

Joint Efforts

The official newsletter of Arthritis Foundation Malaysia

PP 16636/11/2011(028987)

April, 2011



Contents

- 03 Word from the President**
Sepatah Kata daripada Presiden
主席的话
- 06 My WIRA, My Hero! & Be Active for life, Walk for Charity**
My WIRA, Hero saya! & Aktif sentiasa, Berjalan untuk beramal
我的WIRA, 我的英雄! & 健康活跃生活, 为慈善而行
- 08 Deepavali and Eid ul Adha & RASG Hi-Tea Get-together**
Deepavali dan Aidil Adha & Majlis Jamuan Teh RASG
屠妖节与哈芝节 & 类风湿性关节炎互助小组下午茶聚会
- 14 AS is...**
AS sebenarnya...
僵直性脊椎炎...
- 19 Helping Hands**
Tangan yang membantu
康复的推手
- 22 Calendar of events**
Kalendar Acara
活动看板

Send your ideas, articles, materials or medical questions to:
ARTHRITIS FOUNDATION, MALAYSIA
c/o Sunway Medical Centre, 4th Floor SWAN Convention Centre
No 5, Jalan Lagoon Selatan, Bandar Sunway,
46150 Petaling Jaya, Selangor Darul Ehsan.
Tel: 603-5621 6177 Fax: 603-5621 7177
Contact person: Ms Shanta (Monday-Friday: 0900-1230 hrs)

Editorial

Dear Readers,

That's right: Joint Efforts has a new editor. This is both the inaugural issue of 2011 and my first attempt at putting together this wonderfully informative newsletter.

Going through the past issues of Joint Efforts as well as editing this issue has taught me many things, but one point stands out: movement and moving is a must. Nowhere is this more evident that in our two main features "AS is" and "Helping Hands" that complement one another.

The first feature is a focus on Ankylosing Spondylitis (AS), a form of arthritis that affects the spine, ultimately rendering it rigid and bamboo-like, hence its nickname "bamboo spine". Nevertheless, one of the best ways to manage AS is to stretch and exercise the spine, which leads nicely to this issue's second feature on physiotherapy and the management of arthritis.

One would think that arthritis, swollen and painful joints would indicate that one needs to be still. Ironically, it would seem that the opposite is true. Nevertheless, the movements and exercises that can help alleviate the pain have to be prescribed by specialists to cater to the joint's specific needs and range of mobility.

Apart from the features, the Events section is packed with interesting news, the biggest of which is the very gallant effort by Abbott Laboratories Malaysia and the Kordel's-AFM Charity Walk that will be in June.

I am proud to say that I had the privilege of working with Abbott on its My Wira project, a three-pronged programme aimed at raising awareness of Rheumatoid Arthritis that tends to affect more women than men (as opposed to AS which tends to affect more – young – men than it does women).

Then, in June, we all have the Kordel's-AFM charity walk to look forward to. This is the third consecutive year that Kordel's, in partnership with Arthritis Foundation Malaysia, has run the charity drive as an effort to raise funds in aid of people living with arthritis as well as to create public awareness on the importance of preserving healthy and flexible joints.

So, read on, learn, do and – most importantly – enjoy!

Warmest regards,

Swee Yin
EDITOR

Jointly brought to you by:





We need our joints to be flexible to walk up and down the stairs. To run. To shop. Basically, to be active. However, as we age, our joints lose their flexibility because our body is less able to produce cartilage which acts as a 'cushion' to allow the ends of our bones to glide and move smoothly.

Glucosamine sulphate and Chondroitin sulphate are the 2 key nutrients used by the body to rebuild and repair joint cartilage.

Kordel's Glucosamine Plus Chondroitin, 3 capsules a day provides 1,500mg of glucosamine sulphate and 1,200mg of Chondroitin sulphate.

For more information, please contact : _____
 CAMBERT (M) SDN. BHD. (134845-P) Tel : 03-5569 4337, 03-5569 3660



Word from the President

Warm greetings from myself and the committee. The Foundation continues to inform on various arthritic conditions and this edition of Joint Efforts focuses on Ankylosing Spondylitis (AS), a spinal condition that is not uncommon, yet does not seem to register high on the awareness of us Malaysians. Like many of the Foundation's 'pet' conditions, awareness amongst public and healthcare professionals would lead to earlier detection, reducing the chances of long term damage with education and treatment of those affected. I hope you will enjoy this JE edition – please spread the word on AS far and wide.

The AFM, in conjunction with Abbott Pharmaceuticals had embarked on the MyWira project, aimed specifically at highlighting women with Rheumatoid Arthritis (RA), but with a general objective of improving awareness of RA, yet another important treatable joint condition. One phase of MyWira was the production of the MyWira coffee table book, which includes the stories of many brave women who have suffered from RA but through immense personal courage, have battled the condition and come out with an extremely positive outlook on life. The book is available from our AFM office priced at RM50. It makes great reading and would also be suitable as a gift. All proceeds go the AFM, yet another generous contribution from Abbott. As part of the ongoing phase of MyWira, we have had dialogues with Datuk Seri Shahrizat Jalil the Minister for Women, Family and Community Development and Dato' Seri Liow Tiong Lai, the Minister for Health. Both Honourable Ministers have been very positive about the campaign and have provided strong support.

By the time of publication, our new AFM committee would have been voted in. I would like to thank my committee of 2009-11 for their support. I would particularly like to thank Dr Yeap Swan Sim and Dr Azmillah Rosman, two long serving committee members who have decided to not put themselves forward for re-election. Dr Yeap has been instrumental in the upkeep of our AFM website all these years, as well as being in charge for the redevelopment of the site to its great new look. I have also benefited greatly from advice from both these ladies, given their long involvement with the Foundation. I wish both of them the very best, and hope that they will still be available for occasional bits of advice to the incoming committee.

Finally I want to mention once more that we are looking for deserving recipients of aid for funding of joint replacements via our Arthritis Fund. If you or someone you know would like to know more about this aid, please contact our AFM office or go to our website www.afm.org.my for details.

With Warmest Regards,

Dr Amir Azlan Zain
President
AFM

主席的话

首先，让我和基金会委员们在此向大家问个好！本基金会一直都在向各位传播与关节炎有关的信息，本期会讯内容主要谈及僵直性脊椎炎。这种脊椎关节炎并非少见，但是我国民众对它的认识却不是那么多。跟本基金会经常提及的许多其他关节炎一样，民众和医疗专业人士们对此疾病的认识有助早期发现疾病，再透过适当的医疗教育和治疗，得以减少疾病的长期伤害。希望你能喜欢本期内容，并请你把关于僵直性脊椎炎的信息尽量传播开去。

大马关节炎基金会连同Abbott 药剂公司展开了一项名为MyWira的活动，目的是凸显国内类风湿性关节炎女性患者的坚毅面，基本目标在于提升民众对类风湿性关节炎的认识。类风湿性关节炎也是其中一种可以治疗的关节疾病。这活动计划下的其中一个项目是出版MyWira咖啡桌阅读本，书内收录多位类风湿性关节炎女性病友的感人故事，叙述她们如何凭巨大的勇气战胜疾病，走出其阴影，迈向美好人生。你可向本基金会秘书处购得这本咖啡桌阅读本，每本售价马币50令吉。感谢Abbott 药剂公司的慷慨贡献，售书所得乃捐与大马关节炎基金会。它不但是一本很好的读物，同时也是理想的礼物。在MyWira活动下，我们也跟两位部长进行了对话，他们是妇女、家庭与社区发展部长拿督斯里 Shahrizat Jalil以及卫生部长拿督斯里廖中莱。两位部长不但异口同声赞许这项宣导计划，并且给予大力支持。

当本期会讯出版时，新一届的执行委员会应该已经成立了。我不但要借此感谢2009至2011年度执委们所给予的支持，同时还要特别谢谢叶碇心医生和Azmillah Rosman医生。她们两位已经决定不再竞选执委职位，我衷心感谢她们两位长期以来的帮忙。叶医生这些年来一直在打理基金会的网站，她也负责给我们的网站换上新的风貌。她们两位在基金会内服务已多年，算得上是我的老前辈，给了我不少宝贵的意见和指导，使我受益匪浅。我祝福她们一切顺利，并希望未来她们两不会吝于赐教。

最后，我要再次提一提关节炎基金。本基金会正在寻找符合资格接受关节炎基金资助进行人工关节置换手术的受益人选。如果你或你所认识的朋友想要知道多一点这项医疗资助的话，请联系大马关节炎基金会秘书处或上我们的网站www.afm.org.my查看详情。

谨祝安康

Amir Azlan Zain 医生
大马关节炎基金会主席

Sepatah kata daripada **Presiden**

Salam sejahtera daripada saya dan ahli jawatankuasa. Yayasanakanterusmemberimaklumattentangpelbagai keadaan artritis dan dalam edisi kali ini, Joint Efforts akan membincangkan tentang Ankylosing Spondylitis (AS), iaitu keadaan tulang belakang yang agak biasa, tetapi kurang kesedaran di kalangan masyarakat Malaysia. Seperti keadaan-keadaan lain, kesedaran di kalangan masyarakat awam dan profesional kesihatan akan membawa kepada pengesanan awal yang dapat mengurangkan kerosakan jangka panjang melalui pendidikan dan rawatan kepada mereka yang menghidapinya. Saya harap edisi JE kali ini dapat mendidik anda – dan silalah hebahkan kepada seramai orang yang mungkin.

AFM, bersama dengan Abbott Pharmaceuticals telah memulakan Projek MyWira dengan tujuan khusus menampilkan wanita yang menghidapi Rheumatoid Arthritis (RA), tetapi dengan objektif umum untuk meningkatkan kesedaran mengenai RA, iaitu satu lagi keadaan sendi yang boleh dirawat. Satu fasa projek MyWira itu adalah penerbitan buku meja MyWira yang merangkumi kisah ramai wanita gagah yang menghidapi RA, mengharungi keadaannya dengan penuh semangat dan tampil dengan harapan positif pada kehidupan. Buku ini boleh didapati di pejabat AFM pada harga RM50. Buku ini seronok dibaca dan amat sesuai dijadikan hadiah. Semua kutipan akan disumbangkan kepada AFM, satu lagi sumbangan besar daripada Abbots. Sebagai sebahagian daripada fasa MyWira yang sedang berlangsung, kami telah menganjurkan dialog bersama Y.B. Datuk Seri Shahrizat Jalil, Menteri Pembangunan Wanita, Keluarga dan Masyarakat dan Y.B. Dato' Seri Liow Tiong Lai, Menteri Kesihatan Malaysia. Kedua-dua menteri tersebut sangat positif tentang kempen yang sedang diadakan dan telah memberi sokongan padu.

Semasa buku tersebut diterbitkan, jawatankuasa AFM yang baru dilantik. Saya ingin merakamkan penghargaan saya kepada ahli jawatankuasa 2009-11 atas sokongan mereka. Ucapan terima kasih saya khusus untuk Dr Yeap Swan Sim dan Dr Azmillah Rosman, dua orang ahli jawatankuasa yang telah lama berbakti, yang menarik diri daripada dilantik semula. Dr Yeap adalah orang yang bertanggungjawab dalam mengemas kini laman web AFM selama ini serta membangunkan semula laman web tersebut dengan wajah baru. Saya juga banyak menerima nasihat berguna daripada kedua-dua wanita ini selama penglibatan mereka dengan Yayasan ini. Saya mendoakan semoga mereka berjaya dan masih sudi meluangkan sedikit masa bagi memberikan nasihat kepada ahli jawatankuasa yang baru.

