the treatment, which includes, "30% chance of succumbing to infection, picking up new diseases, uncertainty regarding the source of stem cells, the high cost of the treatment." He made his case stating, "I don't understand why you have to pay so much for experimental treatment?"

Dr. Sargunan wound up the session on a philosophical note saying that, "Disease is a part and parcel of life. We have to prepare ourselves with a very positive attitude. Tell yourself, 'I can deal with it'"



Dr. Amir Azlan Zain, President AFM, emphasizing a point.

"You should have good evidence that it works. Anecdotal evidence or word-of-mouth is just not enough. When people tell you something, don't just believe it! We don't want you to be duped. If something is too good to be true, it probably is!"

~ Dr. Amir warned

Mr. C. Shivanandha, Chairman, Arthritis Fund.



Puan Nor Anida Nawawi explaining the role of a medical social worker.





Prof. Dr. Oh Kim Soon with
Dr. Amir Azlan Zain, President AFM



The very sporty duo doing the twist to a popular Bollywood number.

MANAGEMENT OF OSTEORHRITIS

“What does the Future hold for Arthritis Prevention and Treatment” by Prof. Dr. Oh Kim Soon was again an extremely interesting and informative session. We were all taken back to school as with illustrative slides and a clear and lucid manner, he educated us on how osteoarthritis affected the joints, on what a degenerated cartilage structure, bone spurs, eroding meniscus looked like. He also went on to discuss raging issues like whether there are any benefits to glucosamine, the current trending treatments like hyaluronic acid, challenges of stem cell treatments etc. **But the thrust of his message was that, the first line of defense in the management of knee and hip osteoarthritis should be based on key factors such as education, weight loss,**

exercise, physiotherapy, occupational therapy and orthoses/assistive devices. He also made a case against obesity and cautioned that it is a global threat waiting to explode.

LET'S DO THE TWIST

The evening wound-up with fun and frolic to the strains of the popular song “Let’s do the twist”. Groups of men and women in two’s and three’s lined up on stage to practice the twist and then displayed their dazzling moves to a medley of songs ranging from Bollywood to P. Ramlee and K pop! And they did it, with utmost panache and style to a cheering appreciative crowd. Prizes were also handed out at the end to the most deserving competitors, chosen by the audience through a series of claps! Annie never

DRY EYES AND DRY MOUTH

The last session by the "Rheumatoid Arthritis Support Group (RASG)" was hosted by its chair person Annie Hay. It began with a poignant and touching session as a patient, Thong Mei Liang, shared her experience with Rheumatoid arthritis and Sjogren's Syndrome. She described having 'dry eyes', her distress at being unable to cry at her

father's funeral and her bewilderment at not knowing what was wrong with her. In the beginning it was dismissed as a post-menopausal effect. But as the symptoms continued, it was finally diagnosed as 'Sjogren's Syndrome'; a disorder of your immune system that often accompanies other immune disorders like Rheumatoid arthritis and lupus, and identified by its two most common symptoms – dry eyes and a dry mouth. Many of us who had never heard of Sjogren's Syndrome before came away wiser and more aware.



Chair person of RASG Annie Hay entertaining the audience.

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1. Selnikar I et al. Arzneimittelforschung. 1993 Oct;43(10):1109-13
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Q&A

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

By **Dr. Sargunan Sockalingam**

1. Mr William is a 40 year old man, who joined a gym for the first time, and started a rigorous exercise program on the very first day. Two days later he had severe body pain and his joints were stiff. Who should he consult for medical advice?

- A.** Cardiologist
- B.** Rheumatologist
- C.** Sinseh
- D.** Bomoh
- E.** General Practitioner

2. A symptom of a rheumatological disease is?

- A.** Cough
- B.** Dizziness
- C.** Fracture from trauma
- D.** Stiffness of the hand joints lasting more than 1 hour
- E.** Excessive hunger

3. A condition associated with joint disease?

- A.** Pneumonia
- B.** Prostate enlargement
- C.** Psoriasis
- D.** Protein energy malnutrition
- E.** Pituitary disorder

4. Monoarticular means

- A.** A motorized machine
- B.** A single joint
- C.** A form of eyewear
- D.** A supplementary product to enhance joint stability
- E.** Having only one wife

5. A disease associated with a butterfly rash and even arthritis?

- A.** Diabetes
- B.** Lupus
- C.** Rheumatoid Arthritis
- D.** Psoriasis
- E.** Raynaud's disease

6. An excruciatingly painful toe is a symptom of?

- A.** Influenza
- B.** Hepatitis
- C.** Peptic ulcer disease
- D.** Bee sting
- E.** Gout

