

Welcome to the all-new Joint Efforts!

It is with great anticipation that we at AFM invite you to read the latest and improved edition of our newsletter Joint Efforts.

A new year brings resolutions and we at AFM remain committed in our efforts to share as much information as possible, in an easy and reader-friendly manner, relevant both to doctors and lay folk.

In this edition, as our center stage, we have chosen to delve into Gout; what it is, its symptoms, its management, its risk factors, and all that one needs to know to understand the condition better. We have also shared information on research findings on the link between NSAID's and heart disease risk, as this is a very common concern for patients on NSAID's.

Usually, arthritis is associated with older people and aging. It may even come as a shock to many to know that children could develop it! So what does a parent look out for? To spread the awareness we have an article on arthritis and children and most importantly the symptoms they exhibit so that it can be detected and treated early.

Do not miss reading our news section to catch up and be informed on the latest medical research findings on medications, supplements, management and pain-relief.

Knee problems anyone? I am sure a lot of hands will go up! So refer to our article on knee strengthening exercises and make a commitment to put it into practice!

Don't forget to take our Quiz on RA, even if you are not very sure, as just reading the answers alone could enhance your information on the condition. Never be afraid of being "wrong"; the more "wrong" you are, the more you are learning!

For happenings and coming-up events at AFM through our AFM news and events section. Keep abreast of our activities and regard them as our invitation to your to participate in our future events. Your enthusiasm and participation encourages us constantly to go further in our endeavours to ensure that as much as possible can be done for all of us who have to live with arthritis, directly or indirectly.

Most of all, we hope you will enjoy reading this edition as much as we have enjoyed bringing it together.

From The Editor's desk



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Welcome to our latest edition of Joint Efforts. In our efforts to consistently offer you the latest and most relevant information on arthritis, we present you a fresh look with a brand new layout, a completely revamped format and now in 32 pages!

In this edition, we have a personal account on the realities of living with rheumatoid arthritis through Puan Sri Samaladevi Navaratnam's personal journey spanning three decades. It is a must read as she shares not just her story but all the learning that she has gained and that helped her over these years to cope with this otherwise crippling condition.

There are also many myths and misconceptions that float around and some can actually be dangerous because it pertains to the state of our health and the quality of life. To deal with it, we have our myth-of-the-month section. This month, we have taken on a very common myth that exercise worsens arthritis, which couldn't be further from the truth.

And to support our stand we give you the reasons you should exercise as well as the benefits of the different kinds of exercise that you could engage in including, aerobic, strength training among other important points. Just check out our MOM section for more information. Enjoy reading the articles to continue being informed and pro-active about managing arthritis and remain actively and enthusiastically involved in all of our various activities and initiatives.

Dr. Amir Aslan Zain
PRESIDENT
AFM

欢迎阅读我们最新一期Joint Efforts会讯。本期除了延续不停为您提供最新、最相关的关节炎讯息的作用之余，它也刷新了版面设计，以清新面貌跟大家见面，而且更将页数增加到三十二页之多！

本期内容包括与潘斯里莎马拉戴薇的一篇访谈，听她道出患类风湿性关节炎三十年以来，这个病如何牵制着她的日常生活。这是一篇不容错过的文章，这不只是她的故事，她还分享了这些年来，她所学习到、帮助她从容面对这种有可能会令她残废的疾病，并坚韧度过那些岁月的经验。

很多人对关节炎有所误解，也听过不少的迷思。它们当中有些是危险的，会对我们的健康和生活品质带来直接伤害。为了处理这些错误的思想，我们开辟了“每月迷思”这个专栏。本期要谈的是颇常听到的一个迷思，即运动会使关节炎恶化。这迷思根本就是一个很离谱的说法。

Kami mengalu-alukan terbitan edisi terkini Joint Efforts. Dalam usaha kami untuk terus memberi anda maklumat terkini dan relevan tentang artritis, kami menampilkan susun atur serba baharu, dengan format yang jauh berbeza dan kini setebal 32 muka surat!

Dalam edisi kali ini, kami menampilkan kisah peribadi tentang realiti hidup dengan artritis reumatoid daripada Puan Sri Samaladevi Navaratnam yang dilaluinya selama tiga dekad. Dalam kisah yang mesti dibaca ini, beliau bukan sahaja berkongsi cerita malah tentang semua pengetahuan yang diperoleh dan membantunya sejak bertahun-tahun ini untuk menghadapi keadaan yang boleh mencaatkan ini.

Terdapat juga banyak mitos dan salah faham dan sesetengah maklumat yang salah ini sebenarnya mungkin merbahaya kerana ia berkaitan dengan keadaan kesihatan dan kualiti kehidupan kita. Kita akan membincangkannya dalam seksyen myth-of-the-month. Bulan ini, kita mengambil mitos paling biasa, iaitu senaman memburukkan lagi artritis.

Dan untuk menyokong pendirian kami, kami akan memberi anda sebab mengapa anda perlu bersenam serta manfaat pelbagai jenis senaman yang boleh anda lakukan, termasuk aerobik dan senaman kekuatan adalah diantara perkara yang penting. Hanya lihat seksyen MOM untuk maklumat lanjut. Selamat membaca artikel-artikel ini untuk terus mendapat pengetahuan dan proaktif dalam menguruskan artritis, kekal aktif serta bersemangat dalam melibatkan diri dengan semua aktiviti dan inisiatif kami.

Dr. Amir Aslan Zain
PRESIDENT
AFM

为了支持我们的看法，本期还列明应该做运动的多项理由，也说明各项不同运动的好处，这些运动包括有氧体操及增强体力的锻炼。请参阅本会讯内的“每月迷思”部分，了解更多讯息。祝你阅读愉快，继续吸取新知识，在管理关节炎上与我们互动，保持你既有的热忱，踊跃参加我们主办或发起的各项活动。

Dr. Amir Aslan Zain
大马关节炎基金会主席

Lower amounts of the pain reliever in prescription combination drugs may reduce the risk of liver damage

In an attempt to encourage safer use of one of the most commonly taken medications, the U.S. Food and Drug Administration (FDA) has asked health care professionals to stop giving patients prescription combination drugs that contain more than 325 milligrams (mg) of acetaminophen per dose.

Acetaminophen, which relieves mild to moderate pain and reduces fever, is an active ingredient in hundreds of prescription and over-the-counter (OTC) medications, including Tylenol and Excedrin. It's a popular arthritis pain reliever because it doesn't carry the stomach and heart risks associated with nonsteroidal anti-inflammatory drugs (NSAIDs). But it is also present in sleep aids as well as cold, cough and allergy medicine – drugs that many people don't associate with the popular painkiller. Too much acetaminophen can lead to liver toxicity.

According to the FDA, in the U.S. inadvertent

overdose from prescription combination drugs containing acetaminophen is the cause of nearly half of all cases of acetaminophen-related liver failure, which can lead to the need for a liver transplant or result in death. Severe liver injuries related to acetaminophen generally occur when people:

- Exceed the recommended maximum dose of 4,000 mg in a 24-hour period
- Take more than one acetaminophen-containing product at a time
- Drink alcohol while taking acetaminophen



New research could signal progress in osteoarthritis pain relief

FEB 2014. In a new study published by the journal *Annals of the Rheumatic Diseases* and highlighted by *Nature Reviews Rheumatology* scientists studied a protein ('receptor') called TRPV1, which is produced by nerve cells in the human body that are responsive to pain, including those that respond to stimulation of joints.

As far as blocking pain is concerned, says Dr Sales Kelly – a lecturer in neuroscience Sara as well as one of the lead researchers on the project – previous research has suggested that TRPV1 could be an important contributor to osteoarthritis pain and that drugs that 'block' TRPV1 (TRPV1 antagonists) have the potential to reduce it.

So by blocking TRPV1 within the joint, Dr Kelly and the pain centre research team were able to reverse the pain responses in the osteoarthritis pain model.

"By targeting the joint directly, we did not see the side effect of hyperthermia, which is thought to be generated outside of the joint at the level of abdominal organs," added Dr Kelly.

This latest discovery suggests that injecting TRPV1 antagonists directly into the diseased joint could potentially maximise the effectiveness of the pain relief without producing undesirable side effects. This approach will potentially be used to help treat the pain caused by osteoarthritis in the future. However, the effectiveness of TRPV1 antagonists in reducing osteoarthritis pain following local delivery to the joint needs to be tested in clinical trials in patients first.



Relief from Chronic Osteoarthritis Pain

March 2014. Arthritis Research UK-funded scientists have shown for the first time that the abnormalities in the way the brain experiences pain may be to blame for the chronic pain suffered by osteoarthritis patients.

The findings by researchers at The University of Manchester suggest the need for new therapies to target brain mechanisms to enable the brain to cope more effectively with chronic pain, including mindfulness-based talking therapies. Chronic pain can affect up to 30% of the population at any one time – with most complaints relating to arthritis. Patients can become more disabled as their pain spreads to other areas and they find it difficult to cope as it interrupts sleep and other normal daily routines.

An earlier study, published in the *European Journal of Neuroscience*, measured brain waves in response to short painful laser pulses to the skin in patients with osteoarthritic or fibromyalgic pain and those with no pain. They found that while anticipating the painful pulse, a brain area called the insula cortex increased its activity and this predicted the extent and intensity of the patients' own chronic pain.

Dr Christopher Brown, honorary research associate in the Human Pain Research Group, at The University of Manchester, said: "Increased activity in this brain area has been linked to a number of phenomena, including body perception and emotional processing, which might explain the greater pain perception in some patients.

"Interestingly, responses during pain anticipation were reduced in an area at the front of the brain called the dorsolateral prefrontal cortex. These reduced responses corresponded to less ability to develop positive ways of coping with the pain in both groups of patients.

"We think that boosting activity either directly or indirectly in this area of the brain is likely to result in better coping and better control of pain responses in other areas of the brain."

Focusing research on targeting abnormal brain mechanisms rather than more conventional approaches looking at joint damage could be a major step forward, that could reduce people's dependency on anti-inflammatories and painkillers.



DRINK UP THAT GLASS OF MILK

Do you have knees that creak? Read on. According to latest research, a glass of milk a day could help stop women's knees from creaking!

A new US study found women who frequently drink fat-free or low-fat milk may have less osteoarthritis in the knee. Osteoarthritis is a degenerative joint disease that causes pain and swelling of joints in the hand, hips, or knee. It is more common in women than in men and more than one million adults per year consult their GP due to the disease.

But eating cheese increased the problem in women. And drinking milk made little difference in men, and eating yogurt did not affect progression in men or women.

Lead author Dr Bing Lu, from Brigham & Women's Hospital in Boston, said 'Milk consumption plays an important role in bone health. 'Our study is the largest study to investigate the impact of dairy intake in the progression of knee OA.'

When doctors assess the severity of osteoarthritis, they use imaging studies to quantify joint damage by measuring the space that exists between the bones of a joint. Narrowing joint space indicates cartilage loss and worsening osteoarthritis.

At the start of the study dietary data was collected and joint space width was measured using X-rays, reports the journal *Arthritis Care & Research*.

A total of 888 men and 1,260 women with knee arthritis took part and had follow-up checks up to four years later. As the intake of milk increased per 8-ounce glass, the amount of joint damage in women fell. Although all the women experienced some narrowing of joint space, it was least evident in women drinking more milk.