Akhir sekali, saya ingin menyatakan sekali lagi bahawa kami sedang mencari penerima yang sesuai bagi bantuan dana penggantian sendi melalui Dana Arthritis kami. Sekiranya anda atau seseorang yang anda kenali ingin mengetahui lebih lanjut mengenai bantuan ini, sila hubungi pejabat AFM kami atau layari laman web kami di www.afm.org.my untuk maklumat lanjut.

Salam Ikhlas,

Dr Amir Azlan Zain
Presiden AFM

TRANSFORM YOUR LIFE

for patients with rheumatoid arthritis



*Please consult your healthcare professional
on the new treatment approach to rheumatoid arthritis*

Roche (Malaysia) Sdn Bhd (11792-H)

Level 58, The Intermark, 182 Jalan Tun Razak, 50400 Kuala Lumpur
Tel: 603-21735000 Fax: 603-21688948

My WIRA, My Hero!

Abbott champions the cause of Rheumatoid Arthritis



Dr Amir Azlan Zain (president of AFM), together with Dr Anjli Doshi-Gandhi (Deputy Director General – Policy, from Ministry of Women, Family and Community Development) and Mr Muru Annamalai (General Manager of Abbott Malaysia) presenting a souvenir to one of the MY WIRA ambassadors during the launching of MY WIRA coffee table book.

2011 kicked off to a great start for awareness-building of Rheumatoid Arthritis (RA) with two major events organized by pharmaceutical company Abbott Laboratories (M): the My WIRA Cook-Off and the launch of the My WIRA coffee table book showcasing women across the RA spectrum.

The latter event, held on the 26th of February was such a resounding success, the story of the My WIRA book launch made it to the front page of The Star newspaper the very next day!

For sure, this was a major awareness-raising coup both for RA and Abbott Laboratories.

My WIRA (Malaysian Women in Rheumatoid Arthritis) was an awareness project from Arthritis Foundation of Malaysia in partnership with Abbott Laboratories (M) Sdn Bhd aiming at raising the awareness of rheumatoid arthritis in Malaysia.

As RA affects mainly women, My WIRA aims to champion the cause of improving women's health and reduce or prevent the loss of functionality and productivity, maintaining and defending women's independence and celebrate their contributions to society-building.

This campaign proudly showcased a group of women with RA, from all walks of life, highlighting their tremendous inner strengths in the pursuit of their dreams despite the agony of RA.

On the 15th of January Abbott Laboratories (M) hosted the MY WIRA Cook-Off based on the concept that every Malaysian shares a common passion: food. However, the My WIRA Cook-Off was no ordinary cooking event because its participants were themselves RA patients who, although in competition with each other, also provided one another with emotional and moral support, all in the name of raising awareness on RA.

Rheumatologists, the specialist treating this disease, also participated in this fun-filled and flavourful event moderated by celebrity chef Zamzaini Abdul Wahad, graced by Datuk Maznah Mazlan, deputy minister of human resource, and celebrity model, Amber Chia.

My WIRA Cook-Off was the first component of the three-pronged RA awareness-raising project consisting of the MyWIRA coffee table book and its compilation of touching stories, experiences and aspirations of patients, physicians and prominent figures (politicians and celebrities), followed by a nation-wide road show of the My WIRA photo gallery.

Together, the cook-off and book demonstrated the strengths of RA patients in maintaining the function of their hands with various coping strategies as well as their determination to lead "normal" and productive lives.

BE ACTIVE FOR LIFE, WALK FOR CHARITY

Join the Kordel's-AFM Charity Walk this June

Get excited! The Kordel's-AFM Charity Drive is back and this year is going to be more fun than ever! Get your friends and families to join us for a good cause and provide support to many deserving people living with arthritis.

This is the third consecutive year that Kordel's, in partnership with Arthritis Foundation Malaysia, has run the charity drive as an effort to raise funds in aid of people living with arthritis as well as to create public awareness on the importance of preserving healthy and flexible joints.

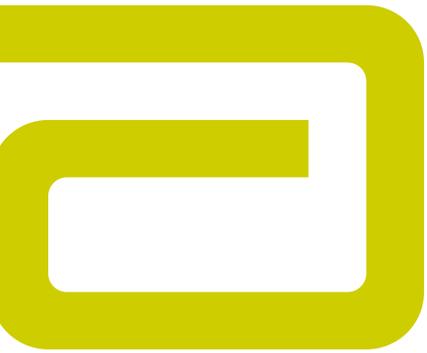
The charity drive will kick off in April and goes on to June, the main highlight of which would be the Charity Walk that is set to take place on Sunday, June 12. This event not only features a fun walk but also puts its participants in the running to win attractive lucky draw prizes. All Kordel's – AFM Charity Walk participants will also be entitled to an exclusive Beatrice Looi designer bag and goodies.

In line with this charity drive, one ringgit will be donated to the AFM fund for every sale of Kordel's joint-care range charity packs during the three month campaign.

Join us today! This event is a great opportunity to unite for a good cause and to foster a caring attitude to assist in facilitating positive change in the lives of those suffering from the pain caused by arthritis.

All you need to do is to buy Kordel's Charity Pack at participating pharmacies from April to June this year and register for the Walk while you are at it!

Alternatively, you can also register online, at www.kordels.com.my, or obtain your walkathon form from any of the participating pharmacies in the Klang Valley. You may also pledge your donation to the AFM fund during the campaign. AFM will channel all your kind donations towards the aid of patients suffering from arthritis, especially those in need of joint replacements.



Rediscover Life

Look at that!

In Rheumatoid Arthritis :

It's not only about relieving pain, it's also about slowing disease progression. Ask your rheumatologist today about the *Rediscover Life* Program



Deepavali & Eid ul Adha

BAKTI does its bit



A total of 25 charity homes from various states in Malaysia were invited to a tea party hosted by BAKTI, courtesy of Holiday Villa Hotel and Suites. It was the tenth such party held to celebrate Deepavali, the Hindu Festival of Light.

It also included celebration of Eid ul Adha, the Islamic Festival of Sacrifice. These two occasions fell on the 5th of November 2010 and 17th November 2010 respectively and were jointly celebrated in true 1 Malaysia style.

The homes transcended all races and consist of orphans, abandoned and poverty-stricken children, children from broken homes, the handicapped and the aged. All the 25 homes received RM5000/- each from BAKTI to ease their burden.

The cheques were presented by BAKTI's President, Datin Paduka Seri Rosmah Mansor. The evening was filled with fun activities for the children who were entertained by clowns and magicians from The Young Achievers's Club and children dancers from the Temple of Fine Arts wowed the audience with classical and modern Indian Dances.

Gracing the occasion were Deputy President of BAKTI Puan Sri Noorainee Abdul Rahman and former president of BAKTI Tun Dr, Siti Hasmah Mohd. Ali. Present to add cheer to the event were also many other BAKTI members all helping to host the occasion. Apart from taking with them sweet memories of the evening, the guests also left with a hamper of art supplies, snacks and amenities courtesy of BAKTI.

RASG Hi-Tea Get-together

A Great Place to Share

On the 19th of March this year, from 2.00pm to 5.00 pm, RASG held a hi-tea get-together at the Maharaj Restaurant on Jalan Gasing, Petaling Jaya. The last time a similar event of such a nature was held was on the 20th March 2010, almost exactly a year to the day.

Since the RASG was formed in 2007, such hi-teas have become an annual event, and it will go on organizing these much-needed social meetings for its members as these have proven to be very effective platforms on which Support Group members can come together to exchange views, news and updates on their challenges.



FIND A RHEUMATOLOGIST

There are at present 34 practicing rheumatologists in Malaysia, and the following is a list of hospitals which offer Rheumatology services:

Johor

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

Kedah

Hospital Sultanah Bahiyah, Alor Setar*
Putra Medical Centre, Alor Setar

Negeri Sembilan

Hospital Tuanku Jaafar, Seremban *

Pahang

Hospital Tengku Ampuan Afzan,
Kuantan *

Perak

Hospital Ipoh, Ipoh *
Hospital Pantai Putri, Ipoh

Pulau Pinang

Hospital Pulau Pinang,
Seberang Prai, Penang*

Sabah

Hospital Queen Elizabeth,
Kota Kinabalu*

Sarawak

Hospital Kuching, Kuching*

Selangor

Hospital Selayang, Batu Caves*
Hospital Serdang, Serdang*
Sime Darby Medical Centre Subang
Jaya, Petaling Jaya
Sunway Medical Centre,
Petaling Jaya

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*
Kampung Baru Medical Centre,
Kuala Lumpur
Pantai Medical Centre,
Kuala Lumpur
Prince Court Medical Centre,
Kuala Lumpur
Pusat Pakar Tawakkal, Kuala Lumpur
Pusat Perubatan Universiti Malaya,
Kuala Lumpur**

* 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
List is correct as at July, 2010

Source - <http://www.msr.org.my/html/index.htm>

AFM Committee 2009-2011

Patron : Toh Puan Dato Seri' Hjh
Dr Aishah Ong

Immediate Past : Dr Chow Sook Khuan
President

President : Dr Amir Azlan Zain

Vice-President : Kunamony S. Kandiah

Treasurer : C. Shivanandha

Secretary : Tan Sim Keat

Asst-Secretary : Esther Goh Foong Chin

Committee : Puan Sri Samaladevi
Members Navaratnam

Dr Yeap Swan Sim

Dr Azmillah Rosman

Dr Tang Swee Ping

Annie Hay Seow Ping

Ding Mee Hong

Cheah Lee Yen

Dr S. Sargunan

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 tabs on your subscription status, and would ensure uninterrupted receipt of *Joint Efforts*.

For further clarification, please call Ms Shanta at 03-5621 6177 (Mon to Fri, 0900 to 1230 hrs).

Disclaimer

While all care is taken to ensure that the information in this newsletter is accurate, the authors and publishers of this newsletter cannot be held liable for any loss or harm suffered by any person, by any reason of information contained in this newsletter or any inaccuracies, omissions or misrepresentations in any article in this newsletter. Readers are at all times cautioned to consult a suitable qualified medical practitioner before acting on any information contained in this newsletter.

LET US KNOW If you like what you see, or if you have questions and suggestions to make, via email at info@afm.org.my, or by mail at our address below. Published letters will receive an exercise CD courtesy of Pfizer Malaysia and the AFM.

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: RM 20, Annual Subscription : RM15)

Life Member (RM200)

Corporate Member (RM 1,500)

(Registration fee: RM 1,000, Annual Subscription: RM 500)

MEMBERSHIP RENEWAL

Ordinary Member (Annual Subscription: RM15)

Corporate Member (Annual Subscription: RM 500)

Signature of applicant _____ Date _____

Please cross your cheque and make it payable to:

ARTHRITIS FOUNDATION, MALAYSIA
c/o Sunway Medical Centre, 4th Floor SWAN Convention Centre
No 5, Jalan Lagoon Selatan, Bandar Sunway,
46150 Petaling Jaya, Selangor Darul Ehsan

My WIRA, Hero saya!