7. Moon shaped face, weight gain and diabetes is a side effect associated with which group of drugs?

- A.** NSAIDs
- B.** DMARDs

C. Steroids (Glucocorticoids)

D. Chemotherapy

E. Radiation

8. One of the following is not an arthritic disease

- A.** Ankylosing spondylitis
- B.** Schizophrenia
- C.** Rheumatoid Arthritis
- D.** Gout
- E.** Pseudogout

9. The most effective and common therapy for Rheumatoid Arthritis available today is?

- A.** DMARD therapy
- B.** Acupuncture
- C.** Papaya leaf juice
- D.** Bee sting therapy
- E.** Exorcism

10. The NGO dedicated to empowerment of knowledge in arthritis in Malaysia is

- A.** Perkasa
- B.** Alcoholics Anonymous
- C.** AFM
- D.** MIC
- E.** MCA

ANSWERS

1. E. General Practitioner. As he started something he is not used to, all he needs is rest and better management of the exercise, such as warming up. General NSAIDs might help him recover sooner to start again.

2. D. Stiffness of hand joints including wrist and finger joints, lasting more than 1 hour is one of the common symptoms of rheumatological disease.

3. C. Psoriasis. It is characterized by a plaque like skin rash and is associated with Psoriatic arthropathy.

4. B. A single joint. Refers to arthritis that affects only a single joint.

5. B. Lupus, an autoimmune disease which attacks the body's own healthy cells and tissues, causing damage to joints and organs throughout the body. Ninety percent of people with lupus are female.

6. E. Gout, a form of arthritis typically presents this way.

7. C. Steroids have a very powerful effect in reducing inflammation in the treatment of arthritis. They are often given as a short-term treatment

to deal with flare-ups of symptoms which can sometimes occur even when your disease is well-controlled.

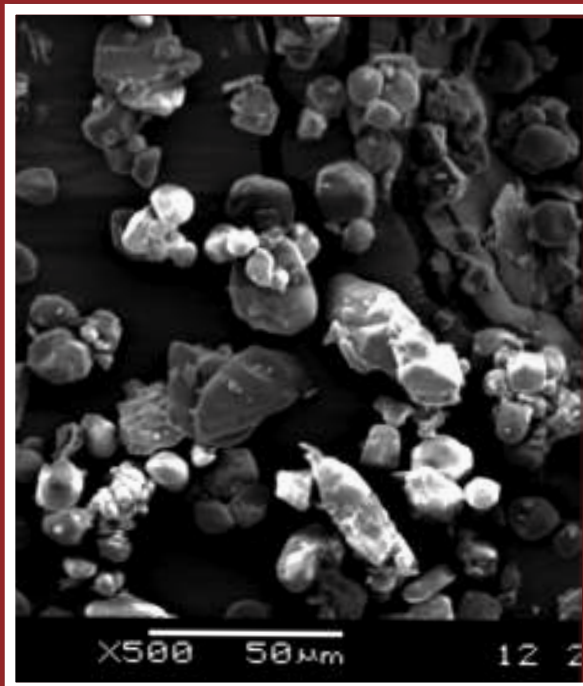
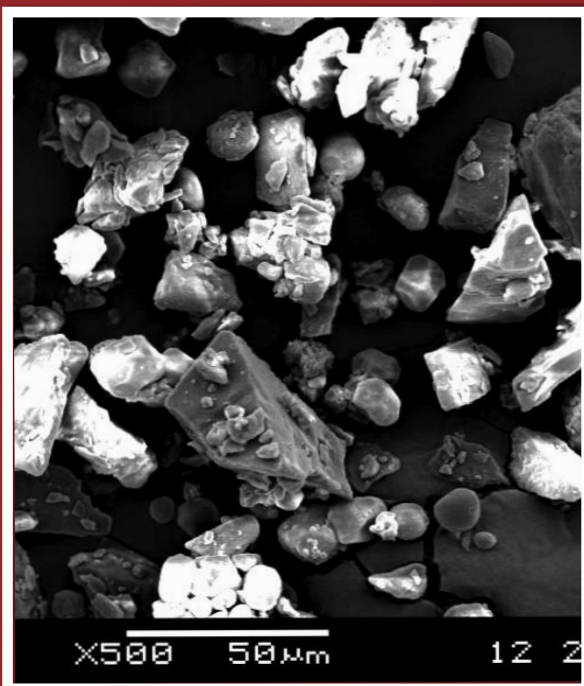
8. B. Schizophrenia, is a type of mental illness in which a person cannot tell what is real from what is imagined.