When women went from drinking no milk, to less than 3 glasses, from four to six glasses, and more than seven glasses per week, the joint space width in women decreased by 0.38mm, 0.29mm, 0.29mm and 0.26mm respectively.

Results persisted even after allowing for disease severity, body mass index (BMI) and dietary factors.

Milk consumption improved knee joint health in men only at high intakes.

'Our findings indicate that women who frequently drink milk may reduce the progression of OA' said Dr Lu. 'Further study of milk intake and delay in OA progression are needed.' He said it was unclear why milk helped women, it may be due to boosting calcium levels as women often have low intakes or as part of a healthy diet it could help combat obesity.



MYTH: Exercise Worsens Arthritis

If a person were looking for a perfect excuse not to exercise, arthritis pain would seem to be it. But research shows quite the opposite! Though you might think exercise will aggravate your joint pain and stiffness, that's not the case. Lack of exercise actually can make your joints even more painful and stiff. That's because keeping your muscles and surrounding tissue strong is crucial to maintaining support for your bones. Not exercising weakens those supporting muscles, creating more stress on your joints.

WHY EXERCISE?

- Strengthens the muscles around your joints
- Helps you maintain bone strength
- Gives you more strength and energy to get through the day
- Makes it easier to get a good night's sleep
- Helps you control your weight
- Makes you feel better about yourself and improves your sense of well-being

Your doctor or physical therapist can recommend exercises that are best for you, which might include range-of-motion exercises, strengthening exercises, aerobic exercise and other activities.

RANGE-OF-MOTION EXERCISES

These exercises relieve stiffness and increase your ability to move your joints through their full range of motion. Range-of-motion exercises involve moving your joints through their normal range of movement, such as raising your arms over your head or rolling your shoulders forward and backward. These exercises can be done daily or at least every other day.

STRENGTHENING EXERCISES

These exercises help you build strong muscles that help support and protect your joints. Weight training is an example of a strengthening exercise that can help you maintain your current muscle strength or increase it. Do your

strengthening exercises every other day – but take an extra day off if your joints are painful or if you notice any swelling.

AEROBIC EXERCISES

Aerobic or endurance exercises help with your overall fitness. They can improve your cardiovascular health, help you control your weight and give you more stamina. That way you'll have more energy to get through your day. Examples of low-impact aerobic exercises that are easier on your joints include walking, riding a bike and swimming. Try to work your way up to 20 to 30 minutes of aerobic exercise three times a week. You can split up that time into 10-minute blocks if that's easier on your joints.

OTHER EXERCISES

Any movement, no matter how small, can help. Try gentle forms of yoga and tai chi. Tai chi may improve balance and help prevent falls. Be sure to tell your instructor about your condition and avoid positions or movements that can cause pain.

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What is Gout?

Ever woken up from sleep with a sudden, painful swelling at the base of the big toe? Before you dismiss it know that this is often the first warning sign of gout, one of the most painful forms of arthritis – in fact, the second most common form after osteoarthritis.

It affects more than 8 million adults in the United States, and the numbers are rising sharply, due mainly to obesity and other lifestyle factors. It can affect other joints as well. Without treatment, gout can lead to severe joint damage and make it hard for you to move. But the good news is, most types of gout are treatable, especially if caught early.

Bodily waste product uric acid is deposited as needle-like crystals in the joints and/or soft tissues. In the joints, these uric acid crystals cause inflammatory arthritis, which in turn leads to intermittent swelling, redness, heat, pain, and stiffness in the joints.

In a lot of cases, gout initially affects the joints of the big toe (a condition called podagra). But many other joints and areas around the joints can be affected in addition to or instead of the big toe. These include the insteps, ankles, heels, knees, wrists, fingers, and elbows.

SYMPTOMS OF GOUT INCLUDE:

- Warmth, pain, swelling, and extreme tenderness in a joint, usually a big toe joint. This symptom is called podagra. The pain often starts during the night. It may get worse quickly, last for hours, and be so intense that even light pressure from a sheet is intolerable
- Very red or purplish skin around the affected joint. The joint may appear to be infected
- Limited movement in the affected joint
- Peeling and itching of the skin around the affected joint as the gout gets better

However, some symptoms of gout may appear to vary. Some people may not experience gout as many painful attacks, instead, they have gout nearly all the time (also known as “chronic gout”). Chronic gout in older adults may be less painful and can be confused with other forms of arthritis.

Gout may lead to inflammation of the fluid sacs (bursae) that cushion tissues, particularly in the elbow (olecranon bursitis) and knee (prepatellar bursitis) and can also affect the joints of the feet, ankles, knees, wrists, fingers, and elbows.

Uric Acid

What is uric acid and how does it build up? How does it lead to gout?

Uric acid is a waste product made in the body every day and excreted mainly via the kidneys. It forms when the body breaks down chemicals in the cells known as purines that are found in all of our body's tissues. They are also present in many foods, such as liver, dried beans and peas, and anchovies.

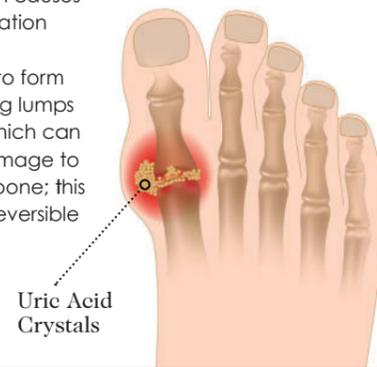
Normally, uric acid dissolves in the blood before passing through the kidneys and out of the body in urine. However, uric acid can build up in the blood when:

- The body increases the amount of uric acid it makes
- The kidneys do not get rid of enough uric acid
- A person eats too many foods high in purines

The phenomenon of high uric acid levels in the blood is called hyperuricemia. But that in itself does not always result in gout. It is only if excess uric acid crystals form in the body, gout may develop. These hard, needle-shaped crystals build up slowly over several years.

The crystals may cause two problems:

- Some may spill over into the soft lining of the joint (synovium), which causes the pain and inflammation associated with gout
- Some pack together to form hard, slowly expanding lumps of crystals (“tophi”) which can cause progressive damage to the joint and nearby bone; this eventually leads to irreversible joint damage which causes pain and stiffness when the joint is being used



Interestingly enough, symptoms may occur after an illness or surgery; it may first appear as nodules (tophi) on the hands, elbows, or ears. You may not have any of the classic symptoms of a gout attack.

RISK FACTORS

- Age and gender: gout is more common when you get older and is three-to-four times more likely in men. This is because the female hormone oestrogen that is released during the female reproductive cycle reduces a woman's levels of uric acid by increasing excretion of uric acid via the kidneys
- After menopause, uric acid levels rise in women and they too can become liable to getting gout
- Being overweight
- Having high blood pressure or diabetes
- Having close relatives with gout (gout often runs in families)
- Having long-term kidney problems that reduce the elimination of uric acid
- Diet rich in purines; such as frequently eating sardines and liver
- Alcoholic drinks as they contain relatively high levels of purines. Beer and hard liquor have long been known to increase the risk of gout, but according to a new study in The American Journal of Medicine, published March 2014, wine also can contribute to recurrent gout attacks. With two to four drinks, the risk rose 50 percent, and it continued to rise with the amount of alcohol consumed
- Have an enzyme defect that makes it hard for the body to break down purines

- Exposure to lead in the environment
- Have had an organ transplant
- Use some medicines such as diuretics, aspirin, cyclosporine, or levodopa
- Take the vitamin niacin

TREATMENT

With proper treatment, most people who have gout are able to control their symptoms and live productive lives, to prevent future attacks, as well as long-term damage to the affected joints.

The most common treatments for an acute attack of gout are nonsteroidal anti-inflammatory drugs (NSAIDs) taken orally (by mouth), or corticosteroids, which are taken orally or injected into the affected joint. NSAIDs reduce the inflammation caused by deposits of uric acid crystals, but have no effect on the amount of uric acid in the body.

However, NSAIDs can cause stomach irritation or, less often, they can affect kidney function. They are also associated with serious gastrointestinal problems, including ulcers, bleeding, and perforation of the stomach or intestine. People age 65 and older and those with any history of ulcers or gastrointestinal bleeding should use NSAIDs with caution. So check with your doctor before you take NSAIDs.

Corticosteroids are strong anti-inflammatory hormones. Patients often begin to improve within a few hours of treatment with a corticosteroid, and the attack usually goes away completely within a week or so.

A gout attack can be brought on by stressful events, alcohol or drugs, or another illness. Early attacks usually get better within 3 to 10 days, even without treatment. The next attack may not occur for months or even years.

WHAT YOU CAN DO

Drink plenty of nonalcoholic fluids, especially water. Nonalcoholic fluids help remove uric acid from the body. Alcohol, on the other hand, can raise the levels of uric acid in your blood.

Exercise regularly and maintain a healthy body weight. Lose weight if you are overweight, but avoid low-carbohydrate diets that are designed for quick weight loss. When carbohydrate intake is insufficient, your body can't completely burn its own fat. As a consequence, substances called ketones form and are released into the bloodstream, resulting in a condition called ketosis. After a short time, ketosis can increase the level of uric acid in your blood. Also, avoid foods that are high in purines.

Apakah Gout?

Pernahkah anda bangun tidur dengan bengkak yang menyakitkan secara tiba-tiba pada bahagian bawah ibu kaki? Sebelum anda melupakannya, ketahuilah bahawa selalunya ini ialah amaran pertama gout, salah satu bentuk arthritis yang paling menyakitkan – malah, merupakan arthritis kedua paling biasa selepas osteoarthritis.

Penyakit ini dihidapi oleh lebih daripada 8 juta orang dewasa di Amerika Syarikat, dan bilangannya meningkat mendadak, biasanya akibat obesiti dan faktor-faktor gaya hidup lain. Ia juga boleh menjejaskan sendi-sendi lain. Tanpa rawatan, gout boleh menyebabkan kerosakan sendi yang teruk dan menjadikan anda susah bergerak. Tetapi berita baiknya ialah kebanyakan jenis gout boleh dirawat, terutamanya jika dikesan di peringkat awal.

Bahan buangan badan, iaitu asid urik, berkumpul dalam bentuk kristal seperti jarum pada sendi-sendi dan/atau tisu-tisu lembut. Pada sendi, kristal asid urik ini menyebabkan artritis radang, yang kemudiannya akan menyebabkan bengkak berjeda, kemerah-merahan, panas, sakit dan kaku pada sendi.

Dalam kebanyakan kes, gout mula-mula menjejaskan ibu kaki (keadaan yang dipanggil podagra). Tetapi banyak sendi lain dan kawasan di sekeliling sendi boleh terkesan selain daripada ibu kaki. Ini termasuklah kekura kaki, buku lali, tumit, lutut, pergelangan tangan, jari-jari dan siku.

