



joint efforts

PP16636/11/2012 (031169)

AUGUST 2014

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

Welcome to the August edition of our newsletter, Joint Efforts. With each issue, we strive to bring the latest as well the most relevant information on arthritis that will help you identify and cope with the condition better.

Our news section contains the latest development in the research and treatment of arthritis which includes the benefits of taking 6000 steps a day, so take out your walking shoes and get started. There is also a note of caution as patients with RA may be a greater risk of developing kidney disease so close monitoring is called for! And those of you suffering from osteoarthritis, the next time you are hungry, pop a grape! Why? Refer to our news section for all this and more. But the main message for me and applicable to all readers is that “while we can’t avoid getting older, we can make an effort to maintain a healthy body weight, and to strengthen leg muscles with exercise. Both will help put less strain on the knee joints, and keep us mobile longer” said Professor Tuan Nguyen in a universal message in a news article from Vietnam.

In our center stage article, we have for you all the information that you would need to understand and manage Rheumatoid Arthritis (RA) better including symptoms to watch out for, your treatment options as well as things that you could do to help yourself like making that long overdue visit to a podiatrist! And do take our quiz prepared by one of our doctors at AFM who has generously shared varied information on the different forms of arthritis, its treatment options etc. I can assure you that you will come away with a lot more information on arthritis than you did before. I know I did! Enjoy reading!

From The Editor's desk

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We ceaselessly strive to disseminate information and spread awareness on arthritis and to this end, the latest edition of our newsletter Joint Efforts brings you a wealth of information.

Like most conditions, the key to effectively managing arthritis is early detection and treatment. So it is vital that both healthcare professional and laymen alike are aware and able to identify the early signs and symptoms and the various ways that it manifests. Our “Doc Talk” section is devoted to just that. So the next time you wake up with pain in your joints, it may not be because you walked the malls the previous day! Our “Myth of the Month” section deals with diet as there are several beliefs; false or otherwise, that are closely intertwined into our psyche with regard to what we should eat or shouldn’t! Not to mention the many well-wishers who are more than anxious to share their opinions and cultural beliefs on what foods are beneficial or otherwise to the body. So we hope that after you read our section, you will be more empowered to sift through all the information that you continually receive and eat right for your condition!

To inspire you to live your best life, we bring you the personal account of one woman, Nagula Thambidurai, who has weathered rheumatoid arthritis from a relatively young age and the manner in which she continues to cope optimistically. Also do read the personal account of Madam Cheong Seow Yoong, a beneficiary of our Arthritis Fund. For further details about the fund, please enquire with AFM and do spread awareness about it to people who will benefit from it.

We urge you to continue to be in touch with us through reading our newsletters and participating in the various activities that we organize on a regular basis. Stay pro-active, informed and spread the awareness.

Dr. Amir Aslan Zain

PRESIDENT
AFM

Kita berusaha tanpa jemu untuk menyebarluaskan maklumat dan meningkatkan kesedaran tentang arthritis, dan sehingga sekarang, edisi terkini surat berita Joint Efforts kami membawakan banyak maklumat.

Seperti penyakit lain, cara terbaik untuk mengurus arthritis secara berkesan adalah pengesanan dan rawatan awal. Oleh itu penting sekali bagi profesional penjagaan kesihatan dan orang biasa seperti kita sedar dan mampu mengenal pasti tanda-tanda dan simptom-simptom awal serta pelbagai cara ia berkembang perlahan-lahan. Bahagian “Doc Talk” kami hanya memfokuskan kepada topik ini supaya apabila anda terasa sakit sendi apabila bangun tidur, ia mungkin bukan kerana anda banyak berjalan ketika pergi membeli belah pada hari sebelumnya! Bahagian “Myth of the Month” kami pula adalah mengenai diet kerana terdapat kepercayaan; yang mungkin tidak betul atau sebaliknya, yang berkait rapat dengan jiwa kita mengenai apa yang kita patut atau tidak patut makan! Selain itu ramai yang teruja untuk berkongsi pendapat mereka serta kepercayaan mengikut budaya masing-masing tentang makanan yang bermanfaat ataupun sebaliknya kepada tubuh kita. Oleh itu, kami berharap selepas membaca surat berita ini, anda mampu mempertimbangkan semua maklumat yang anda terima terus menerus dan makan makanan yang betul untuk kesihatan anda!

Untuk memberi inspirasi dalam menikmati kehidupan, kami membawakan kisah Nagula Thambidurai, yang telah melalui rheumatoid arthritis sejak usia muda dan cara dia menangani penyakitnya secara optimistik. Jangan ketinggalan membaca kisah Madam Cheong Seow Yoong, seorang benefisiari Dana Arthritis kami. Untuk maklumat lanjut tentang dana ini, sila hubungi AFM dan sebarkan kesedaran tentangnya kepada mereka yang akan menerima manfaat daripadanya.

Kami menggesa anda untuk terus berhubung dengan kami melalui pembacaan surat berita dan menyertai dalam pelbagai aktiviti yang kami sering anjurkan. Kekal proaktif, bermaklumat dan sebarkan kesedaran tentangnya.

Dr. Amir Aslan Zain

PRESIDEN
AFM

我们一直以来都不断的在传播关节炎方面的讯息和知识。为此，这最新一期的会讯依然是载满了这方面的讯息，丰富你的知识。

跟许多其他疾病一样，要做到有效管理关节炎，其关键同样是在于及早发现、及早治疗。有鉴于此，不管是不是医疗专业人士，我们都要认识且能够确认，关节炎的早期讯号和症状以及它们的各种呈现方式，这点是很重要的；本期会讯内的“Doc Talk”一栏讲的就是这些。所以，如果有一天早上你起床时感到关节疼痛，那有可能不是因为昨天逛了一天商场那么简单！在“Myth of the Month”专栏里，本期讨论的是饮食方面的几项迷思；对的或错的，它们在饮食禁忌上，竟与我们的想法那么紧紧的纠结一起。我们身边通常都不缺许多乐意跟你分享的善心人，他们会提出饮食影响健康的个人看法，以及一些受文化影响的想法。因此，我们希望你阅读了这个专栏之后，得以将日常听到的资讯好好过滤一下，选择有益改善病情的饮食。

为了激励你活得更美好，我们介绍你认识患类风湿性关节炎很多年的Nagula Thambidurai女士。她很年轻就患上类风湿性关节炎，请听听她这一路是怎样走过来，以及会怎样继续乐观面对这个疾病。另外，也看看关节炎基金受惠者之一的张秀蓉女士的个人感想。如果你想要了解更多关节炎基金的详情，请联络大马关节炎基金会（AFM）查询，也请将关于此基金的讯息散播开去，让更多有需要的人可以受惠。

我们借此呼吁各位，请经常阅读我们的会讯，同时也请踊跃参加本会举办的各项活动，与我们联系。请保持互动，吸收新知识，也请散播这方面的知识。

Dr. Amir Aslan Zain

大马关节炎基金会主席

Walk 6000 steps a day

June 2014 A new study shows that walking reduces risk of functional limitation associated with knee osteoarthritis (OA). The study funded in part by grants from the National Institutes of Health (NIH) and published in the American College of Rheumatology (ACR) journal, *Arthritis Care & Research*, suggests that walking 6,000 or more steps per day may protect those with or at risk of knee OA from developing mobility issues, such as difficulty getting up from a chair and climbing stairs.

Data from the National Health and Nutrition Examination Survey (NHANES III) state that 80% of OA patients have some limitation in movement, with 11% of adults with knee OA needing assistance including personal care assistance. While walking is a common daily physical activity for older adults, medical evidence reports that two-thirds of U.S. adults with arthritis walk less than 90 minutes each week.

Walking an additional 1,000 steps each was associated with a 16% to 18% reduction in incident functional limitation two years later. Walking less than 6,000 steps daily was the best threshold for identifying those who developed functional limitation.

Dr. White concludes, "Walking is an inexpensive activity and despite the common popular goal of walking 10,000 steps per day, our study finds only 6,000 steps are necessary to realize benefits. We encourage those with or at risk of knee OA to walk at least 3,000 or more steps each day, and ultimately progress to 6,000 steps daily to minimize the risk of developing difficulty with mobility."



RA may lead to increased risk of kidney disease

April 2014 A study published recently in the *American Journal of Kidney Diseases* reveals that people with rheumatoid arthritis may be at increased risk for kidney disease and require close monitoring.

Researchers looked at 813 people with rheumatoid arthritis and an equal number of people without the condition. Over 20 years, the rheumatoid arthritis patients had a 25 per cent risk of developing chronic kidney disease, compared with a 20 per cent risk for those in the general population.

"That might not seem like a lot, but in fact that's quite a big difference, and it has important implications for the course of rheumatoid arthritis and for the management of the disease," study senior author Dr. Eric Matteson, chair of rheumatology at the Mayo Clinic in Rochester, Minn., said in a Mayo news release.

Factors that contribute to a higher risk of kidney disease in rheumatoid arthritis patients include more severe inflammation in the first year of rheumatoid arthritis, use of corticosteroids, high blood

pressure, obesity and high cholesterol levels.

While the study found an association between rheumatoid arthritis and a raised risk of kidney disease, it did not establish a cause-and-effect link. The researchers said that doctors should check rheumatoid arthritis patients periodically for signs of kidney problems. Patients need to keep their blood pressure under control, eat a low-salt diet and reduce or stop their use of medications that can harm their kidneys, including nonsteroidal anti-inflammatory drugs (NSAIDs).



High incidence of Knee Osteoarthritis in Vietnam

April 2014 The results of a study, undertaken in Vietnam for the first time reveals the high prevalence of knee osteoarthritis, showing that roughly a third of Vietnamese men and women over the age of 40 are affected.

Professor Tuan Nguyen from Sydney's Garvan Institute of Medical Research, in collaboration with Dr Lan Ho-Pham, Head of Rheumatology at People's Hospital 115 in Ho Chi Minh City, randomly recruited 170 men and 488 women, aged between 40 and 98, from Ho Chi Minh City and measured the prevalence of knee osteoarthritis and self-reported pain.

As with populations in other countries, the incidence of osteoarthritis in Vietnam increased with age and body mass index (BMI). Each 5-year increase in age was associated with a 56% increase in the risk of knee osteoarthritis, and each kg/cm² increase in BMI was associated with a 14% increase. Roughly 8.5% of those between age 40 and 49 had knee osteoarthritis, compared with 30% between age 50 and 59, and 61% over the age of 60.

The study is important because it reminds us that ageing, fatter, populations around the world will impose escalating skeletal healthcare costs in the future. The proportion of people aged 65 years and older in Asia alone is estimated to rise from roughly 7% in 2008 to 16% in 2040.

Apart from age and BMI, this study found three other predictors of knee osteoarthritis: pain when squatting; a bony enlargement of the knee; and 'crepitus' – grating or popping sounds in the joint.

"The main message is that while we can't avoid getting older, we can make an effort to maintain a healthy body weight, and to strengthen leg muscles with exercise. Both will help put less strain on the knee joints, and keep us mobile longer" said Professor Tuan Nguyen.

EAT GRAPES TO LESSEN PAIN

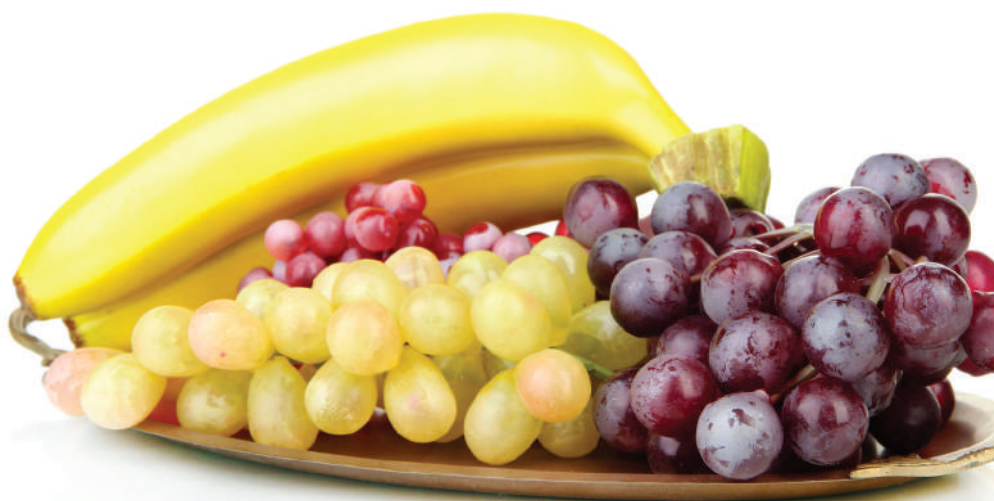
May 2014 New research presented at the Experimental Biology conference in San Diego, California, suggests that regular grape consumption may help alleviate pain associated with symptomatic osteoarthritis of the knee, and improve joint flexibility and overall mobility. Researchers attribute these potential benefits to the polyphenols found in grapes.