9. A. Disease modifying anti rheumatic drugs (DMARD) are used extensively in treatment of RA.

10. C. Arthritis Foundation Malaysia (AFM).



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



Artril 250/Forte

Crystalline glucosamine sulphate 250/500 mg

- **Clinically proven¹**
- **99% pure** pharmaceutical grade
- **Trusted brand** since 2001
- Packed in **amber glass bottle** for better moisture & light protection

¹ Data on file

National Inflammatory Arthritis Registry (NIAR)

By **Dr.Shereen Chng**

RA and Its Effects

RA is the most common form of inflammatory arthritis and is estimated to affect about 1% of the population. Besides the physical afflictions, it also affects the day-to-day functioning and morale of the person affected. From having to deal with severe joint pain and deformity to loss of independence and income; life as he knows it, is altered forever. Unchecked, RA leads to irreversible joint damage which not only makes returning to work impossible but also causes disability. It also increases the burden of care of these relatively young patients on their families, community and the welfare system. Thus with the need to effectively address the problem, came the need for collaboration of statistics and data in order to understand its pervasiveness, severity and its socio-economic effect on society.

Birth of NIAR

As there were no statistics on the number of people living with arthritis in Malaysia, Schering-Plough Sdn Bhd agreed to fund the study and an agreement with AFM materialized on 18th October 2007.

A fund was provided for the rheumatoid arthritis disease survey in Malaysia to be undertaken by AFM. The survey was to be conducted as a retrospective study to retrieve information of Malaysian patients suffering from rheumatoid arthritis in the past 5 years. AFM has been funding the printing of the NIAR case report forms and funding the maintenance of the NIAR web portal. In 2012, Abbot Laboratories Sdn Bhd (now known as Abbvie Sdn Bhd) also provided a small fund for the same purpose.

About the National Inflammatory Arthritis Registry (NIAR)

In 2008, a group of rheumatologists from the public and private sectors initiated this registry with the support from Ministry of Health and Arthritis Foundation Malaysia. This database of patients diagnosed with Rheumatoid Arthritis was set up with the following aims:

1. To determine the incidence and prevalence of RA in Malaysia.
2. To obtain demographic data.
3. To determine the disease expression in terms of clinical manifestations.
4. To study the management of patients.
5. To assess patients outcome, patients disease activity, extent

Madam Wong (not her real name), 52, a hairdresser, saw a rheumatologist for the first time this year although she had been having joint pain with swelling for the past 5 years. Her fingers had become progressively deformed and she experienced difficulties in performing even simple household tasks. Mr. Krishnamoorthy (not his real name), 40, a company supervisor, was so incapacitated by his joint pains that even on his first visit to the rheumatologist, he could only walk with the aid of a walking stick. Due to his frequent absenteeism from work, his employment was terminated. These are only two case studies. There are many more. Left undiagnosed and untreated, rheumatoid arthritis (RA) incapacitates peoples, changes lives.

of disability, economic impact and mortality rate. Information about patients with the other inflammatory arthritis will be collected in the future.

Collecting Data

The registry is coordinated centrally at the Clinical Research Centre (CRC) based at Hospital Selayang. Each hospital has an appointed clinic and registry nurse. The database is available online via password access. Patients attending their regular clinic appointments were identified. Information was collected at first notification, then at 6 months and 12 months from the first visit.

Results from NIAR – Preliminary Report

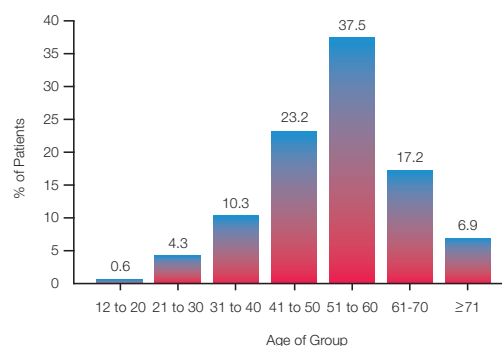
The first report for the registry was published in 2010 and is available on the website <https://app.acrm.org.my/NIAR>. Several interesting results obtained are highlighted here. The results obtained were from records collected at Hospital Selayang, Hospital Tuanku Jaafar, Seremban and Hospital Putrajaya; the 3 largest rheumatology centres in Malaysia. There were a total of 1000 patients; the largest number from Hospital Selayang (434 patients), Hospital Tuanku Jaafar, Seremban (364 patients) and Hospital Putrajaya (202 patients).

Demographics

Gender & Age The gender distribution showed a female preponderance at 87.4% compared to males 12.6% males. The female to male ratio was approximately 7:1.