Abbott memperjuangkan Arthritis Reumatoid



Dr Amir Azlan Zain (Pengerusi AFM), bersama dengan Dr Anjali Doshi-Gandhi (Timbalan Ketua Pengarah - Dasar, dari Kementerian Pembangunan Wanita, Keluarga dan Masyarakat) dan Mr Muru Annamalai (Manager Umum Abbott Malaysia) menyajikan souvenir kepada salah satu duta MY WIRA semasa pelancaran buku meja kopi MY WIRA.

Tahun 2011 memulakan kempen kesedaran Arthritis Reumatoid (RA) dengan dua acara utama yang dianjurkan oleh syarikat farmaseutikal Abbott Laboratories (M); iaitu My WIRA Cook-Off dan pelancaran buku meja My WIRA yang memaparkan kisah wanita yang hidup dengan RA.

Acara pelancaran buku My Wira telah diadakan pada 26hb Februari dengan jayanya dan kisah pelancaran tersebut disiarkan di muka surat hadapan akhbar The star pada keesokan harinya!

Yang pasti, ini adalah kempen kesedaran utama bagi RA dan Abbott Laboratories.

My WIRA (Wanita Malaysia dengan Arthritis Reumatoid) adalah projek kesedaran daripada Yayasan Arthritis Malaysia dengan kerjasama daripada Abbott Laboratories (M) Sdn Bhd yang bertujuan meningkatkan kesedaran mengenai arthritis reumatoid di Malaysia.

Memandangkan RA selalunya menyerang wanita, My WIRA menasaskan untuk meningkatkan kesihatan para wanita dan mengurangkan atau mencegah kehilangan fungsi dan produktiviti, mengekal dan mempertahankan kebebasan kaum wanita dan meraikan sumbangan mereka dalam membangunkan masyarakat.

Kempen ini dengan bangganya mengetengahkan sekumpulan wanita, dari pelbagai latar belakang, yang menghadapi RA, menunjukkan kekuatan dalaman mereka dalam mengejar impian walaupun berhadapan dengan kesukaran hidup akibat RA.

Pada 15hb Januari, Abbott Laboratories (M) menganjurkan MY WIRA Cook-Off yang berdasarkan konsep bahawa setiap rakyat Malaysia suka akan makanan. Walau bagaimanapun, My WIRA Cook-Off bukanlah acara masakan biasa kerana para pesertanya adalah pesakit RA, yang mana, walaupun mereka bertanding sesama sendiri, mereka juga saling memberi sokongan emosi dan moral antara satu sama lain – semuanya demi meningkatkan kesedaran mengenai RA.

Ahli reumatologi, iaitu pakar dalam merawat penyakit ini juga menyertai acara yang menarik dan menyeronokkan ini. Pemudah cara bagi acara tersebut adalah chef selebriti Zamzaini Abdul Wahad, serta dihadiri oleh Yang Berhormat Datuk Maznah Mazlan, Timbalan Menteri Sumber Manusia dan model Amber Chia.

My WIRA Cook-Off adalah komponen pertama dalam projek kesedaran RA tiga penjurong yang terdiri daripada buku meja MyWIRA dan kompilasi kisah, pengalaman dan aspirasi yang menyentuh perasaan daripada pesakit, doktor dan orang terkenal (ahli politik dan selebriti), diikuti oleh jelajah galeri gambar-gambar My WIRA ke seluruh negara.

Acara memasak dan pelancaran buku ini menunjukkan kekuatan pesakit RA dalam mengekalkan fungsi tangan mereka dengan pelbagai strategi untuk menangani situasi mereka serta kesungguhan mereka untuk meneruskan hidup secara "normal" dan produktif.

AKTIF SENTIASA, BERJALAN UNTUK BERAMAL

Sertai Jalan Amal Kordel-AFM pada Jun ini

Terujakah anda? Kempen Amal Kordel-AFM kini kembali dengan lebih menarik lagi! Sertailah bersama rakan dan keluarga dengan kami untuk beramal dan memberi sokongan kepada mereka yang menghadapi arthritis.

Ini merupakan tahun ketiga berturut-turut Kordel, dengan kerjasama Yayasan Arthritis Malaysia (AFM), menganjurkan usaha amal ini untuk mendapatkan dana bagi membantu mereka yang menghadapi Arthritis serta meningkatkan kesedaran di kalangan orang ramai tentang betapa pentingnya mengekalkan sendi yang sihat dan fleksibel.

Usaha amal ini bermula pada bulan April hingga Jun di mana acara utamanya, iaitu Jalan Amal, akan diadakan pada hari Ahad, Jun 12. Acara ini bukan sahaja acara berjalan kaki yang menyeronokkan, tetapi peserta juga berpeluang untuk memenangi hadiah menarik dalam cabutan bertuah. Semua peserta Jalan Amal Kordel AFM juga layak mendapat beg rekaan Beatrice Looi dan hadiah-hadiah lain.

Sempena dengan usaha amal ini, satu ringgit akan didermakan kepada dana AFM bagi setiap pembelian pek amal rangkaian penjagaan sendi Kordel semasa kempen tiga bulan ini.

Sertailah kami sekarang! Acara ini adalah peluang terbaik untuk bersatu bagi tujuan murni dan menyemai sikap prihatin dalam membantu membawa perubahan positif dalam kehidupan mereka yang menderita sakit akibat arthritis.

Anda hanya perlu membeli Pek Amal Kordel di farmasi yang menyertai dari April hingga Jun tahun ini dan teruslah mendaftar untuk Jalan Amal ini!

Atau, anda juga boleh mendaftar atas talian di www.kordels.com.my, atau dapatkan borang walkathon anda dari mana-mana farmasi di Lembah Kelang yang menyertai. Anda juga boleh menjanjikan derma anda kepada dana AFM semasa kempen ini. AFM akan menyalurkan semua sumbangan anda ke arah membantu pesakit yang menghadapi arthritis, terutamanya mereka yang memerlukan penggantian sendi.

Deepavali & Eid ul Adha

BAKTI turut memberi sumbangan



Sejumlah 25 buah rumah kebajikan dari beberapa negeri di Malaysia dijemput menghadiri jamuan teh yang dianjurkan oleh BAKTI, ihsan daripada Hotel Holiday Villa dan Suites. Jamuan seumpama ini adalah yang kesepuluh diadakan sempena sambutan Deepavali, iaitu Pesta Cahaya bagi penganut agama Hindu.

Majlis turut meraikan Aidil Adha, iaitu Hari Raya Korban bagi umat Islam. Kedua-dua perayaan ini masing-masing jatuh pada 5hb November 2010 dan 17 hb November 2010 dan diraikan dengan penuh semangat 1 Malaysia.

Rumah-rumah kebajikan yang mempunyai penghuni pelbagai bangsa terdiri daripada anak-anak yatim, yang terbiar dan miskin, kanak-kanak dengan latar belakang bermasalah, warga kurang upaya dan warga emas. Kesemua 25 rumah kebajikan ini menerima sumbangan RM5000/- setiap satu daripada BAKTI untuk mengurangkan beban mereka.

Presiden AFM Dr Amir Azlan Zain turut dijemput untuk menerima sumbangan berjumlah RM5,000 daripada Bakti. Turut hadir ialah Bendahari Kehormat AFM, Encik C. Shivanandha.

Cek-cek tersebut diserahkan oleh presiden BAKTI, Datin Paduka Seri Rosmah Mansor. Acara petang tersebut sungguh meriah dengan aktiviti-aktiviti yang menyeronokkan di mana kanak-kanak itu dihiburkan oleh badut dan ahli silap mata daripada Kelab The Young Achievers dan penari kanak-kanak dari Temple of Fine Arts yang mempesonakan penonton dengan tarian India klasik dan moden.

Naib Presiden BAKTI, Puan Sri Noorainee Abdul Rahman dan mantan presiden BAKTI, Tun Dr. Siti Hasmah Mohd. Ali juga sudi meluangkan masa menghadiri majlis tersebut. Selain itu, ramai lagi ahli BAKTI yang hadir untuk membantu dalam menganjurkan acara tersebut. Selain daripada kenangan manis petang itu, para jemputan juga diberikan cenderahati, iaitu hamper barangan peralatan melukis, makanan ringan dan lain-lain, ikhlas daripada BAKTI.

Majlis Jamuan Teh RASG

Pertemuan mengeratkan perhubungan

Pada 19hb Mac tahun ini, pada jam 2.00 ptg hingga 5.00 ptg, RASG telah menganjurkan jamuan hi-tea di Maharaj Restaurant, Jalan Gasing, Petaling Jaya. Kali terakhir acara serupa diadakan adalah pada 20hb Mac 2010, iaitu hampir setahun lalu.

Sejak RASG ditubuhkan pada 2007, jamuan hi-tea seperti ini telah menjadi acara tahunan dan ia akan diteruskan kerana perjumpaan sosial seperti ini sememangnya perlu untuk ahli, memandangkan ia adalah cara berkesan bagi ahli-ahli Kumpulan Sokongan supaya dapat berjumpa dan bertukar-tukar pandangan, berita serta kemas kini mengenai cabaran mereka.



我的WIRA, 我的英雄!

Abbott带头推动与类风湿性关节炎有关的善举

2011年伊始, Abbott药剂公司即投入提升民众类风湿性关节炎意识的工作, 它为此办了两项活动, 其一为“My WIRA Cook-Off”烹饪竞赛, 其二则是推介一本凸显类风湿性关节炎女性病友心路历程的“My WIRA”咖啡桌阅读本。2月26日举行的“My WIRA”咖啡桌阅读本推介礼颇为轰动, 英文星报还把它刊登在次日的封面版上呢!

在提升民众类风湿性关节炎意识方面, 以及对Abbott药剂公司而言, 这肯定是很大的宣传效果。

“My WIRA” (Malaysian Women in Rheumatoid Arthritis的缩写, 意思为大马类风湿性关节炎女性病友) 是大马关节炎基金会与Abbott Laboratories (M) Sdn Bhd合作推行的一项提升国内民众类风湿性关节炎意识的宣导计划。

由于患类风湿性关节炎者以女性居多, My WIRA 的目的是要改善女性健康并减少兼预防丧失功能及生产能力, 同时维持且捍卫女性自立能力以及表扬她们在社会上的建设性贡献。

此活动向民众介绍了多位来自社会各层面的女性类风湿性关节炎病友, 凸显她们在病痛折磨下, 仍能够发挥巨大的潜在力量来追求各自的理想。

本着大马人都对饮食感兴趣的理想, Abbott 药剂公司在1月15日举办了MY WIRA Cook-Off烹饪竞赛。这是一场别开生面的竞赛, 因为参赛者全是类风湿性关节炎病友。她们在互相竞技之同时, 也在精神和心情上互相慰藉和支持, 而且也共同为增加民众对此疾病的认识而努力。

这项趣味盎然且香味四溢的烹饪赛竞技者中, 还包括了医疗此疾病的风湿病专科医师们。负责主持的是名厨Zamzaini Abdul Wahad, 出席的贵宾是人力资源部副部长Datuk Maznah Mazlan以及我国名模谢丽萍。

这项烹饪竞赛, 乃提升民众类风湿性关节炎意识三管齐下宣导计划的第一炮。其二是My WIRA咖啡桌阅读本, 此书收集多个病友的感人故事、她们患病的经历以及本身的抱负, 其中也有医生和知名人士(政治及演艺界); 其三为My WIRA摄影全国巡回展。