The sixteen week clinical study, undertaken by Texas Woman's University, was designed to investigate the benefits of grape consumption on inflammation and osteoarthritis outcomes. 72 men and women with knee osteoarthritis (OA) were assigned to either consume grapes in the form of a whole grape freeze-dried powder, or a placebo powder.

The study results, presented by lead investigator Shanil Juma, Ph.D., showed that both men and women consuming a grape-enriched diet had a significant decrease in self-reported pain related to activity and an overall decrease in total knee symptoms. This beneficial effect was more pronounced in females.

Evidence of increased cartilage metabolism was observed in men consuming the grape-enriched diet; they had higher levels of an important cartilage growth factor (IGF-1) than those on placebo. This protective effect was not observed in the females. The researchers noted that no difference in range of motion was observed for either the grape group or the placebo group. The serum marker for inflammation (IL1-β) measured was increased in both placebo and grape groups, although much less of an increase was observed in the grape group.

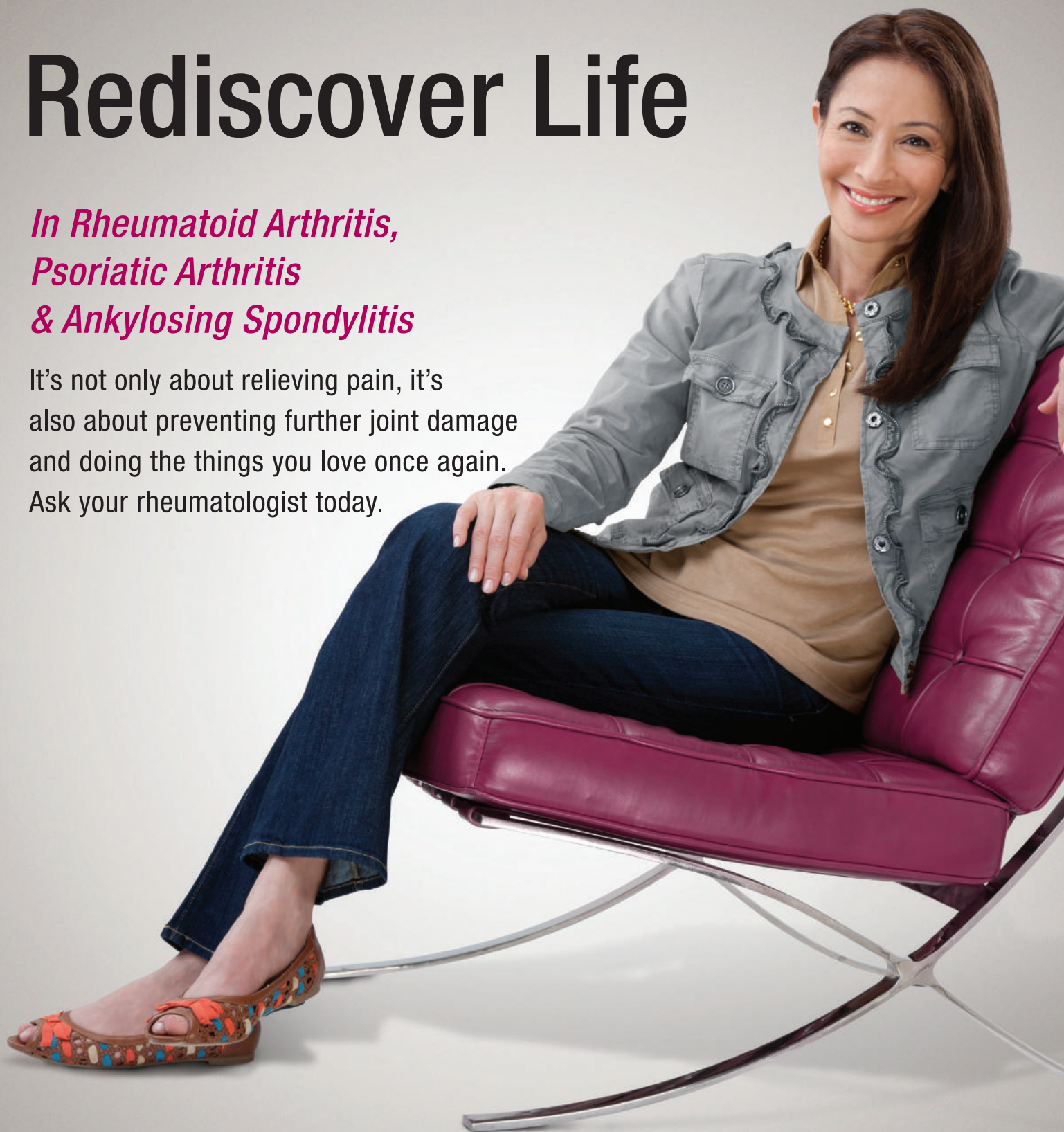
"These findings provide promising data that links grape consumption to two very important outcomes for those living with knee osteoarthritis: reduced pain and improvements in joint flexibility," said Dr. Juma. "More research is needed to better understand the results of the serum biomarkers, as well as the age and gender differences observed."



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AbbVie Sdn Bhd (987315-T)

No 24, Jalan Pemaju U1/15, Seksyen U1, HICOM Glenmarie Industrial Park,
40150 Shah Alam, Selangor, Malaysia. Tel +603 5566 3368 Fax +603 5566 3239

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MYADA:13.03.013
1st APRIL 2013



Diet And Its Effects On People Living With Rheumatoid Arthritis

It is inevitable that you must have come across many opinions on what you should and shouldn't eat when you have arthritis. While no diets or dietary supplements will cure your arthritis, there could be an improvement in your symptoms as a result of incorporating some changes in your diet.

THE TWO MOST IMPORTANT FACTORS TO CONSIDER ARE

- Your weight – if you're overweight, losing some weight will reduce the strain on your joints, so you may find you don't need to take painkillers quite so often.
- Whether your diet gives you the vitamins and minerals you need – a good diet can help to protect you against some possible side-effects of drugs and heart disease (which can sometimes be a complication of certain types of arthritis).

In rheumatoid arthritis, some drugs used to treat are linked with an increased risk of heart and circulatory problems. Several of the diet and lifestyle changes which are useful for arthritis are also useful for heart and circulation health, including exercise and omega-3 fatty acids. So the guidelines to diet are:

- A balanced and varied diet to get all the vitamins, minerals, antioxidants and other nutrients you need
- A more Mediterranean-style diet which include fish, pulses, nuts, olive oil and plenty of fruit and vegetables
- More omega-3 fatty acids, for example from oily fish.

ON VEGETARIANISM AND GOING VEGAN

Some studies have shown that people who eat a lot of red meat have a higher risk of developing inflammatory types of arthritis. Vegetarian diets have been shown to be

helpful in the long term for some people with rheumatoid arthritis. A vegan diet, which doesn't include any meat, fish or other animal products, may also be helpful – possibly because of the types of polyunsaturated fatty acids included in the diet. If you eat a vegan diet though, make sure you get all the nutrients you need, particularly calcium, vitamin B12, vitamin D and selenium.

SHOULD I AVOID CERTAIN FOODS?

There are always foods that people will recommend you exclude as they are "bad" for arthritis. These foods include:

- Citrus fruits, such as oranges, lemons and grapefruit
- Vegetables from the nightshade family (solanaceous plants) including potatoes, tomatoes, peppers, chillies and aubergines.

We don't recommend leaving these fruits and vegetables out of your diet because of the important nutrients they contain. There's no scientific evidence that cutting out these foods can help with arthritis. In fact, they're rich in antioxidants – oranges and red peppers contain an antioxidant cryptoxanthin which studies have shown may slow down the progression of arthritis.

WHAT ABOUT FOOD ALLERGIES, INTOLERANCE?

Some people are allergic to certain foods such as peanuts or shellfish. Allergic reactions occur quickly after the food is eaten and there's no real evidence that food allergies are relevant to the development of arthritis or its treatment. Some people are also intolerant of certain foods. Symptoms of food intolerance develop fairly slowly after eating a food – after hours or even days. So food intolerances can be difficult to identify without the help of an expert.

Research has shown that some people have an improvement in their symptoms if they cut out particular foods. The reasons for this aren't yet clear and the foods involved vary from person to person.

We recommend that you speak to a registered dietitian who can check that you're not excluding important nutrients. And do make mealtimes an enjoyable affair.

Diet dan kesannya terhadap orang yang menghidapi Rheumatoid Arthritis

Memang tidak dapat dielakkan anda pasti pernah mendengar pelbagai pendapat tentang apa yang boleh atau tidak boleh dimakan jika anda menghidapi arthritis. Walaupun tiada diet atau pemakanan tambahan yang dapat menyembuhkan arthritis anda, namun simptom anda boleh dikurangkan jika anda mengubah sedikit diet anda.

DUA FAKTOR PALING PENTING UNTUK DIPERTIMBANGKAN ADALAH:

- Berat badan anda – sekiranya anda mempunyai berat badan berlebihan, anda boleh mengurangkan tekanan pada sendi anda jika anda mengurangkan berat badan anda dan supaya anda tidak perlu mengambil ubat penahan sakit dengan lebih kerap.
 - Sama ada diet anda membekalkan anda dengan vitamin dan zat galian yang anda perlukan – sebenarnya, diet yang baik boleh membantu melindungi anda daripada kemungkinan kesan sampingan daripada ubat-ubatan dan daripada penyakit jantung (yang kadang kala merupakan komplikasi daripada sesetengah jenis arthritis). Sesetengah ubat yang digunakan dalam merawat rheumatoid arthritis dikaitkan dengan peningkatan risiko masalah jantung dan pengaliran darah. Beberapa perubahan pada diet dan gaya hidup yang berguna terhadap arthritis juga mempunyai manfaat untuk kesihatan jantung dan pengaliran darah, termasuk senaman dan asid lemak omega-3.
- Oleh itu garis panduan diet adalah:
- Diet yang seimbang dan pelbagai untuk memperoleh semua vitamin, zat galian, antioksidan dan khasiat-khasiat lain yang anda perlukan
 - Diet ala-Mediterranean yang merangkumi ikan, kekacang, minyak zaitun dan banyak buah-buahan dan sayur-sayuran
 - Lebih banyak asid lemak omega-3 seperti ikan yang berminyak.

BERUBAH MENJADI VEGETARIAN DAN VEGAN

Sesetengah kajian menunjukkan bahawa orang yang makan banyak daging mempunyai risiko yang lebih tinggi mendapat arthritis jenis keradangan. Diet vegetarian secara jangka panjang banyak manfaatnya bagi mereka yang menghidapi rheumatoid arthritis. Diet vegan, yang tidak makan sebarang daging, ikan atau hasil haiwan, juga mungkin ada manfaatnya – kerana jenis asid lemak politaktepu yang ada di dalam diet. Sekiranya anda makan diet vegan, pastikan anda mendapat semua khasiat yang diperlukan, terutamanya kalsium, vitamin B12, vitamin D dan selenium.

PERLUKAH SAYA MENGELOK SESETENGAH MAKANAN?