The mean age was 52.57 years with the youngest patient being 18 years and the oldest 87 years. More than half of the patients were in the 41-60 age group categories (Figure 1).

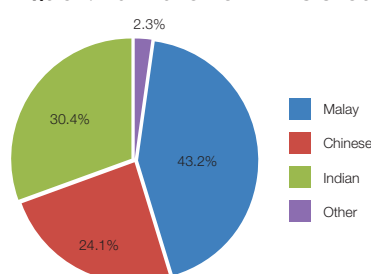
Figure 1: AGE DISTRIBUTION



Race The Malays being the largest ethnic group in Malaysia made up 43.2% of the patients in the registry. The Indians who are the smallest of the 3 major ethnic groups in Malaysia made up 30.4% followed by the Chinese at 24.1%. The other ethnic groups and foreigners comprised 2.3% of the patients.

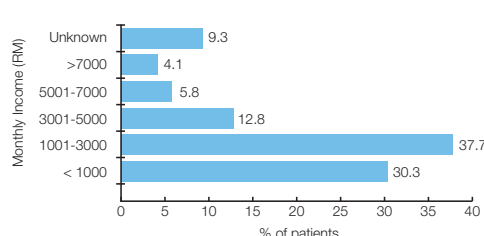
The Indians are over-represented since they constitute only 7.1% of the Malaysian population. This is perhaps due to a sampling bias; either because of the areas covered by the three hospitals or as more Indian patients seek treatment at government hospitals. The under-representation of the other ethnic groups may be because the hospitals in Sabah or Sarawak were not included in this pilot project.

Figure 2: DISTRIBUTION OF ETHNIC GROUPS



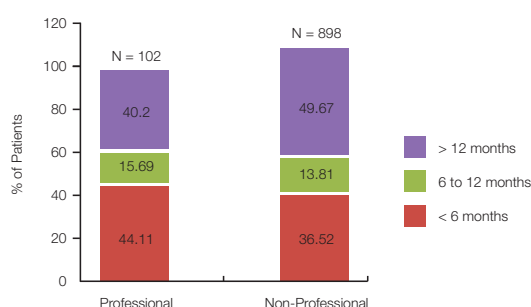
Income The majority of patients were from the lower socio-economic group. Nearly 90% were non-professionals and two-thirds had a monthly income of less than RM3,000. Two-thirds also did not have any personal medical insurance.

FIGURE 3: MONTHLY INCOME GROUP



Patient Diagnosis Comparing professionals and non-professionals, the professionals are diagnosed earlier, that is less than 6 months from disease onset. However, even amongst the professionals, about 40% were diagnosed more than a year from the onset of symptoms.

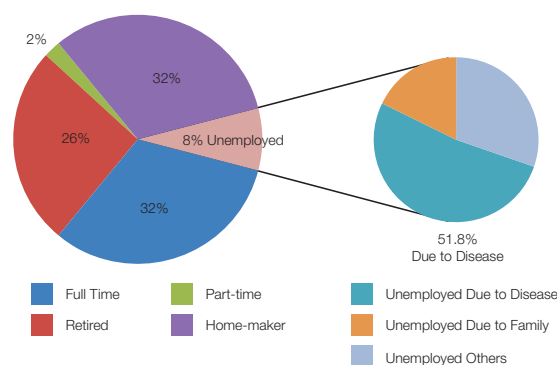
FIGURE 4: DURATION OF DISEASE BEFORE DIAGNOSIS COMPARING PROFESSIONALS AND NON-PROFESSIONALS



The AFM is proud to be part of this ground-breaking Malaysian study and with contributions from the public and industry, we hope to continue to help fund this important initiative.

Arthritis And Unemployment For the patient, pain and physical activity limitations may impact his or her daily activities. One of the more interesting results but perhaps not surprising is the impact of RA on patients work status. Only 8% of patients reported they were unemployed but significantly, nearly 52% of those who were unemployed attributed this to their disease. A considerable number of patients (32% of patients) were home-makers. It would be interesting to find out whether the decision to be a home-maker was influenced by their disease.

FIGURE 5: WORK STATUS AND REASONS FOR UNEMPLOYMENT



Treatment A large proportion of patients were started on Disease Modifying Anti-Rheumatic Drugs (DMARDs) soon after the diagnosis was made. This is in accordance with current treatment recommendations. Methotrexate (MTX) being the anchor drug in the treatment of Rheumatoid Arthritis was used in 86.6% of patients. This was followed by sulphasalazine (SSZ) at 69.5% and hydroxychloroquine (HCQ) at 34.6%. Many of the patients were on combination therapies.

