

Joint Efforts

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

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Here's the chance to take care of your joints and support a good cause. Between May and July, Kordel's will donate RM 1 from every purchase from its Joint Care range to AFM's Arthritis Fund. Don't forget the Charity Walk on Sunday, June 10th at Padang Merbok KL. Mark your calendars and join us for a day of fun, all for a good cause.

AFM CELEBRATES

National RA Day in Ipoh, on July 14-15.
Please call AFM Secretariat for details.

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APR, 2012

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Editorial

Taking medication on a long term basis is one of the many things arthritis patients have to get used to once they begin treatment of the disease.

Many patients tell of being overwhelmed at the point of diagnosis, dealing with the daily realities of the disease, the changes to their bodies and the accompanying discomfort and pain, not many are able to understand at the outset the long term impact the disease will have on their lives.

The good news for many arthritis patients is that today, there are more, and increasingly better drugs to deal with the many symptoms for this multi-faceted chronic disease. The availability of information via the internet brings together patients to share experiences, opinions and to gain encouragement and moral support.

That said, it is essentially the patient who has to decide how to approach

the matter of medication. Doctors can strategise treatment regimes and prescribe accordingly, but a patient who is unwilling and uncommitted to the process might be lax in complying with the medication's required dosage, and frequency, and as such, affect the effectiveness of any medication regime.

For young patients, and physically dependent patients, there will be the added complication of caregivers, who will be required to be equally invested in the treatment methods and subsequent medication regime that a patient undergoes.

Observations and adjustments to treatments can only be done if patients, and caregivers, are able to give valuable feedback, responses and informed opinions on the effects of respective treatment options. In the information age, the patient needs to take responsibility and ownership of the situation, in order to gain maximum

returns from their interaction with their doctors.

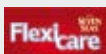
Coupled with this of course is the cost consideration, there are very real economic constraints when it comes to using cutting-edge drugs, the full effects of which still remain to be discovered. But it's an exciting and hopeful time to be a patient, and with this in mind, this issue of Joint Efforts has chosen to focus on giving information on the various types of treatment options available for arthritis patients, and what they can learn to help themselves in seeking the best solution to managing the disease in the best way possible.

We hope it will be a fruitful and informative read.

Sincerely,

Diana Abdullah
EDITOR

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PRESIDENTIAL NOTES

‘What is the cause of arthritis?’ – a very common question asked of me, and one to which I invariably answer – ‘It depends on what type of arthritis you mean’. The most common form of arthritis, that which is ingrained in our minds – the image of an elderly person using a stick to walk, hobbling in discomfort – would be Osteoarthritis. This is the commonest form of arthritis and, it seems, the only one that people associate with.

In reality, there are at least one hundred different kinds of arthritis, each often with different causes. These range from degenerative, autoimmune, metabolic, infective, trauma, genetic – the list goes on and on, and commonly, any given kind of arthritis may have several contributory causes.

It is important to find out the kind of arthritis you have as the type of treatment that is appropriate depends on it.

In the process of evaluating a person with arthritis, finding out what kind they have is foremost on a doctor’s mind. In particular, whether the kind of arthritis that patient has carries with it a risk of rapid bone and joint damage. In these cases it is then important to start definitive treatment early. Given the

nature of arthritis, treatment is usually for a prolonged period, in some cases, for an indefinite time.

Effective treatment of chronic diseases such as arthritis, not to mention diabetes, heart disease and high blood pressure depends heavily on patient compliance as well as choice of treatment. There are many factors, both internal and external, that influence compliance. Both patients and physicians would do well to understand these factors so that we can improve the care of chronic disease and ultimately, make a difference to the outcome of these diseases.

The AFM remains committed in its efforts to inform the public about all aspects of arthritis. I hope you find this issue of Joint Efforts informative.

Dr Amir Azlan Zain
PRESIDENT
AFM

NOTA PERDANA

“Apakah yang menyebabkan artritis?” – Saya sering ditanya soalan ini, dan dalam menjawabnya, saya pula akan menjawab, “ianya bergantung kepada artritis yang mana yang dimaksudkan.”

Artritis yang paling sentiasa dibayangkan ramai – yang menggambarkan seorang wanita berusia menggunakan tongkat untuk berjalan dengan perlahan – adalah Osteoartritis. Penyakit ini adalah artritis yang paling sering ditemui, dan nampaknya, yang paling senang diingati orang ramai.

Tetapi sebenarnya, ada sekurang-kurangnya seratus jenis artritis, setiap satunya mempunyai punca sebab yang berlainan. Di antaranya, degeneratif, autoimun, metabolic, infektif, trauma, genetik – senarai ini memang panjang, dan sebenarnya, setiap artritis itu sememangnya akan mempunyai lebih daripada satu punca atau sebab, yang kesemuanya menyumbang terhadap terjadinya penyakit tersebut.

Ia sangat mustahak untuk mendapat tahu jenis artritis yang seseorang itu mengidapi, kerana pembedaan yang sesuai memerlukan diagnosis yang betul.

Ketika seorang doktor dalam proses memeriksa seseorang pesakit artritis, doktor pakar memang sentiasa memikirkan cara jalan untuk mengetahui jenis artritis yang dihidapi pesakit tersebut. Terutamanya, adakah artritis yang dihidapi itu membawa risiko penjejakan tulan dan otot yang ketara. Dalam kes yang sebegini, ia adalah sangat mustahak untuk memulakan pembedaan pada takat awal penyakit itu. Dan dengan penyakit artritis, sememangnya pembedaan tersebut adalah untuk jangka masa yang agak panjang, dengan kemungkinan untuk selama-lamanya.

Pembedaan efektif penyakit artritis, mahupun kencing manis, penyakit jantung ataupun darah tinggi, kesemuanya bergantung kepada kemahuan pesakit untuk menurut arahan dan juga jenis pembedaan yang dipilih.

Ada banyak faktor, dalaman dan juga dari luar, yang akan menyebabkan seseorang pesakit itu menurut arahan, ataupun tidak. Doktor, dan juga si pesakit seharusnya faham akan faktor-faktor ini, supaya keduanya boleh meningkatkan lagi kadar pembedaan penyakit tersebut sehingga ia membawa matlamat positif ke atas penyakit tersebut.

Pihak AFM terus komited dalam usahanya untuk menyampaikan maklumat mengenai kesemua aspek penyakit artritis kepada orang ramai. Saya berharap yang kamu akan mendapati bahawa majalah Joint Efforts ini ada membawa maklumat baru kepada diri kamu.

Dr Amir Azlan Zain
PRESIDEN
AFM

主席的话

“关节炎到底是什么引起的?” — 这是人家常问我的问题，而我的回答也总是——“这可要看你指的是哪一种关节炎了”。最常出现在人们脑海中的关节炎是——想象一位年长者手拄着拐杖，举步艰难、蹒跚的在走着——退化性关节炎。这是最常见的关节炎，看来这也是人们唯一所指的关节炎。

现实中，关节炎的种类至少有一百种，每种的原因都不一样。它们的原因包括有退化、自身免疫、代谢原因、受感染、创伤和遗传，还有其他各种各样的原因。不管是任何种类关节炎，通常都可能由几项原因所促成。

治疗关节炎的重要步骤是先确定其种类，因为这样才能够决定适当的治疗方法。

当医生对一位关节炎患者进行评估时，其脑海中认定的首要任务便是查出患者所患的是哪一种关节炎。其中最要者，是弄清楚到底其所患的关节炎会不会快速损坏骨骼和关节。如果是的话，那就要尽快开始确切的治疗。基于关节炎的疾病特性，治疗一般上都需要进行一段时间才会见效，有些更是需要持续做长久性治疗。

治疗慢性疾病如关节炎，还有其他如糖尿病、心脏病和高血压等，病人是否有遵循医嘱，以及所使用的治疗方法，都是有效治疗的重要决定因素。影响病人遵循医嘱与否的因素很多，有内在的和外在因素。病人和医生双方有需要明白这些因素，然后共同改善对慢性疾病的照护，以致最后可以扭转疾病的负面结果。

大马关节炎基金会一直不断努力向公众传达各项与关节炎相关的讯息，我希望本期会所提供的关节炎知识，能让读者们从中受益。

Dr Amir Azlan Zain
大马关节炎基金会主席



The AFM's 19th Annual General Meeting and Public Forum was held on the afternoon of Saturday, 21st April, at the Crown 2 room, in The Empire Hotel in Subang Jaya. With present day concerns over the use of corticosteroids in treating many forms of arthritis, and constantly looming bogeyman – Side Effects – it was clear that almost all of those present were very interested in what AFM President Dr Amir Azlan Zain had to say in his talk titled, **Steroids : Are they All that Bad?**

Dr Amir's concise history of the use of steroids, its continuing effectiveness and the advocacy responsible use – low dosage for short periods, made the case for the use of steroids in treating the many symptoms presented by various forms of arthritis.