Pastinya ada makanan yang orang cadangkan untuk dielakkan kerana ia “tidak baik” untuk arthritis. Makanan ini termasuklah:

- Buah-buahan sitrus seperti oren, lemon dan limau gadang
- Sayur-sayuran daripada famili nightshade (tumbuhan solanum) termasuk kentang, tomato, lada Benggala, cili dan terung.

Kami tidak menggalakkan anda menyingkirkan buah-buahan dan sayur-sayuran sama sekali kerana makanan tersebut mengandungi khasiat yang penting. Tiada bukti saintifik yang menunjukkan bahawa mengelakkan makanan tersebut dapat membantu keadaan arthritis anda. Malah, makanan tersebut kaya dengan antioksidan - di mana oren dan lada Benggala merah mengandungi antioksidan yang digelar β -cryptoxanthin, dan kajian menunjukkan bahawa khasiat ini mungkin memperlambatkan kemajuan arthritis.

ALAHAN MAKANAN

Sesetengah orang mempunyai alahan terhadap sesetengah makanan seperti kacang atau kerang-kerangan. Reaksi alahan berlaku dengan cepat selepas makanan itu dimakan dan tiada bukti sebenar yang menunjukkan bahawa alahan makanan itu relevan dengan kemajuan arthritis atau rawatannya.

Sesetengah orang juga tidak tahan dengan sesetengah makanan. Simptom-simptom tidak tahan makanan terjadi secara perlahan-lahan selepas makanan tersebut dimakan – iaitu, selepas beberapa jam atau hari. Oleh itu ketidak tahuan dengan makanan mungkin susah untuk dikenal pasti tanpa bantuan pakar.

Kajian menunjukkan bahawa sesetengah orang mempunyai peningkatan dalam simptom-simptom mereka sekiranya mereka tidak mengambil makanan yang tertentu. Sebabnya adalah kurang jelas dan makanan yang terlibat juga berbeza-beza antara satu orang dengan orang yang lain.

Kami mencadangkan agar anda berbincang dengan pakar diet yang berdaftar, yang dapat memeriksa agar anda tidak mengecualikan khasiat penting. Pastikan waktu makan itu adalah waktu untuk dinikmati.

饮食对类风湿性关节炎患者的影响

患上关节炎之后，经常难免有人会告诉你什么食物是该吃或不该吃的，而且意见还因人而异。在目前尚没有任何饮食或饮食补给品可以根治关节炎的当儿，若能够在饮食上作某些调整的话，结果或许能减轻关节炎的症状。

应该考虑的两重大因素是

- 体重—如果身体超重，减轻体重可以减少关节的劳损。这样一来，你或许就不再经常需要止痛药了。
- 日常饮食是否提供各种人体需要的维他命和矿物质—良好的饮食可以帮助人体抵御药物可能引起的一些副作用，也可以避免心脏疾病（某些关节炎有时会引起这方面的并发症）。

在类风湿性关节炎的药疗上，一些用来治疗这种关节炎的药物会提高患上心脏疾病和循环系统疾病的风险。在那些能够改善关节炎病情的饮食及生活习惯当中，有些是同时对增进心脏健康和循环系统健康有助益者，它们包括运动及 omega-3 脂肪酸。

关于这方面的饮食准则如下：

- 均衡且多样化的饮食可以让身体吸收到各种维他命、矿物质、抗氧化物以及其他所需的营养素。
- 将饮食习惯改为稍偏向地中海式饮食，饮食中有鱼类、豆类、坚果、橄榄油，再加上大量的蔬菜和水果。
- 多多摄取 omega-3 脂肪酸，例如多吃富含脂肪的鱼类。

素食和纯素食

根据一些研究显示，吃大量的红肉会增加患上炎性关节炎的风险。研究也显示，长远而言，素食对某些人在纾缓类风湿性关节炎方面有一定的正面影响。至于完全不含肉类、鱼类或其他动物类产品的纯素食，在这方面也有助益—原因可能是因为纯素食饮食内含有许多种的多不饱和脂肪酸。如果你奉行纯素食，请确定有从日常饮食中摄取到各种人体需要的营养，尤其是钙质、维他命 B12、维他命 D 以及硒。

我应该不吃某些食物吗？

经常会有人提醒你不要吃某些食物，因为它们对关节炎有“坏”影响。这些食物包括：

- 橘类水果，例如鲜橙、柠檬和葡萄柚。
- 茄科蔬菜包括马铃薯、番茄、灯笼椒、辣椒及茄子。

以上这些水果和蔬菜都含有重要营养素，我们因此不建议你避开它们。目前没有科学研究可以证明避而不吃这些食物对纾缓关节炎会有帮助。它们其实富含大量抗氧化物，当中的鲜橙和红色灯笼椒均含有一种叫做 β -隐黄素的抗氧化物，研究显示此抗氧化物能够令关节炎的进程放缓。


食物过敏及食物不耐跟关节炎有关系吗？

有些人对某些食物会有过敏反应，例如花生和贝壳类海鲜。过敏反应在吃下相关食物后很快就出现，没有确实证据可以证明食物过敏是跟关节炎的形成有关，或者与它的治疗有关。

有些人则会出现食物不耐的反应。吃下相关食物之后，食物不耐的症状发生得比较慢，通常是数小时或数天以后才出现。因此，若没有专家的协助，食物不耐是不容易鉴定出来的。

研究显示，有些人身上的关节炎症状确实在少吃某些食物之后有所改善。箇中原因尚未知晓，而所谓的有益食物也因人而异。

我们建议你找一位合格的注册营养师谈谈，他会帮你看看你的饮食中到底是不是已经包含了各种重要的营养成分。还有，进餐时心情要好，欢喜享受用餐时光。



What is Rheumatoid Arthritis (RA)?

RA, is a form of inflammatory arthritis and an autoimmune disease. For reasons yet unknown, in rheumatoid arthritis, the immune system which is designed to protect our health by attacking foreign cells such as viruses and bacteria instead attacks the body's own tissues, specifically the synovium, a thin membrane that lines the joints. Fluid builds up in the joints, causing pain in the joints and inflammation which can eventually result in bone erosion and joint deformity. RA may also affect other organs of the body such as the skin, eyes, lungs and blood vessels.



WHAT CAUSES IT?

Most scientists agree that a combination of genetic and environmental factors are responsible. Researchers have identified genetic markers that cause a tenfold greater probability of developing rheumatoid arthritis. These genes, associated with the immune system, could cause chronic inflammation or the development and progression of RA. Still, not all people with these genes develop rheumatoid arthritis and not all people with the disease have these genes.

Female hormones are also a probable suspect as approximately 70 per cent of people with RA are women. The body's response to stressful events such as physical or emotional trauma is another factor. Smoking may also play a role as it not only boosts the risk of developing RA among people with a specific gene, it can also increase the disease's severity and reduce the effectiveness of treatment. Research is ongoing.

DID YOU KNOW?

- Although rheumatoid arthritis can occur at any age, it usually begins after age 40. Children too can develop RA.
- The disorder is much more common in women than in men. Nearly three times as many women as men are prone to contracting the disease.
- The disease is chronic; which means it cannot be cured.

SYMPTOMS

Symptoms of rheumatoid arthritis tend to come and go. You may have flare-ups when your symptoms become worse than normal.

Common symptoms are:

- Joint pain and swelling
- Stiffness
- Tiredness (fatigue), depression, irritability
- Anaemia
- Flu-like symptoms, such as feeling generally ill, feeling hot and sweating.

Less common symptoms include:

- Weight loss
- Inflammation in the eyes
- Rheumatoid nodules
- Inflammation of other body parts, for example lungs and blood vessels and the membrane around your heart, but this is rare.

Rheumatoid arthritis varies from one person to another but it usually starts quite slowly. A few joints – often your fingers, wrists or the balls of your feet – become uncomfortable and may swell, often intermittently. You may also feel stiff when you wake up in the morning.

For about 1 in 5 of those with rheumatoid arthritis, the condition develops very rapidly, with



**FOUR
MAIN GROUPS OF
DRUGS USED TO TREAT
RHEUMATOID ARTHRITIS:**

- Painkillers
- Non-steroidal anti-inflammatory drugs (NSAIDs)
- Disease-modifying anti-rheumatic drugs (DMARDs)
- Steroids.

HOW IS RA DIAGNOSED?

No single test can give a definite diagnosis of rheumatoid arthritis in the early stages of the condition. Doctors have to arrive at a diagnosis based on your symptoms, a physical examination and the results of x-rays, scans and blood tests.

Because rheumatoid arthritis can affect other parts of your body besides your joints it's important to tell your doctor about all the symptoms you've had even if they don't seem to be related.

Blood tests can measure inflammation. X-rays will show any damage caused to your joints by the inflammation in rheumatoid arthritis. The changes often show up in x-rays of your feet before they appear in other joints, so your doctor may want to x-ray your feet even if they're not causing you any problems.

You may need repeat blood tests and x-rays from time to time to help your doctor assess how quickly your arthritis is developing and whether you need any changes to your medication.

TREATMENT

Treatment focuses on controlling symptoms and preventing joint damage through a combination of drugs, physical therapy and surgery.

Drugs. Most people with rheumatoid arthritis may need to take more than one drug. This is because different drugs work in different ways. If you take two or more anti-rheumatic drugs they can be more effective than just taking one and there are no extra side-effects.

Your drug treatment may be altered from time to time depending on how active your arthritis is or in response to changes in your circumstances. For example, you may be advised to stop taking a particular drug if you need surgery.

Physical therapies are vital to look after your joints in the treatment of rheumatoid arthritis. Exercise is key and a physiotherapist can suggest different exercises that may help ease your symptoms.

A podiatrist can help with problems with your feet and ankles. They can suggest appropriate footwear for both daily life and sport.

If you're having difficulty with day-to-day activities an occupational therapist can suggest ways that you could do them without putting too much strain on your joints. They can also give you information on splints if you need supports for your hands and wrists.

Surgery is occasionally needed for rheumatoid arthritis. Operations vary from quite minor ones such as the release of a nerve or a tendon to major surgery such as joint replacement.

Evidence shows that early diagnosis and aggressive treatment to put the disease into remission is the best means of avoiding joint destruction, organ damage and disability.

pain and swelling in a lot of joints, severe morning stiffness and great difficulty doing everyday tasks.

If you have painful, swollen joints and stiffness in the morning that lasts for longer than half an hour, you should see your doctor. Research shows that the sooner you start treatment for rheumatoid arthritis, the more effective it's likely to be, so early diagnosis is important.



As Seen
On TV



Don't let joint pain interfere with your lifestyle!

Glucosamine sulphate and Chondroitin sulphate are the 2 key nutrients used by the body to rebuild and repair joint cartilage. The recommended dose of 1,500mg of Glucosamine sulphate and 1,200mg of Chondroitin sulphate daily helps create better support for the joints and repairs damaged cartilage.