Conclusion

Thus far, several interesting results have been obtained from the registry.

- The data confirms that rheumatoid arthritis has a very significant socio-economic impact on society. Therefore, policies need to be implemented to reduce the financial burden to patients and to society as a whole.
- There is also an urgent need to raise awareness among the general public regarding the early diagnosis of the disease and primary care physicians need to refer patients early to rheumatologists.

The NIAR data offers much potential for further research and hopefully, this will serve as an impetus for the implementation of policies for the benefit of patients and society at large.

To find out how to participate in the NIAR, please contact your nearest hospital with a rheumatologist.

Walking for Health; Walking for Charity

Malaysians do their bit for Arthritis Foundation Malaysia at the Kordel's Charity Walk 2014

D. Amir Azlan Zain,
President of AFM
setting off the walk.

On a clear and bright morning, 21st of September 2014, for the 1,200 participants of the Kordel's Walk, Padang Merbok was the place to be. It was the 6th year that it was organised, in a mission to raise awareness and funds for the Arthritis Foundation Malaysia (AFM). The participants gathered at the crack of dawn, some as early as 6am, dressed in hard-to-miss red t-shirts. The atmosphere was bubbling with enthusiasm and excitement, thumping music blaring from loud speakers adding to the mood. White tents selling and distributing information on a variety of health and nutritional products, a green Milo van distributing ice-cold Milo, a coffee corner all lent to a carnival-like atmosphere.

In his opening remarks, Mr. Ho Swee Lin, General Manager for Cambert (M) Sdn Bhd, said, "We at Kordel's emphasise the importance of quality nutritional products while simultaneously advocating a healthy

diet and an active lifestyle. We thank you for your attendance and your contributions towards improving the lives of arthritis patients."

Dr Amir Azlan Zain, President of AFM, also conveyed his gratitude to the participants as well as the organisers of the event. "We are grateful that for six years, our partnership with Kordel's Malaysia has enabled AFM to be the beneficiary of the annual Kordel's Charity Walk. This walk not only benefits underprivileged arthritis patients, but also encourages people to become part of a community that strives to achieve better health," said Dr Amir.

A vibrant stretching session set the morning off. And soon thereafter the walk was officially opened by Dr. Amir Azlan Zain. The participants then set off at a brisk pace on their 7km walk.

Leading the pack this year was Jayasilan s/o Panirselvam, 30, who came all the way from Lumut.

Though his first time at the Kordel's walk, he had trained every morning by doing a 10km fast walk the whole of last year in preparation. Inspiring him and coming in behind him was athlete Norazilah Osman, 30, his friend and teacher of sorts. Says Jayasilan, "Norazilah was the one who encouraged me to take up walking and even now shares tips and strategies with me." Norazilah trains professionally and earned a 2nd place in the Malaysian Open 20km walk held in August 2014. She shares, "My training includes strength training in the gym, as well as speed workouts on the treadmill. I work out six days a week. On Sunday, I give myself a break."

T. C. Ng, 40 who came in third, participated in the event with his wife. This was a first for him too and he had prepared for a month at the MPSJ stadium by walking 5-6kms every alternate day.

The support of numerous sponsors

Thank You Participants
"It is your support that helps make the Kordel's Charity Walk an annual event"

Mr. Ho Swee Lin, General Manager for Cambert (M) Sdn Bhd



The AFM team at the Kordel's Charity Walk.



1. Participants led through a stretching session before the walk.
2. Participants crowding the stalls examining the supplements on display.
3. The winner and the runner up; Jayasilan and Norazilah Osman.

This year, RM36,000 was donated to AFM. The money raised will go towards supporting the foundation in its continuous efforts to improve the quality of life of those living with arthritis, particularly underprivileged patients who require joint replacement surgery and lack the funds to do so.

stirred even more excitement and participants took advantage of the opportunity to purchase nutritional products at great prices. Each participant received a Kordel's Charity Walk T-shirt, a certificate of participation and for the first time since its inception, a finish medal. Aside from that, all participants received goodie bags from Kordel's with products sponsored by 100Plus, Antabax, Attack, Bio-Oil, BP Healthcare Group, ChekHup, ForsLean PLUS, Guardian, Jack'n Jill, Kao, Kordel's Kid's, Laurier, Milo, Nutra-Life, Nuvaforme, Perskindol, Salonpas, Sweet Sweat and Yogood. Winners of the lucky draw also took home attractive prizes including Kordel's products worth RM3,000 and 2 travel vouchers worth RM500 each sponsored by Orex Travel.