He underlined the many benefits of use of steroids to treat arthritis – it can actually save lives, and if not that, at least improve the quality of life and relieve discomfort for a patient. In addition, it works very dramatically when put to use in many cases of arthritis. For all these reasons, Dr Amir said, there continues to be a role for the use of steroids in modern medicine, particularly if the possibility of side effects is reduced by always using as low a dose of steroids for as short a period as possible.

As Dr Amir concluded by saying, **"We should treat Steroids with respect, not fear,"** many felt it was a fitting ending to an enlightening talk. Thereafter he fielded questions centred on effects of steroid use on the nervous system, which could happen if steroids are used for more than a year at a stretch.

Dr Vimala Marimuthu, consultant physiotherapist at Physio Plus then took the stage to introduce listeners to "Bend, Stretch, Pull & Hold ! – Activities in Arthritis." The session was well received and left everyone wanting more.

After which the business of the 19th AGM was swiftly concluded and everyone present partook in the refreshments which were provided by the day's sponsors RotthapharmMadaus.



Mesyuarat Agung Tahunan dan Public Forum

Mesyuarat Agung Tahunan (AGM) AFM diadakan bersamaan dengan Public Forum pada Sabtu, 21 hb April, di bilik Crown 2, The Empire Hotel, di Subang Jaya, pada pukul 1.30. Kebimbangan para pesakit atas penggunaan ubat corticosteroids dalam mengubati pelbagai jenis artritis, dan ramai pula yang risau akan kesan sampingan yang dibawa ubat-ubat steroid, membuat topic persembahan Presiden AFM, Dr Amir Azlan Zain, sesuatu yang ditumpui ramai. Dr Amir memilih tajuk **Steroids : Are they All that Bad?** pada hari tersebut.

Hujah Dr Amir mengimbas kembali sejarah penemuan dan penggunaan ubat steroid sejak pertengahan abad ke 20, dan juga memberitahu para pendengar yang ubat ini masih berkesan dalam mengubati pelbagai jenis penyakit artritis pada masa kini. Dia mengulas tabiat penggunaan steroid yang baik – iaitu, penggunaan dosej yang paling rendah yang dihadkan pada jangka masa yang paling pendek.

Dr Amir menekan faedah besar penggunaan steroid dalam mengubati penyakit artritis. Ia boleh menyelamatkan nyawa pesakit, dan jika tidak, sekurang-kurangnya penggunaan ubat steroid boleh meningkatkan daya hidup seseorang pesakit, dan mengurangkan penderitaannya dengan mengurangkan rasa sakit. Tambahan pula, steroid sering membawa penukaran yang dramatik kepada pesakit artritis yang menggunakannya. Atas sebab-sebab inilah Dr Amir mengulas bahawa ubat steroid masih mempunyai peranan yang penting dalam pengubatan moden, terutamanya jika kesan sampingan yang dibawa oleh ubat ini boleh dikurangkan dengan penggunaan yang bijak, iaitu, penggunaan dosej yang paling rendah untuk jangka masa yang paling terhad.

Dr Amir menutup tirai dengan kata-kata : **'Steroid sepatutnya dihormati dan jangan pula ditakuti,'** dan seurus itu, ramai yang menunjukan soalan yang berkaitang dengan kesan sampingan steroid ke atas system urat saraf. Kesan tersebut boleh berlaku, jelas Dr Amir, jika penggunaan steroid menjangkau setahun atau selebihnya.

Sesudah itu, Dr Vimala Marimuthu, pakar physioterapi dari Physio Plus mengambil alih pentas dan memperkenalkan para hadirin kepada topik persembahannya, "Bend, Stretch, Pull & Hold! – Activities in Arthritis." Sessi tersebut disambut baik dan para penonton merasa seolah-olah teringin untuk mendengar lebih lanjut lagi perihal senaman dalam artritis.

Setelah itu, perkara untuk AGM AFM yang ke-19 diteruskan dengan lancar, dan orangramai pula menjamu selera dengan santapan yang disediakan oleh penaja majlis, RothpharmMadaus.

常年大会及公众讲座

大马关节炎基金会于今年4月21日星期六下午，假首邦市帝国酒店的第二皇冠会议厅举行了第19届常年大会，和一场公众讲座。基金会主席阿米尔医生是讲座会主讲人，他用英语跟大家谈“**类固醇：它们都那么坏吗？**” (Steroid: Are they All that Bad?), 跟大家分享类固醇的好与坏 (副作用)，与会者都聚精会神聆听，纷纷要了解这种用来治疗多种关节炎的药物，以及它的各种副作用。

阿米尔医生简要的介绍类固醇的使用历史、它的持续正面效果，以及医药界鼓吹的负责任用法——短时期内使用低剂量，这正是使用类固醇治疗各种关节炎症状时所遵循的做法。他强调采用类固醇治疗关节炎的许多好处——它确实可以救人一命，再不然，至少它能够改善生活质量，并减少病人的不适。此外，用它来治疗关节炎，很多时候是效果显著。居于以上种种原因，阿米尔医生指出，类固醇仍然在现代医药领域里占有一席之地，尤其是使用时遵循着低剂量短时期的原则，其副作用便可以减到最低。

阿米尔医生总结时说，“**对于类固醇，我们应该尊重，而非畏惧**”，听众们也赞同他的说法。他随后逐一回答听众们的提问，其中大部分的提问是关于类固醇对神经系统影响方面的问题（连续使用类固醇超过一年后可能会对神经系统带来影响）。

任职于Physio Plus的顾问物理治疗师薇马拉医生，接着登场向听众介绍一套适合关节炎患者锻炼的运动。与会者们都认为这套运动很不错，大家都想多学一点。

活动的下半段是召开第19届常年会议，议程顺利进行，与会者过后也享用了由赞助商RothpharmMadaus所提供的茶点。



ARTHRITIS MEDICATION

Medication and drug therapy is a substantial part of an arthritis patient's treatment routine. The chronic nature of the disease means that most of the time, patients are taking medications, in isolation or in combination, over a long period of time.

As new drugs become available for arthritis treatment, the challenge continues to be how to choose the right types of drugs, in the right combination, to suit a particular patient. Every patient is different, and each patient's needs changes over time.

Rheumatoid arthritis patients, for example, will find that their medicine cabinet is fairly full. There is medication designed to fight inflammation and pain, and yet others which help with disease progression. Some medications may even reduce the risk of heart disease, a problem many people with rheumatoid arthritis face. But it's not all rosy: Like all medications, these drugs have side effects, some of which can be quite serious.

And exactly what is available out there?

Traditionally, rheumatoid arthritis has been treated with a combination of DMARDs, or disease modifying anti-rheumatic drugs, and two other classes of medications, non-steroidal anti-inflammatory agents (NSAIDs) and corticosteroids.

Rheumatoid Arthritis Medications: DMARDs

"The gold standard for rheumatoid arthritis, the initial drug used in treatment unless there's a good reason not to, is methotrexate," says Elinor Mody, MD, director of the Brigham and Women's Hospital Women's Orthopedic and Joint Disease Center in Boston.

"Methotrexate is a chemo drug when used in high doses, but is given in low doses for rheumatoid arthritis," Dr. Mody explains. "Methotrexate has 20 years of success in treating rheumatoid arthritis."

PRO: Methotrexate and other DMARDs not only help control symptoms, they can also minimize joint damage and stave off future complications.

CON: Doctors must monitor your blood work and symptoms closely while you take methotrexate since it can affect the liver, bone marrow, and lungs¹.