SIMPTOM-SIMPTOM GOUT TERMASUKLAH:

- Rasa panas, sakit, bengkak dan nyeri yang amat sangat pada sendi, selalunya pada sendi ibu kaki. Simptom ini dipanggil podagra. Kesakitan itu selalunya bermula pada waktu malam. Ia mungkin menjadi semakin teruk dengan cepat selama beberapa jam dan tersangat sakit sehinggakan tekanan yang sedikit pun daripada selimut tidak tertahan
- Kulit sangat merah atau kebiru-biruan di sekeliling sendi yang terjejas. Sendi nampak seolah-olah terkena jangkitan
- Pergerakan terhad pada sendi yang terlibat
- Kulit mengelupas dan gatal di sekeliling sendi yang terjejas apabila gout semakin sembuh

ASID URİK**Apakah asid urik dan bagaimana ia terbentuk? Bagaimanakah ia menyebabkan gout?**

Asid urik adalah bahan buangan yang dihasilkan di dalam badan setiap hari dan selalunya dikeluarkan melalui buah pinggang. Ia terbentuk apabila badan memecahkan bahan kimia di dalam sel yang dikenali sebagai purines yang terdapat di dalam semua tisu badan kita. Asid urik juga terdapat di dalam pelbagai makanan seperti hati, kacang hijau dan pis, dan ikan bilis.

Selalunya asid urik larut di dalam darah sebelum melalui buah pinggang dan keluar dari badan di dalam air kencing. Walau bagaimanapun, asid urik boleh berkumpul di dalam darah apabila:

- Badan meningkatkan jumlah asid urik yang dihasilkannya
- Buah pinggang tidak membuang asid urik yang cukup
- Makan terlalu banyak makanan yang tinggi kandungan purinesnya

Fenomena tahap asid urik yang tinggi di dalam darah ini dipanggil hiperurisemia. Tetapi hiperurisemia sahaja tidak selalunya menyebabkan gout. Hanya sekiranya kristal asid urik berlebihan terbentuk di dalam badan, gout mungkin terjadi. Kristal berbentuk jarum yang keras ini berkumpul secara perlahan-lahan selama beberapa tahun.

Kristal ini mungkin menimbulkan dua masalah:

- Sesetengah kristal mungkin termasuk di dalam pelapik lembut sendi (synovium), yang menyebabkan kesakitan dan keradangan yang dikaitkan dengan gout
- Sesetengah kristal berkumpul lalu membentuk ketulan keras yang membesar perlahan-lahan ("tophi") yang boleh menyebabkan kerosakan progresif pada sendi dan tulang yang berdekatan; yang akhirnya kerosakan sendi tersebut tidak boleh dipulihkan lagi yang menyebabkan kesakitan dan kekakuan apabila sendi digunakan



Walau bagaimanapun, sesetengah simptom mungkin berbeza. Sesetengah orang tidak mengalami gout sebagai sesuatu yang menyakitkan, malah, mereka menghadapi gout hampir sepanjang masa (juga dikenali sebagai "gout kronik"). Gout kronik pada orang berusia mungkin kurang menyakitkan dan mungkin terkeliru dengan artritis jenis lain.

Gout boleh menyebabkan keradangan pada pundi cecair (bursae) yang melindungi tisu, terutamanya pada siku (olecranon bursitis) dan lutut (prepatellar bursitis) serta menjejaskan sendi kaki, buku lali, lutut, pergelangan tangan, jari dan siku.

Simptom juga boleh berlaku selepas sakit atau pembedahan; ia mungkin muncul pada mulanya sebagai nodul (tophi) pada tangan, siku atau telinga. Anda mungkin tidak mempunyai sebarang simptom klasik serangan gout.

FAKTOR-FAKTOR RISIKO

- Umur dan jantina: gout lebih banyak dihadapi apabila umur semakin meningkat dan tiga hingga empat kali lebih tinggi kemungkinannya di kalangan lelaki. Ini adalah kerana hormon wanita, estrogen, yang dikeluarkan semasa kitaran reproduktif wanita mengurangkan tahap asid urik dengan meningkatkan pengumuhan asid urik melalui buah pinggang.
- Selepas seseorang wanita itu putus haid, tahap asid urik meningkat dan mereka juga berkemungkinan terkena gout.
- Lebih berat badan.
- Menghidapi penyakit darah tinggi atau diabetes.
- Mempunyai ahli keluarga yang juga menghidapi gout (gout selalunya diwarisi keluarga).
- Mempunyai masalah buah pinggang jangka panjang yang mengurangkan pembuangan asid urik.
- Mengambil makanan yang kaya dengan purines; seperti sering makan sardin dan hati.
- Minuman beralkohol kerana ia mempunyai kandungan purines yang tinggi. Bir dan minuman alkohol berat telah lama diketahui meningkatkan risiko gout, tetapi menurut kajian baharu di dalam The American Journal of Medicine, yang diterbitkan pada Mac 2014, wain juga menyumbang kepada serangan gout yang berulang. Dengan hanya dua hingga empat gelas, risiko meningkat 50 peratus dan terus meningkat dengan jumlah alkohol yang diambil.
- Mempunyai kerosakan enzim yang menyukarkan tubuh memecahkan purines.
- Terdedah kepada plumbum dalam persekitaran
- Pernah menjalani pemindahan organ.
- Menggunakan ubat-ubatan seperti diuretik, aspirin, cyclosporine atau levodopa.
- Mengambil vitamin niasin.

RAWATAN

Dengan rawatan yang betul, kebanyakan orang yang mengalami gout dapat mengawal simptom-simptom mereka dan hidup secara produktif, untuk mencegah



APA YANG BOLEH ANDA LAKUKAN

Banyakkan minum air bukan alkohol, terutamanya air kosong. Air bukan alkohol membantu mengeluarkan asid urik daripada badan. Sebaliknya, alkohol pula boleh meningkatkan tahap asid urik di dalam darah anda.

Selalu bersenam dan kekalkan berat badan yang sihat. Kurangkan berat badan sekiranya berat badan anda berlebihan, tetapi elakkan diet rendah karbohidrat yang direka untuk menghilangkan berat badan dengan cepat. Apabila pengambilan karbohidrat tidak mencukupi, badan anda tidak dapat membakar lemak sepenuhnya. Akibatnya, bahan yang dipanggil keton terbentuk dan dilepaskan ke dalam aliran darah, menyebabkan keadaan yang dipanggil ketosis. Tidak lama selepas itu, ketosis boleh meningkatkan tahap asid urik di dalam darah anda. Juga, elakkan makanan yang tinggi purines.

serangan seterusnya serta kerosakan jangka panjang pada sendi yang terjejas.

Rawatan paling biasa untuk serangan gout akut ialah ubat antikeradangan bukan steroid (NSAID) yang dimakan atau kortikosteroid, yang dimakan atau disuntik di sendi yang terjejas. NSAID mengurangkan keradangan yang disebabkan oleh pengumpulan kristal asid urik, tetapi tidak mempunyai kesan pada jumlah asid urik di dalam badan.

Walau bagaimanapun, NSAID boleh mengganggu perut atau, kadang-kala boleh menjejaskan fungsi buah pinggang. NSAID juga dikaitkan dengan masalah gastrousus yang serius, termasuk ulser, pendarahan dan penembusan di perut atau usus. Orang yang berusia 65 tahun ke atas dan mereka yang pernah mengalami ulser atau pendarahan gastrousus hendaklah berhati-hati menggunakan NSAID. Oleh itu pastikan dengan doktor anda semelum mengambil NSAID.

Kortikosteroid adalah hormon antikeradangan yang kuat. Pesakit selalunya reda selepas beberapa jam rawatan dengan kortokosteroid, dan serangan selalunya hilang terus dalam masa seminggu.

Serangan gout boleh juga berlaku akibat stres, alkohol atau dadah, atau penyakit lain. Serangan awal selalunya boleh sembuh dalam masa 3 hingga 10 hari, walau pun tanpa rawatan. Serangan berikutnya mungkin tidak akan berlaku dalam beberapa bulan atau tahun.



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什么是痛风?

可曾试过在睡眠中因为大脚趾根部突然肿起、发痛，而被痛醒？在你打算不去理会它之前，要知道这通常是痛风的第一个预警。痛风是极其疼痛的关节炎之一，也是继退化性关节炎之后，另一种最为常见的关节炎。

单 在美国就有超过八百万成人患有痛风，而且人数还在快速攀升中，这主要是因为过胖以及其他生活习惯所造成。痛风也会影响其他关节。如果不加以治疗，痛风会导致关节损坏，以致行动困难。好消息是，大多数的痛风是可以治疗的，尤其是在病发初期就对症下药。

尿酸是人体的代谢废物之一，它们会形成针状晶体并累积在关节及/或软组织内。关节里的尿酸晶体会引起炎症性关节炎，结果导致关节红肿、发热、发痛及僵硬。

在许多痛风病例中，它最初只攻击大脚趾的关节(这叫痛风)。然而，除了大脚趾，其他许多关节和关节周边部位都会被痛风侵犯。这些地方包括脚背、脚踝、脚跟、膝盖、手腕、手指及手肘。

尿酸

什么是尿酸？为什么尿酸会在体内累积？它如何引起痛风？尿酸是人体每天都会制造的代谢废物，它主要是经由肾脏排出体外。每当人体化解细胞内一种叫着嘌呤的蛋白质的时候，尿酸就会形成。人体所有的组织内都含有嘌呤。许多食物里也含有嘌呤，例如肝脏、干豆及豌豆，以及凤尾鱼(俗称江鱼仔)。

尿酸通常先是溶入血液里，然后再经过肾脏在尿液里排出体外。然而，它会因为以下情形而累积在血液里：

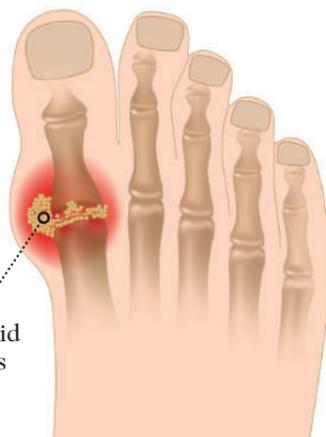
- 身体尿酸制造量有所增加。
- 肾脏排出的尿酸不够多。
- 有关患者吃了许多高嘌呤食物。

血液里尿酸含量偏高情形称为高尿酸血症。不过，有高尿酸血症的人不一定会有痛风。唯有当体内存在着太多尿酸晶体的时候，痛风才会发生。坚硬的针状尿酸盐晶体，是经过数年时间才慢慢形成的。

这些晶体会带来两个问题：

- 其中有些会溢出并进入关节的软垫层(滑膜)内，引起跟痛风有关的疼痛和发炎。
- 有些就挤在一起形成会逐渐变大的晶体硬块(痛风石)，这些硬块会渐渐损坏关节以及附近的骨骼；这情形最终会把关节损坏到无法挽救的地步，每次使用这些受累关节都会痛，而且有僵硬的情形。

Uric Acid Crystals



痛风症状包括：

- 温热、疼痛、肿胀、以及某个关节轻轻一碰就痛，这通常是大脚趾关节。这情形称为足痛风，而疼痛通常是在夜里开始。它可能很快就恶化开来并持续数个小时，而且会痛得就连床单的重量也会把它压痛。
- 疼痛的关节周边皮肤发红、发紫。关节看起来像是受感染似的。
- 受影响的关节活动受限。
- 随着痛风慢慢好起来，受影响的关节周边会脱皮和发痒。