烹饪竞赛和咖啡桌阅读本所共同展现的, 是类风湿性关节炎患者采用各种方法来保持手部功能的毅力, 以及她们立志过正常、具生产力生活之决心。

类风湿性关节炎互助小组下午茶聚会

互相分享的好时刻

类风湿性关节炎互助小组在今年的3月19日, 假八打灵再也加星路的Maharaj餐厅举行了下午茶聚会。该互助小组上一次的茶聚是去年的3月20日, 距今几乎已经有一年了。

自从2007年成立以来, 这种性质的茶聚就已经成为类风湿性关节炎互助小组的常年活动。该小组仍会继续办此活动, 让组员们齐聚一堂互相交换心得、互相谈论自己面对的种种新挑战。

健康活跃生活, 为慈善而行

吁请踊跃参加六月份的Kordel's-AFM益善行

紧张的时刻又快来临了! Kordel's-AFM益善行很快又要举行了, 而且会比过去更精彩! 请跟你的朋友和家人一同来支持这项募捐善举, 为许多贫困关节炎病友提供他们所需要的资助。这是Kordel's和大马关节炎基金会(AFM)携手合作的第三年, 此益善行旨在为贫困关节炎病友募捐筹款, 同时也向民众宣导保健和维持关节灵活的重要。

本募捐慈善活动由4月开始, 6月结束, 活动高潮是定于6月12日(星期日)举行的益善行。这活动的特色是参加者的有趣打扮以及奖品丰富的幸运抽奖。凡参加此益善行者, 均可获赠一个Beatrice Looi品牌手袋和礼品包。

Kordel's也配合这项募捐筹款活动, 在此三个月内每售出一份Kordel's关节保健产品益善包, 即将1令吉捐与AFM。

请即日行动! 这是合力为善的大好机会, 共同营造关怀态度, 一起为努力改善受关节炎折磨人士的生活。

你只要在今年4月至6月之间, 于参与的药剂行购买Kordel's关节保健产品益善包, 并报名参加益善行就可以了。

不然的话, 你也可以上网www.kordels.com.my报名参加, 又或者向巴生谷任何一家参与的药剂行索取报名表格报名参加。你还可以在募捐活动期间向AFM乐捐善款, 本基金会将把它们用在贫困关节炎病友身上, 尤其急需动关节置换手术者。

屠妖节与哈芝节

部长夫人俱乐部施赠行善, 不遗余力

部长夫人俱乐部的兴都教屠妖节茶会是年度庆祝活动, 由于2010年屠妖节落在11月5日而哈芝节落在17日, 本着一个大马的精神, 于是便同时庆祝这两个节日。这项已经有十年历史的庆祝茶会, 今年一共邀请来自各州的25间慈善之家出席, 茶会由假日酒店赞助。这些慈善机构里各种族都有, 他们包括孤儿、被遗弃及贫困孩童、失去家庭温暖孩童、残障人士以及老年人, 每家机构都获部长夫人俱乐部捐赠5000令吉作为支援经费。

本基金会主席Amir Azlan Zain医生亦受邀出席领取5000令吉捐款, 陪同他出席的是本基金会财政C. Shivanandha先生。

善款支票由部长夫人俱乐部主席Datin Paduka Seri Rosmah Mansor颁发。当天在场娱乐儿童的包括来自The Young Achievers' s Club的小丑和魔术师; 来自Temple of Fine Arts的儿童舞蹈员为来宾们呈献出色的古典及现代印度舞蹈。茶会上的贵宾包括该俱乐部副主席Puan Sri Noorainee Abdul Rahman以及前任主席Tun Dr Siti Hasmah Mohd Ali。该俱乐部的其他成员也踊跃出席, 亲切招呼来宾。除了美好记忆, 来宾们也各获赠一个内装有图工用品、小吃以及用品的礼篮, 开心带回家。

Knee Osteoarthritis (OA) Bracing



Powerful Pain Relief — CLINICALLY PROVEN

Many treatment therapies for knee OA have been proven to be effective, but may involve pharmacological intervention or invasive techniques. To help patients achieve high quality of life without surgery or medications, biomechanical intervention such as bracing is the least invasive treatment. Knee bracing has become an accepted intervention for correction of malalignment, reduction of loads in the effected compartment, and increased ligament stability.

- Significant Pain Relief
- Reduced Stiffness
- Reduced Varus Angulation
- Improved Function
- Off-Loading
- Medial Compartment
- Highest Average Amount of Medial Condylar Separation in Commercially Available OTS OA Brace

1. Louis Draganich, Bruce Reider, Todd Rimington, Gary Piotrowski, Krishna Mallik and Scott Nasson. "The Effectiveness of Self-Adjustable Custom and Off-the-Shelf Bracing in the Treatment of Varus Gonarthrosis." JB&JS. J. Bone Joint Surg. Am. 88:2645-2652, 2006. doi:10.2106/JBJS.D.02787.

2. Matthew C. Nadaud, Richard D. Komistek, Mohamed R. Mahfouz, Douglas A. Dennis and Matthew R. Anderle. "In Vivo Three-Dimensional Determination of the Effectiveness of the Osteoarthritic Knee Brace: A Multiple Brace Analysis." JB&JS. J Bone Joint Surg Am. 87:114-119, 2005. doi:10.2106/JBJS.E.00482.

3. Kelly Krohn, MD and G. Kelley Fitzgerald, PT, PhD. "Nonpharmacologic, nonsurgical management of knee osteoarthritis." The Journal of Musculoskeletal Medicine; Vol. 23, Issue 6; June 2006.

ACTIVE Lifestyle Braces

OA DEFIANCE[®]

- Custom OA Brace
- Moderate & Severe Osteoarthritis
- ACL, PCL, CI, MCL, & LCL Ligament Instabilities



OA ADJUSTER[™]

- Patient-Ready OA Brace
- Moderate & Severe Osteoarthritis
- ACL, MCL, & LCL Ligament Instabilities



DAILY LIVING Lifestyle Braces

OA EVERYDAY

- Patient-Ready OA Brace
- Mild & Moderate Osteoarthritis
- MCL, & LCL Ligament Instabilities



OA LITE[™]

- Patient-Ready OA Brace
- Mild Osteoarthritis
- Patellofemoral Stabilization



The Arthritis Foundation has honored every DonJoy knee osteoarthritis brace with its coveted Ease - of - Use Commendation after an independent research lab conducted rigorous testing to assure that they met the needs of people with functional limitations due to the effects of arthritis. For more information, visit www.arthritis.org or call 1-800-283-7800.

Exclusive Distributor for DJO:

SYARIKAT WELLCHEM SDN BHD

928-929, Jalan 17/38, 46400 Petaling Jaya, Selangor D. E.

Tel: 03 - 7957 2449; 7957 0218

Fax: 03 - 7956 8228

Email: mgnt@wellchem.com Website: www.wellchem.com



DonJoy and OA DEFIANCE[®] are registered trademarks and OA ADJUSTER and OA LITE are trademarks of DJO, Inc. It is within the sole discretion of the customer to determine the appropriate billing code for a product, as well as, whether the use of a product complies with medical necessity and other documentation requirements of the payor.



AS is...

...more than just a pain in the butt.

Ali was 20 when he first experienced lower back pain and stiffness. The symptoms were most noticeable in the morning but tended to fade away by mid morning. He could not remember any strain or trauma that started the pain but it just never went away completely. Although Ali did speak to his friends about this discomfort, they all put it down to strain from football practice.

He went to his doctor and was given some painkillers, which relieved the pain when he took them, but the pain returned when he stopped the painkillers.

There were times when the pain generally got better, but at other times it got much worse. By the time he hit 30, his back had stiffened to the point that Ali was unable to move his back properly. He had lost a considerable amount of what medical professionals would refer to as "range of motion".

Little did he know it at that time, but Ali had joined the ranks of greats such as Pope John Paul II, golfer Ian Woosnam and Taiwanese musician Jay Chou, all of whom – along with Ali – have been diagnosed with Ankylosing Spondylitis, or AS in short.

Also known as "Bekhterev's disease" as well as "Marie-Strumpell disease", AS is from the Greek words "ankylos" or "stiff" and "spondylos" or "vertebrae", hence Ali's inability to move due to the gradual stiffening vertebrae of his spine.

AS is a form of spondyloarthritis; a chronic, inflammatory arthritis and autoimmune disease that mainly affects joints in the spine and the sacroiliac in the pelvis. Untreated AS can cause fusion of the vertebrae of the spine resulting in complete rigidity, a condition also known as "bamboo spine".

The effects of ankylosing spondylitis

This disease ranges from mild to progressively debilitating. Cases that have been diagnosed early can be medically controlled. While some patients vacillate between periods of active inflammation to periods of remission, others never have times of remission and experience chronic inflammation and pain.

Sometimes, AS can be misdiagnosed as normal rheumatism, and in the long-term, untreated AS may result in osteoporosis or osteoporosis causing compression fractures and a back "hump". Typical signs of AS that has progressed are the visible formation of syndesmophytes (a kind of bone outgrowths of the spine) on X-Rays and abnormal bone outgrowths similar to osteophytes (small round lumps of extra bone that grow around joints, the body's attempt to compensate for existing bone and ligament degeneration due to age or injury) affecting the spine.

Apart from the axial spine and other related joints, the organs most commonly affected by AS are the heart, lungs, eyes, colon and kidneys. Other complications are aortic regurgitation (faulty blood flow into the left ventricular chamber of the heart due to an "incompetent" aorta) Achilles tendinitis, AV node block (a disease in the electrical system of the heart that can cause lightheadedness, fainting and palpitations) and amyloidosis (a variety of conditions in which amyloid proteins are abnormally deposited in organs and/or tissues).

Signs and symptoms

Contrary to rheumatoid arthritis that affects more women than men, especially women in their 40s and above, the typical AS patient is a young male, aged 20-40. In patients under the age of 18, AS is relatively likely to cause pain and swelling of the large limb joints, particularly the knee. AS in pre-pubescent children can cause swelling and pain in the ankles and feet, where calcaneal spurs may also develop.

Symptoms first appear with chronic pain and stiffness in the lower back, and often, pain in one buttock or the back of the thigh from the sacroiliac joint. The course of AS varies greatly from person to person and its symptoms can sometimes occur in children or older men. Another common symptom is generalized fatigue and nausea.

The pain cause by AS is usually dull and diffused, rather than localized, being worse in the mornings and during the night, but may be improved by a warm shower or light exercise. Pain is more severe with rest, but improves with physical activity. Over the course of month or years, the stiffness and pain can spread up the spine and into the neck with tenderness spreading to the ribs, shoulder blades, hips, thighs and even the heels as well.

Men are more affected by AS than women by a ratio of about 3:1. Also, the disease takes a more painful course in men than it does in the women who have it. About 40 percent of AS cases are associated with inflammation of the eye – iridocyclitis and uveitis – that cause redness, eye pain, vision loss, floaters and photophobia.

Approximately 90 percent of AS patients express the HLA-B27 genotype. In other words, there appears to be a strong genetic association, although only five percent of people with the HLA_B27 genotype contract the disease.

Diagnosis

There is no direct test to diagnose AS. The main diagnostic tools are clinical examination and X-Ray studies that show spinal changes and sacroilitis that are characteristic of AS. However, X-Ray is, in turn, not the best diagnostic tool as it generally only shows spinal abnormalities of the spine that has been suffering from AS for between eight to 10 years.