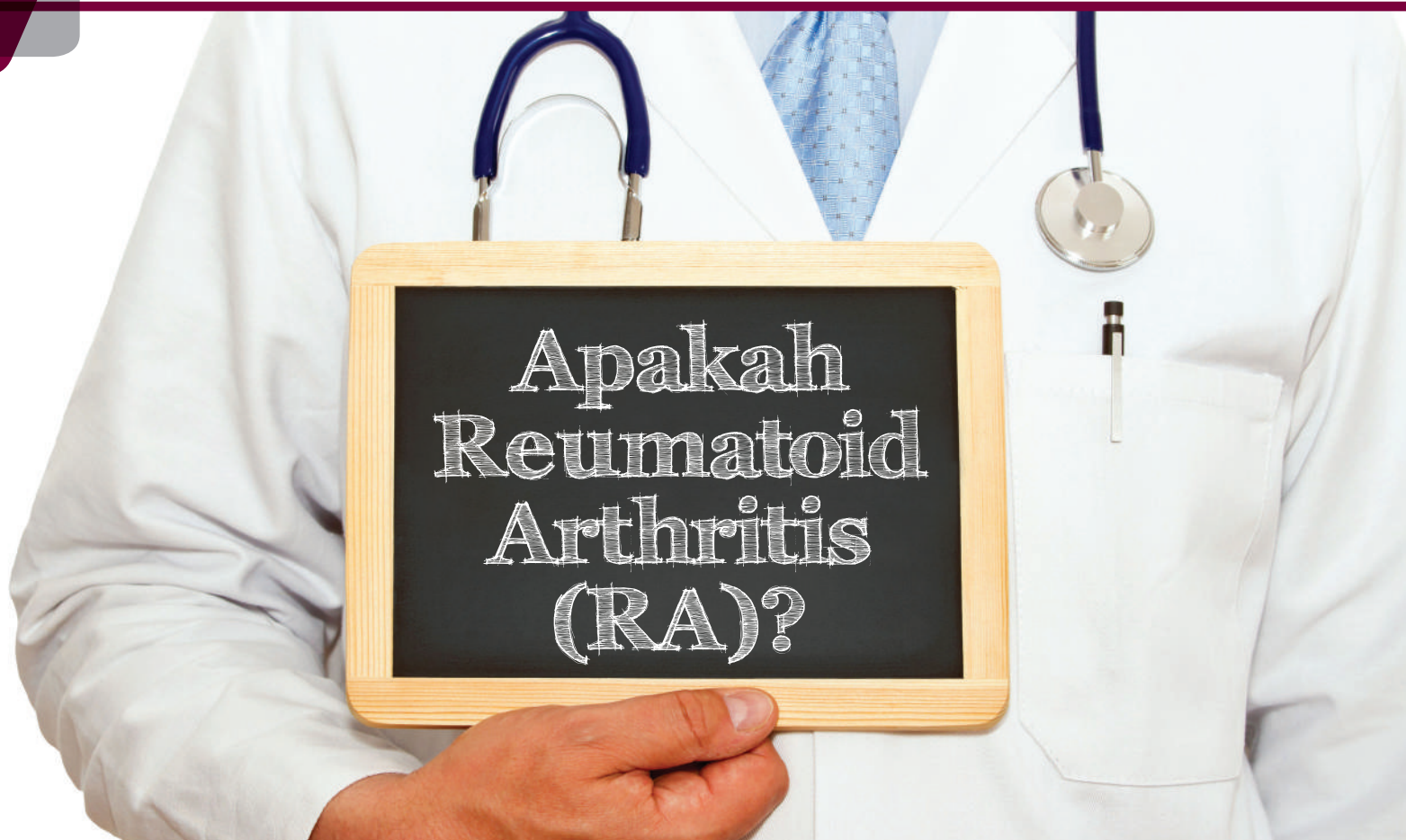
Kordel's Glucosamine Plus Chondroitin 500/400, 3 capsules a day provides the recommended dose that is needed by the joints - 1,500mg of Glucosamine sulphate and 1,200mg of Chondroitin sulphate.

For further information, please contact Cambert (M) Sdn Bhd (134845-P) at 1300-88-1712 or write to enquiry@cambert.com.my



Kordel's
Joints Formula





RA adalah sejenis radang arthritis dan merupakan penyakit auto imun. Atas sebab yang masih belum diketahui, dalam kes reumatoid arthritis, sistem imun – yang sepatutnya melindungi kesihatan kita daripada serangan sel-sel asing seperti virus dan bakteria – menyerang tisu badan sendiri, khususnya synovium, iaitu membran nipis yang melapisi sendi. Cecair yang berkumpul di dalam sendi menyebabkan kesakitan pada sendi dan keradangan, lama kelamaan akan menyebabkan hakisan tulang dan kecacatan sendi. RA juga mungkin menjejaskan organ-organ pada badan lain seperti kulit, mata, paru-paru dan saluran darah.

APAKAH YANG MENYEBABKAN RA?

Kebanyakan ahli sains bersetuju bahawa RA disebabkan oleh kombinasi faktor genetik dan persekitaran. Para penyelidik telah mengenal pasti penanda genetik yang menyebabkan sepuluh kali kemungkinan untuk mendapat reumatoid arthritis. Gen ini dikaitkan dengan sistem imuniti yang boleh menyebabkan keradangan kronik atau membangunkan RA. Walau pun begitu, bukan semua orang dengan gen ini mempunyai reumatoid arthritis dan bukan semua orang yang mempunyai penyakit ini mempunyai gen tersebut.

Hormon wanita juga berkemungkinan menjadi penyebab kerana anggaran 70 peratus orang yang menghadapi RA adalah wanita. Respons tubuh kepada keadaan sukar seperti trauma fizikal atau emosi juga menjadi faktor. Merokok juga memainkan peranan kerana ia bukan sahaja meningkatkan risiko pembentukan RA

di kalangan mereka yang mempunyai gen yang tertentu tetapi tabiat tersebut juga meningkatkan keamanan penyakit dan mengurangkan keberkesanan rawatan. Kajian masih lagi dijalankan.

TAHUKAH ANDA?

- Walaupun reumatoid arthritis boleh berlaku pada pelbagai peringkat usia, RA selalunya bermula selepas usia 40 tahun. Kanak-kanak juga boleh mendapat RA.
- Penyakit ini lebih kerap dihadapi oleh wanita berbanding lelaki. Wanita berisiko hampir tiga kali ganda untuk mendapat penyakit ini.
- RA adalah penyakit kronik. Ini bermakna penyakit ini tidak boleh disembuhkan.

SIMPTOM

Simptom reumatoid arthritis datang dan pergi. Keadaan



mungkin marak apabila simptomnya lebih teruk dari biasa.

Simptom-simptom biasa adalah:

- Sakit sendi dan bengkak
- Kekakuan
- Keletihan (lesu), depresi, cepat marah
- Anemia
- Simptom seperti selesema seperti rasa kurang sihat, rasa panas dan berpeluh.

Simptom kurang biasa termasuklah:

- Hilang berat badan
- Keradangan di dalam mata
- Nodul reumatoid
- Keradangan di bahagian lain badan, seperti paru-paru dan saluran darah dan membran di sekeliling jantung, tetapi ini jarang sekali berlaku.

Reumatoid arthritis berbeza-beza dari seorang dengan orang lain tetapi selalunya ia bermula dengan perlahan-lahan. Beberapa sendi - selalunya jari, pergelangan tangan atau tumit kaki merasa tidak selesa dan mungkin bengkak, selalunya sekejap-sekejap. Anda mungkin juga rasa kaku apabila bangun tidur pada waktu pagi.

Lebih kurang 1 dalam 5 daripada mereka yang menghidapi reumatoid arthritis mempunyai keadaan yang merebak dengan cepat, dengan kesakitan dan bengkak pada banyak sendi, kekakuan yang teruk pada waktu pagi dan sukar melakukan tugas harian.

Sekiranya sendi anda sakit dan bengkak, serta rasa kaku pada waktu pagi selama lebih daripada setengah jam, anda hendaklah berjumpa doktor anda. Kajian menunjukkan bahawa lebih awal rawatan dimulakan untuk reumatoid arthritis, ia lebih berkesan, oleh itu rawatan awal itu amat penting.

BAGAIMANA RA DIDIAGNOSIS?

Tiada ujian tunggal yang dapat memberi diagnosis yang tepat untuk reumatoid arthritis pada peringkat awal penyakit ini. Doktor perlu mendiagnosis berdasarkan simptom anda, pemeriksaan fizikal dan keputusan sinar-X, imbasan dan ujian darah.

Memandang reumatoid arthritis boleh memberi kesan kepada bahagian-bahagian lain badan, selain daripada sendi anda, ia penting bagi anda untuk memaklumkan kepada doktor tentang semua simptom yang anda alami walau pun ia mungkin tidak berkaitan.

Ujian darah mengukur keradangan. Sinaran-x akan menunjukkan sebarang kerosakan pada sendi akibat keradangan dalam reumatoid arthritis. Perubahan selalunya timbul dalam sinaran-x pada kaki anda sebelum ia nampak pada sendi-sendi lain, oleh itu doktor mungkin mahu membuat sinaran-x pada kaki walau pun anda tidak mempunyai masalah dengan kaki anda.

Anda mungkin perlu mengulangi ujian darah dan sinaran-x dari semasa ke semasa untuk membantu doktor anda menilai berapa cepatnya arthritis

anda berkembang dan sama ada anda perlu memerlukan perubahan pada ubat-ubatan anda.

RAWATAN

Rawatan memfokuskan pada pengawalan simptom dan mencegah kerosakan sendi melalui kombinasi ubat-ubatan, terapi fizikal dan pembedahan. Bukti menunjukkan bahawa diagnosis awal dan rawatan agresif supaya penyakit berada di dalam keadaan remisi adalah cara terbaik untuk mengelakkan kerosakan sendi, kerosakan organ dan kecacatan.

Kebanyakan orang yang menghidap reumatoid arthritis mungkin perlu mengambil lebih daripada satu jenis ubat. Ini adalah kerana ubat yang berlainan bertindak dengan cara yang berbeza. Sekiranya anda mengambil dua atau lebih ubat anti-reumatik, ia adalah lebih berkesan daripada mengambil satu jenis ubat sahaja dan tiada sebarang kesan sampingan tambahan.

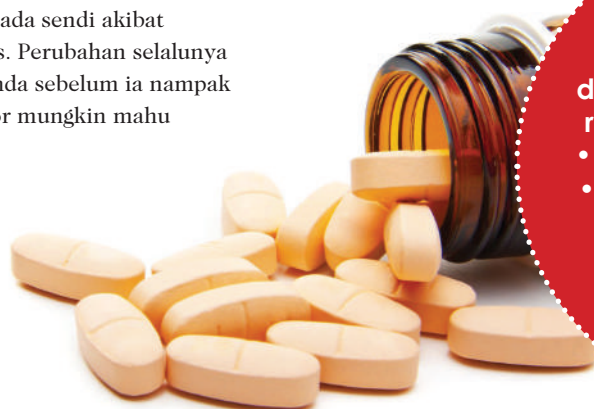
Rawatan ubat-ubatan anda mungkin ditukar dari semasa ke semasa bergantung kepada bagaimana aktifnya arthritis anda atau perubahan dalam keadaan anda. Sebagai contohnya, anda mungkin dinasihatkan untuk berhenti mengambil ubat yang tertentu sekiranya anda perlu menjalani pembedahan.

Penting bagi ahli terapi fizikal menjaga sendi anda dalam merawat reumatoid arthritis. Senaman itu penting dan ahli fisioterapi boleh mencadangkan senaman yang mungkin membantu melegakan simptom-simptom anda.

Seorang ahli penyakit kaki juga boleh membantu dengan masalah kaki dan buku lali anda. Mereka boleh mengesyorkan kasut yang sesuai untuk kehidupan harian dan sukan.

Sekiranya anda mempunyai masalah dengan aktiviti harian, ahli terapi pekerjaan boleh mencadangkan cara yang anda boleh lakukan tanpa memberi banyak tekanan pada sendi anda. Mereka juga akan memberi maklumat tentang splin sekiranya anda memerlukan sokongan untuk tangan dan pergelangan tangan anda.

Pembedahan kadang-kala perlu bagi reumatoid arthritis. Pembedahan yang diperlukan itu berbeza-beza – daripada pembedahan kecil seperti melepaskan saraf atau tendon hinggalah kepada pembedahan besar seperti penggantian sendi.



Empat kumpulan utama ubat-ubatan yang digunakan untuk merawat reumatoid arthritis adalah:

- Ubat penahan kesakitan
- Ubat anti-radang bukan steroid (NSAID)
- Ubat anti-reumatik pengubah penyakit (DMARD)
- Steroid.