Other DMARDs that can be prescribed along with or instead of methotrexate include:

- **SULFASALAZINE** "Sulfasalazine is used more often in Europe due to costs and historical preference," Mody says.
- **Leflunomide** It works similarly to methotrexate.
- **ABATACEPT** Abatacept is a newer drug, given once a month, that helps prevent the immune system from attacking the joints.
- **RITUXIMAB** "Rituximab was originally used in Hodgkin's lymphoma, but was found to be useful in treating rheumatoid arthritis². It's usually used with methotrexate," Mody says.
- **HYDROXYCHLOROQUINE SULFATE**
Originally prescribed as an anti-malaria drug, it helps treat stiffness, swelling, and inflammation.

Rheumatoid Arthritis Medications: Anti-TNF drugs

Anti-TNF, or anti-tumor necrosis factor, medications work by blocking the effects of TNF (a protein that encourages inflammation and revs up the immune system), thereby decreasing the joint inflammation that is a hallmark of rheumatoid arthritis.

Anti-TNF drugs are considered DMARDs because they can stave off disease progression. Using methotrexate in combination with an anti-TNF medication is common. "We start methotrexate and maximize the dose for two months, then add the anti-TNF drug," Mody explains. They are injected and are very successful in managing rheumatoid arthritis³, she adds.

Anti-TNF drugs include:

- Etanercept
- Infliximab
- Adalimumab

1 <http://www.everydayhealth.com/rheumatoid-arthritis/rheumatoid-arthritis-lungs.aspx>

2 <http://www.everydayhealth.com/arthritis/rheumatoid-arthritis/treating-rheumatoid-arthritis.aspx>

3 <http://www.everydayhealth.com/rheumatoid-arthritis-management.aspx>

PRO: Anti-TNF medications are effective in controlling symptoms and preventing complications of rheumatoid arthritis.

CON: They can cause several potentially life-threatening side effects. Because these drugs interfere with the immune system, they increase your risk of infection, including tuberculosis. Additionally, some of these medications have been linked to the development of lymphoma, a cancer of the white blood cells.

Rheumatoid Arthritis Medications: Corticosteroids

Corticosteroids like prednisone and methylprednisolone are powerful medications. "We try not to use prednisone too much," says Mody. "There is some evidence, if used early on, that it can make the course of the disease easier. But, in general, we try to stay away from it because of the serious side effects."

PRO: Corticosteroids help blunt rheumatoid arthritis symptoms.

CON: They can lead to a host of side effects, including weight gain, high blood pressure, elevated blood sugar, and mood disturbances.

Rheumatoid Arthritis Medications: NSAIDs

This class of drugs includes over-the-counter medications such as aspirin, ibuprofen, and naproxen, as well as prescription-strength drugs.

PRO: NSAIDs reduce joint inflammation and offset symptoms.

CON: They have no effect on the eventual progression of the disease, can irritate the lining of the stomach, and damage the kidneys when used at high doses for extended periods.

Rheumatoid Arthritis Medications: The Heart Disease Connection

For reasons that are not entirely understood, people with rheumatoid arthritis are at a higher risk of heart disease than their healthy peers.

However, certain rheumatoid arthritis drugs may have a beneficial effect in that regard. One recent study indicates that long-term use of DMARDs and anti-TNF drugs to manage rheumatoid arthritis indirectly protects cardiovascular health. More research is needed to identify whether specific medications are more effective than others in preventing cardiac complications.

More and more medications are being developed to treat rheumatoid arthritis.

Ideally, a patient, together with his or her doctor, will have to work out a suitable medication regime for the problem at hand, and agree on the course of action, and re-evaluate the situation at specific intervals. In order to do this, a patient would do well

to have some level of knowledge of the drugs that are being offered, and its side effects if any, and then consider whether or not he or she will be willing to take the medication, as prescribed, for the required period. If a prescribed medication is not administered according to instructions, then its efficacy might be compromised and be of minimal benefit.

Arthritis patients today have the benefit of using the internet to find out more about the medication choices open to them, and also to reach out to a wider network of fellow sufferers who are able to impart their own experiences and the lessons learnt, as well as to their experiences with different drugs. Even allowing that drugs work differently on different people, it often helps if an arthritis patient can share his or her experience with someone going through the same thing, or someone who has experienced the situation in the past.

Studies have shown that people who are well informed and participate actively in their own care experience less pain and fewer visits to the doctor than do other people with Rheumatoid Arthritis.

As one longtime patient puts it "I urge you to do your due diligence, before taking any medication research the side effects (every drug has a side effect).

Talk to others who have taken the drug for long periods of time to help you decide if this drug produces the results you are looking for.

It is so important I want to repeat, YOU are responsible for your

long term health, become an expert on RA while working with your doctor/s to find the treatment that is best suited to you."**

Another patient had this to say : "The best advice I can give to anyone who has been diagnosed with RA is to get your hands on every piece of information you can. Ask your doctors about the long term effects of the arthritis itself as well as the medications you use to treat it. It's a difficult balance to take one day at a time but also be aware of the future damage that can occur."**

Given that there is currently no known cure for arthritis, medications are intended to stop progression of the disease, not halt the disease or return one to health. This is MANAGING disease, and you will be expected to continue with the medication for life, or, for as long as the medication works.

One patient's view, after years of experimenting with different drugs , suggests that patients consider boosting their overall general health, through nutrition or any other means that they have found to be effective. In addition, they must consider, the long term effects of the drugs that they were taking.

Having said that, "**This disease must be treated**, it is not a disease you want to try to will away or suffer through. Whether you choose the path of finding what is causing the disease and making necessary changes or taking the medications is up to you, but you must take action to stop the progression of this disease."

*excerpts and text from <http://www.livingwithrheumatoidarthritis.com/>

**excerpt from <http://www.healthcentral.com/rheumatoid-arthritis/c/97/15793/ten>

关节炎的药物治疗

药物治疗及药物联合治疗，是每个关节炎患者治疗常规里的重要部分。由于这是慢性疾病，所以很多时候患者需长期服药，药物种类可能是单独一种，也可能是综合几种。

用来治疗关节炎的新药日益繁多，治疗上要如何按照病人的情况处方适当的药物，药物间该如何配搭，是医生持续应付的挑战。每个病人的情况不同，所用的药物也需随时间而改变。

就以类风湿性关节炎患者为例，他们需要服用多种的药。当中有抗发炎的和止痛的、也有缓解病程的。许多类风湿性关节炎患者还存在着患上心脏疾病的可能，所以降低心脏疾病风险的药物也是常用药之一。虽然药物有它的正面作用，但是负面作用依然存在，有者还挺严重。

可以采用的药物有哪些？

传统上，医生都综合采用缓解病程抗风湿药物，配搭另外两类的药物，即非类固醇抗炎药和皮质类固醇来治疗类风湿性关节炎。

类风湿性关节炎药物：缓解病程抗风湿药

担任波士顿布里罕与妇女医院辖下的妇女骨骼与关节疾病中心主任的伊利诺莫里医生说：“治疗类风湿性关节炎时，初步采用的药是甲氨蝶呤(methotrexate)，这是一贯遵循的金科玉律，除非另有更好的理由我们才会改用别的药。”

莫里医生解释说：“如果大剂量使用，它就是化疗药物。但是治疗类风湿性关节炎只需低剂量。而且，用甲氨蝶呤来治疗类风湿性关节炎已经有20年的成功历史。”

好处：甲氨蝶呤及其他缓解病程抗风湿药物不但能控制症状，它们也可以减少关节受损的程度，并避免将来出现并发症。

坏处：甲氨蝶呤会影响肝脏、骨髓以及肺部的健康，所以服用期间医生必需紧密监测你的血液变化和症状。

其他可以和甲氨蝶呤配搭处方，或是取代甲氨蝶呤的缓解病程抗风湿药物包括：

- **柳氮磺胺吡啶(Sulfasalazine)** “柳氮磺胺吡啶在欧洲比较广泛使用，这是因为成本和向来的使用习惯使然。”莫里医生说。
- **LEFLUNOMIDE** 药效和甲氨蝶呤相同。
- **ABATACEPT** Abatacept属比较新的药，每月给药一次，有助预防免疫系统攻击关节。
- **RITUXIMAB** 莫里医生说：“Rituximab原本是用来治疗霍奇金淋巴瘤的药，后来发现它也可以有效治疗类风湿性关节炎。它经常是配搭甲氨蝶呤一起使用。”
- **硫酸羟氯喹(Hydroxychloroquine sulfate)** 原本是治疗疟疾的药物，它也可以治疗僵硬、肿胀和发炎。