This means that a person diagnosed with AS with X-Ray would have had up to a 10-year delay in treatment for the condition. Options for earlier detection are tomography and magnetic resonance imaging, or MRI, of the sacroiliac joints, although the medical jury is still out on the reliability of these tests. A clinical measure, or medical test, for AS, on the other hand, would be the Schober's Test (see sidebar).

An AS patient going through an acute inflammatory phase of the disease might also be tested for blood concentration of C-reactive protein (CRP) and an increase in the erythrocyte sedimentation rate (ESR), although the CRP and ESR rates in some AS patients do not increase during this phase.

In 2007, researchers discovered that two genes, ARTS1 and IL23R also contribute to the cause of AS. Together with the HLA-B27, these two genes account for roughly 70 percent of the overall incidence of the disease. Accordingly, a more accurate diagnosis of AS can be made if these three genes are detected.

Two indexes have also been designed -- the Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and the Bath Ankylosing Spondylitis Functional Index (BASFI) – respectively to detect the degree of AS-caused inflammation and to accurately assess a patient's functional impairment due to the disease as well as improvements following therapy.

The BASDAI helps to diagnose AS by detecting factors such as HLA-B27 positivity, persistent buttock pain that stops with exercise and X-Ray or MRI of the sacroiliac joint. The BASFI, on the other hand, is not usually used as a diagnostic tool, but a means of assessing a patient's functional impairment due to the disease as well as improvements following therapy.

Treatment

Although there is no known cure for AS, there are available an array of treatments and medication that reduce the symptoms as well as pain caused by the disease. Ultimately, however, physical exercise or therapy lies at the heart of AS treatment.

Normally, a physician would prescribe medication to the AS patient before the patient undergoes physiotherapy or an exercise regimen. Once the inflammation and pain are brought down by the medication, the patient undergoes physiotherapy or performs physician-prescribed exercises designed to diminish pain and to maintain the mobility of the joints.

Physiotherapy is one of the most effective treatments of AS followed by swimming because it involves all muscles and joints in a low-impact, buoyant environment, as well as stretching, yoga, tai chi and Pilates. On the whole, moderate to high-impact exercises such as jogging are either not recommended or recommended with restrictions due to the jarring of affected vertebrae that can worsen pain and stiffness in some patients.

Aside from exercise, experts in AS generally believe that maintaining good posture can reduce the likelihood of a fused or curved spine that occurs in many people diagnosed with AS.

Generally, three major types of medication are used to treat AS: pain-relieving drugs;

DMARDs, to reduce the immune system response through immunosuppression; and TNFa blockers known as "biologics" also used as immunosuppressants.

Pain-relieving drugs come in two major classes: the anti-inflammatory drugs that include NSAIDs such as ibuprofen, phenylbutazone, indomethacin, naproxen and COX-2 inhibitors that reduce inflammation and pain, and opioid analgesics that have been proven effective in alleviating the type of chronic pain that AS patients generally have to endure.

The most promising AS treatment to date, however, are the TNFa blockers that have shown, in the majority of clinical cases, to slow the progress of AS, helping to reduce significantly pain and inflammation. However, aside from being very expensive, biologics seem to increase the risk of infections.

In severe cases, surgery can be an option in the form of joint replacements, especially of the hips and knees. Although considered highly risky, severe "flexion deformities", or downward curvature of the spine or neck can be corrected with surgery.

Schober's test, a way of diagnosing AS, assesses the amount of lumbar flexion. In this test a mark is made at the level of the posterior iliac spine on the vertebral column, approximately at the level of L5. The examiner then places one finger 5cm below this mark and another finger at about 10cm above this mark. The patient is then instructed to touch his toes. If the increase in distance between the two fingers on the patients spine is less than 5cm then this is indicative of a limitation of lumbar flexion. This test allows serial measurements for patients with progressive disease to be undertaken.

AS sebenarnya...

...bukan sekadar sakit biasa.



Pertama kali Ali mengalami sakit pinggang dan rasa kejang adalah ketika di berusia 20 tahun. Simptom-simptom ini jelas terasa pada waktu pagi dan mula hilang menjelang tengah hari. Dia tidak ingat sebarang tanda atau trauma yang memulakan kesakitan tersebut tetapi ketidakselesaan yang di alami itu tidak hilang sepenuhnya.

Walau pun Ali menceritakan tentang perkara ini kepada rakan-rakannya, mereka mengatakan mungkin ketidakselesaan itu adalah akibat latihan bola sepak.

Ali pergi berjumpa doktor dan diberikan ubat penahan sakit yang mengurangkan ketidakselesaan apabila dia mengambil ubat tersebut namun rasa sakit itu kembali semula apabila dia berhenti mengambil ubat penahan sakit.

Ada ketikanya rasa sakit itu semakin berkurangan tetapi ada kalanya sakitnya menjadi semakin teruk. Apabila usia Ali mencecah 30 tahun, belakangnya kejang sehingga sukar untuk Ali bergerak dengan betul. Dia telah kehilangan sejumlah julat pergerakan atau "range of motion"nya.

Mungkin Ali tidak mengetahuinya, tetapi pada masa yang sama, ramai lagi mereka yang terkenal seperti as Pope John Paul II, pemain golf Ian Woosnam dan ahli muzik Taiwan, Jay Chou, didiagnosis dengan penyakit Ankylosing Spondylitis, atau kependekannya, AS.

Juga dikenali sebagai penyakit "Bekhterev" atau penyakit "Marie-Strumpell", AS itu dinamakan daripada perkataan Greek "ankylos" atau "kejang" dan "spondylos" atau "vertebra", maka keupayaan Ali untuk bergerak terjejas akibat kekejangan vertebra tulang belakangnya secara perlahan-lahan.

AS adalah sejenis spondyloarthritis; keradangan arthritis yang kronik dan penyakit imuniti-auto yang sering menyerang sendi pada tulang belakang dan sacroiliac di pelvis. AS yang tidak dirawat akan menyebabkan vertebra tulang belakang melekat dan kaku, keadaan yang juga dikenali sebagai "bamboo spine".

Kesan-kesan ankylosing spondylitis

Penyakit ini ada beberapa peringkat dari keadaan yang tidak teruk hingga kepada lemah secara progresif. Kes-kes yang telah didiagnosis awal boleh dikawal dengan perubatan. Sesetengah pesakit berbolak balik antara tempoh keradangan kepada tempoh keredaan, manakala sesetengah daripada mereka pula tidak pernah mempunyai tempoh keredaan dan terus menderita kesakitan dengan keradangan yang kronik.

Kadang kala, AS mungkin tersilap diagnosis sebagai reumatisme biasa dan dalam jangka panjang, AS yang tidak dirawat mungkin mengakibatkan osteopenia atau osteoporosis yang menyebabkan keretakan mampat dan "bonggol" di belakang.

Tanda-tanda lazim AS apabila penyakit sudah mula teruk adalah pembentukan sindesmofit (sejenis ketumbuhan di tulang belakang) yang dapat dilihat melalui sinaran X dan ketumbuhan tulang yang tidak normal serupa seperti osteophytes (tulang lebih berbentuk bulat yang tumbuh di sekeliling sendi, di mana tubuh cuba mengimbangi kemerosotan tulang atau ligamen sedia ada akibat usia atau kecederaan) yang menjejaskan tulang belakang.

Selain daripada tulang belakang aksial dan sendi-sendi lain, organ yang sering terjejas akibat AS adalah jantung, paru-paru, mata, usus besar dan buah pinggang.

Komplikasi lain termasuklah regurgitasi aortik (pengaliran darah yang salah ke dalam ruang ventrikel jantung kerana aorta yang "kurang cekap") tendinitis Achilles, nodis AV tersekat (penyakit dalam sistem elektrik jantung yang boleh menyebabkan pening, pitam dan rasa berdebar) dan amiloidosis (pelbagai keadaan di mana protein amyloid disimpan secara tidak normal di dalam organ dan/atau tisu).

Tanda-tanda dan simptom

Berbeza daripada arthritis reumatoid yang menyerang lebih ramai wanita berbanding lelaki, terutamanya di kalangan wanita berusia 40-an ke atas, pesakit AS selalunya adalah lelaki muda dalam lingkungan umur 20 – 40 tahun. Bagi pesakit berumur 18 tahun, AS selalunya menyebabkan kesakitan dan bengkak di sendi-sendi anggota yang besar, terutamanya pada lutut. AS di kalangan kanak-kanak belum baligh boleh menyebabkan bengkak dan sakit pada buku lali dan kaki, dan boleh juga menyebabkan spur kalkaneum.

Simptom mula timbul dengan sakit kronik dan kekejangan di bahagian pinggang, dan selalunya merasa sakit pada sebelah punggung atau di bahagian belakang paha mulai dari sendi sakroiliac. Keadaan AS berbeza dari seorang kepada seorang lain dan simptomnya kadang-kala terjadi kepada kanak-kanak atau lelaki dewasa. Satu lagi simptom biasa adalah rasa lesu dan loya.

Rasa sakit akibat AS selalunya agak mambar dan tersebar dan bukannya setempat, selain menyerang pada waktu pagi dan malam dan mungkin berkurangan sedikit selepas mandi air suam atau senaman ringan. Sakit akan menjadi lebih teruk selepas berehat tetapi berkurangan selepas aktiviti fizikal.

Selepas beberapa bulan atau tahun, kekejangan dan rasa sakit boleh merebak ke tulang belakang sampai ke tengkuk dan sakit sehingga ke tulang rusuk, bahu, pinggul, paha dan sampai ke tumit.

Lebih ramai kaum lelaki yang mengalami AS berbanding wanita dengan nisbah anggaran 3:1. Penyakit ini juga lebih sakit di kalangan lelaki berbanding wanita yang mengalaminya. Hampir 40 peratus kes AS dikaitkan dengan radang mata - iridocyclitis dan uveitis - yang menyebabkan mata menjadi kemerahan, kesakitan pada mata, hilang penglihatan, benda terapung dalam mata dan fotofobia.

Dianggarkan 90 peratus pesakit AS mempunyai gen jenis HLA-B27. Dalam erti kata lain, terdapat perkaitan genetik yang kukuh, walaupun hanya lima peratus individu dengan gen jenis HLA_B27 yang mendapat penyakit ini.

Diagnosis

Tiada ujian terus yang boleh mendiagnosis AS. Alat diagnostik utama ialah pemeriksaan klinikal dan kajian X-Ray yang menunjukkan perubahan pada tulang belakang serta sakroilitis yang merupakan ciri-ciri AS. Walau bagaimanapun, X-Ray pula bukanlah alat diagnosis yang terbaik kerana ia hanya menunjukkan keadaan tulang belakang yang tidak normal yang telah mengalami AS antara lapan hingga 10 tahun.

Ini bermakna individu yang didiagnosis sebagai pesakit AS melalui X-Ray sebenarnya telah terlambat 10 tahun untuk menerima rawatan. Antara pilihan yang ada untuk mengesan lebih awal termasuklah tomografi dan pengimejan resonans magnetik, atau MRI, ke atas sendi sacroiliac, walaupun pengamal perubatan masih belum yakin dengan kebolehppercayaan ujian ini. Langkah klinikal, atau ujian perubatan, untuk AS adalah Ujian Schober's (lihat rencana sisip).

Pesakit AS yang mengalami fasa radang akut mungkin akan diuji konsentrasi darah bagi C-reactive protein (CRP) dan peningkatan dalam kadar sedimen erythrocyte (ESR), walaupun kadar CRP dan ESR bagi sesetengah pesakit AS tidak meningkat semasa fasa ini.