什么是类风湿性关节炎？

类风湿性关节炎是一种炎性关节炎，同时也是一种自身免疫疾病。由于一些至今还未明的原因，类风湿性关节炎的发生，是因为那原本应该去攻击病毒和细菌之类外来物，以便保护人体健康的免疫系统，竟然倒过来侵犯自身的组织，尤其是侵犯关节里一层叫做滑膜的薄衬。滑膜发炎时关节里会积满液体，令关节疼痛和发炎，日子久了就会耗蚀骨头，使关节变形。类风湿性关节炎也会侵犯身体其他器官，例如皮肤、眼睛、肺部、和血管。

它是什么原因造成的？

大多数科学家都同意它是由遗传加上环境因素所造成的。研究人员已经确认出能够令人有更大几率患上类风湿性关节炎的遗传标记。只要这些基因与免疫系统联合起来，是会引起慢性发炎，或导致类风湿性关节炎的，它们也会使这疾病渐渐演进。话虽如此，但并非每个有这些遗传基因的人都会患上类风湿性关节炎，也不是每个患上此疾病的人都有这些基因。

研究也怀疑女性荷尔蒙亦是原因之一，因为类风湿性关节炎患者人口当中有大约百分之七十是女性。身体承受了巨大压力例如身体或精神上的创伤，也是致病因素之一。抽烟也是致病原因之一，因为抽烟不但提高身上有该特定基因的人得此病的风险，它也会使这疾病变得更严重，同时还会降低治疗的效果。有关这方面的研究仍在不断进行中。



你知道吗？

- 虽然类风湿性关节炎会在任何年龄发病，但是它通常是在40岁以后才出现。儿童也会患上类风湿性关节炎。
- 女性比男性容易患上此疾病。在那些较容易患上这个疾病的人口当中，女性是男性的三倍。
- 这是一种慢性疾病；这意味着它是无法根治的。

症状

类风湿性关节炎的症状时好时坏。当疾病发飙时，它的症状会比平时严重许多。

常见的症状有：

- 关节疼痛和发肿
- 僵硬感
- 疲累（疲乏）、忧郁、容易发怒
- 贫血
- 像似感冒般的症状，例如浑身有如生病般的不舒服、觉得热而且冒汗

比较少见的症状包括：

- 消瘦
- 眼部发炎
- 类风湿结
- 身体其他部位发炎，例如肺部和血管；心脏周围的薄膜也会发炎，不过却甚为少见。

类风湿性关节炎的情形因人而异，但是疾病刚开始时的演进都很缓慢。开始时，会有几个关节一通常是手指、手腕或跖球（脚掌处接近大脚趾根部的圆形部位）一显得不舒服且肿胀，而且是间歇性发生。早上起床关节会有僵硬感。

每五位患者之中，会有一人的病情是迅速演进的，他会有多处关节发痛和发肿，早上起床时关节严重僵硬，就连处理生活事物也感觉非常困难。

如果你早上起床时有多个关节感到僵硬，而僵硬感又持续半个小时以上才消退，那你就应该寻医了。研究显示，越早开始治疗类风湿性关节炎，治疗效果越好，因此及早确诊很重要。

如何诊断类风湿性关节炎？

在患病初期，我们是无法只通过一种检验就可以将类风湿性关节炎诊断出来的。医生会根据你的症状、身体检查结果以及X光片、扫描和验血报告来诊病。

由于类风湿性关节炎除了令关节发炎以外，也会侵犯身体其他部位，所以求医时一定要将所有的症状，即使是好像没有什么关连的症状，都一一告诉医生，这点很重要。

我们可以从血液检验报告中看出发炎的情况。X光片会看出任何因为类风湿性关节炎而造成的关节损坏。关节上的变化通常最先出现在脚部X光片里，所以即使你的脚部没有任何不适，医生也可能会给你的脚部照X光做检查。

之后，你经常需要重复进行血液检验和照X光，好让医生可以诊视疾病的演进情况，以及决定药物的加减。

治疗

治疗方案专注于通过药物、物理和手术治疗，来进行疾病控制和避免关节受损。实例证明，及早诊断加上积极的治疗，将疾病处理到进入缓解期，是避免关节损坏、器官受损以及残障的最佳方法。

多数患上类风湿性关节炎的人都需要服用一种以上的药物，原因是不同的药有不同的作用。假如你服用两种或以上的抗风湿药，效果会比只服用一种来得好，而且也不会有额外的副作用。

你的药疗会时而改变，令药疗改变的原因，无非是病情的活跃程度或病况的改变。例如，当你需要动手术时，医生会吩咐你先停止服用某一种药物。

物理治疗在治疗类风湿性关节炎方面，其重要性在于它能够帮你把关节照顾好。在这方面，锻炼就是主要方案。物理治疗师会建议你做各种有益关节的锻炼，帮助你减轻不适。

足部医生可以帮你解决足部和足踝的问题，他们会建议你穿上适当的日常鞋或运动鞋。

如果你在处理日常生活事项时面对困难，技能治疗师会教你一套方法，让你在不劳损关节的情况下做这些日常事。要是你需要用上夹板来支撑手部或腕部，他们也会为你提供适当的讯息。

类风湿性关节炎患者有时会需要手术治疗。需动的手术大小不一，小手术可以只是松释一条神经线或一条肌腱那么简单，而大手术的例子则是关节置换手术。

治疗类风湿性关节炎使用的四大类药物如下：

- 止痛药
- 非类固醇抗炎药(NSAIDs)
- 改变病程抗风湿药物(DMARDs)
- 类固醇



Emotional Challenges of Rheumatoid Arthritis

Rheumatoid arthritis (RA) is primarily a disease of the joints, but people afflicted with rheumatoid arthritis face severe emotional challenges as well as physical ones. It can affect virtually every area of a person's life; from work life to family life. You have to deal with chronic pain and physical limitation; a whole new way of living and being. It can take you through a whole gamut of emotions ranging from fear, anger, depression and anxiety, frustration, feelings of being overwhelmed and low self-esteem. Life can be very stressful indeed and the bad part of stress is that it may affect the amount of pain you feel.

Despite drug treatments for RA having improved markedly, it cannot be cured, and even the best medications and medical care can only help so much. Thus, there is a great need for additional activities patients can do to reduce pain, disability, and take control of the overall impact of arthritis on their lives. Learning to live with it is essential. Life does go on after being diagnosed with arthritis.

COPING WITH STRESS

There are a number of successful techniques for coping with stress. Regular rest periods can help, as can relaxation or visualization exercises. Exercise programs, participation in





support groups, and good communication with the health care team are other ways.

Meditation is another powerful technique to manage stress. Meditation allows you to achieve a state of profound calm commonly referred to as the “relaxation response”. Meditation has been shown to alter physical and emotional responses to stress and may reduce the psychological distress that often accompanies chronic illness. Results of various studies suggest that the regular practice of meditation can reduce arthritis pain as well as relieve anxiety, stress, and depression.

In a study reported at an American College of Rheumatology meeting, rheumatoid arthritis patients were assigned to one of two groups. Half of the group took a class on Mindfulness-Based Stress Reduction (MBSR), a program that includes meditation, yoga, and other relaxation exercises. The rest of the group had no intervention.

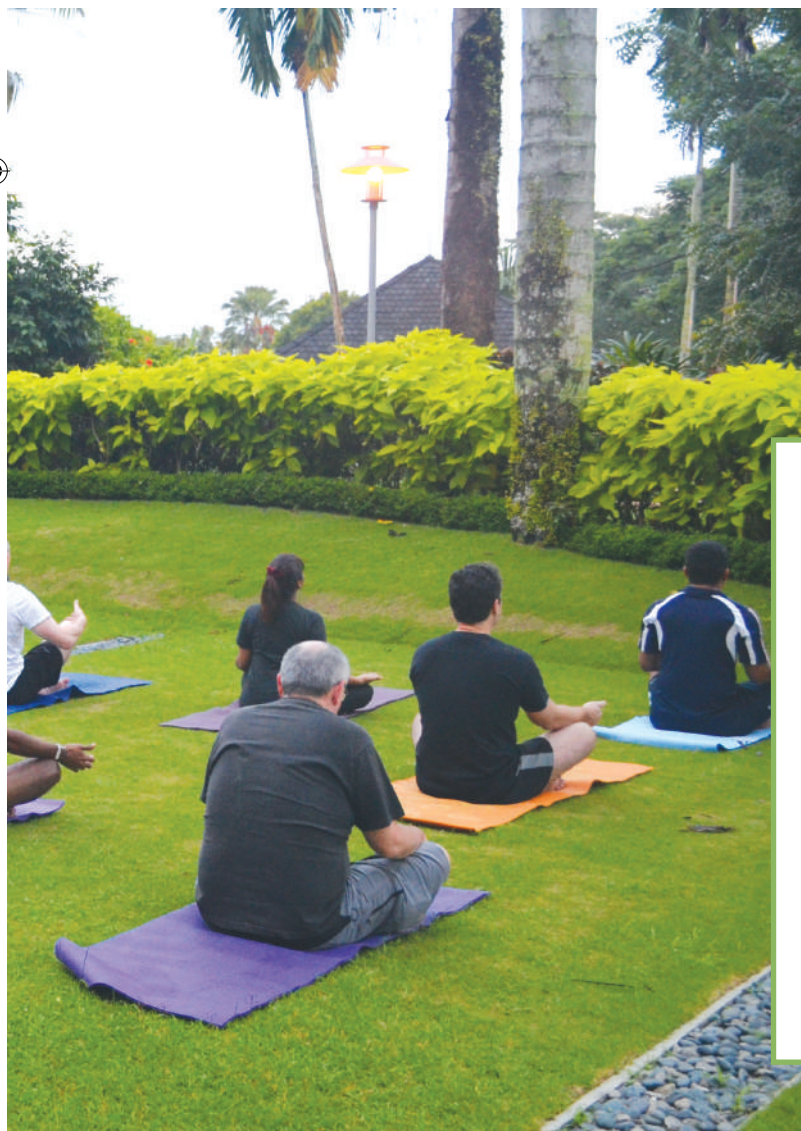
After six months, patients who practiced MBSR experienced a 33% reduction in psychological distress, an 11% decrease in standard measures of disease activity such as the number of painful or swollen joints, and a 46% decrease in erythrocyte sedimentation rate (indicating a reduction in inflammation).



Deep Relaxation Technique

This technique is very beneficial as it reduces your heart rate, respiration rate, and blood pressure thus bringing about a reduction in the damaging “fight-or-flight” response that can be triggered by physical or emotional stress.

- Lie on your back with the feet slightly apart and hands slightly away from the body.
- Let your awareness flow over your body from the tips of your toes to the top of your head.
- Tell yourself to relax your feet, your ankles, your calves, your knees, your thighs. Let your legs completely relax.
- As your awareness travels upwards; tell yourself to relax your abdomen, your chest, your back, your arms, your shoulders, your neck, your face.
- Feel your whole body completely relaxed.
- Feel your breath flowing in and out. With every exhalation feel your body release into deeper and deeper states of relaxation.
- Stay in this state for 10 minutes to start with and work up to 15-20 minutes.



A Meditation Technique to Manage Your Stress

- Sit in a comfortable position on the chair.
- Keep your eyes closed.
- Focus attention on an object, a word, or your own breathing, as a way of suspending the stream of thoughts that normally occupy your mind.
- If you choose to mentally repeat a word, make sure that it is positive, uplifting and something that resonates with you.
- If you choose your breath, then just be aware of your breath as you inhale and exhale.
- You will find yourself distracted from time to time, but each time draw your awareness back to your breath.
- By your consistent effort to focus on your breath, all other worries and distractions naturally fade into the background and the mind experiences a release from its stressful patterns of thinking.
- Begin with 5 minutes and then work up to 20-30 minutes a day.



A Full Life with RA

Nagula Thambidurai was in her mid-forties, relishing her varied roles; as a loving wife, mom to two adorable daughters, as a high-school teacher and as an individual with a huge zest for life; who loved wearing high heels and partying! But one day, she felt pain and discomfort in her ankles. Her right ankle seemed to have collapsed! To her credit, she didn't dismiss it and went without much delay to consult a rheumatologist at a private hospital in KL. After the consultation and blood test, the doctor confirmed her worst fears; that she had rheumatoid arthritis. The doctor also immediately started her on steroids and over the years her medication and dosages were regularly monitored and changed according to her experience of pain.