话虽如此，有些痛风的症状会显得不大一样。有些患者并没有发作时的剧痛情形，但是他们的痛风却几乎时刻存在(也称为慢性痛风)。较年长的成人患慢性痛风可能不会痛得那么厉害，这也会使人混淆，以为那是其他种类的关节炎。

痛风会使到为人体组织提供衬垫作用的液囊(滑囊)发炎，这情形尤其会发生在手肘(鹰嘴滑囊炎)和膝盖(髌前滑囊炎)处，而且也会在双脚、脚踝、膝盖、手腕、手指和手肘上发生。

有趣的是，这些症状也可能在大病一场之后，或手术过后出现；它开始时是以结节(痛风石)的形式，在双手、手肘或双耳上出现。你或许根本不会有痛风发作时的任何典型症状。

风险因素

- 年龄和性别：年纪越大患痛风的几率就越高，而男性患痛风的机会是女性的三至四倍。这是因为女性在生殖期释出的雌性荷尔蒙会提高肾脏的尿酸排泄量，降低体内尿酸水平。
- 更年期过后，女性体内尿酸水平升高，这时候她们也可能患上痛风。
- 身体太过肥胖。
- 有高血压或糖尿病。
- 近亲当中有人患痛风(痛风是会遗传的)。
- 因为患长期肾脏疾病以致尿酸排出量减低。
- 高嘌呤饮食，例如经常吃沙丁鱼和肝脏。
- 酒精饮品，因为它们都含有相当多的嘌呤。长久以来，人们都已知啤酒和烈酒会增加痛风的风险，可是根据2014年3月份美国医药期刊内所发布的一项研究指出，葡萄酒也会令痛风复发。每天若喝下两至四杯，风险会提高百分之五十，这风险会随着酒量的增加而提高。
- 身体内某种酶素有缺陷，以致不能有效分解嘌呤。
- 身体接触到环境里的铅污染。
- 曾经做过内脏移植手术。
- 有在服用一些药物如利尿剂、阿司匹林、环孢素，或左旋多巴。
- 有在服用维生素烟酸。

治疗

在适当治疗之下，大多数患痛风的人都能够把症状控制得很好，生活作息不受影响，而且能预防复发，避免关节因为长期痛风而受损。

治疗急性痛风的最常用治疗药物计有口服非类固醇抗炎药物(英文缩写为NSAIDs)，以及可以口服或注射入痛风关节内的皮质类固醇。非类固醇抗炎药物能减少关节处累积尿酸晶体所引发的炎症，但是却控制不了体内尿酸的多寡。

然而，非类固醇抗炎药物却会引起胃部不适，以及影响肾脏功能，不过后者属少见。这类药物也跟一些严重的肠胃疾病扯上关系，其中包括溃疡、出血、胃部或肠道穿孔。年龄六十五岁以上人士以及曾患任何溃疡或肠胃出血者，若服用非类固醇抗炎药物就需特别谨慎。因此，服用非类固醇抗炎药物之前请先跟医生讨论是否适合。

皮质类固醇是药效强的抗炎激素。采用皮质类固醇治疗的患者数小时内痛风情况就会有所改善，症状通常在一周左右就完全消失。

引起痛风发作的原因可能是应激状况、酒精或药物，或别的疾病。痛风初次发作时，即使没有加以治疗也会在三十至十天内好起来。下一回的发作很可能是几个月甚至几年以后才发生。

避免痛风的方法

日常要喝大量不含酒精的液体，尤其是清水。不含酒精的液体有助将体内尿酸排出。相反的，酒精会提高人体内尿酸水平。

经常定时做运动并保持健康的体重，也是预防痛风的办法。如果体重超重就应该减重，但是却应该避免专为快速减重而设计的低碳水化合物式饮食。一旦饮食中的碳水化合物不够充足，身体就无法完整燃烧体内脂肪，结果血液里就会出现一种称为酮的物质，这情形叫酮症。过不久，酮就会令血液里的尿酸含量增加。

最后一点，饮食中应避免高嘌呤食物。



Living with Rheumatoid Arthritis



“**S**orry you’ve got arthritis and there’s nothing we can do. You have just got to learn to live with

it”. These were the words the doctor told Puan Sri Samaladevi Navaratnam, when she consulted her on her swollen and painful fourth toe. She was in her 40s then. Now, at 79, she has weathered the condition for more than three decades and its share of ups and downs, seen the changes in the manner in which the disease is treated, how information on RA has been disseminated, and the type of support for RA patients have been made available in the country.

Says Puan Sri Samaladevi, “There were no warning signs. I just woke up one morning with a swollen, painful and red fourth toe. The doctor informed me that I had arthritis and prescribed some painkillers. I didn’t really react very much as I had no idea of what the ramifications were and what the future held. I just got on with life. I was a teacher, teaching English and History at secondary school level. As part of the job, I had to be on my feet a lot everyday, and in the beginning this was fine.”

Although the pain settled for a while, it re-appeared in her knee. Again, she was prescribed an ointment and painkillers, so her “RA management” continued in this manner with the pain settling only to resurface in other joints such as the elbow, wrist and shoulders.

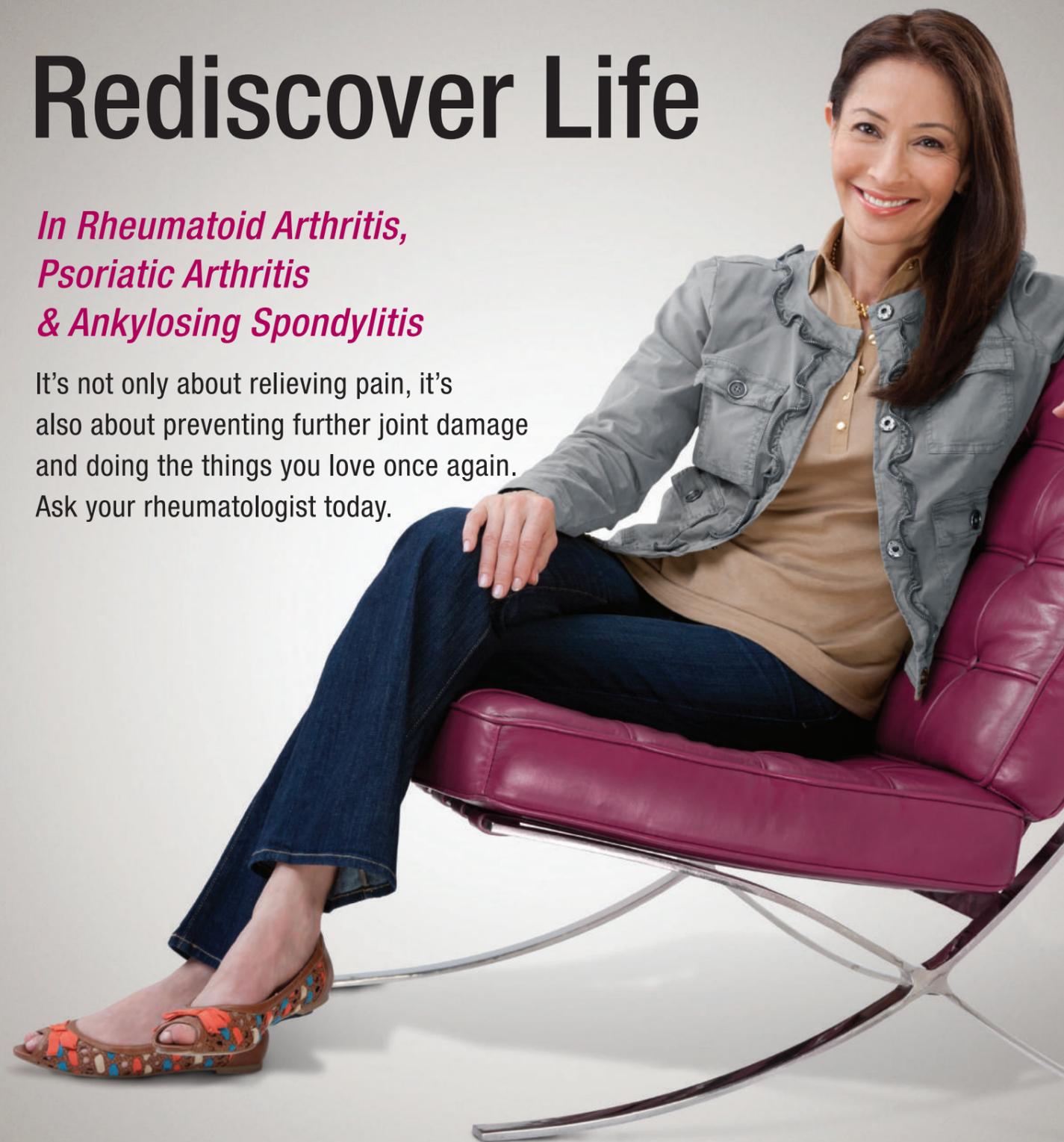
The shoulder was especially painful, and at one point Puan Sri Samaladevi found it difficult even to lift her hands to comb her hair.

She explains, “It was around that time that I happened to meet Toh Puan Hajah Aisha Ong who is now the Patron of the Arthritis Foundation.

Rediscover Life

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abbvie

When she heard about my situation and struggles, she recommended me to a rheumatologist, Dr. Kiran Veerapan, who was working at University Hospital at that time.”

“The good doctor diagnosed me as having rheumatoid arthritis and prescribed me a combination of Non-steroidal Anti-Inflammatory Drugs (NSAIDs) as well as a steroid injection for my shoulder with some other painkillers. “She looked after me until 10 years ago, until the time she migrated to Canada after which another rheumatologist took over my case.”

Puan Sri Samaladevi also underwent two hip replacement operations. About 15 years ago, her right hip joint was affected, causing her unbearable pain when she moved. It was so bad that she couldn't drive.

Even walking was difficult and she needed the aid of a walking stick. She consulted a physiotherapist, and also tried acupuncture, seeking alternative treatment but relief was temporary.

Finally, she took her doctor's advice and opted for surgery. In 2000, she had a bilateral total hip replacement on her right hip, that helped her a great deal. She experienced almost no pain and could walk so well that as soon as she developed pain in her left hip nine years later, she decided to opt for hip replacement in Feb 2010.

Says Puan Sri Samaladevi, “I really prepared for my surgery as I had physiotherapy even before the second operation and continued with it after, which I believe helped speed up my recovery.”

“I continued with the exercises recommended at home regularly too. I also consulted a podiatrist, who helped me with an appropriate fit of shoes with insoles for my feet as one of my legs was a little shorter than the other, resulting from a fall that caused a hair-line fracture of the pelvic bone. Post-surgery though, this problem balanced itself out.” So how long did she have to stay in hospital? How long did the recovery process take? After the first operation she stayed in hospital for a week; after the second operation, for five days, but it had to be followed up with regular physiotherapy and checkups for about two years after.

The encouraging news, though, is

What would she recommend to people living with the condition?