类风湿性关节炎药物：抗肿瘤坏死因子药

这是阻挠肿瘤坏死因子（一种促成发炎并同时增强免疫力的蛋白质）功能的一种药物，故称抗肿瘤坏死因子药。由于它的阻挠作用，类风湿性关节炎必定出现的发炎症状也因而减少。

抗肿瘤坏死因子药能够阻挠疾病的进程，所以它也算是缓解病程抗风湿药物。把甲氨蝶呤与抗肿瘤坏死因子药配搭着使用，是常见的事。莫里医生解释说：“我们先用甲氨蝶呤，并在两个月内用上最高剂量，然后再加入抗肿瘤坏死因子药。”她补充说，这种药是注入人体内的，能够很有效管理类风湿性关节炎。

- 抗肿瘤坏死因子药包括：
- Etanercept
 - Infliximab
 - Adalimumab

好处：有效控制症状且预防类风湿性关节炎并发症。
坏处：会引发几种威胁生命的副作用。由于它们干预免疫系统的运作，所以会增加受感染的风险，包括染上肺结核。除此之外，它们当中有些还可能会导致淋巴瘤（白血球癌症）。

类风湿性关节炎药物：皮质类固醇

皮质类固醇药物，如泼尼松（prednisone）以及甲基泼尼龙（methylprednisolone），药性都很强。莫里说：“可以的话我们都会尽量少用泼尼松。虽然有证据证明在疾病初期使用可以减轻病情，但是我们一般上都会避免给病人这个药，因为它有许多严重的副作用。”

好处：皮质类固醇能够减少类风湿性关节炎症状。
坏处：它们有不少副作用，包括体重增加、高血压、高血糖以及情绪困扰。

类风湿性关节炎药物：非类固醇类抗炎药

这组的药物包括非处方药物如阿司匹林、ibuprofen及naproxen，以及一些药性较强、需医生处方的药物。

好处：非类固醇抗炎药能够减少关节炎，并消除症状。
坏处：它们对疾病的演进没有任何正面作用，反而会刺激肠胃；若长期服用大剂量的话，还会损坏肾脏。

类风湿性关节炎药物：对心脏疾病的影响

身患类风湿性关节炎的人，患上心脏疾病的几率会比健康的人高，而专家们至今还是未能完全明白其原因。

然而，一些类风湿性关节炎药物却在这方面给了患者一些防范的益处。不久前的一项研究显示，长期使用减缓病程抗风湿药物和抗肿瘤坏死因子药来管理类风湿性关节炎，能间接保护心血管健康。研究人员还需要进行更多研究来确认到底当中哪一种药会比较能够有效预防心脏并发症。

由于专为治疗类风湿性关节炎而研发的药物越来越多，因此理想的做法是，患者和医生互相商讨并决定采用一个适当的药疗制度来治疗眼前的问题，并同意有关的治疗步骤，然后每隔些时日就进行检讨。为了做到这点，患者最好能够对医生所处方的药物有一定的认识，知道它们会有些什么副作用，然后决定要不要在指定的期间内使用这些药物。如果医生处方的药物没有按照规定的方法服用或使用，其效果可能会大打折扣。

比较起过去，今天的关节炎患者可以在互联网上查知很多可以使用的药疗选择，也可以和其他关节炎患者交流，从他们那儿得知用药的体验和经历，还有他们对不同药物的反应。虽然药物用在不同患者身上会有不同的效果，但若患者有机会跟一个曾经经历相同病况的“前辈”患者分享本身经历，那可很有帮助。

研究结果显示，对自己的治疗情况有充分认识并积极参与者，他们的疼痛比较其他类风湿性关节炎患者来得少，也比较不需要常看医生。

正如一位患关节炎多年的人士所说：“我劝你多做功课，未吃药之前先查看它有些什么副作用（每种药都有副作用）。

向已经服用有关药物很长时间的人士打听药效，看看它是不是会带来你想要的疗效。

我要重复说一次，因为这实在很重要：你的长期健康是你自己的责任，要像专家一般的认识类风湿性关节炎，同时也和医生合作寻求最适合自己的治疗方案。”*

另一个患者则这么说：“我的忠告是，每个已经确诊的类风湿性关节炎患者，最好能尽量多方面吸收关于这疾病的知识。请教医生到底关节炎对本身会有怎样的长期影响，以及药疗对自己的影响。药物可以为我们减轻每天的病痛，但我们同时也知道将来会出现的负面效果。要在两者之间取得心理平衡，确实不是那么容易。”**

由于目前还没有根治关节炎的方法，药疗的目的是要防止疾病继续演进，而不是停止它发生，不是药到病除恢复健康。这叫疾病管理，你必须终身服药，或只要药物对病情仍有效就该继续服用。

一位多年来试过了多种药物的患者这么建议：患者们应该想办法增进健康，比如摄取适当营养，或做些可以促进健康的活动。此外，他们也必须考虑到自己所服药物的长期效应。

话说回来，“这个疾病一定要治疗，它不是可以凭意志力就能撑过来或熬过去的。不管你选择找出发病原因然后调整生活方式，或者选择吃药，那全由你自己决定，但是就一定要采取行动制止疾病继续演进。”

* 摘录自<http://www.livingwithrheumatoidarthritis.com/>
 ** 摘录自<http://www.healthcentral.com/rheumatoid-arthritis/c/97/15793/ten>

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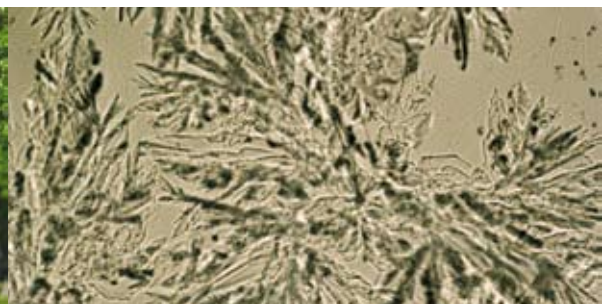
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1. Calculation is based on the Malaysia Pharmaceutical Audit, released by the IMS on the Glucosamine category, Jan - Dec 2010.

2. Selmikar I et al. Arzneimittelforschung. 1993 Oct;43(10):1109-13

3. Sachet 1500mg

4. Examination of crystal structure: Saturation study

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PENGUBATAN ARTHRITIS

Pesakit arthritis yang ingin mengubati penyakit yang dihidapinya biasanya dilazimkan memakan ubat di samping mengamalkan terapi pengubatan setiap hari, untuk jangka masa yang agak panjang.

Semakin hari, lebih banyak lagi ubat yang sedia ada untuk mengubati penyakit arthritis. Kini cabaran yang dihadapi adalah cara mencari ubat yang sesuai, dalam kombinasi yang sesuai, untuk setiap pesakit. Keperluan setiap pesakit adalah berlainan, dan akan berubah dengan laluan masa.

Contohnya, pesakit rheumatoid arthritis akan mendapati yang banyak ubat yang boleh mereka pilih. Ada ubat yang khas untuk mengubati keradangan dan juga ubat penahan sakit. Ada pula ubat yang boleh melambatkan kemajuan penyakit tersebut. Ada juga ubat yang merendahkan risiko penyakit jantung sebagai kesan sampingannya, dan ini sangat berbaloi untuk pesakit arthritis yang sememangnya menghadapi risiko penyakit jantung yang lebih tinggi. Malangnya, ada juga kenyataan yang kurang menyenangkan. Ada ubat yang membawa kesan sampingan yang memudaratkan.

Ubat apa pula yang kini sedia ada?

Sejak dulu lagi, penyakit rheumatoid arthritis dibuati dengan kombinasi ubat DMARD (Disease Modifying Anti Rheumatic Drugs), iaitu ubat yang boleh mengubah penyakit tersebut, dan dua lagi kelas ubatan, iaitu NSAID (Non-Steroidal Anti-Inflammatory Drugs), Ubat menahan keradangan tanpa steroid, dan juga ubat corticosteroid.



**Ubat Rheumatoid Arthritis:
DMARD**

“Ubat ini adalah yang terbaik untuk rheumatoid arthritis. Methotrexate selalunya menjadi pilihan pertama dalam penguatan penyakit ini, kecuali ada sebab munasabah yang mengecualikannya,” kata Elinor Mody, MD, pengarah hospital Brigham and Women’s Hospital Women’s Orthopedic and Joint Disease Center di Boston, USA.