Pada tahun 2007, para penyelidik telah menemui dua gen, ARTS1 dan IL23R yang turut menjadi faktor penyumbang kepada AS. Bersama-sama dengan HLA-B27, dua gen ini terdapat dalam hampir 70 peratus daripada keseluruhan kejadian penyakit ini. Diagnosis AS yang lebih tepat boleh dibuat sekiranya ketiga-tiga gen ini dikesan.

Dua indeks turut diwujudkan iaitu Indeks Bath Ankylosing Spondylitis Disease Activity (BASDAI) dan Indeks Bath Ankylosing Spondylitis Functional Index (BASFI) - masing-masing untuk mengesan tahap keradangan yang disebabkan oleh AS dan untuk menilai secara tepat kerosakan fungsi pesakit disebabkan oleh penyakit serta pemulihannya selepas terapi.

Indeks BASDAI membantu diagnosis AS dengan mengesan faktor seperti tahap positif HLA-B27, sakit pinggul berterusan yang berhenti dengan senaman dan X-Ray atau MRI pada sendi sacroiliac. Indeks BASFI pula jarang digunakan sebagai alat diagnostik, tetapi sebagai cara untuk menilai kelemahan fungsi pesakit disebabkan oleh penyakit serta peningkatan kesihatan selepas terapi.

僵直性脊椎炎...

...不止是臀部疼痛那么简单

Rawatan

Walaupun tiada ubat yang diketahui untuk AS, terdapat pelbagai rawatan dan ubat untuk mengurangkan simptom dan sakit disebabkan oleh penyakit ini.

Walau bagaimanapun, latihan atau terapi fizikal merupakan asas kepada rawatan AS. Biasanya doktor akan menetapkan ubat untuk pesakit AS sebelum pesakit menjalani fisioterapi atau latihan senaman. Selepas radang dikurangkan melalui ubat, pesakit akan menjalani fisioterapi atau melakukan senaman yang diarahkan oleh doktor yang direka untuk mengurangkan sakit dan membolehkan sendi-sendi bergerak.

Fisioterapi merupakan rawatan paling berkesan untuk AS diikuti oleh berenang kerana aktiviti ini melibatkan semua otot dan sendi dalam persekitaran impak rendah dan terapung, selain daripada meregangkan badan, yoga, tai chi dan Pilates. Secara keseluruhannya, senaman impak sederhana dan tinggi seperti berjoging adalah tidak digalakkan atau digalakkan secara terhad disebabkan kesan yang ketara terhadap vertebra terlibat yang boleh menyebabkan rada sakit bertambah teruk dan ketegangan bagi sesetengah pesakit.

Selain daripada senaman, para pakar AS kebanyakannya mempercayai bahawa mengkekalkan postur yang baik boleh mengurangkan kemungkinan tulang belakang bercantum atau membengkok yang banyak berlaku di kalangan mereka yang didiagnosis dengan penyakit AS.

Secara amnya, terdapat tiga jenis ubat utama yang digunakan untuk merawat AS; ubat penahan sakit; DMARDs, untuk mengurangkan respons sistem imun melalui sekatan imun; dan pengadang TNF α yang dikenali sebagai "biologics" turut digunakan sebagai penyekat imun.

Ubat penahan sakit tergolong dalam dua kelas utama: ubat anti radang termasuk NSAIDs seperti ibuprofen, phenylbutazone, indomethacin, naproxen dan perencat COX-2 yang mengurangkan radang dan sakit, dan juga analgesik opioid yang terlah terbukti berkesan dalam mengurangkan sakit kronik yang biasa dialami oleh pesakit AS.

Rawatan AS yang paling berkesan sehingga kini ialah penghalang TNF α yang telah menunjukkan, dalam kebanyakan kes-kes klinikal, pengurangan yang ketara bagi radang dan kesakitan. Namun, selain daripada harganya yang mahal, biologic nampaknya boleh meningkatkan risiko jangkitan.

Dalam kes-kes yang teruk, pembedahan turut menjadi pilihan dalam bentuk penggantian sendi, terutamanya di bahagian pinggul dan lutut. Walapun pembedahan ini dianggap berisiko, kecacatan "flexion" yang teruk, atau tulang belakang arau tengkuk membengkok ke bawah

Ujian Schober's, adalah satu ujian untuk mendiagnosis AS, menilai jumlah fleksi lumbar. Dalam ujian ini, satu tanda dibuat pada paras posterior iliac spine pada lajur vertebra, anggaran pada paras L5. Pemeriksa kemudiannya meletakkan satu jari 5cm di bawah tanda ini dan satu jari lagi anggaran 10cm di atas tanda ini. Pesakit kemudiannya diarahkan untuk menyentuh jari kaki mereka. Jika terdapat peningkatan jarak antara kedua-dua jari pada tulang belakang pesakit kurang daripada 5cm, ini menunjukkan lumbar flexion yang terhad. Ujian ini membolehkan pengukuran bersiri ke atas pesakit diambil bagi penyakit yang progresif.

20岁那年, 阿里的下背部开始出现疼痛和僵硬的情形。这些症状在晨间最为明显, 然后在上午中旬就会消失。他也想不到到底是什么时候扭了腰或撞到了背部以致会背痛, 而这些痛就老是缠着他, 不会完全好起来。虽然阿里曾经向朋友们提起自己的不适, 但是他们都一致认为那是他踢足球时扭伤所致。

为此, 阿里去看了医生, 领了些止痛药来吃。吃了止痛药, 阿里的背痛也舒缓下来, 如果不吃药他的背又会再痛。

阿里的背痛时好时坏, 情况有时大体上好一些, 但有时却又比较严重。当他步入30岁那年, 他的背已经有点僵硬, 以致背部活动有所限制。以医疗专业的术语来说, 他背部的“活动幅度”已经缩减了不少。

这时候的阿里其实已经患上了僵直性脊椎炎, 而跟他并排患者榜上的还有不少名人, 其中有教宗保禄二世、高尔夫球星伍思南, 以及台湾音乐人周杰伦。

僵直性脊椎炎英文为Ankylosing Spondylitis, 它原自希腊文的“ankylos”和“spondylos”, 前者意思是僵直, 后者则为脊椎。所以, 阿里动作受限是因为他的脊椎骨已经逐渐僵直。另外, 此病也称为“别赫捷列夫氏病”或“玛丽斯屯贝尔病”。

僵直性脊椎炎是脊椎关节炎的一种, 属慢性、炎性关节炎以及自身免疫疾病, 主要累及脊椎骨关节以及骨盆的骶髂关节。如果不治疗, 僵直性关节炎会导致脊椎骨互相融合, 结果脊柱会完全僵直, 这种情况也称为“竹节状脊椎”。

僵直性脊椎炎对身体的影响

患这个疾病的人, 有者病情轻微, 有者则越来越严重。能够在疾病早期就被确诊者, 一般都可以透过药物将病情控制下来。患者中有的人时而发炎情况活跃, 时而处于缓解期。然而, 有一些患者则从来不曾有缓解期, 他们经常处于慢性发炎中, 而且会痛。

僵直性脊椎炎有时会被误诊为普通风湿痛, 如果经历长时间没有接受治疗, 患者结果会得骨质疏松症, 并引发压缩性骨折, 变成驼背。X光片上显而易见的骨赘(从脊柱赘生出来的骨), 以及令脊柱感觉不适的异常骨质增生(人体为了抵偿因为年老或受伤造成的骨骼及韧带退化, 会在关节周围长出小小圆形骨块), 是显示僵直性脊椎炎已经在渐进发展的典型迹象。

除了轴向脊柱及其他相关的关节外, 最常受僵直性脊椎炎累及的器官是心、肺、眼、结肠和肾。其他并发症有主动脉瓣关闭不全(动脉瓣功能不全以致血液误流入左心室腔)、跟腱炎、房室结传导阻滞(一种心电图系统疾病, 会造成头昏、昏厥和心悸)以及淀粉样变性(器官或组织内有淀粉样蛋白异常沉积的各种状况)。

迹象和征兆

僵直性脊椎炎的患者群以年轻男性居多, 典型的男性患者年龄介于20至40岁之间, 这正和多数在女性——尤其是年龄40多岁或以上——身上出现的类风湿性关节炎相反。年龄18岁或以下的僵直性脊椎炎患者, 常见症状是手脚的大关节会痛和发肿, 尤其是膝关节。未进入青春期的儿童患者则多数会有脚踝和足部发肿及疼痛的现象, 同时脚跟骨也可能会长骨刺。

最先出现的症状是下背部慢性疼痛及僵硬, 而且还会一边臀部痛或沿着骶髂关节而下的大腿后边疼痛。僵直性脊椎炎的成因每个人不同而且差异甚大, 症状有时也会在儿童及年纪较大的男性身上出现。另一个常见症状是全身性疲累和恶心想吐。

僵直性脊椎炎引起的疼痛并非局部痛, 而是钝重且扩散式的。晨间和夜里的疼痛最厉害, 洗个热澡或做点轻柔运动可以减轻不适。疼痛会在休息不动的时候显得严重, 只要活动一下身体就能舒缓下来。僵硬和疼痛的情形, 会随着岁月的增长而沿着脊柱往上蔓延到颈部, 以致肋骨、肩胛骨、髋部、大腿甚至脚跟都会有触痛感。

男性比较容易患上此病, 跟女性相比, 其几率约为三对一。另外, 男性患者的疼痛程度往往比女性严重。大约百分之四十的僵直性脊椎炎病例会伴有眼睛发炎的情形——虹膜炎和葡萄膜炎, 导致红眼、眼痛、视力模糊、飞蚊症及畏光症。

大约百分之九十的僵直性脊椎炎患者属HLA-B27基因型。换句话说, 情况显示这种疾病跟基因遗传有密切关系。不过, 只有百分之五的HLA-B27基因型人士会得这个病。

疾病的诊断

僵直性脊椎炎并不能以单一检验做直接诊断。主要的诊断途径是临床检查, 以及通过X光片观察脊柱是否有变化以及有没有骶髂关节炎这个特有症状。然而, X光片并不是最理想的诊断工具, 因为通常它所显示出有异样的脊椎骨, 都已经受僵直性脊椎炎累及了8至10年之久了。

这即是说, 通过X光片诊断出患上僵直性脊椎炎者, 其实已经延医多时, 可能早在十年前就已经患上。为骶髂关节做断层扫描和磁共振成像(MRI)是能够早点发现此病症的两个办法, 不过这两者的可靠程度还是没有完全被关注医疗科技效果的人士们接受。另一方面, 临床上用来检验僵直性脊椎炎的一个方法是舒博氏的检测法(请参考侧栏)。

僵直性脊椎炎急性发炎的患者, 医生会要他在急性发炎的时候检验血液里的C反应蛋白浓度以及检查血沉率是否增加。然而, 有些患者这时候的C反应蛋白及血沉率都没有增加的迹象。

研究人员们在2007年发现有两种基因——ARTS1及IL23R——也会引起僵直性脊椎炎。在所有这个疾病病例中, 有百分之七十的个案是由此两种基因加上HLA-B27所造成。因此, 如果发现此三类基因都存在的话, 那么诊断就更加准确了。

You just might think that the constant and chronic pain in the joints that arthritis causes would preclude too much movement, especially the sort known as "exercise", from your life, but experts say otherwise. On the contrary, exercise -- especially that designed by a physiotherapist in consultation with your physician -- might just be the best treatment you could receive.