According to Joey Yeow, Assistant Product Manager at Cambert (M) Sdn Bhd, and President of the organizing committee, "We are a team of about 40 people and this is our biggest annual event. It is a huge team effort. We began working on this from the beginning of the year; engaging with sponsors and recruiting participants for the event by spreading the word around through our website and the media." He particularly wanted to thank the sponsors, especially the ones who come in regularly, year after year, to support them though they work on getting new sponsors as well. The media too have supported them by

working with them closely and giving them coverage of the event.

What was the most difficult aspect of organizing an event like this? The hard part for them is that most people, in typical Malaysian laid-back style register only last minute! Says Joey, "Though the registration was opened to the public in May, most people only registered in the last few weeks. So there was a bit of uncertainty and it was very difficult for us to anticipate the response that the event would draw. But the encouraging part is seeing more and more young people taking an interest and joining these events. In the past, it was mainly senior citizens. Their participation helps spread awareness both on arthritis and maintaining a healthy lifestyle to a growing population."

So with cheerful smiles, satisfied chatter and full of goodies, the participants of the Kordel's Walk returned home knowing it was a morning well-spent.



People behind the scene Joey Yeow (right) President of the organizing committee.



Other interesting participants included Junaida Abdullah, 37. She deserves a special mention and a pat on the back as she was diagnosed with Rheumatoid Arthritis in 2008. Yet, despite the pain and the effects of the medication associated with it, she took up running with a group of friends since May 2013. She has done 30 runs thus far, and her last was a 10 km run in Bali in September 2014! This was her first walk though. Says Junaida, "I go to the gym regularly and I focus on rowing and weightlifting. But the best part though is that we have a group of 8 and we travel together everywhere and support each other."

Arthritis Public Forum In Conjunction With World Arthritis Day 2014

By **Dato' Dr Hj Wahinuddin Hj Sulaiman**

The arthritis public forum was held in Ipoh, Perak on the 18th October 2014 to celebrate the World Arthritis Day 2014. The venue chosen was the Red Crescent Hall near Ipoh Stadium. The event was organised by the Rheumatology Unit of Hospital Raja Permaisuri Bainun Ipoh with the help of Arthritis Foundation Malaysia and two well-known pharmaceutical companies, Janssen & Rottapharm. Other departments from Hospital Raja Permaisuri Bainun Ipoh such as the Rehabilitation & Occupational Therapy, blood transfusion, nutrition & dietetic & the public health education also contributed to the event. The Ipoh Echo, a local tabloid newspaper, helped to promote the event to the public of Ipoh.

An Ultrasonography of Musculoskeletal was offered for the very first time in this public forum, made available with courtesy from GE Company. The knee joint was the main focus of the ultrasound. In addition, there were also posters on rheumatoid



A participant undergoing an ultrasound of her knee at the event.



Posters put up to share information with the public.

arthritis, gout and osteoarthritis put on display for reading. The general public was given the chance to speak to medical officers, dieticians and physio/occupational therapists. The occupational therapy department also took this opportunity to display their services.

The physiotherapist also participated by giving a short lecture followed by a demonstration of simple exercises that one could do at home. The importance of maintaining physical activity was highlighted.

It was fairly successful considering it was the first public forum ever held for a very long time. We hope that the subsequent years will have more participants involved, from all over Perak.

Day Out for the Rheumatoid Arthritis Support Group (RASG)

By **Annie Hay**

The 8th National Rheumatoid Arthritis Day was held on 15th November 2014 at Titi Eco Farm Resort, Jelebu, Negeri Sembilan. It was a rewarding day trip for the group of 33 women, 4 men and 3 secretariat staff. We left around 7.30am from Crystal Crown Hotel and arrived just after 9am.

A farm tour ensued during which the resort's tour guide, Ms. Elaine They briefed the group on the 'Ecological Sustainable Principles' practiced at their organic farm. The plants and herbs were grown completely free of pesticides and chemicals, and she also provided us information on their biological and medicinal aspects. It was certainly an educational tour of the farm.

Lunch was a nutritious and filling affair with dishes made of organic vegetables and poultry and fish reared organically. After lunch, a short trip to Titi town was arranged and participants toured the town and bought local delicacies.



Participants at the RASG trip.



1. "All in a row" enjoying the foot fumigation session.
2. On a guided tour around the resort with Ms. Elaine.
3. Some laughter and fun with the rabbits.