“Methotrexate, dalam dosej yang besar, adalah ubat yang digunakan dalam chemoterapi, tetapi untuk rheumatoid arthritis, ia digunakan dalam dosej yang kecil,” Dr Mody menerangkan. “Methotrexate telah terbukti sebagai ubat yang boleh mengubati arthritis sejak 20 tahun yang lalu.”

POSITIF: Methotrexate dan ubat DMARD yang lain bukan sahaja menangani simtom arthritis, malah juga mengurangkan penjejasan sendi dan juga mengurangkan komplikasi pada masa hadapan.

NEGATIF: Doktor harus sering memantau kaedah isian darah dan simtom si pesakit yang mengambil ubat methotrexate, kerana ianya boleh meninggalkan kesan pada hati, sum-sum dan paru-paru.

Ubat DMARD yang lain yang mungkin diberi bersamaan dengan, atau sebagai gantian kepada methotrexate termasuk:

- **SULFASALAZINE** “Sulfasalazine lebih digunakan di Eropah kerana kos yang lebih rendah dan kebiasaan dengan ubat tersebut,” kata Mody.
- **LEFLUNOMIDE** Ubat ini berfungsi sama seperti methotrexate.
- **ABATACEPT** Abatacept adalah ubat yang agak baru. Ia diberi sebulan sekali dan membantu menghalang system imunisasi dari menjejaskan sendi-sendi.
- **RITUXIMAB** “Rituximab pada dahulunya digunakan untuk mengubati penyakit Hodgkin’s lymphoma, tetapi ia didapati boleh juga mengubati rheumatoid arthritis. Biasanya, ia digandingkan dengan methotrexate,” kata Mody.
- **HYDROXYCHLOROQUINE SULFATE** Pada mulanya ia digunakan sebagai ubat anti-malaria, untuk mengurangkan kekakuan sendi, bengkak dan keradangan.

Ubat Rheumatoid Arthritis:

Ubat anti-TNF

Ubat Anti-TNF, or anti-tumor necrosis factor, adalah ubat yang berfungsi secara menghalang kesan TNF (sesuatu protin yang menyebabkan keradangan dan menekankan system imunisasi), dengan demikiannys ia mengurangkan keradangan otot yang senantiasia dialami pesakit rheumatoid arthritis.

Ubat anti-TNF drugs diklasifikasikan sebagai ubat DMARD kerana ia boleh melambatkan kemajuan penyakit tersebut. Pada lazimnya, ubat methotrexate akan digandingkan bersama ubat anti-TNF untuk mengubati pesakit Rheumatoid Arthritis. “Kami akan memulakan dengan methotrexate, dengan menggunakan dosek maksima selama dua bulan, kemudian, ubat anti-TNF akan ditambah pula,” kata Mody, memberi penjelasan. Ubat-ubat ini akan diberi secara suntikan, dan setakat ini, nampaknya cukup efektif dalam menangani penyakit rheumatoid arthritis, kata Mody.

Antara ubat anti-TNF adalah:

- Etanercept
- Infliximab
- Adalimumab

POSITIF: Ubat anti-TNF medications sangat berkesan untuk mengurangkan simtom dan komplikasi penyakit rheumatoid arthritis.

NEGATIF: Ubat ini boleh menyebabkan kesan sampingan yang boleh membawa maut. Oleh kerana ubat ini menghalang system imunisasi seseorang, ia akan meningkatkan risiko jangkitan penyakit, termasuk penyakit tuberculosis, atau batuk kering. Tambahan pula, sebahagian dari ubat-ubat ini telah dikaitkan dengan mengakibatkan penyakit lymphoma, sejenis kanser darah.

Ubat Rheumatoid Arthritis:

Corticosteroids

Ubat corticosteroids seperti prednisone dan methylprednisolone dikira sebagai ubat yang sangat kuat. “Sebenarnya, kami cuba sejauh mana untuk menghadkan penggunaan prednisone,” kata Mody. “Ini adalah kerana ada terdapat bukti bahawa jika ubat ini digunakan pada takat awal penyakit, ia memudahkan kemajuan penyakit tersebut. Tetapi, pada amnya, kami tidak membiasakan penggunaan ubat ini kerana kesan sampingan yang agak ketara,” tambahnya pula.

POSITIF: Corticosteroid sangat efektif untuk mengurangkan simtom rheumatoid arthritis.

NEGATIF: Ubat ini boleh mendatangkan banyak kesan sampingan, termasuk berat badan yang melambung, tekanan darah tinggi, peningkatan gula dalam darah dan juga ketidak-seimbangan perasaan.

Ubat Rheumatoid Arthritis:

NSAIDs

Ubat-ubat yang didapati dalam kelas ini termasuk ubat yang boleh dibeli tanpa preskripsi, iaitu, aspirin, ibuprofen, dan naproxen, serta ubat-ubat yang memerlukan preskripsi doktor.

POSITIF: Ubat-ubat NSAID boleh mengurangkan keradangan otot dan mengurangkan simptom penyakit.

NEGATIF: Ubat-ubat ini tidak membawa apa-apa kesan ke atas kemaraan penyakit tersebut, dan boleh menjejaskan lapisan perut dan juga buah pinggang, jika ia diambil dalam dosej yang besar untuk jangka masa yang panjang.

Ubat Rheumatoid Arthritis:

Dikaitkan Dengan Penyakit Jantung

Ia kini difahamkan bahawa pesakit rheumatoid arthritis pada amnya, mempunyai risiko penyakit jantung yang lebih tinggi berbanding dengan orang yang tidak mengalami penyakit tersebut.

Walaupun bagaimanapun, ada ubat rheumatoid arthritis yang membawa kesan yang baik terhadap masalah ini. Sebuah kajian yang terkini ada menunjukkan bahawa pesakit yang mengambil ubat DMARD dan anti-TNF untuk jangka masa yang panjang ada mendapat faedah tambahan, iaitu penjagaan kesihatan jantung mereka. Kajian seterusnya perlu dijalankan untuk memastikan samada ada ubat yang lebih efektif dari yang lain dalam memberi faedah ini.

Makin hari makin banyak lagi ubat yang diwujudkan untuk mengubati penyakit rheumatoid arthritis.

Sebaik-baiknya, seseorang pesakit sepatutnya berusaha bersama doktor yang merawatnya, untuk mencari kombinasi ubat-ubatan yang paling mendatangkan faedah kepadanya. Mereka berdua harus sepakat dalam langkah-langkah yang perlu diambil, dan mengimbas semula situasi dari masa ke semasa.

Untuk mencapai matlamat ini, seseorang pesakit seharusnya tahu sedikit sebanyak mengenai ubat-ubat yang sedia ada, dan juga kesan sampingan, jika ada. Si pesakit juga harus bertekad dalam kerelaannya untuk mengambil ubat yang diberi, dengan cara teratur, buat jangka masa yang telah ditetapkan. Sesuatu ubat yang tidak diambil dengan mengikut peraturan yang diberi tidak akan efektif dalam menjalankan tugasnya dan ia tidak akan membawa manfaat kepada pesakit.

Pesakit arthritis masa kini boleh menjana pengetahuan yang lebih luas dari beberapa tempat, khususnya, dari internet, untuk mengetahui lebih banyak lagi mengenai jenis-jenis ubat yang sedia ada. Pesakit juga boleh menggunakan jalan tersebut untuk meminjam pengalaman pesakit lain, yang sedang, atau telahpun melalui pengalaman yang sama. Dengan cara itu, si pesakit akan mendapat lebih maklumat mengenai ubat-ubatan yang boleh dia cuba, dan matlamat yang boleh diharapkan. Walaupun setiap pesakit memang unik, adalah berfaedah untuk seseorang pesakit arthritis untuk berkongsi pengalaman dengan pesakit lain, dari segi sandangan emosi dan juga pengetahuan dan pengalaman.

Beberapa kajian telah menunjukkan bahawa pesakit yang mempunyai pengetahuan yang luas mengenai penyakit yang dihidapinya, dan juga mengambil peranan aktif dalam pengobatannya sendiri adalah pesakit yang mengalami tahap sesakitan yang berkurangan, dan lebih jarang berjumpa doktor, berbanding pesakit-pesakit rheumatoid arthritis yang lain.