Why her worst fear, I asked? Nagula answered, "I grew up watching my mother struggle with rheumatoid arthritis. At that time, there wasn't much awareness and treatment options were limited. So the disease affected her quite badly, to the point that she was unable to move on her own and her limbs were deformed."

Nagula's first reaction on hearing the news was unsurprisingly; denial and depression. Says Nagula, "I kept asking myself, God and everyone else around me, 'Why me? Why?' Though I had a family history, and it really should not have come as such a shock to me, I still found it very difficult to accept. Fear overwhelmed me that I too would suffer the same way my mother did.

SOME ADVICE FROM NAGULA

- **Be active and keep moving.** People with RA must make it a point to get up and walk every 15 minutes even while watching television or sitting in an aircraft. While sitting, exercise the wrists and fingers, rotate the ankles and move the feet. It's about cultivating an "active" mindset.
- **Mix with people.** The tendency when we have problems is to withdraw into a shell. But it is important to talk about what we are going through and share our experiences with family and friends. Besides helping us cope with our feelings of loneliness and depression, it also helps us spread awareness. I have a very active social life. I am a committee member of the Arthritis Foundation Malaysia as well as the Inner Wheel Club of Subang.
- **Accept that you have to do things differently.** With RA, you tend to tire easily and not have as much energy as before. I love dancing and shopping. It's hard for me to do these things now and I have had to modify my expectations of my performance in these activities. While we travel, I now use a wheelchair in airports and while in the past we did walking tours, we now opt for sitting in a tour bus.
- **Stay positive.** Seek immediate and proper medical advice from a rheumatologist, stick to the recommended dosage and medication and please do follow-up regularly!



But now, 18 years down the road, Nagula is a testament of how early diagnosis and treatment can contain the severity of the spread of the disease. At 63, Nagula and her husband travel the world regularly to spend time with their beloved daughters and their families who live in Australia and the UK. Though retired, she continues to pursue an active social life and does not let the disease get in the way of her appreciation of life.

But with the support of my husband and family, and the expert supervision of my doctor, I learned to cope with the condition. Early diagnosis and treatment helped ensure that the disease was managed well. Of course, some changes had to be made to my life. The high heels were exchanged for flats or walking shoes. Though I still continued to cook, I took breaks and hired help too as I tired easily and couldn't stand continuously for a long time. But I determinedly continued on with the life that I loved; to teach, to bring up my girls well, and to entertain."

There were some rough times too. After many years of taking the medication Methotrexate, at one point, when her dosage was increased, she faced difficulty in walking even short distances. She realized something was very wrong. She went back to the doctor, was diagnosed with fibrosis of the lungs and had to have her medication changed immediately. Now signs of her knees being affected have begun appearing and she experiences constant dryness of her eyes. This has greatly affected her ability to read and watch television.

But ever optimistic in her outlook, she is pro-active in dealing with her condition and constantly explores new treatments and options in dealing with the symptoms of arthritis. Nagula warns, "Not all of them work well, and some have even resulted in severe side-effects making it impossible for me to continue treatment. But a series of Ayurvedic treatment courses in Kerala, India over a few years did bring a lot of relief. So, as cautiously as possible, I am determined to continue to seek options. Currently I am undergoing stem-cell treatment which is supposed to help my arthritic condition."



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KKLIU 0816/2014

AFM Junior Club – for Kids with Arthritis

Do you know that arthritis is not only a disease of the elderly? Children and young people can also suffer from a form of chronic arthritis called 'Juvenile Idiopathic Arthritis'.

AFM has long recognised that children and adolescents with arthritis have needs that are quite different from that of adults. With this in mind, the Arthritis Foundation Malaysia Junior Club (AFMJC) was first established in 2005 by the then AFM president, Dr Chow Sook Khuan and Malaysia's pioneer Paediatric Rheumatologist, Dr Tang Swee Ping.

The AFM Junior Club (AFMJC) was successfully launched in October 2005 with an inaugural visit to the Breadtown Museum in Shah Alam.

WHY DO WE NEED A JUNIOR CLUB?

The AFM Junior Club serves as a social network for patients and families to meet and share experiences and also to lend support to one another. It is very important for children with chronic arthritis to know that they are not alone in this battle. In addition, it is an educational opportunity for patients and their caregivers to learn about their disease and treatments, and for them to have a chance to meet the healthcare professionals at a less formal platform. It is also an opportunity for families to experience some fun together and enable patients to realise that even with arthritis, most can and should try to live 'normal' lives.

WHAT DO WE DO?

Since 2005, numerous activities have been successfully organized by the AFMJC led by Dr. Tang Swee Ping and Miss Chan Li Jin, a volunteer with the help of doctors and nurses from Paediatric Department, Hospital Selayang and with the support from AFM and various other corporate bodies.

The two main activities organized are the 'JIA Family Day' and the 'Independence Camp'. The JIA Family Day is a family event where entire families (including siblings of patients and even grandparents) are encouraged to come together as a family and learn about their disease – Juvenile Idiopathic Arthritis (JIA) whilst having fun together. The 'Independence camps' are weekend overnight camps which are specially designed for teenagers with arthritis. The aim is to educate, equip and empower them with knowledge and skills to handle their disease as they grow up so that they can become valuable and productive members of the society. A public forum entitled: 'JIA – what every parent should know' was also successfully organized in 2009 which was well-attended by parents and healthcare professionals.

WHAT'S FOR THE FUTURE?

The AFMJC hopes to reach out to more children and young people with arthritis and encourage them to benefit from our activities. So if you know of a child or young person less than the age of 16 years suffering from arthritis, please contact the AFM for more information.



Inaugural AFMJC

Activity: Visit to Breadtown Museum 2005.

Aktiviti Sulung AFMJC:

Rombongan ke Muzium Breadtown 2005.

大马关节炎基金会少年俱乐部成立之初的首项活动：参观面包城博物馆，2005年。

JIA Family Day, Kuala Gandah Elephant Sanctuary, 2009.

Hari Keluarga JIA, Santuary Gajah Kuala Gandah, 2009.

2009年JIA家庭日，瓜拉甘达大象乐园。



JIA Family Day, Sungai Klah Hot Springs, 2011.

Hari Keluarga JIA, Kolam Air Panas Sungai Klah, 2011.

2011年JIA家庭日，双溪格拉热水湖。



JIA Family Day, Klana Resort, Seremban, 2013.

Hari Keluarga JIA, Klana Resort, Seremban, 2013.

2013年JIA家庭日，森美兰州格拉娜度假村。



Independence Camp, Klana Resort Seremban, 2012.

Kem Berdikari, Klana Resort Seremban, 2012.

2012年自立生活营，森美兰州格拉娜度假村。





KELAB REMAJA AFM – Bagi kanak-kanak yang menghadapi Arthritis

Tahukah anda bahawa arthritis bukan sahaja penyakit yang dihadapi oleh warga emas? Kanak-kanak dan remaja juga boleh menderita akibat sejenis arthritis kronik yang dipanggil 'Juvenile Idiopathic Arthritis'.

AFM telah lama mengiktiraf bahawa keperluan kanak-kanak dan remaja yang menghadapi arthritis adalah berbeza daripada orang dewasa. Maka, Kelab Remaja Yayasan Arthritis Malaysia (AFMJC) ditubuhkan pada tahun 2005 oleh presiden AFM pada masa itu, Dr Chow Sook Khuan dan perintis Pakar Reumatologi Pediatrik, Dr Tang Swee Ping.

Kelab Remaja AFM (AFMJC) telah dilancarkan dengan jayanya pada Oktober 2005 dengan rombongan sulungnya ke Muzium Bredtown di Shah Alam.

MENGAPAKAH KITA MEMERLUKAN KELAB REMAJA?

Kelab Remaja AFM bertindak sebagai rangkaian sosial bagi pesakit dan keluarga mereka untuk berjumpa dan berkongsi pengalaman serta memberi sokongan antara satu sama lain. Ia sangat penting bagi kanak-kanak yang menghadapi

arthritis kronik untuk menyedari bahawa mereka bukannya keseorangan dalam menghadapi situasi yang sedemikian. Selain itu, ia merupakan peluang pendidikan bagi pesakit dan penjaga mereka untuk belajar tentang penyakit mereka dan rawatannya, serta membuka peluang untuk mereka berjumpa profesional penjagaan kesihatan di platform yang kurang formal. Keluarga pesakit juga berpeluang bersama-sama bergembira dan membolehkan pesakit sedar bahawa mereka masih boleh, dan sepatutnya berusaha menjalani kehidupan normal walaupun menghadapi arthritis.

APAKAH YANG KAMI LAKUKAN?

Sejak tahun 2005, pelbagai aktiviti telah berjaya dilaksanakan oleh AFMJC, yang diketuai oleh Dr. Tang Swee Ping dan Cik Chan Li Jin, seorang sukarelawan, dengan bantuan para doktor dan jururawat dari Jabatan Pediatrik, Hospital Selayang dan dengan sokongan daripada AFM serta pelbagai badan korporat lain.

Dua aktiviti utama yang dianjurkan adalah 'Hari Keluarga JIA' dan 'Kem Berdikari'. Hari Keluarga JIA adalah acara keluarga di mana seluruh keluarga (termasuk adik beradik pesakit,

malah datuk dan nenek) digalakkan untuk bersama-sama, sebagai sebuah keluarga, belajar tentang penyakit ini— Juvenile Idiopathic Arthritis (JIA), di samping bergembira bersama. 'Kem Berdikari' pula ialah perkhemahan hujung minggu yang direka khusus untuk remaja yang menghadapi arthritis, dengan tujuan untuk mendidik, melengkapi dan memperkasakan diri mereka dengan pengetahuan dan kemahiran untuk mengurus penyakit mereka ketika mereka sedang membesar supaya mereka boleh menjadi ahli masyarakat yang produktif dan bernilai. Forum umum bertajuk: 'JIA – apa yang patut diketahui oleh semua ibu bapa' juga berjaya dianjurkan pada tahun 2009, yang dihadiri oleh ramai ibu bapa dan profesional penjagaan kesihatan.

MENGHADAPI MASA DEPAN

AFMJC berharap untuk mencapai lebih ramai lagi kanak-kanak dan remaja yang menghadapi arthritis serta menggalakkan mereka untuk mendapat manfaat daripada aktiviti-aktiviti kami. Oleh itu, jika anda mengenali sesiapa yang berusia di bawah 16 tahun dan menghadapi arthritis, sila hubungi AFM untuk maklumat lanjut.

大马关节炎基金会少年俱乐部 — 为关节炎儿童而设的俱乐部

你 可知道并非只是老年人才会得关节炎？儿童及年轻人都可能会患上一种称为“少年自发性关节炎(JIA)”的慢性关节炎。

AFM（大马关节炎基金会）很久以前就已经意识到患关节炎的儿童和少年们在学习上的需求是有异于成人患者的。秉承着这个理念，当时担任大马关节炎基金会主席的周淑勤医生连同我国第一位小儿风湿专科医师邓瑞冰医生，便于2005年着手成立了大马关节炎基金会少年俱乐部（AFMJC）。

大马关节炎基金会少年俱乐部于2005年10月间正式成立，成立之初的第一项活动是参观位于沙亚南的面包城博物馆。

为何需要一个少年俱乐部？

AFM少年俱乐部是一个为患者及人们提供碰面机会的社交平台，让他们在互相交流、分享经验的同时，也相互扶持。我们认为，让身患

慢性关节炎的孩童知道还有许多小朋友，都跟他们一样在勇敢地对抗着同样的疾病是很重要的。除此之外，它也给患者父母及看护人提供学习的机会，增加对这疾病及治疗方法的认识，同时也可以在不那么严肃的气氛下，轻松的与医务人员见面、沟通。不但家人们可以在俱乐部的活动里同欢共乐，而儿童患者们也因而得以理解到，即使患上了关节炎，大多数人都依然可以，也应该可以，照样过“正常”的生活。

我们做些什么？

AFM少年俱乐部自2005年以来，已经成功举办了多项活动。这些活动都是在邓瑞冰医生及志愿工陈丽晶小姐的带领下，加上士拉央医院儿科部门的多名医生及护士的协助下，以及在AFM与其他多家机构的支持下完成的。

活动当中的两项比较大型者分别是“JIA家庭日”以及“自立生活营”。“JIA家庭日”

是一项鼓励全家总动员（包括患者的兄弟姐妹，甚至祖父祖母）到来参加的活动，在共同欢乐的同时，也加强他们对少年自发性关节炎的认识。“自立生活营”是两天一夜的周末营，它专为患上关节炎的青少年而设计，目的是教育他们，向他们灌输知识并教导技能，好让他们长大成人之后可以独立应付此疾病，同时也成为社会上有用的一份子。AFM少年俱乐部曾在2009年间举办了一项名为“JIA- 为每位家长提供疾病知识”的公众讲座，吸引了许多家长和医务人员踊跃出席聆听。

未来有些什么计划？

AFM少年俱乐部希望可以让更多患上关节炎的儿童和年轻人知道其存在，鼓励他们前来参加俱乐部的各项活动，并希望他们能够从中获益。因此，假如你有认识年龄在16岁以下又身患关节炎的孩童或青少年的话，敬请联络大马关节炎基金会了解更多详情。





Q&A

HOW MUCH DO YOU KNOW ABOUT RHEUMATOID ARTHRITIS (RA)? TAKE THIS QUIZ TO FIND OUT.