- Pray and have faith. Whatever your religion, prayer works wonders, so keep the faith that things will get better
- Stay positive at all times!
- Follow your doctor's advice and take your medication faithfully
- Go for your regular blood tests and health checks
- Exercise regularly. On days that you are not feeling so good, even light exercise helps. It is important to keep moving as otherwise the joints get more stiff and more painful
- Reach out. Access the specialists, newer drugs, more information and support available so freely today via the internet, via associations like AFM and be informed about your condition. It makes all the difference
- Be very informed and cautious before trying alternative medication. I did go to a Chinese doctor who asked me to avoid eating certain foods and gave me some tablets and the rest of it, but on the insistence of a friend, I got the tablets tested and found them to contain steroids. So I stopped them immediately
- As far as food is concerned, I just eat a regular diet. My doctor had advised me to stop foods only if I felt any adverse effects to it

that for the last two years, she has been relatively pain free and off painkillers as she has not had any flare-ups. Nonetheless, she is still on medication and continues to have regular check-ups with the doctors.

Says Puan Sri Samaladevi, “the good news is that the disease has a tendency to burn out. I've had it for 30-odd years and I am hoping that it should have, by now, run its course”.

So why or how did she get it in the first place? Was it hereditary? She explains, “No one in my family had it. I used to be very active all along, participated in sports regularly in my younger days. It's just something that even the doctors cannot explain.”

So how did having arthritis affect her life? Says Puan Sri Samaladevi, “Fortunately, while I was teaching, it did not bother me as much. As such, I was able to perform my duties well. It was only when my hips were affected that I had to slow down a little, but by then I had retired.”

Although she had pain and stiffness in her joints when she woke up in the mornings, in the early days of her RA, all she had to do was to take a hot shower, which would partially ease the stiffness, so that she could then set off to

school without further ado. Despite the pain in her knee, she could still walk, climb stairs and move about with relative ease at school.

After retirement, she continued with voluntary service in some children's homes and shelters such as The Shelter Home, Ozanam House and the Women's Aid Organisation among others.

Puan Sri Samaladevi says, “I also helped to look after my grandchildren. Over time, when it became difficult to drive, I had to give up voluntary service. These days, I give support over the phone by talking to people and helping them deal with their condition. But I must acknowledge here that throughout my condition, I have had great support and encouragement from my family; especially my husband and children.”

When her condition was first diagnosed, her doctor was very encouraging, and related to her that even the famous South African cardiac surgeon, Christiaan Barnard, though struggling with rheumatoid arthritis for many years, went on to become the first man to perform the world's first human-to-human heart transplant, before finally giving up operating in 1983. This went a long way to reassuring her that all was certainly not lost.

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Does My Child Have Arthritis?

Arthritis' or joint inflammation is commonly associated with the elderly.

However, most people are not aware that children and young people can also suffer from arthritis. Whilst joint pains are very common amongst children and young people, most of the time it is due to other conditions like growing pains, muscle sprains or strains and rarely due to arthritis. There are no exact figures for Malaysia, but it is estimated that 1 in 1000 children under the age of 16 years suffer from some form of arthritis. The chronic inflammatory arthritis in children is called "Juvenile Idiopathic Arthritis" and is different from arthritis that adults suffer from.

WHAT ARE THE SYMPTOMS OF ARTHRITIS IN CHILDREN?

Your child may have arthritis if they have one or more of the following symptoms:

- Prolonged fever (with no other underlying cause)
- Pain or swelling over one or many joints (including the neck and jaw) which is usually worse in the mornings
- Stiffness of the joints or body, particularly in the morning or after periods of prolonged immobility especially when sitting in a car
- Difficulty in walking or walking with a limp
- Difficulty in performing normal daily activities like dressing, eating, combing hair or in using the hands normally
- Rashes which appear at the height of fever and subside after that
- Visual problems (e.g. blurring of vision) or rarely red eyes

These symptoms however, may also be due to other diseases. As such, if you suspect your child may be suffering from one of the above symptoms of arthritis, do consult your doctor or a pediatric rheumatologist for confirmation.

BY DR TANG SWEE PING

Adakah Anak Saya Menghidapi Arthritis?

OLEH DR TANG SWEE PING

Arthritis' atau keradangan sendi sering dikaitkan dengan warga emas. Walau bagaimanapun, ramai yang tidak sedar bahawa kanak-kanak dan orang muda juga boleh menghidapi arthritis. Walaupun sakit sendi itu biasa di kalangan kanak-kanak dan orang muda, selalunya kerana keadaan lain seperti 'growing pains', terseliuh otot atau sengal, maka jarang sekali orang menyangkanya akibat arthritis. Walaupun tiada bilangan yang tepat di Malaysia, dianggarkan 1 dalam 1000 orang kanak-kanak di bawah umur 16 tahun menghidapi arthritis. Arthritis keradangan kronik di kalangan kanak-kanak digelar "Juvenile Idiopathic Arthritis" dan ia berbeza daripada arthritis yang dialami oleh orang dewasa.

APAKAH SIMPTOM-SIMPTOM ARTHRITIS PADA KANAK-KANAK?

Anak anda mungkin menghidapi arthritis sekiranya mereka mempunyai satu atau lebih simptom berikut:

- Demam berpanjangan (tanpa sebab-sebab lain)

- Sakit atau bengkak pada satu atau banyak sendi (termasuk leher dan rahang) yang selalunya lebih teruk pada waktu pagi
- Kaku pada sendi atau badan, terutamanya pada waktu pagi atau selepas tidak bergerak untuk tempoh yang lama terutamanya apabila duduk di dalam kereta
- Sukar untuk berjalan atau berjalan tempang
- Susah untuk melakukan aktiviti harian normal seperti memakai pakaian, makan, menyikat rambut atau menggunakan tangan secara normal
- Ruam yang timbul sewaktu demam dan berkurangan selepas itu
- Masalah penglihatan (contoh: kabur penglihatan) atau kadang-kala mata merah

Walaupun bagaimanapun, simptom-simptom ini mungkin juga akibat penyakit lain. Maka, jika anda mengesyaki yang anak anda mungkin menghidapi satu daripada simptom di atas, dapatkan nasihat daripada doktor anda atau reumatologi pediatrik untuk pengesahan.

我的孩子是不是患上了关节炎？

邓瑞冰医生 撰写

“关节炎”或关节炎通常都是跟老年人有关。然而，很多人都不晓得儿童及年轻人也会患上关节炎。虽然成长中的儿童和年轻人有关节痛很常见，它很多时候是因为其他原因而引起，例如发育的疼痛、肌肉扭伤或拉伤，但是很少是因为关节炎。虽然没有马来西亚国内儿童患关节炎的数据，但是估计每一千名十六岁以下儿童之中，就有一人患上某种的关节炎。儿童所患的慢性发炎性关节炎称为“少年自发性关节炎”，它有别于成人所患的关节炎。

儿童关节炎有些什么症状？

假如你的孩子有以下一项或多项的症状，那么他可能是患上了关节炎：

- 持续发烧(没有其他的根本原因)。
- 一个或多个关节疼痛或肿胀(包括颈部和颞)，早上时候尤其严重。
- 关节或身体感到僵硬，特别是在早上或经过一段时间久坐不动，例如坐在车里。
- 走路感到吃力，或者走起路来一拐一拐的。
- 进行日常动作如穿衣、吃饭和梳头，或要如常使用手部功能时，都会感到吃力。
- 发高烧时皮肤会出现红斑，过后即消退。
- 视力问题(例：视线模糊)或者罕见的红眼。

这里所列的种种症状，也可能由其他疾病引起。因此，如果你怀疑孩子有以上任何一项关节炎症状时，请向你的医生或儿童风湿专科医师求医，确定一下。



Q&A

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

1. What is rheumatoid arthritis?

- a. A bacterial infection
- b. A broken bone
- c. Autoimmune disease
- d. A rash

2. What happens in a joint affected by RA?

- a. Bleeds
- b. Reddens and swells
- c. Skin peels
- d. Boils erupt

3. What are the symptoms of RA?

- a. Coughing
- b. Vomiting
- c. Itching
- d. Joint pain and swelling

4. What are the known risk factors in developing RA?

- a. Virus
- b. Bacteria
- c. Over-exposure to cold
- d. None of the above

5. Who does RA affect more?

- a. Women
- b. Men
- c. Children
- d. Young adults

6. Is exercise essential for people with RA?

- a. Yes
- b. No
- c. Maybe
- d. Occasionally

8. Can blood tests alone be used to diagnose RA?

- a. Yes
- b. No
- c. Maybe

9. Are flare-ups chronic?

- a. Yes
- b. No
- c. Intermittently

10. Are genes a factor in developing RA?

- a. Yes
- b. No
- c. Maybe



ANSWERS

1. C Autoimmune disease. This means that your immune system starts attacking your body's own tissues instead of germs and viruses, which causes inflammation in your joints.

2. B Reddens and swells. Rheumatoid arthritis causes inflammation in the synovium. The result is very similar to inflammation that you may have seen if you've had an infected cut or wound – it goes red, swells, produces extra fluid and hurts.

3. D Joint pain and swelling. 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.

4. D. RA is a multifactorial disease, a condition not caused by a single factor, but by several factors in combination. Even though infectious agents such as viruses, bacteria, and fungi have long been suspected, none has been proven as the cause. The cause of rheumatoid arthritis is a very active area of worldwide research. It is believed that the tendency to develop rheumatoid arthritis may be genetically inherited (hereditary). Certain genes have been identified that increase the risk for rheumatoid arthritis. It is also suspected that certain infections or factors in the environment might trigger the activation of the immune system in susceptible individuals. This misdirected immune system then attacks the body's own tissues. This leads to inflammation in the joints and sometimes in various organs of the body, such as the lungs or eyes. (http://www.medicinenet.com/rheumatoid_arthritis/page2.htm)

There is also some evidence that lifestyle factors may affect your risk of developing RA as it is more common in people who smoke, eat a lot of red meat, drink a lot of coffee. It is also less

common in people who have a high vitamin C intake and drink alcohol in moderation.

5. A Women. Three times as many women as men are affected.

6. A Yes. Many people are afraid to exercise because they believe – mistakenly – that exercise causes further damage to their joints. But your body is designed to move, and inactivity is harmful to the tissues in and around the joints.

7. B No. Painkillers is but one of drugs used. A combination of non-steroidal anti-inflammatory drugs (NSAIDs), disease-modifying anti-rheumatic drugs (DMARDs) and steroids may be used.

8. A Yes. Blood tests can measure inflammation. Both of these tests, erythrocyte sedimentation rate (ESR) or C-reactive protein (CRP) may show a high value when inflammation is present. X-rays, MRI's and ultrasound scans are also used.

9. C Intermittently. Most people can have periods of months or even years between flare-ups, when there's little inflammation, although damage can still be caused in these periods. However, most people, especially if they receive appropriate treatment, will have relatively few symptoms and will be able to lead full lives.

10. C Maybe. The genes you inherit from your parents may increase your chances of developing rheumatoid arthritis, but genetic factors alone do not cause it. Even if you have an identical twin, who shares all the same genetic material as you, and they have rheumatoid arthritis, you only have a 1 in 5 chance of developing it too. And if some of your family have it, the severity can be very different from person to person.

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1. Setnikar I et al. Arzneimittelforschung, 1993 Oct;43(10):1109-13
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Knee Strengthening Exercises

The knee is one of the largest and most complex joints in the body. The bones of the knee, the femur and the tibia, meet to form a hinge joint.