Sepertimana yang dikatakan salah seorang pesakit arthritis yang sudah lama mengidap penyakit tersebut, "Saya menyandarkan supaya setiap pesakit menjalankan penyelidikan sendiri, sebelum mengambil mana-mana ubat. Ketahuilah kesan sampingan ubat tersebut (kerana setiap ubat sememangnya ada kesan sampingan.) Berbuallah dengan pesakit-pesakit yang lain, yang sudah makan ubat tersebut untuk jangka masa yang panjang, untuk membantu kamu membuat keputusan sama ada untuk memakan ubat tersebut atau tidak, dan bolehkah ubat ini menolong kamu mencapai matlamat yang diharapkan.

Yang paling mustahak, setiap pesakit harus ingat :KAMULah yang paling bertanggungjawab atas kesihatan dirimu dalam jangka masa panjang, jadilah seorang "pakar" penyakit RA, sementara bekerjasama dengan doktor-doktor kamu untuk mencari jalan pengobatan yang paling sesuai untuk kamu."*

Salah seorang lagi pesakit pula berkata : "Nasihat yang saya ingin sampaikan kepada sesiapa yang baru terima diagnosis Rheumatoid Arthritis adalah untuk mencekup sebanyak informasi mengenai penyakit ini. Jangan segan untuk menyoal doktor kamu mengenai akibat jangka panjang penyakit ini, dan juga ubat-ubatan yang digunakan dalam pengobatan penyakit tersebut. Kadangkala adalah sukar untuk mengimbangkan perasaan yang kami hanya boleh menempuh penyakit ini hari demi hari, tetapi ada juga kalanya yang kerisauan terhadap masa hadapan kami tetap dirasai. " **

Pada masa ini, tiada ubat yang boleh menyembuh arthritis, malah, ubat-ubatan yang diberi khususnya untuk melambatkan kemaraan penyakit ini, dan tidak pula untuk menghentikan penyakit ini, atau untuk memulihkan si pesakit kepada keadaan yang sihat dan sempurna. Oleh kerana itu, pengambilan ubat dalam pengobatan arthritis adalah dari segi MENANGANI penyakit tersebut, dan si pesakit harus rela untuk memakan ubat-ubatan untuk seumur hidup, ataupun setakat mana ubat tersebut berkesan ke atas penyakit yang dihidapinya.

Pada pendapat seseorang pesakit arthritis, yang telah lama mencuba bermacam-macam ubat untuk mengubati penyakit ini, berpendapat bahawa si pesakit akan menjana faedah tambahan jika kesihatannya lebit terjaga pada keseluruhannya. Ini boleh dicapai melalui cara pemakanan yang sempurna, dan juga pemakanan tambahan yang pesakit rasai boleh menolong dirinya. Tambahan pula, si pesakit seharusnya tahu akibat jangka masa panjang pemakanan ubat yang dimakan oleh diri mereka.

Akhir kata, "Penyakit arthritis memang harus diubati, ia bukanlah sesuatu penyakit yang akan menghilang secara tersendiri, dan seseorang pesakit tidak boleh memilih untuk menahan sakit kerana takut menjalani rawatan. Seseorang pesakit arthritis boleh memilih pelbagai jalan untuk mengharungi penyakit yang dialaminya, asalkan ada tindakan yang diambil untuk cuba melambatkan kemaraan penyakit tersebut."

*petikan dan teks dari <http://www.livingwithrheumatoidarthritis.com/>

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Overwhelming attendance of the Forum Awam Arthritis Reumatoid



MY WIRA Public Forum

... at its photo gallery, Hospital Putrajaya

From June 13 to 17, Hospital Putrajaya was the proud host of the My WIRA Public Forum that was held at its photo gallery on the lobby of the ground floor.

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

Daily, the gallery had 150 to 200 visitors while the public forum that was held on 17 June in Bahasa Malaysia at the hospital's auditorium boasted 200 attendees. The topics covered were: "Apakah itu Arthritis Reumatoid" (What is Rheumatoid Arthritis) by Dr Liza Binti Mohd Isa, "Rawatan Arthritis Reumatoid" (Rheumatoid Arthritis Treatment) by Dr Heselynn Binti Hussein, and an exercise session entitled "People with Arthritis Can Exercise" with Encik Adam Oh Abdullah.

MY WIRA Forum Umum

... di galeri foto, Hospital Putrajaya

Pada Jun 13 hingga 17, Hospital Putrajaya telah menganjurkan Forum Umum My WIRA di galeri foto yang bertempat di lobi tingkat bawah.

My WIRA (Malaysian Women in Rheumatoid Arthritis) merupakan projek kesedaran oleh Yayasan Arthritis Malaysia dengan kerjasama Abbott Laboratories (M) Sdn Bhd bertujuan meningkatkan kesedaran terhadap arthritis reumatoid atau RA di Malaysia. Memandangkan RA banyak dihidapi oleh kaum wanita, My WIRA berhasrat memperjuangkan usaha-usaha untuk mempertingkatkan kesihatan wanita dan mengurangkan atau mencegah kehilangan keupayaan dan produktiviti, mengekal dan mempertahankan kebebasan wanita serta meraikan sumbangan mereka dalam pembangunan masyarakat.

Kempen ini mempamerkan sekumpulan wanita yang menghidapi RA dari pelbagai latar belakang, menunjukkan kekuatan dalaman mereka dalam mengejar impian walaupun terpaksa berhadapan dengan keperitan akibat RA.

Seramai 150 hingga 200 orang pelawat telah mengunjungi galeri tersebut setiap hari, manakala forum umum yang diadakan pada Jun 17, yang dikendalikan dalam Bahasa Malaysia di auditorium hospital telah dihadiri oleh 200 orang. Tajuk yang diperbincangkan adalah: "Apakah itu Arthritis Reumatoid" oleh Dr Liza Binti Mohd Isa, "Rawatan Arthritis Reumatoid" oleh Dr Heselynn Binti Hussein dan sesi senaman bertajuk "Penghidap Arthritis Boleh Melakukan Senaman" bersama Encik Adam Oh Abdullah.

MY WIRA 公众讲座会

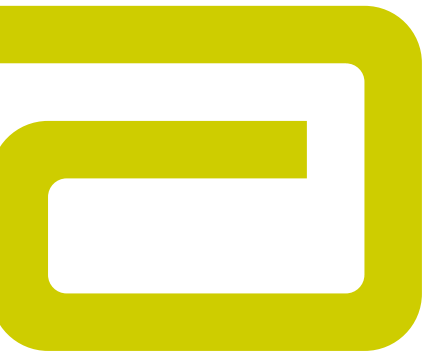
地点设在布城医院摄影展示廊

布城医院于6月13至17日在其地面层的摄影展示廊办了My WIRA 公众讲座会。

"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，仍能够发挥巨大的内蕴力量来追求各自的理想。

参观展出者每天多达150至200人次，而出席6月17日假该医院礼堂举行的国语讲座会之人数则达到200人之多。当天的讲题为“何谓类风湿性关节炎”及“类风湿性关节炎之疗法”，分别由丽扎医生和荷丝琳医生主讲。此外，出席者也在阿当先生的带领之下做了一轮运动锻炼，这个环节唤作“关节炎病友也能做运动”。



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ROTTAPHARM-SPONSORED PUBLIC FORUMS

Klang, Premiere Hotel Klang

55 people attended this public forum to listen to what its two speakers, Dr Eashwary Mageswaran and Dr Chern Phei Ming had to say, respectively on "Get(ting) to know more about Rheumatoid Arthritis" and "Rehabilitation of Rheumatoid Arthritis".

Dr Eashwary explained the symptoms of RA and how it can be best managed. Her explanations were easy to understand and her visual illustrations relevant and clear.

Dr Chern talked how what to do to manage the pain, which included the proper way of doing exercises.

Selangor, Universiti Malaya Medical Centre

A cosy group of 25 were all ears listening to Dr Sargunan's talk entitled "Osteoarthritis: Deal with it". The talk was interesting as he explained the basics of OA, how to identify if you have OA, how – most importantly -- to treat OA.

He also mentioned the ways to help OA such as strengthening exercises, water aerobics, fitness walking, tai chi, as well as adopting healthy eating habits, and having plenty of rest and relaxation.

Dr Sargunan also took the audience through the medications available to control OA pain. The audience asked a lot of questions concerning supplements such as glucosamine, knee wash, and whether hyaluronic injections to the joints are helpful.