1. Which form of arthritis is due to wear and tear?

- A. Rheumatoid Arthritis
- B. Viral arthritis
- C. Autoimmune arthritis
- D. Osteoarthritis

2. Which of these treatments is useful in all forms of arthritis?

- A. Chelation therapy
- B. Stem cell therapy
- C. NSAIDs
- D. DMARDs

3. What is the most popular supplement for treating osteoarthritis?

- A. Glucosamine
- B. Bee sting therapy
- C. Manuka honey
- D. Green lip mussel

4. One of the following is a very intensely painful form of arthritis with a swollen and red joint

- A. Psoriasis
- B. Gout
- C. Osteoarthritis
- D. Rheumatoid arthritis

5. Chronic arthritis if untreated can lead to

- A. Flexibility of the joint
- B. Loosening of the joint
- C. Clicking sound of the joint
- D. Deformity of the joint

6. Which of the following tissue is found within the joint capsule?

- A. Tendon
- B. Muscle
- C. Synovium
- D. Skin

7. One of the following is an autoimmune joint disease.

- A. Rheumatoid arthritis
- B. Diabetes mellitus
- C. Gout
- D. Osteoarthritis

8. Which of the following is the first step to heal an acutely painful and swollen joint?

- A. Consume supplements from the pharmacy
- B. Repeatedly move the joint vigorously
- C. Hit the joint with a blunt stick 5 times a day
- D. Rest the affected joint for 24 to 48 hours

9. One of the following is an acronym used to describe important long term drugs used in treatment of Rheumatoid Arthritis

- A. NAPALM
- B. DMARDs
- C. ISIS
- D. NSAIDs

10. Which of the following is NOT recommended for treatment of arthritis

- A. Hydrotherapy
- B. Physiotherapy
- C. Antibiotic therapy
- D. Occupational therapy.

ANSWERS

1. D. Osteoarthritis is due to the degradation in joint surfaces after prolonged use, with reduction in joint space and cartilage wearing out.

2. C. NSAIDs such as Mefenemic Acid, Naproxen, Celecoxib can be used in almost all forms of arthritis.

3. A. Glucosamine is by far the most popular product available as over the counter therapy.

4. B. Gout is a notorious form of arthritis and in a lot of cases initially affects the joints of the big toe.

5. D. It is important to treat chronic forms of arthritis to prevent their deformity which will lead to loss of function.

6. C. Synovium is an important lining of the joint capsule that forms the fluid which acts as a lubricant. Occasionally over production in inflammation causes the joint to swell up.

7. A. Rheumatoid arthritis is an autoimmune joint disease. Gout is associated with uric acid crystals. Osteoarthritis is a degenerative joint disease. Diabetes is a metabolic disease.

8. D. It is very important to rest the acutely swollen and painful joint for 24 to 48 hours. However once the joint is better, it is important to begin moving the joint to enable rapid return to normal function status.

9. B. DMARDs stand for disease modifying anti rheumatic drugs.

10. C. Antibiotics are not used to treat arthritis. The others are very important forms of treatment for various forms of arthritis.



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Focus on the Neck

Neck Retraction

Habitual bad postures can impact on our spine negatively. For instance, poor sitting habits can cause problems and pain in the neck. When we sit for long hours at a computer or laptop, we tend to lean forwards a little, and as time goes by, that tilt increases, causing your neck to travel forwards. This is what we physios call a protracted (poked) neck position. This places a lot of stress on the joints and

muscles in the neck and upper back, and can lead to shoulder problems. Eventually, the lower back can be affected as it tries to compensate for the increased load on the upper spine and neck.

To overcome this, here are 3 simple exercises for you to practise at home or even in the office. So who needs a physiotherapist? And remember to enjoy your exercise routine!

Fokus pada Leher

Retraksi Leher

Kebiasaan postur yang buruk boleh memberi kesan pada tulang belakang kita. Sebagai contohnya, tabiat duduk yang tidak baik boleh menimbulkan masalah dan menyebabkan sakit pada leher. Apabila kita duduk untuk tempoh yang lama menghadap komputer atau komputer riba, kita akan membongkok sedikit ke hadapan, dan lama kelamaan, apabila keamatan membongkok semakin bertambah, ia menyebabkan leher anda menjulur ke hadapan. Pakar fisio menggelar keadaan ini sebagai

kedudukan leher yang menjulur, di mana banyak tekanan diletakkan pada sendi dan otot pada leher dan bahagian atas badan serta boleh menyebabkan masalah bahu. Lama kelamaan ia memberi kesan pada pinggang kerana cuba mengimbangi beban yang bertambah pada bahagian atas tunjang dan leher.

Untuk mengatasi keadaan ini, berikut adalah 3 senaman mudah untuk dilakukan di rumah atau di pejabat. Oleh itu, kini anda tidak memerlukan fisio terapi, hanya jangan lupa untuk menikmati rutin senaman anda!

关注我们的颈项

颈部回缩

习惯性的不良姿势会给脊椎造成负面压力。例如，习惯性的不良坐姿会使颈部出问题并导致疼痛。每当我们长时间使用桌上电脑或笔记本电脑时，身体多数会稍为向前倾。时间越久，前倾得更多，颈项也因而往前移。物理治疗师都叫这种现象为拉长颈（外戳颈）。颈部和上腰部的关节和肌肉，会因为这个姿势而必须承受很多压力，而且还会

造成肩膀不适。久而久之，下腰部也可能会因为必须不停地去平衡脊椎上方和颈部所承受的额外重量而出问题。

本篇介绍三个简单的锻炼，帮助你克服这个问题，不论在家或在办公室，你都可以轻松做，消除不适。学会了这些动作，谁还需要找物理治疗师呢？还有，记得要好好享受做锻炼时的那段时光喔！

EXERCISE 1 NECK PRESS

This exercise can be done lying down with your head resting on a pillow. Push your head into the pillow, hold for a count of 10, then release.

SENAMAN 1 TEKAN LEHER

Senaman ini boleh dilakukan ketika berbaring dengan kepala diletakkan pada bantal. Tekan kepala ke dalam bantal dan kekalkan kedudukan tersebut sambil mengira sehingga 10, kemudian lepaskan.

锻炼1 颈部挤压

做这个锻炼需先平躺，头放在枕头上。把头挤推入枕头里，保持姿势10秒钟，然后放松。





EXERCISE 2 NECK STRAIGHTENER

Sit up straight (but not rigid). Keep your shoulders relaxed, back and downwards. Don't let them droop forward. Gently pull your neck back (retract to give yourself a double chin) to the point where you feel mild resistance. Don't let your chin drop, and don't let your head tilt back at all. Your eyes should stay level the whole time. In the early stages it may help if you put your palms together as in a prayer position to use your thumbs as an indicator to travel back from. Count to 10 (hold the position for about 10 seconds). Then relax and let the muscles unwind, but don't push your head all the way forward. Repeat this 10 times.

Start off doing this once every 2 to 3 hours. Then aim for every 60 minutes. Once you get the hang of it, it should be no problem remembering to do it as a routine.

SENAMAN 2 PENEGAK LEHER

Duduk tegak (tetapi bukan kaku). Biarkan bahu rileks, ke belakang dan turun. Jangan biarkan bahu membongkok ke hadapan. Tarik leher anda ke belakang perlahan-lahan (turunkan leher untuk dapatkan dagu berlapis) hingga ke tahap di mana anda dapat merasakan sedikit rintangan. Jangan biarkan dagu jatuh tetapi jangan biarkan kepala ke belakang. Mata anda hendaklah kekal pada paras tetap setiap masa. Buat permulaan, mungkin lebih mudah jika anda letakkan tapak tangan bersama-sama di tengah-tengah dada untuk menggunakan ibu jari sebagai petunjuk. Kira hingga 10 (kekal dalam kedudukan ini selama anggaran 10 saat). Kemudian rileks dan biarkan otot berehat tetapi jangan biarkan kepala anda menjulur jauh ke hadapan. Ulang 10 kali.

Mula lakukan senaman ini sekali setiap 2 hingga 3 jam. Kemudian cuba sasaran untuk melakukannya setiap 60 minit. Apabila sudah biasa, anda tidak mempunyai masalah untuk ingat melakukan senaman ini sebagai rutin.

锻炼2 伸直颈部

直腰端坐（但不绷紧）。肩膀放松、往后并向下垂。勿让肩膀向前倾垂。轻轻将颈部往后拉（直到形成双下巴），当你觉得有点不可能再往后了即停止。勿让下巴往下倾，也不要让头部往后倾。眼睛须保持平视。刚刚学做的时候，可把双手合十作膜拜状，拇指的位置即是放松时该回到原点。数10下（保持姿势约10秒钟）。过后即放松，但勿马上把头部向前推，应该让肌肉缓缓放松。重复做10次。

刚开始做时每2至3小时做一轮，过后再把目标定在每60分钟做一轮。一旦你熟悉了且习惯了做法之后，它就会成了你的例常动作。



EXERCISE 3 FRONT OF CHEST STRETCH

With arms bent at the elbow, pull your arms behind you at shoulder level and squeeze your shoulder blades together until you feel a stretch across your chest.

SENAMAN 3 REGANGAN DADA

Letakkan tangan pada paras bahu dan bengkokkan siku. Tarik tangan anda ke belakang dan tekan tulang kipas bersama sehingga anda dapat rasakan regangan pada dada anda.

锻炼3 胸部前方伸展

双臂在手肘部位弯曲，把双臂往后拉，与肩膀平行。挤压肩胛骨，直到胸前有伸张的感觉为止。



Come exercise with us at AFM!

The PACE exercise program has been running successfully at the Ground Floor of Sunway Medical Centre. Arthritis Foundation, Malaysia (AFM) expresses its appreciation to Physio Plus physiotherapists, Dr Vim and Ms Alexis Loke for their assistance in running this program. AFM started these classes some 3 months ago and the response, although slow, has been encouraging.

The program has impact and one participant has this to say, "I don't sit doing nothing as much as I used to, even when I'm home. If I'm sitting watching television, I practise some of the exercises taught by the physios, or move my legs, and perform simple knee exercises that can be done even while sitting."

The PACE routine combines a program of mobility, flexibility and strength training exercises, with a fair mix of balance, coordination and circuit activities. Targeted and specific for people with arthritis, it is also a fun exercise routine for older adults.



A Little Note For Older Adults and Seniors

Keep in mind that your muscle area, or muscle bulk or mass as we call it, decreases with age and the number and size of muscle fibres too. What this means is that as you age, the muscle shrinks in size. Also many of us are not into strength training or resistance training to maintain the bulk of the muscles.