As such, physiotherapy plays a pivotal role in the management of arthritis; it can be an arthritis patient's key to independence through improved mobility, strength and flexibility. What's more, along with prescribed medication, it could well prove to be one of the most effective natural painkillers ever for a person dealing with arthritis.

What does a physiotherapist do?

The physiotherapist – as an important member of your arthritis management team – is trained to understand and the physical aspects of the human body, with detailed understanding of the body and movement.

He or she would typically assist people with limited mobility ranging from injury to arthritis or any other condition that results in the loss of mobility by providing advice, guided exercises and referral to other services.

Most importantly, in consultation with your physician, your physiotherapist will be able to devise a simple exercise programme that you can practice on your own at home to build your strength, improve your range of motion and flexibility as well as to help with pain management.

All this, of course, works in concert to help make the arthritis patient more independent. Additionally, a physiotherapist might also assess you for equipment such as splints (to protect joints), crutches, walking frames and wheelchairs.

What can I expect of my first appointment with a physiotherapist?

The physiotherapist will first assess you by examining your posture, muscles and the way you walk. She will also ask you many questions about the activities



Helping Hands

Physiotherapy can help tremendously in the management of arthritis

that cause you pain before designing a personalized treatment plan that may include exercise, posture, hydrotherapy, massage, pain-relief techniques or even the use of TENS (transcutaneous electrical nerve stimulation) machines.

Improved Mobility

The exercise programme your physiotherapist designs specifically for your needs will likely be one that strikes a balance between rest and exercise with particular attention to joint pressure and protection to maintain its function.

These controlled movements will help lessen pain and stiffness while improving the strength of the muscles and ligaments that, in turn, will help stabilize the joints. This is essential in all aspects of pre and post-joint surgery self-care.

Manual therapy, involving mobilization and manipulation techniques, is another approach to arthritis management that a physiotherapist might take. In doing so, she will apply passive movements to a joint or soft tissue in a specific manner to help restore full movement to a joint that hurts and consequently has its full range of motion restricted.

This form of physiotherapy has become more popular with the increase in understanding of the structure and movement of the spine and peripheral joints. As such, manual therapy is often useful in the chronic form of arthritis and is often successful when other methods such as heat and exercise have given little or no relief.

Hydrotherapy, or pool therapy is very useful in exercising arthritic joints using the buoyancy of water to assist or resist movement. It also is effective in improving muscle strength and general fitness.

Physiotherapy and Pain-relief

Thermal or heat treatments produce heat within your body tissues. The application can be directed towards superficial or deeper parts of the body. The most common types of treatment used are infra-red radiation (heat lamps), wax baths and hot packs for superficial treatments, and microwave and shortwave diathermy for deep heating treatment.

Electrical treatments, also known as electrotherapy, are treatments that produce electrical stimulation of your body tissues. They may be extremely useful in the treatment of both acute and chronic arthritis where pain, swelling and muscle are present.

Other physical treatments include ultrasonic sound waves, ice therapy and traction.

Where can you find a physiotherapist in Malaysia?

Your doctor should be able to refer one to you. Alternatively, the AFM will be more than happy to assist you.

康复的推手

采用物理治疗管理关节炎，可见显著效果

你可能会认为关节炎带来的持续关节痛与慢性关节痛会妨碍生活中不少活动，尤其是“做运动”这一回事；其实，专家们的看法刚好相反。运动，特别是物理治疗师咨询过你的主治医生后才专门为你设计的运动，很可能就是医疗你的关节炎的最佳治疗方案。

因此，物理治疗在管理关节炎方面确是有着举足轻重的作用；物理治疗帮助患者改善活动能力、增强肌肉力量和灵活性，是能够使患者恢复自理能力的途径。此外，与处方药互相搭配之下，物理治疗甚至还会是关节炎患者的最佳天然镇痛剂呢！

物理治疗师做些什么？

物理治疗师，身为关节炎管理团队中的要员之一，乃经过训练的专业医疗人员，对人体物理构造、人体及它的动作方面都了如指掌。

她或他的职责是专门为因受伤、关节炎或其他原因以致行动不便者提供专业指导、设计适当的运动以及指引患者寻求其他医疗服务。

最重要的是，物理治疗师在咨询过你的主治医师之后，会根据你的情况专门设计出一套简单且适合你在家中自行锻炼的运动。这些运动能帮助你增进力量、改善关节活动幅度以及提高灵活度，也可以有效管理疼痛。所有这些的最终作用，就是要协助关节炎患者能够生活自理，行动不需靠别人帮忙。

除此之外，物理治疗师也会按照你的关节炎情况进行评估，看看你是否需要辅助用具例如副木（或称夹板，作用为保护关节）、拐杖、助行架和轮椅。

第一次约见会面，物理治疗师会对我做些什么？

物理治疗师首先会检查你的身体姿势、肌肉以及你走路的样子，以便进行评估。他也会问许多问题，看看是哪些动作会引起你的疼痛，然后才为你专门设计一套治疗方案，可能会列入方案内的项目包括有运动、姿势调整、水疗、按摩、镇痛技巧，或甚至使用透皮肤电子神经刺激机来进行治疗。

改善行动能力

物理治疗师专门针对你的需要而设计的运动方案，通常会要求你做到劳逸平衡这一点，即说运动和休息要均衡。运动进行期间还特别注重关节压力及关节保护，目的是要保持该关节的功能。这一

些有所限制的动作能够减少疼痛及僵硬，同时亦增强肌肉和韧带的力量。有了强壮的肌肉和韧带，关节自然就会平稳。这一点在关节手术前后的自行照护方面都很重要。

物理治疗师在管理关节炎方面会采用的另一个对策是推拿法，这包括使用各种手操技巧，帮助关节活动，也整顿关节。当治疗师做推拿时，关节或软组织在他的使力下进行被动式的活动，其作用是要帮助因为疼痛以致活动幅度受限的某个关节恢复正常活动功能。

随着对脊椎关节和周边关节的架构和动作方面的知识日渐提高，这种形式的物理治疗法已日趋盛行。推拿法在治疗慢性关节炎方面很见效，尤其是当其他种类的疗法如热疗和运动锻炼都无法达到预期效果时。

水疗法或称泳池疗法，乃采用水浮力来辅助或抗拒关节动作，是让发炎的关节做运动的有效方法。它在增强肌肉力量和促进人体健康方面也很有效。

物理治疗及疼痛的舒缓

热疗法的作用是要在人体组织之内产生热度。热疗时，热度可以在人体表面或深入人体内部发挥作用。常见的热疗法是供表面治疗用的红外线辐射（热灯）、蜡澡与热敷片，以及做深度热疗时采用的微波及短波电疗。

电气治疗，也称为电疗，是向人体组织进行电气刺激。这类疗法在治疗急性与慢性关节炎引起的肌肉疼痛和肿胀方面极为见效。

其他物理治疗方法包括超声波疗法、冰疗法及牵扯疗法。

国内什么地方有物理治疗师？

你的主治医师应该能够为你介绍适当的人选。你亦可以联络大马关节炎基金会，我们随时乐意效劳。

专家设计了两项指数——巴斯僵直性脊椎炎疾病活动指数（BASDAI）以及巴斯僵直性脊椎炎功能指数（BASFI），前者用来侦察此病引起的发炎程度，后者则可准确评估患者在功能上的受损程度以及治疗后功能改善程度。

巴斯僵直性脊椎炎疾病活动指数可用来检测重要因素如HLA-B27阳性、运动后可消退的持续性臀部疼痛，以及骶髂关节的X光片或磁共振成像。巴斯僵直性脊椎炎功能指数则不是作诊察用途，而是用来评估患者功能受损程度以及治疗后功能改善程度。

治疗方法

虽然目前尚没有完全根治僵直性脊椎炎的方法，但是却有着多样可以减少此病症的症状及疼痛的疗法和药物。然而，最终的治疗重心还是靠体育锻炼或体育疗法。

医生通常会在患者开始做物理治疗或运动锻炼之前，让患者服用一些处方药物。发炎受到药物抑制之后，患者就可以开始物理治疗或者做一些医生指定的、用来消除疼痛并维持关节灵活的专门运动或体操。

物理治疗是医疗僵直性脊椎炎最有效的方法之一，其次是游泳，因为游泳牵动全身肌肉和关节，也不会激烈，并且是在悬浮的环境里进行。此外，伸展体操、瑜伽、太极和彼拉提斯（Pilates）也可帮助改善病情。总的来说，都不建议做中度至强度激烈的运动，例如慢跑。即使可以做也要有所限制，以防有些患者受累的脊椎骨会因为不和谐动作而变得更痛、更僵硬。

僵直性脊椎炎方面的专家们普遍上都相信，除了运动，维持良好姿势可以减少发生脊椎融合或弯曲的情形。以上两者很常发生在许多确诊患有僵直性脊椎炎的人身上。

一般而言，用来治疗此病症的药物有三类，它们是镇痛药、缓解病程抗风湿药物、肿瘤坏死因子阻断剂。缓解病程抗风湿药物通过对免疫力的压制而减低免疫反应，肿瘤坏死因子阻断剂属生物制剂，其作用也是抑制免疫力。

镇痛药有两大类：消炎类者包括非类固醇消炎药，例如可以消炎止痛的ibuprofen、phenylbutazone、indomethacin、naproxen、COX-2 抑制剂，以及阿/鸦片类镇痛药，后者屡经证实能够有效减轻此病患者通常会经历的慢性疼痛。

目前效果最好的治疗方法是肿瘤坏死因子阻断剂疗法，它在大部分临床个案中都显示能够延缓僵直性脊椎炎的病程，明显减少了疼痛和发炎。然而，生物制剂不但昂贵，它似乎提高感染的风险。

至于严重的病例，患者可选择外科手术治疗，进行关节置换，尤其是髌及膝盖关节。另外，严重的“屈曲畸形”或者脊椎或颈项向下弯曲，都可以用手术矫正，唯此举被认为风险极高。

舒博氏的检测法是诊察僵直性脊椎炎的一个途径，此检测评估屈曲椎骨的数目。做这个检测时，先在脊柱的后棘上，约于第五腰椎骨的水平处，做一个记号。检测人员把一根手指按在此记号下方五公分处，另一根手指则按在记号上方十公分处，接着就请患者伸手触摸自己的脚趾头。当患者这么做时，如果检测人员两根手指之间的距离增加不到五公分的话，这就显示活动幅度已经因为腰椎骨屈曲而有所限制。对于那些病情持续发展的患者而言，医疗人员在医疗过程中，可以用这个检测法来做连串性的测量记录。



Tangan yang Membantu

Fisioterapi boleh membantu dalam pengurusan artritis

Anda pasti menyangka bahawa kesakitan kronik dan berterusan pada sendi akibat artritis akan menghalang pergerakan, terutamanya pergerakan "senaman" tetapi menurut pakar, perkara sebaliknya berlaku. Sebenarnya, senaman – terutamanya yang direka khusus oleh ahli fisioterapi dengan rundingan bersama doktor anda – mungkin akan menjadi rawatan terbaik untuk anda.