ROTTAPHARM 赞助公众讲座

巴生: 巴生Premiere酒店

这场讲座会分别由伊丝娃丽及甄佩敏两位医生主讲，前者讲题为“进一步认识类风湿性关节炎”，而甄医生则谈“类风湿性关节炎的复健”。出席者多达55人。

伊丝娃丽医生讲解类风湿性关节炎的症状，以及最好的管理方法。她的讲解浅白易懂，图片说明也很清楚。

甄医生谈及管理类风湿性关节炎疼痛的各种途径，包括正确的锻炼方法。

雪兰莪: 马来亚大学医药中心

这场讲座会的讲题是“面对退化性关节炎”，由沙谷楠医生主讲。出席者有25人，大家全程悉心聆听沙谷楠医生有趣、生动的讲解。讲座内容谈及退化性关节炎的基本知识，例如怎样确认是否患上退化性关节炎以及如何治疗（极重要的一点）。他也提到有助改善病情的方法，例如强化肌肉的锻炼、水里有氧运动、健身步行、太极等。另外，健康的饮食习惯、足够的休息，以及心情的放松，都是有助改善病情的事项。

沙谷楠医生也告诉听众有哪些药物可以用来控制退化性关节炎的疼痛。听众们做了很多提问，当中有关于葡萄糖胺、洗膝盖，以及关节注射透明质酸是否有作用等问题。

FORUM UMUM ANJURAN ROTTAPHARM

Klang, Premiere Hotel, Klang

Seramai 55 orang telah menghadiri forum umum ini untuk mendengar ceramah yang diberikan oleh Dr Eashwary Mageswaran dan Dr Chern Phei Ming, masing-masing mengenai "Get(ting) to know more about Rheumatoid Arthritis" ("Mengenali Rheumatoid Arthritis dengan Lebih Lanjut") dan "Rehabilitation of Rheumatoid Arthritis" ("Pemulihan Rheumatoid Arthritis").

Dr Eashwary menerangkan mengenai simptom RA dan bagaimana ia boleh diuruskan dengan sebaik mungkin. Penerangan beliau mudah difahami dan ilustrasi visualnya relevan dan jelas.

Dr Chern bercakap tentang bagaimana menguruskan kesakitan, termasuk cara yang betul untuk melakukan senaman.

Selangor, Universiti Malaya Medical Centre

Sekumpulan hadirin seramai 25 orang telah mendengar ceramah yang diberikan oleh Dr Sargunan bertajuk "Osteoarthritis: Deal with it" ("Osteoarthritis: Hadapilah"). Ceramah tersebut sungguh menarik kerana Dr Sargunan menerangkan tentang asas OA, bagaimana mengenalinya sekiranya anda menghadapi OA, dan yang paling penting sekali – bagaimana merawat OA.

Beliau juga menyebut cara-cara membantu OA seperti senaman untuk kuat, aerobik air, jalan cergas, tai chi serta mengamalkan tabiat makan yang baik dan mendapatkan rehat yang banyak.

Dr Sargunan juga menunjukkan ubat-ubatan yang ada untuk mengawal kesakitan akibat OA. Para hadirin banyak bertanyakan soalan mengenai makanan tambahan seperti glucosamine, knee wash, dan sama ada suntikan hyaluronic pada sendi dapat membantu.

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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.

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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.

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- 1 Attendees of the Public Forum listen attentively to the interesting presentation from the expert.
- 2 Dr Azmillah (Head of Medical Department) sharing some medical tips to the audiences.
- 3 An excellent way to stay healthy is to exercise the joints.
- 4 Information counters near the MyWIRA gallery for public to ask further questions
- 5 MyWIRA panels at the lobby hall.
- 6 Physiotherapist from Hospital Selayang showing the aerobic moves.

RHEUMATOID ARTHRITIS

AWARENESS WEEK Hospital Selayang

In conjunction with the National Rheumatoid Arthritis Day, from 18-22 July, a photo gallery on Rheumatoid Arthritis (RA) was set-up at the main lobby of Hospital Selayang. Between 100-150 people a day visited.

Also on hand were nurses and medical staff to offer any information on RA, namely how to determine if RA drugs were genuine, the difference between RA and OA, aids available for RA patients such as splints, pickers, and the rest of it.

On Thursday 21 July, a public forum was held at the Specialist Clinic on level three from 8.00 to 11.30 am. The topics covered were "What is RA?" by Dr Hazlyna Baharuddin, "Treatment for RA" by Cik Nurhafiza, "Arthritis in children" by Dr Lim Sern Chin and "Daily care for joints" by Durratul Husna Mohamat Kasim.

The information provided useful background and awareness-building knowledge of the disease. Most wanted to know if glucosamine would be useful, if there were a cure for RA, or if nerves are affected by RA and – especially -- the difference between RA and OA.

While Dr Hazlyna fielded these questions, Cik Nurhafiza went through the list of most common RA medication and their side effects. She also touched on the proper dosages and

administration of these medications, later emphasising the importance of regular blood tests and folic acid.

Dr Lim Sern Chin, on the other hand, explained JIA (Junior Idiopathic Arthritis) that affects patients below the age of 16. She spoke on the symptoms of arthritis in children, the importance of taking swift action so as to avoid, or limit, the deterioration of joints.

As management of RA is crucial to the quality of life and preservation of joint integrity, Durratul Husna Mohamat Kasim emphasised the role of an occupational therapist, then discussed the best ways to manage RA, and how joints can be protected.

To break the monotony, Dr Ahmad Zaidi quizzed the attendees. Prizes were given to those who answered correctly. This certainly livened things up!

Once everyone was still basking in the glow of exhilaration from the quiz, and therefore more mentally engaged, the physiotherapy unit held an exercise session called "We Can" (Kita Boleh).

Yes, you guess it right: participants had a blast!



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MINGGU KESEDARAN ARTRITIS REUMATOID

Hospital Selayang

Sempena Hari Rheumatoid Arthritis Kebangsaan dari 18 hingga 22 Julai, sebuah galeri foto telah dibangunkan di lobi utama Hospital Selayang. Seramai 100 – 150 orang mengunjunginya setiap hari.

Selain daripada pameran gambar, jururawat dan kakitangan hospital juga ada memberi penerangan mengenai RA, iaitu bagaimana mahu mengenali sama ada ubat-ubatan RA adalah asli, perbezaan antara RA dan OA, alat bantuan yang ada bagi pesakit RA seperti penganduh, pickers, dan lain-lain lagi.

Pada hari Khamis, 21 Julai, satu forum umum telah diadakan di Klinik Pakar di tingkat tiga dari jam 8.00 hingga 11.30 pagi. Topik yang dibincangkan adalah "Apakah RA?" oleh Dr Hazlyna Baharuddin, "Rawatan bagi RA" oleh Cik Nurhafiza, "Artritis di kalangan kanak-kanak" oleh Dr Lim Sern Chin dan "Penjagaan Harian untuk Sendi" oleh Durratul Husna Mohamat Kasim.

Maklumat yang diberikan menjadi pengetahuan berguna dalam membentuk kesedaran mengenai penyakit ini. Kebanyakan hadirin ingin mengetahui sama ada glucosamine adalah berguna, adakah terdapat penawar bagi RA, atau saraf terjejas oleh RA dan – yang terutama sekali – perbezaan antara RA dan OA, yang dijawab oleh Dr Hazlyna.

士拉央医院办 类风湿性关节炎 意识周

配合全国类风湿性关节炎日，一场以类风湿性关节炎为主题的摄影展，在7月18日至22日之间在士拉央医院大堂举行，每天大约有100至150人参观。

除了展出摄影图片之外，现场也有护士及医药人员向民众提供关于类风湿性关节炎的资讯，例如怎样辨识正牌类风湿药物、类风湿性关节炎和退化性关节炎不同之处、类风湿患者可以使用的辅助工具如夹板、取物器等等。

7月21日星期四早上8点，在医院三楼的专科诊所办了一场讲座。讲座内容有哈智丽娜医生讲的“什么是类风湿性关节炎”、奴哈菲莎小姐所讲的“类风湿性关节炎疗法”、林声君医生讲的“儿童关节炎”，以及荷思娜小姐所讲的“关节的日常护理”。

讲座会所提供的有用讯息和知识，让民众对此疾病有了深一层的认识。当中很多人都想知道葡萄糖酸是不是可以改善病情、有没有办法把类风湿性关节炎完全治好，以及类风湿性关节炎会否牵连到神经。人们尤其想知道类风湿性关节炎和退化性关节炎两者间的不同之处。

Cik Nurhafiza pula membincangkan mengenai ubat-ubatan biasa bagi RA dan kesan sampingannya. Beliau juga menyentuh tentang dos-dos yang betul dan cara mengurus ubat-ubat ini, dan kemudiannya menekankan mengenai kepentingan ujian darah berkala asid folik.