So how does this affect us? Well, the maximum strength that your muscle can exert reduces as you age, so you will be less able to perform forceful contractions. Also the speed with which you perform activities too reduces. Many everyday activities like lifting shopping bags, stepping over an obstacle and stair climbing are affected. That staircase that you have climbed all these years and never had a fall, suddenly now, as you age, you find that you have actually tripped on it! Add to these the joint pains or arthritic pains, and our limitations seem frustrating and complex.

The PACE exercise program has been put together with all these in mind, so that physical conditioning and function is optimised. Not to mention the many friends and physiosocial benefits: VOILA! So do come and do bring your friends along.

Classes are RM5 for non-members, and RM3 for members of AFM. Participants are welcome to join the class every Tuesday from 10.45 a.m. to 11.45 a.m. at the said venue. For more information and registration, please get in touch with us: AFM Ms Yoges at: 603-7960 6177 Your Physiotherapists at 603-7877 0003

Annual General Meeting and Public Forum

The 21st Annual General Meeting (AGM) of the Arthritis Foundation Malaysia (AFM) was held on the 17th of May 2014 at Lotus 1, SWAN Convention Center, Sunway Medical Center. The welcome speech was by the President of AFM, Dr. Amir Azlan Zain. The minutes and the Annual Report 2013 were adopted as well as the Financial Statements for the year ended 31st December 2013 with the Statement by the Executive Committee and Auditors Report. Messrs Hals & Associates were re-elected as Independent Auditors and their remuneration determined.

The public forum held at the same venue, before the start of the AGM, was a lively and interesting session. Two eminent doctors talked about the various issues related to arthritis and its management. Dr. Cheah Tien Eang, Physician & Rheumatologist UMMC, UMSC and President of Malaysian SLE Association (Persatuan SLE Malaysia) spoke about Arthritis and falls. The second speaker, Dr. Chua Yeok Pin, a foot and ankle surgeon at Sunway Medical Hospital, spoke about the various problems associated including degenerative foot and ankle problems, deformities as well as simple and complex fractures for patients with Rheumatoid Arthritis. There was also time for a question and answer session where participants asked about their problems for guidance by the doctors.



Dr. Chua Yeok Pin.



Dr. Amir with one of the speakers, Dr. Cheah Tien Eang.



Audience attentively listening at the public forum.

Kordel's Charity Walk 2014

in collaboration with 

TAKE THOSE WALKING SHOES OUT

For those of you who love walking and enjoyed participating in the Kordel's Charity walk last year, there is reason to cheer as Kordel announces its Charity Walk 2014.

Venue: Padang Merbok, Kuala Lumpur

Date: Sunday, 21st September 2014

Time: 7.00am

For online registration please visit our website at www.afm.org.my or Kordel's at <http://www.kordels.com.my/charitywalk/>



We Have MOVED

On the 2nd of June 2014, we took the big step forward and moved office. We welcome you to our more spacious office located at **Room 7, Level 3, Bangunan Sultan Salahuddin Abdul Aziz Shah, 16, Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan**. With our additional office space, in time we hope to be able to expand our operations, spread the awareness and thus serve you better. So feel free to drop in and say hello! And do take part in the activities that we hold here.



Grateful to Walk Again

Cheong Seow Yoong was in her mid-forties when she started experiencing pain in her knees. In the beginning she ignored the pain, hoping it would go away. But slowly, she says, “the pain worsened, the knee swelled and it came to a point where I was almost unable to walk! And that for me was devastating considering the situation I am in”.



Every morning she pushed her cart of vegetables to the market nearby and every afternoon she sold kuih outside a school near her house. Being unable to walk threatened the livelihood of her entire family as her husband did not have a job and she had three children to support. For almost two years, she struggled with the pain and the despair as she sought alternative treatments first from an Indonesian healer and then a Chinese traditional medicine man. Says Yoong, “I went through so much pain, these treatments also cost a lot of money but I got very little relief. I became really desperate”.

Help came in the form of a friend who after one look at her swollen knees took her immediately to Hospital Kajang. From there on she was in good hands. She was diagnosed as suffering from osteoarthritis and told that she needed total knee replacement. She did her first operation on her left knee and then a year later on her right knee.

The hospital also helped her apply for funds available from the Arthritis Foundation Malaysia to support the expenditure of the prosthesis. Her application was accepted and she became a beneficiary. The operations were done in Hospital Sungai Buloh as her doctor was subsequently transferred there.

A year now from her last operation, Yoong recalls, “The worst part was the post-operation recovery. I experienced excruciating pain and was in tears the first few days. But if I had a choice, I would do it all over again because the operations helped me walk again! Now I am back to my former life of pushing my cart and selling kuih. Besides some stiffness in my right knee, I feel fine. I can walk and climb stairs though I have to be very careful not to fall. I have an exercise chair in my house and I make the time to exercise for few minutes every day”.

She is very grateful for the funds received from AFM as it helped her walk again. “Thank you AFM” she says, with a beaming smile.

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

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*

PULAU PINANG

- Hospital Pulau Pinang, Pulau Pinang*

- Bone, Joint & Pain Specialist Centre, Sunway Perdana, Pusat Bandar Seberang Jaya, Seberang Perai

MELAKA

- Hospital Melaka*

JOHOR

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

KEDAH

- Hospital Sultanah Bahiyah, Alor Setar*

NEGERI SEMBILAN

- Hospital Tuanku Jaafar, Seremban*

PERAK

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

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

AFM'S LEADERSHIP

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TRUSTEES Tan Sri Dato' G. Hari Narayanan
Tan Sri Dato' Dr. Abu Bakar Suleiman

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INTERNAL AUDITORS Aminah Abdullah, Masako Kuroda

KEEPING CURRENT AFM constantly updates its registry and routinely delists members whose subscriptions are persistently in arrears. The only notice of this to members will be when they fail to receive their copies of Joint Efforts. Please remember to check your subscription status and keep it current. Do note that Lifetime memberships, at a one-off payment of RM200, would eliminate the need to keep tab on your subscription status, and would ensure uninterrupted receipt of Joint Efforts.

For further clarification, please call AFM at +603 7960 6177 (Mon to Fri, 8.30 to 16.30 hrs).

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ARTHRITIS FOUNDATION, MALAYSIA MEMBERSHIP APPLICATION / RENEWAL FORM

NAME: _____

I/C NO: _____

DATE OF BIRTH: _____ GENDER: _____

MEMBERSHIP NUMBER (IF RENEWAL) _____

MARITAL STATUS: _____

OCCUPATION: _____

E-MAIL: _____

HOME ADDRESS: _____

TEL NO: _____ FAX NO: _____

OFFICE ADDRESS: _____

TEL NO: _____ FAX NO: _____

I enclose herewith payment of RM _____

Cheque/Money order no. _____

BEING PAYMENT FOR:-

NEW MEMBER:

- ☐ Ordinary Member (RM35)
(Registration fee: RM20, Annual Subscription: RM15)
- ☐ Life Member (RM200)
- ☐ Corporate Member (RM1,500)
(Registration fee: RM1,000, Annual Subscription: RM500)

MEMBERSHIP RENEWAL

- ☐ Ordinary Member (Annual Subscription: RM15)
- ☐ Corporate Member (Annual Subscription: RM500)

Signature of applicant _____ Date _____

Please cross your cheque and make it payable to:
ARTHRITIS FOUNDATION MALAYSIA
Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin
Abdul Aziz Shah, 16, Jalan Utara, 46200 Petaling Jaya,
Selangor Darul Ehsan.

Recognition of Early Stages of Arthritis



The diagnosis and treatment of arthritis at early stages is vital to the management and control of the severity of the disease. But there is a lot of confusion both in the mind of the patient and sometimes even the GP's about the symptoms of early arthritis as the word arthritis is often loosely used by laymen to describe any pain or discomfort in the joints.

ARE ALL CASES OF JOINT PAINS ARTHRITIS?

While it is important even urgent to confirm that the patient is indeed suffering from arthritis, do know that a person may experience pain in the joints for several reasons, not all related to arthritic pain.

Sometimes after working for hours on a computer, we may feel some discomfort in the joints. Or after a bout of exercise we may feel pain, especially if we neglected to warm up and prepare the joints, ligaments and muscles for rigorous movements. This sometimes happens because many of us, after prolonged periods of inactivity, upon hearing and being inspired by the benefits of exercise, suddenly embark on an ambitious training program, only to be discouraged by the intense pain and occasionally swelling that follows 24 hours later. But they almost always subside with a period of rest. No medication is required and advice on need to warm-up prior to exercise and sports is emphasized.

But the situation does cause anxiety as movements and daily functioning of our bodies are affected. Simple acts such as holding the steering wheel, turning a door knob, operating a photocopy machine and cooking may be affected.

Thus rheumatologists are frequently presented with "Doctor, I have arthritis" or also referrals of "confirmed arthritis" from GPs.

TREATMENT

The early stages of arthritis whatever the cause, will respond to first line treatment such as rest, ice packs and deep heat rubs. Such treatment may seem rather rudimentary, but when we look at injuries sustained by footballers during the World Cup, we can see the respective medical staff of the teams using these very same methods to calm the inflammation resulting from the trauma. The players are able to quickly regain their pre-injury efficiency (though it is said that much of the injury action is considered on-pitch drama!).



Many General Practitioners (GPs) use non-steroidal anti-inflammatory drugs (NSAID's) which are powerful agents that reduce the pain and swelling. However, these must be used as short term measures as long term use may result in side effects such as stomach ulcers and kidney injury. The other popular group of drugs are the steroids which are again very effective anti-inflammatory agents. However these too must be used with caution.

A NOTE OF CAUTION

There are many supplements available today. Very frequently doctors themselves are shown new treatment options by patients who were introduced to these alternative therapies by friends and relatives. The media are also quick to advertise these products. Many of them are supported by websites which speak highly of the products and some even have patient testimonials to support their use. We need to be cautious about these forms of treatment. Some are available as oral medications, but there are many injectable products and some also go by the term chelation therapy. There are also machines which produce therapeutic rays such as gamma rays, magnetic waves and sound waves. These forms of treatment are as yet unproven, and may cause more harm than good.

It is important to emphasise here that early diagnosis, treatment and follow-up go a long way in the management of arthritis. It is highly advisable to seek professional opinion regarding these matters to avoid errors in diagnosis and treatment.



SO HOW IS ARTHRITIS DIAGNOSED?

►► FAMILY HISTORY

One indicator is family history. If you have a close relative who has been confirmed to have rheumatoid arthritis, psoriatic arthropathy or ankylosing spondylitis, then there is a small possibility that you may be affected too. However, the symptoms and clinical findings must be clear and only then can we confirm the diagnosis. Therefore, the rheumatologist will go into the details, even minute ones as they are all important.

►► SYMPTOMS

Early morning stiffness seems to be the common experience of arthritis patients. This is common in the inflammatory joint diseases such as rheumatoid and psoriatic arthritis. Upon waking up in the morning; the hand and feet joints, the knee joints and hip joints feel stiff and extremely difficult to move. The joints remain so for about 2 hours though sometimes this condition lasts the whole day. However, if it is only for a few minutes in the morning and gets better through the day, then it is likely to be a milder form of arthritis or even a transient condition.

►► LOCALIZE PAIN

When asked by the doctor, many of us tend to say, "we have pain all over" or "all my joints are aching". But it is very important to localize these general statements. We need to study the specific joint or joints that are involved. We differentiate between single joint involvement and multiple joint disease. We also identify and differentiate between large joint and small joint involvement. Thus the degree and location of pain is very informative.

►► SWELLING

When a joint becomes swollen and there is no trauma or vigorous exercise involved, urgent attention is warranted. Along with pain and limitation of function, this may indicate a form of inflammatory arthritis. It becomes more pronounced if more than one joint are involved.

It is at this stage that many people consult the doctor. It is still the early stages, but any further delay is not advisable.





TRANSFORM YOUR LIFE



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



Roche (Malaysia) Sdn. Bhd.
(Co. No. 11792-H)
Level 21, The Pinnacle
Persiaran Lagoon, Bandar Sunway
47500 Subang Jaya
Selangor Darul Ehsan, Malaysia
Tel : +603-7628 5600
Fax : +603-7628 5605
ACA180314MYa