The joint is protected in front by the patella (kneecap). The knee joint is cushioned by articular cartilage that covers the ends of the tibia and femur, as well as the underside of the patella. The lateral meniscus and medial meniscus are pads of cartilage that further cushion the joint, acting as shock absorbers between the bones.

Ligaments help to stabilize the knee. The collateral ligaments run along the sides of the knee and limit sideways motion. The anterior cruciate ligament, or ACL, connects the

tibia to the femur at the center of the knee. Its function is to limit rotation and forward motion of the tibia. The posterior cruciate ligament, or PCL (located just behind the ACL) limits backward motion of the tibia.

These components of your knee, along with the muscles of your leg, work together to manage the stress your knee receives as you walk, run and jump. Having strong leg muscles; especially quadriceps, hamstrings, and glutes is crucial to having strong knees and preventing injury. So try these out and strengthen your knees!

Senaman Menguatkan Lutut

Lutut adalah salah satu daripada sendi yang paling besar dan paling kompleks di dalam badan. Tulang lutut, femur dan tibia bertemu untuk membentuk sendi engsel.

Sendi ini dilindungi di bahagian depan oleh patela (tempurung lutut). Sendi lutut dilindungi oleh rawan artikular yang meliputi hujung tibia dan femur, serta bahagian bawah patela. Meniskus sisi dan meniskus medial adalah pad rawan yang melapik sendi, bertindak sebagai penyerap hentak antara tulang.

Ligamen membantu menstabilkan lutut. "Collateral ligament" terletak di sepanjang bahagian tepi lutut dan menghadkan pergerakan ke tepi. "Anterior cruciate ligament" atau ACL, menghubungkan tibia ke femur pada tengah-tengah lutut. Fungsinya adalah untuk

menghadkan putaran dan pergerakan ke hadapan tibia. "Posterior cruciate ligament" atau PCL (terletak hanya di belakang ACL) menghadkan pergerakan tibia ke belakang.

Komponen-komponen lutut anda ini, serta otot kaki anda, bekerja bersama-sama dalam menguruskan stres yang diterima oleh lutut anda semasa anda berjalan, berlari atau melompat. Mempunyai otot kaki yang kuat; terutamanya quadriceps, hamstring dan glute itu penting untuk lutut yang kuat dan mencegah kecederaan. Maka, cubalah senaman berikut dan kuatkan lutut anda!

做做运动，增强膝关节

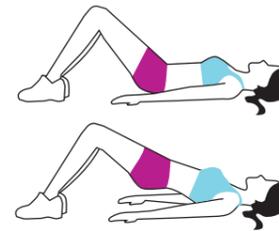
膝关节是人体其中一个最大及结构最复杂的关节之一。膝关节的两根骨头——股骨和胫骨，衔接一起构成了这一个枢接关节。

这个关节的前方部分有髌骨(膝盖骨)保护，股骨和胫骨的终端都有软骨包裹着，而膝盖骨下端也有软骨包裹着，这些软骨就是膝关节的衬垫。外侧半月板和内侧半月板是加强关节衬垫作用的软骨，它们是骨头之间的防震器。

膝关节的稳定要靠韧带帮它定位。副韧带处于膝关节两侧，它们限制膝关节的旁向动作。前交叉韧带(英文缩写ACL)在膝关

节中间处将胫骨和股骨连接一起，它的作用是限制胫骨的旋转及往前动作。后交叉韧带(英文缩写PCL)处在交叉韧带的后方，其作用是限制胫骨的往后动作。

每当你行走、跑步和跳跃的时候，膝关节的这些组件就会配合脚部肌肉，共同处理膝关节所承受的压力。强壮的脚部肌肉，尤其是股四头肌、腓绳肌和臀肌，是强壮膝关节及避免受伤的先决条件。有鉴于此，不妨做做这些运动，强化你的膝关节吧！



BRIDGING

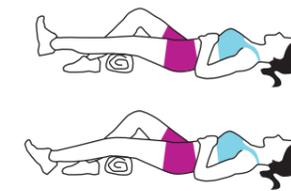
Benefits: Excellent exercise for buttock muscles also helps to strengthen the hip and knee muscles.
Action: Lie on your back with both knees bent about 90° and your feet on the floor/bed. Clench your buttocks and lift your bottom off the bed as high as you can without arching your back. Hold for 3-5 seconds and slowly lower. Repeat 10 times daily and work your way up in the number of counts and the number of breaths that you hold for.
Note: Keep your back straight; don't let it arch as you lift up as it should be your bottom doing the work.

BRIDGING

Manfaat: Senaman yang baik untuk otot punggung juga membantu menguatkan otot pinggul dan lutut.
Cara: Baring telentang dengan kedua-dua lutut bengkok 90° dan tapak kaki di atas lantai/katil. Ketatkan punggung anda dan angkat punggung daripada katil setinggi mungkin dengan belakang yang lurus (badan tidak melengkung). Kekalkan kedudukan tersebut selama 3-5 saat dan turunkan perlahan-lahan. Ulang 10 kali setiap hari dan tingkatkan jumlah ulangan dan tempoh anda menahan nafas.
Nota: Pastikan belakang anda lurus; jangan melengkungkan badan ketika sedang mengangkat badan anda kerana kita mahukan punggung yang bekerja.

剪刀撑

好处: 这是增强臀部肌肉的极佳锻炼，它同时也能强壮臀部和膝关节的肌肉。
动作: 身体平躺，双膝90度屈起，双脚平放地板上/床上。收紧臀部，将臀部尽量提起离开你所躺着的表面，背部不准拱起。保持此姿势3至5秒钟，然后缓缓把臀部放下。每日重复做此动作10次，每天逐步增加提高臀部的次数以及憋气的时间。
注: 背部要保持笔直；提起臀部的时候别让背部拱起，因为使力的应该是臀部。



KNEE EXTENSION OVER A ROLL

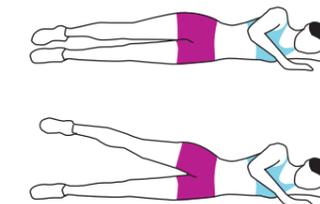
Benefit: Strengthens the quadriceps.
Action: Lie on your back with a rolled towel under the knee. Push your knee down onto the roll as you attempt to lift your heel off the plinth. Hold for 10 counts and repeat 10 times.

MEMANJANGKAN LUTUT DI ATAS GULUNGAN TUALA

Manfaat: Menguatkan quadricep.
Cara: Baring telentang dan letakkan tuala yang digulung di bawah lutut. Tekan lutut anda ke bawah menekan gulungan tuala sambil mengangkat tumit daripada lantai. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

垫毛巾卷做伸张动作

好处: 增强股四头肌。
动作: 身体平躺，膝关节下面垫着卷起的毛巾卷。把膝关节往下压，脚跟往上提，离开身体所躺的表面。保持这个脚跟上提的姿势，数10下。重复做10次。



SIDE LYING, LIFTING LEG UPWARDS

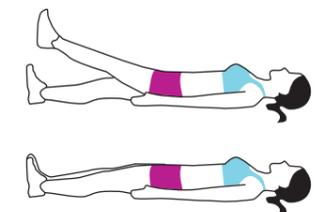
Benefit: Strengthens the buttock, hip and knee muscles.
Action: Lie on your side with bottom knee bent. Raise the upper leg, keeping the knee straight and toes pointed towards you. Hold for 10 counts and repeat 10 times.

MENGIRING, MENGANGKAT KAKI KE ATAS

Manfaat: Menguatkan otot punggung, pinggul dan lutut.
Cara: baring mengiring dengan membengkokkan lutut di sebelah bawah. Angkat kaki sebelah atas, dengan lutut menegak, dan ibu jari kaki menunjuk ke arah anda. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

侧躺提脚

好处: 增强臀部、臀部及膝关节肌肉。
动作: 侧躺，下方的脚屈膝。提起上面的脚，膝部要伸直，脚趾指向自己。保持姿势10下。重复做10次。



STRAIGHT LEG RAISE

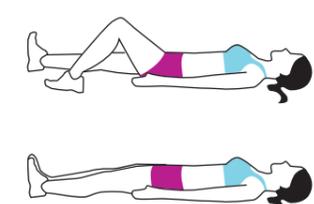
Benefit: Strengthens the buttock, hip and knee muscles.
Action: Lie on your back and lift one leg up straight to about 45 degree. Keep the toes pointed towards you. Hold for 10 counts and repeat 10 times.

MENEGAKKAN KAKI YANG LURUS

Manfaat: Menguatkan otot punggung, pinggul dan lutut.
Cara: Baring telentang dan angkat satu kaki ke atas secara lurus anggarkan 45 darjah. Biarkan ibu jari kaki menunjuk ke arah anda. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

脚伸直上提

好处: 增强臀部、臀部和膝部的肌肉。
动作: 身体平躺，单脚保持笔直往上提，直至45度的倾斜度。做这个动作时，脚趾需指向自己。保持此姿势，数10下。重复做10次。



LYING HEEL SLIDES

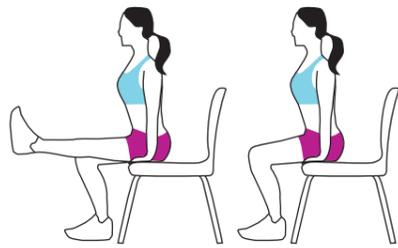
Benefit: Mobilizes the knee joint to prevent stiffness.
Action: Lie on your back and slide your heels alternately up towards your buttocks. Repeat 10 times.

BARING DAN MENGGELONGSOR TUMIT

Manfaat: Menggerakkan sendi lutut untuk mencegah kekakuan.
Cara: Baring telentang dan gelongsorkan tumit anda berselang seli ke arah punggung anda. Ulang 10 kali.

平躺滑动脚跟

好处: 活动膝关节，避免僵硬。
动作: 身体平躺，双脚脚跟交替往上滑向臀部。重复做10次。



SITTING KNEE LIFTS

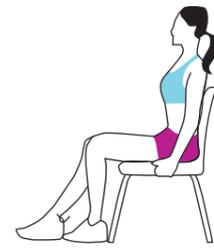
Benefit: Strengthens the knee (Quadriceps) muscle.
Action: Sit on a chair. Raise your foot up and straighten your knee and pull your toes towards you. Hold for 10 counts and repeat 10 times.

MENGGANGKAT LUTUT Sambil DUDUK

Manfaat: Memperkuat otot lutut (Quadriceps).
Cara: Duduk di atas kerusi. Naikkan kaki dan luruskan lutut anda dan tarik ibu jari kaki ke arah anda. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

直坐提膝

好处: 增强膝关节的股四头肌。
动作: 端坐椅子上。提起一只脚，伸直膝部，脚趾指向自己。保持姿势，数10下。重复做10次。



SITTING KNEE SLIDES

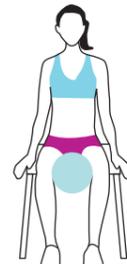
Benefit: Mobilizes the knee joint to prevent stiffness.
Action: Sit on a chair with your hip and knee at 90 degree, with feet supported on the ground. Slide your feet back and forth. Repeat 10 times.