Before parting, two sessions of foot fumigation with 14 persons per session were arranged, essentially to improve overall blood circulation in the lower limbs. Members also had the opportunity to purchase organic products from the resort's in-house souvenir shop that sold an array of products including organic vegetables and fruits harvested fresh on that day, organic papaya powder, hand-made soaps and green curry paste.

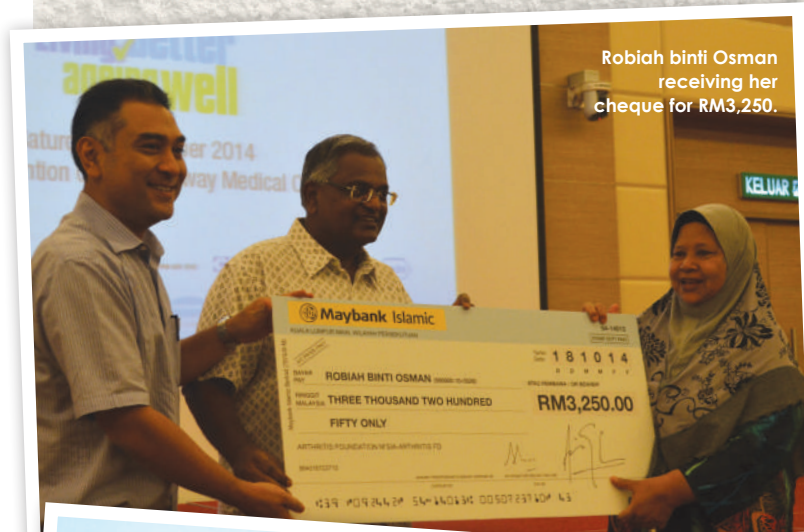
The group left for Kuala Lumpur at about 4.15pm and arrived back at 6.30pm at the Hotel. It was an interactive and enjoyable experience with participants taking home fond memories, new friends and valuable knowledge on organic farming and products. So do keep abreast of the various activities of the RASG and do join us on our next trip.

Arthritis Fund Beneficiaries

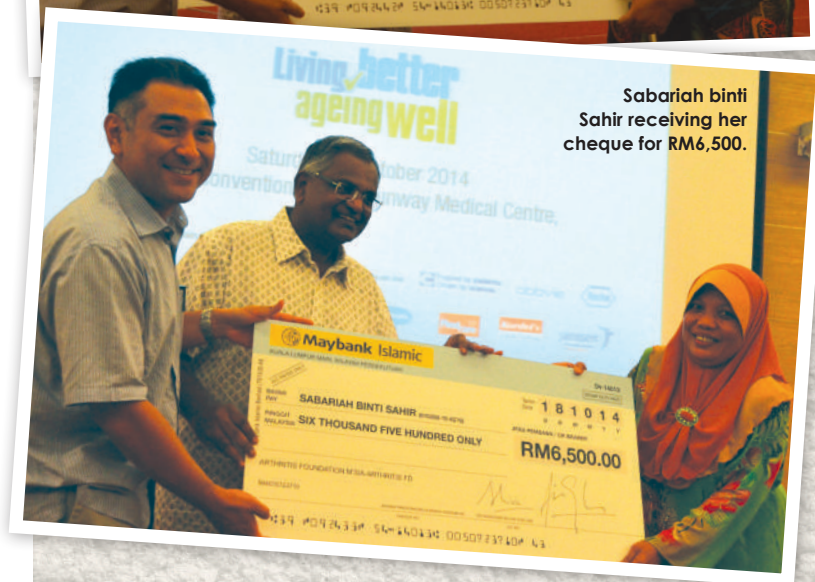
At the WAD 2014 celebrated on the 18th of October 2014 at the Swan Convention Centre, Sunway Medical Centre, cheques were handed out by Dr. Amir Azlan Zain, President of AFM and Mr. C. Shivanandha, Hon. Treasurer to two beneficiaries of the arthritis fund.

Robiah binti Osman, 64 years, has been diagnosed with right knee OA and requires total knee replacement. She is married with 4 children. She previously worked as an output operator in Ayamas but is no longer working. Her husband, aged 67, is not working too. They live with their 2 single daughters; one works in a factory, the other is a secretary at UMNO Bukit Mertajam. Her son is married and has his own family. The other daughter who is married is a housewife. Because of her condition she finds it difficult to walk, climb stairs and even sits on a chair to cook. Though she was scheduled to do her operation earlier, she was diagnosed with a heart condition as a result of which the operation has been delayed to December 2014. She was given a cheque for RM3,250.