Ahli fisioterapi memainkan peranan penting dalam pengurusan artritis. Ini mungkin merupakan kunci kebebasan pergerakan untuk pesakit artritis melalui peningkatan tahap pergerakan, kekuatan dan kelenturan. Tambahan pula, dengan ubat yang disyorkan oleh doktor, senaman boleh menjadi penahan sakit semula jadi paling berkesan bagi mereka yang menghadapi artritis.

Apa yang ahli fisioterapi lakukan?

Ahli fisioterapi adalah ahli penting dalam pasukan pengurusan artritis anda. Mereka dilatih untuk memahami aspek-aspek fizikal badan manusia dengan pengetahuan mendalam mengenai tubuh badan dan pergerakannya.

Biasanya ahli fisioterapi membantu mereka yang mempunyai pergerakan yang terhad akibat artritis atau sebarang kecederaan atau keadaan lain yang mengakibatkan kehilangan keupayaan untuk bergerak dengan memberikan nasihat, panduan senaman dan rujukan kepada perkhidmatan lain.

Yang penting sekali, melalui perundingan bersama doktor anda, ahli fisioterapi boleh merangka program senaman mudah yang boleh anda lakukan sendiri di rumah untuk membina kekuatan, menambah ruang pergerakan dan kelenturan serta membantu menguruskan kesakitan.

Kesemua ini adalah untuk membantu pesakit artritis menjadi lebih berkemampuan.

Selain itu, ahli fisioterapi juga mungkin akan menilai keadaan anda bagi memastikan sama ada anda perlu menggunakan peralatan seperti splin (untuk melindungi sendi), tongkat ketiak, walking frames dan kerusi roda.

Apakah yang boleh saya harapkan daripada temu janji pertama dengan ahli fisioterapi?

Mula-mula ahli fisioterapi akan menilai anda dengan memeriksa postur, otot dan cara anda berjalan. Mereka juga akan bertanya banyak soalan tentang aktiviti-aktiviti yang boleh menyebabkan rasa sakit sebelum mereka merangka rawatan khusus yang mungkin merangkumi senaman, postur, terapi hidro, urut, teknik melegakan kesakitan atau mungkin juga menggunakan mesin TENS (transcutaneous electrical nerve stimulation).

Pergerakan yang baik

Program senaman yang direka oleh ahli fisioterapi khusus untuk keperluan anda adalah yang mengimbangi antara rehat dan senaman dengan tumpuan pada tekanan di sendi dan perlindungan untuk mengekalkan fungsinya.

Pergerakan terkawal ini akan membantu mengurangkan kesakitan dan kekejangan di samping menambah kekuatan otot dan ligamen yang akhirnya akan membantu menstabilkan sendi. Ini adalah penting dalam semua aspek penjagaan sendiri sebelum dan selepas pembedahan sendi.

Terapi manual yang melibatkan teknik pergerakan dan manipulasi merupakan satu lagi kaedah lain dalam pengurusan artritis yang mungkin dilakukan oleh ahli fisioterapi. Dengan teknik ini, mereka akan melakukan pergerakan pasif kepada sendi atau tisu lembut dengan cara khusus untuk mengembalikan pergerakan sepenuhnya kepada sendi yang sakit yang mempunyai tahap pergerakan yang terhad.

Fisioterapi kini semakin popular dengan meningkatnya pemahaman mengenai struktur dan pergerakan tulang belakang serta sendi perifer. Maka, terapi manual sering digunakan bagi artritis kronik dan selalunya berkesan apabila kaedah-kaedah lain seperti haba dan senaman tidak menawarkan sebarang kelegaan.

Terapi hidro atau terapi kolam sangat berguna untuk melatih sendi yang terjejas akibat artritis dengan menggunakan keupayaan mengapung untuk membantu atau menghalang pergerakan. Ia juga berkesan untuk menambah kekuatan otot dan meningkatkan kecergasan.

Fisioterapi dan melegakan kesakitan

Rawatan termal atau haba menghasilkan haba dalam tisu badan. Cara ini boleh dirawat secara langsung pada bahagian luaran atau dalam badan. Jenis rawatan paling biasa digunakan adalah pancaran infra merah (lampu panas), mandian lilin dan pek panas untuk rawatan luaran, dan gelombang mikro serta diatermi gelombang pendek bagi rawatan dalaman.

Rawatan elektrik, juga dikenali sebagai elektroterapi, adalah rawatan yang mengeluarkan simulasi elektrik tisu badan. Cara ini mungkin sangat berguna dalam rawatan artritis akut dan kronik, di mana wujudnya rasa sakit dan otot membengkak.

Rawatan fizikal yang lain termasuklah gelombang bunyi ultrasonik, terapi ais dan traksi.

Di manakah anda boleh mendapatkan khidmat ahli fisioterapi di Malaysia?

Doktor anda boleh mengesyorkannya kepada anda. AFM juga bersedia untuk membantu anda.



Joint pain hampering your movement?

FLEXICARE Glucosamine effectively relieves the pain

Living with osteoarthritis can be a painful experience. Even simple activities like climbing a flight of stairs become frustratingly difficult. FLEXICARE Glucosamine contains Glucosamine, which helps rebuild cartilage, relieve joint pain and alleviate the effects of osteoarthritis. Ask for FLEXICARE Glucosamine today. Life is great with pain out of the way!

Freedom To Lead The Life You Want

Ask your healthcare professional about **SEVEN SEAS® FLEXICARE** Glucosamine 500mg today



KKLUU 07152009AB

Available at all leading pharmacies and Chinese medical halls. Merck Sdn Bhd 178145-V Consumer Hotline: 03-7494 3514

Calendar of Events

- 1 Hari Keluarga JIA 2011 - on 09 April
at Kolam Air Panas, Sungai Klah, Sungkai
- 2 Public Forum / AFM AGM - 14 May
at Empire Hotel Subang, Empire
Subang, Subang Jaya.
- 3 AFM - Kordel Walkathon - 12 June
at Padang Merbok, Kuala Lumpur
- 4 National Rheumatoid Arthritis Day - 10 July,
trip to Melaka
- 5 Public Forum - on 16 October
at Columbia Asia Hospital



**Kordel's
Charity Walk 2011**



Kalendar Acara

- 1 Hari Keluarga JIA 2011 - pada 09 April
di Kolam Air Panas, Sungai Klah, Sungkai
- 2 Forum Awam / AFM AGM - 14 Mei
di Empire Hotel Subang, Empire Subang,
Subang Jaya
- 3 AFM - Kordel Walkathon - 12 Jun
di Padang Merbok, Kuala Lumpur
- 4 Hari Rheumatoid Arthritis Kebangsaan - 10
Julai, lawatan ke Melaka
- 5 Forum Awam - pada 16 Oktober
di Columbia Asia Hospital



**Kordel's
Charity Walk 2011**



活动看板

- 1 儿童俱乐部2011年度家庭日：4月9日，
地点为Kolam Air Panas, Sungai Klah, Sungkai
- 2 公众讲座/大马关节炎基金会年度会
员大会：5月14日，地点为 Empire
Hotel Subang, Empire Subang,
Subang Jaya
- 3 AFM - Kordel 义善行：6月12日
- 4 全国类风湿性关节炎日：7月10日，
假马六甲举行
- 5 公众讲座：10月16日，
地点为 Columbia Asia 医院



**Kordel's
Charity Walk 2011**



Experience the Speed & Power of Biologic Treatment

that has been used to treat more than
one million people worldwide across all uses.

- Rheumatoid arthritis
- Ankylosing spondylitis
- Psoriatic arthritis
- Plaque psoriasis
- Crohn's disease in adults
- Pediatric Crohn's disease
- Ulcerative Colitis



Panadol EXTEND

For Muscle & Joint Pain

Because pain should not get in the way of life...



- Sustained release formula containing 665 mg of paracetamol per caplet that provides up to 8 hours pain relief with a single dose

... Provides Immediate Release for Pain Relief

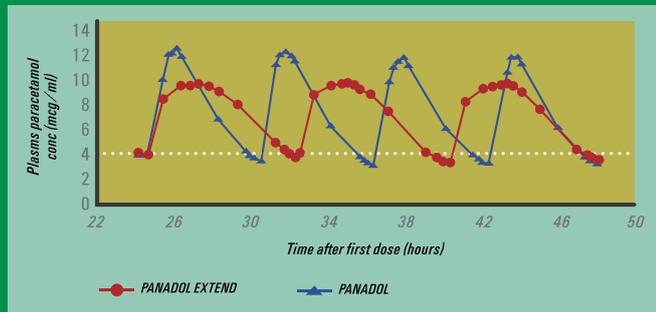


First layer dissolves immediately to provide instant relief
(31% of total dose)

... Long-lasting Effectiveness



Sustained release formulation - provides relief for up to 8 hours
(remaining 69% of total dose)



- Recommended as the first-line analgesic in the treatment of osteoarthritis^{1,2,3}
- Can be taken on an empty stomach and is non-drowsy⁴
- Efficacy is comparable to Cox-2⁵
- Suitable for patients with asthma, gastrointestinal, heart and kidney problems^{6,7,8,9}



For fast and long lasting relief of muscle and joint pains⁴

References 1. Jordan, K.M., Arden, N.K., Doherty, M., et al, EULAR recommendations 2003. An Evidence based approach to the management of Osteoarthritis: Report of a task force of the Standing Committee for International Clinical Studies Including Therapeutic Trials (ESCSIT). Ann Rheum Dis 2000; 59: 936-944. 2. Clinical Practice Guidelines on the Management of osteoarthritis 2002. Ministry of Health Malaysia, Malaysia Society of Rheumatology and Academy of Medicine of Malaysia. 3. Altman RD, Hochberg MC, Roland WM, Schnitzer TJ. Recommendations for the medical management of osteoarthritis of the hip and knee. Arthritis Rheum 2000; 43:1905-1915. 4. GSK data on file: Panadol Extend Monograph. 5. M. Yelland, Single patient trials comparing NSAIDs with paracetamol for osteoarthritis and chronic pain. Discipline of General Practice, The University of Queensland. 6. Singh G. Gastrointestinal Complications of Prescription and Over-the-Counter Nonsteroidal Anti-inflammatory Drugs: A View from ARAAMS Database. American Journal of Therapeutics 2000; 7:55-61. 7. Whelton A., Randal and Related Cardiovascular Effects of Conventional and COX-2 Specific NSAIDs Analgesics. American Journal of Therapeutics 2000; 7:63-74. 8. Jenkins C. Recommending Analgesics for People with Asthma. American Journal of Therapeutics 2000; 7:55-61. 9. Henrich W.L., et al. National Kidney Foundation Position Paper: Analgesics and the Kidney: Summary and Recommendations to the Scientific Advisory Board of the National Kidney Foundation from an AD Hoc Committee of the National Kidney Foundation. American Journal of Kidney Diseases 1996; 27:162-165.

FOR MEDICAL AND HEALTHCARE PROFESSIONALS ONLY

For further product information, please contact: GlaxoSmithKline Consumer Healthcare Sdn Bhd (3467-X), Lot 89, Jalan Enggang, Ampang/Ulu Kelang, 54200 Selangor, Malaysia.
For orders, please contact Zue Lig Pharma Sdn Bhd: 1-800-88-3711 (Toll Free) GSK Toll Free No.: 1-800-88-3225
Panadol Extend contains paracetamol. Panadol and Panadol Extend are Registered Trade Marks of the GlaxoSmithKline group of companies. © 2008 GlaxoSmithKline - All Rights Reserved