MENGGELONGSOR LUTUT Sambil DUDUK

Manfaat: Menggerakkan sendi lutut untuk mencegah kekakuan.
Cara: Duduk di atas kerusi dengan pinggul dan lutut pada 90 darjah, dengan tapak kaki di atas lantai. Gelongsorkan kaki ke hadapan dan belakang. Ulang 10 kali.

直坐滑膝

好处: 活动膝关节，预防僵硬。
动作: 坐在椅子上，臀部和膝部成90度。脚平放地面，前后滑动。重复做10次。



SITTING BALL SQUEEZE

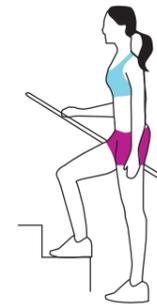
Benefit: Strengthens the buttock and inner thigh muscles.
Action: Sit on a chair with a ball between your legs. Squeeze the ball as much as you can. Hold for 10 counts and repeat 10 times.

MENGEPIBOLA Sambil DUDUK

Manfaat: Memperkuat otot punggung dan bahagian dalam paha.
Cara: Duduk di atas kerusi dengan sebijik bola di antara kaki anda. Kepit bola sekuat mungkin. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

坐着挤球

好处: 增强股部肌肉和大腿内侧肌肉。
动作: 端坐椅子上，双腿之间夹一粒球，使力尽量挤夹这一粒球。保持姿势数10下。重复做10次。



STEP-UPS

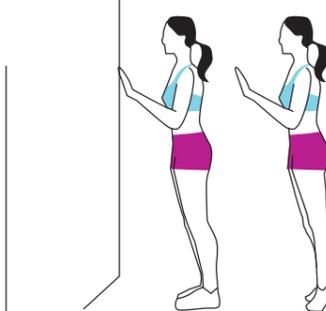
Benefits: This is a great knee strengthening exercise that also helps reduce knee pain with stair climbing activity
Action: Stand facing the bottom of the stairs or a single step. Hold onto the wall/rail for support if required. Step up onto the first stair leading with the pain free leg. Without turning round, step both feet back down leading with the painful leg. Repeat 10-15 times. With time, try to withdraw support.
Note: If you don't have any steps at home, be creative, such your copy of the Yellow Page.

LANGKAH NAIK

Manfaat: Ini adalah senaman yang baik untuk menguatkan lutut serta mengurangkan sakit lutut dengan aktiviti menaiki tangga
Cara: Berdiri menghadap bahagian bawah tangga atau satu mata tangga. Pegang dinding/rel untuk sokongan jika perlu. Naik mata tangga pertama dengan kaki yang tidak sakit. Tanpa memusingkan badan, turunkan kaki tadi bersebelahan kaki yang sakit. Ulang 10-15 kali. Lama kelamaan, cuba tanpa sebarang sokongan.
Nota: Sekiranya anda tidak mempunyai tangga di rumah, anda boleh mencuba dengan buku tebal seperti buku Yellow Page.

上下阶梯

好处: 这个锻炼在增强膝关节方面很有效，也能减少上楼梯时的疼痛。
动作: 面向着楼梯最底下一个阶梯，或者单独一个台阶。若有需要，可以扶着墙壁或扶手来支撑身体。用不痛的那边脚踏上第一个阶梯，接着，无需转身，双脚再往下踏，这回用痛的那边脚开始。重复做10至15次。经过一段时日，渐渐锻炼得差不多时，可以尝试不用扶墙壁/扶手。
注: 如果家里没有楼梯，可以发挥想象力，利用那厚厚的电话簿来代替，同样可以达到锻炼的目的。



HEEL RAISES

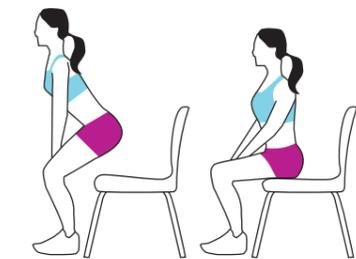
Benefits: Strengthen the calf muscles.
Action: Stand with your feet slightly apart, weight equally distributed, holding onto something solid for balance. Rise up onto your toes lifting your heels as high as possible. Keep your body upright (don't bend forwards). Hold for 3-5 secs and slowly lower. Repeat 10 times. With time, as your calves get stronger you can progress to raising one heel off the ground and holding for 5 seconds each time.

NAIKKAN TUMIT

Manfaat: Memperkuat otot betis.
Cara: Berdiri dengan kaki diregangkan sedikit, berat badan dibahagikan sama rata, pegang sesuatu untuk sokongan. Jengketkan diri dan angkat tumit setinggi mungkin. Pastikan badan anda lurus (jangan membongkok ke hadapan). Kekalkan kedudukan selama 3-5 saat dan turun perlahan-lahan. Ulang 10 kali. Apabila otot betis anda semakin kuat, anda boleh menaikkan satu tumit dan kekalkan kedudukan selama 5 saat setiap kali.

提脚跟

好处: 增强小腿肌肉。
动作: 站立，双脚稍微张开，体重平均分布双脚上，扶着稳固的物件平衡身体。踮起脚尖立高，尽量提高脚跟。身体保持直挺(不要向前弯腰)。保持此姿势3至5秒，然后就缓缓降下。重复做10次。每天持之有恒的锻炼，你的小腿也会越来越有力。这时，你不妨提升到做单脚跟提高的动作，每次保持姿势5秒钟。



SIT TO STAND

Benefits: Strengthen quadriceps and gluteus muscles.
Action: Sit on a chair with your hip and knee at 90 degrees and feet rested on the floor. Shuffle yourself forward on the chair then, lean forward and raise yourself up. To sit, first, feel the chair at the back of your knees and sit down slowly. Repeat 10 times. As you gain your strength, you can use a lower chair, increase the speed you do the exercise or hold a weight (example: dumb bell, heavy book) during the exercise.

DUDUK UNTUK BERDIRI

Manfaat: Memperkuat otot quadricep dan gluteus.
Cara: Duduk di atas kerusi dengan pinggul dan lutut pada 90 darjah dan tapak kaki di atas lantai. Bergerak ke hadapan semasa di atas kerusi dengan membongkok ke hadapan dan naikan diri. Untuk duduk, mula-mula, rasa kerusi di bahagian belakang lutut dan duduk perlahan-lahan. Ulang 10 kali. Bila otot anda sudah mula kuat, anda boleh menggunakan kerusi yang lebih rendah. Tingkatkan kelajuan anda semasa melakukan senaman ini atau pegang sesuatu seperti dumbel atau buku yang berat semasa melakukan senaman.

起立、坐下

好处: 增强股四头肌和臀肌。
动作: 端坐椅子上，臀部与膝部成90度，脚平放地板上。身体挪前，往前倾，起立。接下来是要坐下。坐下之前，先让膝关节后方碰到椅子，然后才缓缓坐下。重复做10次。随着肌肉力量的加强，你可以坐一张比较低的椅子，加快做这个动作的速度；或者拿些重量(例：哑铃、厚重的书本)。



SUPPORTED, LEG LIFT BACKWARDS

Benefits: Strengthens the buttock, hip and knee muscles.
Action: Stand holding onto a support. Lift your leg backwards keeping your knee straight. Hold for 10 counts and repeat 10 times.

MENGGANGKAT KAKI KE BELAKANG DENGAN SOKONGAN

Manfaat: Memperkuat otot punggung, pinggul dan lutut.
Cara: Berdiri sambil memegang sesuatu untuk sokongan. Angkat kaki ke belakang sambil luruskan lutut. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

扶物后提腿

好处: 增强股部、臀部及膝部的肌肉。
动作: 站立，手扶一件可以附靠的物件。向身后提腿，膝盖保持笔直。保持此姿势，数10下。重复做10次。



SUPPORTED KNEE BENDS

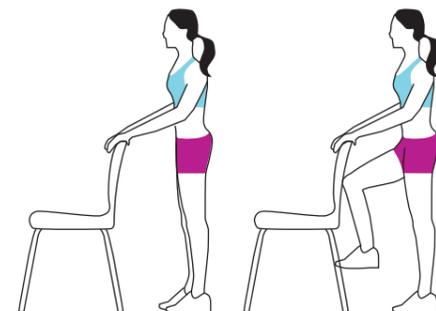
Benefits: Strengthen the quadriceps muscles.
Action: Stand holding onto a support. Bend your knees backwards as you bring your heel towards your buttocks. Hold for 10 counts and repeat 10 times.

MENBENGKOKKAN LUTUT DENGAN SOKONGAN

Manfaat: Memperkuat otot quadricep.
Cara: Berdiri sambil memegang sesuatu untuk sokongan. Bengkokkan lutut ke belakang sambil mengangkat tumit menghala ke punggung anda. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

扶物弯膝

好处: 增强股四头肌。
动作: 站立，手扶一件可以附靠的物件。膝向后弯，将脚跟移向臀部。保持此姿势，数10下。重复做10次。



SUPPORTED, HIP LIFTS

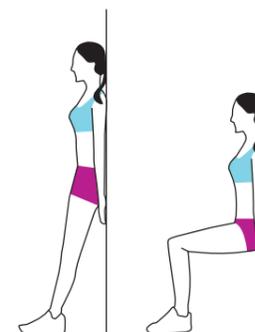
Benefits: Strengthens the buttock, hip and knee muscles.
Action: Stand holding onto a support. Lift one leg up bending the hip and knee to 90 degrees. Hold for 10 counts and repeat 10 times.

MENGGANGKAT PINGGUL DENGAN SOKONGAN

Manfaat: Memperkuat otot punggung, pinggul dan lutut.
Cara: Berdiri sambil memegang sesuatu untuk sokongan. Angkat satu kaki ke atas dengan membengkokkan pinggul dan lutut kepada 90 darjah. Kekalkan kedudukan itu dengan kiraan 10 dan ulang 10 kali.

扶物提臀

好处: 增强股部、臀部以及膝部的肌肉。
动作: 站立，手扶一件可以附靠的物件。提一边腿，弯屈臀部和膝部成90度。保持此姿势，数10下。重复做10次。



SEMI SQUATS

Benefits: Strengthens the quadriceps and protects the knees.
Action: Stand with your back against the wall, feet apart, and toes pointing forwards. Slowly slide down the wall a few inches bending your knees. Hold for 3-5 seconds and return to starting position. Repeat 10 times.
Note: As you squat, don't let your knees come too far in or out - keep your knee in line with your 2nd toe so you can always see your big toe past the inside of your knee.

MENCANGKUNG SEPARUH

Manfaat: Memperkuat quadricep dan melindungi lutut.
Cara: Berdiri dengan bahagian belakang rapat pada dinding, renggangkan kaki, dan ibu jari kaki ke hadapan. Turun beberapa inci dengan membengkokkan lutut anda. Kekalkan kedudukan selama 3-5 saat dan kembali kepada kedudukan asal. Ulang 10 kali.
Nota: Apabila anda mencangkung, jangan biarkan lutut terlalu ke dalam atau ke luar - biarkan lutut sebaris dengan jari kaki kedua,

半蹲

好处: 增强股四头肌，保护双膝关节。
动作: 身体靠墙站立，双脚分开，脚趾向外。缓缓弯屈双膝，身体徐徐靠着墙壁下滑数寸。保持这个姿势3至5秒，然后回复之前的站立姿态。重复做10次。
注: 蹲的时候别让双膝过分向内或向外，它们应该与你的第二根脚趾成垂直线，而大脚趾必须一直都在双膝的内方。



Various staff involved that helped to make Hospital Selayang's World Arthritis Day celebrations a success. Thank you everyone!