Sabariah binti Sahir, 61 years, has been diagnosed with bilateral knee osteoarthritis secondary to longstanding RA and requires bilateral total knee replacement. She is married and her husband is self employed. She has 4 children; 2 sons who are students and 2 daughters, one who is married and a housewife and the other, a graduate looking for a job. She was given a cheque for RM6,500.



Robiah binti Osman receiving her cheque for RM3,250.



Sabariah binti Sahir receiving her cheque for RM6,500.

AFM is proud that we could assist one person be less dependent on others. AFM is also grateful to the public for contributions to the fund without which we could not have made the difference to another.

We provide an opportunity for the financially challenged arthritic person to improve their quality of life. We subsidise the cost of joint replacements for eligible persons. The aim of treatment in arthritis is to control the arthritis and prevent joint deterioration. However, occasionally,

when the arthritis is severe or progressive or the patient presents for treatment late, the joint affected by the 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. It makes a tremendous impact in improving the quality of life of the person.

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.

For further details please contact AFM. You can check out our website too for more details at www.afm.org.my

Biologics and The Risk of Infection

It is very heartening and progressive that more and more cases of Rheumatoid Arthritis (RA) today are treated with emphasis on current developments.

By Dr. Sargunan Sockalingam

Disease-modifying Anti-Rheumatic Drugs (DMARDs) have become common and many new therapeutic agents have appeared. We are also familiar with biologics, the monoclonal antibodies that specially target various cytokines that are involved in the pathogenesis of RA. Traditionally, the choice has been glucocorticoids and non-steroidal anti-inflammatory drugs (NSAIDs) to control the disease, however now we are wary of them because of increased awareness of their side effects.

RISK OF INFECTION

The suppression of the immune system that is a characteristic with all classes of drugs for RA (except for NSAIDs) brings with it the inherent risks of infection. So, do the monoclonal antibodies that make up most of the available biologic therapy carry any lesser risk of infection? The answer unfortunately is, No. Infection seems

to be an even bigger issue and there are stringent protocols that physicians have to adhere to in tackling this risk.

The most common problem is the reactivation of latent tuberculosis (TB). TB is endemic in South East Asia and in many places around the world. Also, the ease of intercontinental travel today makes it imperative that patients need to be screened. However, this is easier said than done since tests such as Mantoux and Quantiferon are subject to interpretation and debate. Almost every meeting and conference will discuss these tests and their effectiveness. Sometimes, a Mantoux reading of 9mm will warrant the prescription of Isoniazid and Rifampicin to the patient who is otherwise symptom free of TB, in preparation for biologic therapy. This has proven to be effective, but adds to the burden of the number and cost of medication to the patient. It does not guarantee freedom from TB either. In fact, there is now concern that if the patient does develop TB, despite this therapy, there is then the risk that the strain is multi-resistant.

WHAT CAN BE DONE TO MINIMIZE THE RISK?

• Scrutiny of patients history

It cannot be emphasized enough that it important to do a careful scrutiny of the patient's history and maintain

the surveillance, before and after the initiation of biologic therapy. This, with addition of a simple chest X-ray could prove beneficial. Apart from tuberculosis, other forms of infections, such as opportunistic infections are a risk. Though these are rare, we need to be mindful of them.

• Watch out for symptoms

In general, any patient on biologic who complains of symptoms such as fever, persistent headache, blurring of vision, rashes, diarrhea, dysuria or cough needs urgent attention. Do know that the infection may not always present as a fever but could sometimes be more of a general ill-health or even loss of appetite or lethargy.

• Do a full clinical examination

This includes an oral cavity examination, skin, lymph node surveillance and abdominal examination with emphasis on looking for liver and spleen enlargements. This will help in detecting any abnormalities and possible infections.

• **Do regular tests** Regular blood tests also help. Raised or depleted white cell counts, abnormally high ESR and CRP, and a urine analysis could also help pinpoint the source of infection. It may sometimes show up as raised inflammatory markers and may be hard to distinguish. In such cases, consulting the rheumatologist in charge will be beneficial.

NEXT COURSE OF ACTION?

It is advisable to admit such a patient, who is on biologic, to the hospital. For instance, if headache is a complaint, we would investigate by looking at the fundus, performing a CT scan and lumbar puncture, as we are concerned with aseptic meningitis, bacterial or viral meningitis or even cryptococcal meningitis. These conditions can be adequately treated once diagnosed. Hence, prompt referral, directly to the rheumatology unit dispensing the biologic is necessary.

New therapies are on the horizon, such as the new Janus Kinase inhibitor, which is taken orally and not as a subcutaneous injection. However, caution regarding infection must be maintained with the same intensity. This is true of any immune modifying agents that will be made commercially available to us in the near future.



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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