Organising committee of Hospital Selayang's World Arthritis Day Celebrations. From left to right: Dr Ramani Arumugam, Dr Azmillah Rosman, Dr Habiba Mohd Yusoff, Dr Shereen Ch'ng, Dr Mollyza Md Zain, Dr Lau Ing Soo, Dato' Dr Tunku Muzaffar Shah.



One of the highlights of the day included the participation of art students from Inti College in collaboration with Abbvie and their art campaign "Perspectives". The art work done by the art students and patients represented what it means to live a joint disease.



World Arthritis Day

Last year, the Arthritis Foundation Malaysia (AFM) had a booth at Hospital Selayang on the 23rd of October in conjunction with World Arthritis Day (WAD). The event was organised by Abbvie who had graciously invited AFM to have a booth where they distributed pamphlets and magazines. The booth attracted a lot of interest and many of the participants took the opportunity to learn about this NGO, subsequently becoming members.

Guests of honour at the event included Dr. Ghazi Abd Manaf representing JKNS director, Y.T.M. Raja Dato Seri Yong Sofia binti Sultan Azlan Shah and Dr. Supathiratheavy and Dr. Azmillah Rosman representing Hospital Selayang.

One of the highlights of this event was the art campaign "Perspective" by students from Inti college, in collaboration with Abbvie where they sought to express what it meant to live with a joint disease.



Organising committee of Hospital Selayang's World Arthritis Day Celebrations. From left to right: Dr Ramani Arumugam, Dr Azmillah Rosman, Dr Habiba Mohd Yusoff, Dr Shereen Ch'ng, Dr Mollyza Md Zain, Dr Lau Ing Soo, Dato' Dr Tunku Muzaffar Shah

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*

- KPJ Penang Specialist Hospital, Bandar Perda, Seberang Prai

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 Zainabll, 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

- PATRON** Toh Puan Dato' Seri Hj Dr. Aishah Ong
TRUSTEES Tan Sri Dato' G. Hari Narayanan
Tan Sri Dato' Dr. Abu Bakar Suleiman

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INTERNAL AUDITORS Aminah Abdullah, Masako Kuroda

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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. _____

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- MEMBERSHIP RENEWAL**
- Ordinary Member (Annual Subscription: RM15)
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Signature of applicant _____ Date _____

Please cross your cheque and make it payable to:
ARTHRITIS FOUNDATION MALAYSIA
c/o Sunway Medical Centre, P.O. Box 60, Lower Ground Floor,
No. 5, Jalan Lagoon Selatan, Bandar Sunway
46150 Petaling Jaya, Selangor

Arthritis Foundation Malaysia Annual General Meeting and Public Forum

DATE : Saturday, 17 May 2014
VENUE : SWAN Convention Centre,
4th Floor Tower B, Sunway Medical Centre,
No. 2 Jalan Lagoon Selatan,
Bandar Sunway, 46150 Petaling Jaya.

PROGRAMME:
2:00pm : PUBLIC FORUM
"Arthritis & Falls" by Dr. Cheah Tien Eang,
Medical Lecturer, Universiti Malaya
"Foot & Ankle Problems" by Dr. Chua Yeok Pin, Consultant
Foot & Ankle Surgeon, Sunway Medical Centre
3.30pm : AFM Annual General Meeting
& Refreshments

Non-steroidal Anti-inflammatory Drugs (NSAID's) and Cardiovascular Disease

So what are NSAID's?

Nonsteroidal anti-inflammatory drugs, or NSAIDs (pronounced en-saids), are the most prescribed medications for treating conditions such as arthritis. Most people are familiar with over-the-counter, nonprescription NSAIDs, such as aspirin and ibuprofen.

NSAIDs are more than just pain relievers. They also help reduce inflammation and lower fevers. They prevent blood from clotting, which is good in some cases but not so beneficial in others.

For example, because they reduce clotting action, some NSAIDs, especially aspirin, may have a protective effect against heart disease. However, you may bruise more easily. NSAIDs can increase the risk of developing nausea, an upset stomach, or an ulcer. They also may interfere with kidney function.

WHAT IS PAIN?

On a basic level, pain is the result of an electrical signal being sent from your nerves to your brain.

But the process is not only electrical. When you get injured; say with a sprain, the damaged tissue releases chemicals called prostaglandins, which are like hormones. These prostaglandins cause the tissue to swell. They also amplify the electrical signal coming from the nerves. Basically, they increase the pain you feel.

HOW DO NSAIDS HELP RELIEVE PAIN?

NSAIDs work on a chemical level. They block the effects of an enzyme, cyclooxygenase, or COX – specifically Cox-1 and Cox-2 enzymes. These enzymes play a key role in making prostaglandins. By blocking the Cox enzymes, NSAIDs stop your body from making as many prostaglandins. This means less swelling and less pain.

But Cox enzymes play vital functions. COX-1 protects the stomach lining from harsh acids and digestive chemicals. It also helps maintain kidney function. COX-2 is produced when joints are injured or inflamed.

Traditional NSAIDs block the actions of both COX-1

and COX-2, which is why they can cause stomach upset and bleeding as well as ease pain and inflammation.

NSAID'S AND INCREASED CARDIOVASCULAR (CV) RISK

According to a study published by NHS UK, 2013, NSAIDs, such as ibuprofen, diclofenac, naproxen and coxibs are widely used to relieve pain and inflammation.

A new review of hundreds of studies found that coxibs and diclofenac increased the risk of major vascular events – mainly heart attacks – by a third, while ibuprofen was also associated with a greater risk of heart attack. High-dose naproxen did not affect the risk of heart attack.

The actual risk to individuals is small. For example, this study found that for every 1,000 patients taking a high dose of coxib or diclofenac for a year, three more had a major vascular event, one of which was fatal, compared with placebo.

Many people with painful long-term conditions, such as rheumatoid arthritis, are prescribed high doses of NSAIDs on a long-term basis. It is thought that these people have an increased risk of serious heart conditions compared with those who just take an occasional low-dose ibuprofen pill for a headache.

The study was carried out by researchers from the University of Oxford and was funded by the UK Medical Research Council and the British Heart Foundation.

DICLOFENAC AND ELEVATED CARDIOVASCULAR DISEASE (CVD) RISK

Diclofenac in particular has been associated with elevated CVD risk. The European Medicines Agency (EMA) has reviewed diclofenac-containing medicines and concluded the CVD risk is similar to COX-2 inhibitors, particularly at doses over 150mg/day.

The EMA recommends

- Patients with serious cardiovascular conditions should not be prescribed diclofenac.
- Patients with cardiovascular disease risk factors should only be prescribed diclofenac after careful consideration.
- EMA advice is the benefits of NSAIDs for pain outweigh their risks but they should be used at the lowest effective dose for the shortest possible time.

According to a report by the British Heart Foundation, conventional NSAIDs, which inhibit cyclo-oxygenase (COX)-1 and -2, such as ibuprofen and diclofenac, are associated with gastrointestinal toxicity due to their inhibition of COX-1 in the stomach. Selective inhibitors of COX-2, such as rofecoxib and celecoxib (the coxibs), were developed in the expectation that they would be less likely to induce gastrointestinal side effects. However, although large outcome trials did show reduced upper GI complications when compared with non-selective NSAIDs, the coxibs are certainly not free of such complications. Recent evidence suggests that NSAIDs

(both non-selective and selective) may increase cardiovascular risk.

COXIBS AND CARDIOVASCULAR DISEASE

The first evidence linking cardiovascular risk with NSAIDs was confined to coxibs. The VIGOR (Vioxx Gastrointestinal Outcomes Research) study showed at least a 4-fold increased risk of cardiovascular events in patients with rheumatoid arthritis prescribed rofecoxib compared with the non-selective NSAID Naproxen. Rofecoxib was withdrawn from the market when a trial designed to test the efficacy of rofecoxib in preventing the recurrence of colorectal polyps, found an increased incidence of cardiovascular events in the rofecoxib group compared with placebo. A subsequent review of 6 placebo-controlled trials of coxibs concluded that increased risk of a vascular event is probably a class effect³.

DOES NAPROXEN LOWER THE RISK OF CARDIAC PROBLEMS?

Medical research seems to show that the pain reliever naproxen poses less risk to the heart than other pain medications, but an FDA panel didn't think it was enough to change the label.

The advisory committee reviewed FDA labeling rules that require non-steroidal anti-inflammatory drugs (NSAIDs) to carry a heart warning. It voted 16-9 that the available data is not compelling enough and don't support a conclusion that naproxen has a lower risk of cardiac problems compared with the other NSAIDs.

TAKING AN INFORMED DECISION

So, what do we conclude? The absolute risk associated with NSAIDs is probably small and may differ between products. Decisions should be made only with discussions with your doctor as the balance of cardiovascular and gastrointestinal risks should be carefully considered on an individual patient basis. In Malaysia, the only two NSAIDs available over the counter are ibuprofen and mefenamic acid. All the rest require prescription and must never ever be sold over the counter. Pharmacists are not able to give individualised advice on this matter of NSAIDs and cardiovascular risk.

When thinking about cardiovascular risk for patients treated with NSAIDs, it is important to consider the duration and frequency of therapy. The short term use of over the counter ibuprofen is unlikely to be associated with any significantly increased cardiovascular risk. As new information continues to emerge, guidelines are likely to change.

As NSAIDs represent an important part of therapeutic management for people experiencing pain, ceasing pain relief medicine may not be an option. Taking an informed decision is the next best alternative.



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Very well tolerated – mainly mild and transient skin reactions in some patients^{5,6,7}

No known interactions with drugs – can be co-administered with other treatments⁵⁻¹⁰

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References: 1. Osteoarthritis: national clinical guideline for care and management in adults. London: NICE, 2008. Available at: www.nice.org.uk/CG059. 2. McKenzie S, Torkington A. Aust Fam Physician. 2010 Sep;39(9):622-5. 3. Data on file: Cantab Study Report: Caliper Lifesciences In-vivo Bio-distribution Study. 4. Cevc G, Schätzlein A, Richardsen H. Biochimica and Biophysica Acta. 2002;1564(1):21-30. 5. Stucki G et al. Ann Rheum Dis 2007;66(Suppl II). 6. Conaghan P et al., A multicentre, randomized, placebo- and active-controlled trial comparing the efficacy and safety of topical ketoprofen in Transfersome gel (IDEA-033) with ketoprofen-free vehicle (TDT 064) and oral celecoxib for knee pain associated with osteoarthritis. Rheumatology 2013 Volume 52 April (4) page 5. 7. Rother M et al. EULAR Annual European Congress of Rheumatology 2012. Abstract no. EULAR12-3378. 8. Rother M et al. Ann Rheum Dis 2007;66(9):1178-1183. 9. Study III-04: Data on file, Celtic Pharma CSR CL-033-11-04. 10. Study III-05: Data on file, Celtic Pharma CSR CL-033-111-05.

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