Dr Lim Sern Chin pula menerangkan mengenai JIA (Junior Idiopathic Arthritis), iaitu artritis yang menyerang mereka yang berumur bawah 16 tahun. Beliau menceritakan tentang simptom artritis di kalangan kanak-kanak dan betapa pentingnya mengambil tindakan pantas untuk mengelak atau mengehendkan kerosakan sendi.

Memandangkan pengurusan RA itu amat penting bagi kualiti kehidupan dan memelihara kekuatan sendi, Durratul Husna Mohamat Kasim menekankan mengenai peranan seorang jurupuluh pekerjaan, cara-cara terbaik untuk menguruskan RA dan bagaimana sendi dapat dilindungi.

Untuk mengurangkan kebosanan, Dr Ahmad Zaidi pula mengemukakan soalan kepada para hadirin. Hadiah diberikan kepada mereka yang berjaya menjawab dengan betul. Orang ramai berasa sungguh seronok! Semasa semua orang masih keriang dan lebih fokus, unit fisioterapi memulakan sesi senaman bergelak "Kita Boleh". Semua peserta berasa seronok menghadiri forum tersebut.



以上问题乃由哈智丽娜为观听众一一解答。然后奴哈菲莎小姐就带领大家认识各种最常用来治疗类风湿的药物，并探讨它们的副作用。她也告诉大家用药的适当剂量以及适当的施药方法，并强调定期验血和服用叶酸的重要。

另一方面，林声君医生则向观听众们讲解发生在16岁以下儿童身上的少年原发祥关节。她谈及儿童关节炎的症状，告诉大家及早开始治疗的重要，因为这可避免或限制关节炎恶化。能够把类风湿性关节炎管理得好，对生活质素和维持关节完整有着正面作用。因此，荷思娜小姐在她的讲话里强调职能治疗师在这方面所扮演的重要角色。荷思娜小姐跟着也讨论管理类风湿性关节炎的最佳方法，以及怎样保护关节。跟着下来，阿末再迎医生的益智问答环节让全场观听众顿时活跃起来，凡是把问题答对者都得到一份奖品。

当大伙刚绞完脑汁、玩得不亦乐乎的时候，物理治疗部门的同仁们出现了，他们带领大家开开心心的做了一轮名叫“我们能”的体操。当然，现场也免不了了一阵嘻哈爆笑之声！



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Edmund Lee AMP, PKT

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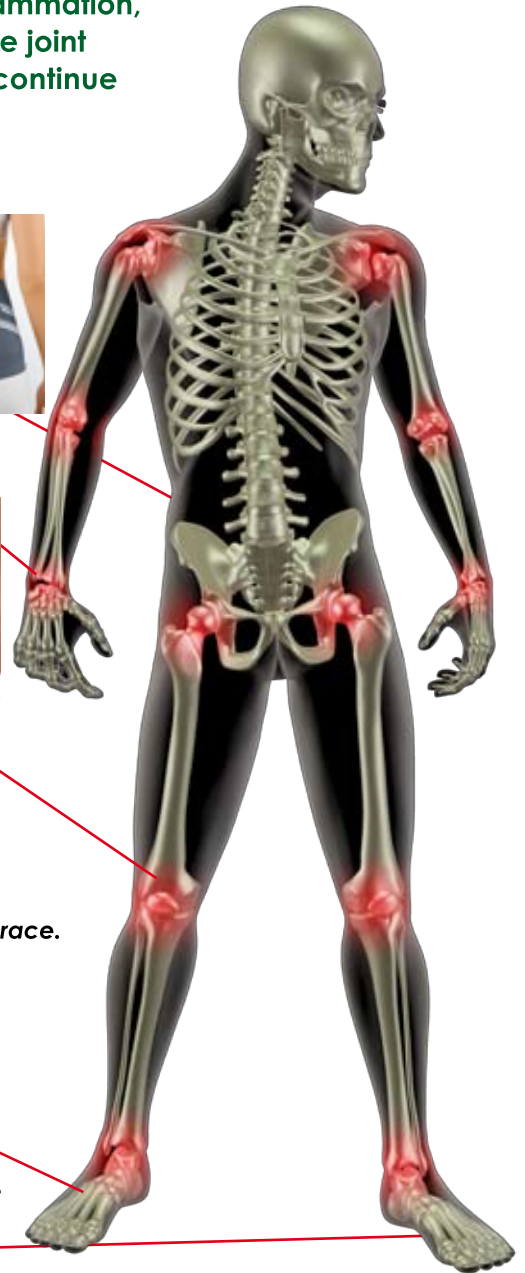
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THE ARTHRITIS FUND

The Arthritis Foundation Malaysia administers the Arthritis Fund, a charitable fund dedicated to the assistance of needy arthritis patients.

Established in 2003 with the specific aim of helping underprivileged arthritis patients with their treatment, the Arthritis Fund has thus far extended help by funding up to 90 % of the cost of joint replacement surgeries for needy patients.

To date, some 60 patients have been helped by the Fund, and most of them had full disbursement of the costs of joint replacement. The demand for funding is ever increasing and AFM is attempting to reach more patients with refinements to the quantum of financial assistance.

Patients with severe arthritis sometimes experience irreparable joint damage. Such patients require total joint replacement, but this is an expensive solution.

Many patients forego surgery and continue to deteriorate and suffer pain because they are unable to afford the implant. The cost of each implant is about RM 7,000 for a knee, and about RM 6,000 for a hip. Implants for younger children cost more.

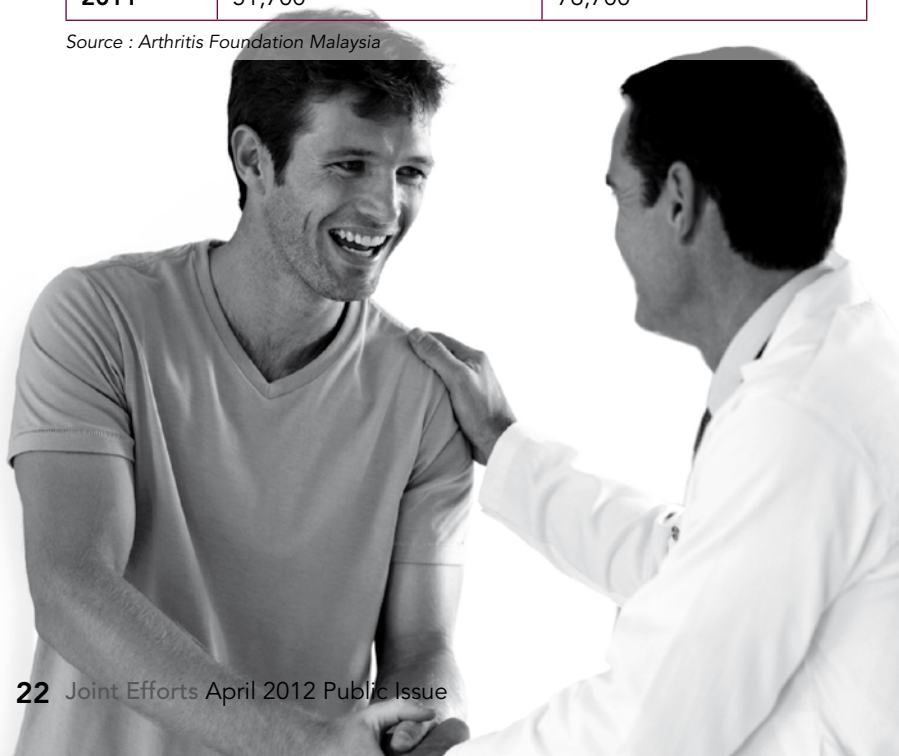
The Fund tries to help as many patients as it can. However, in order to ensure that its' objectives are met, the AFM has been strict in maintaining qualifying criteria for the help it extends.

It is the AFM's hope that benefactors, big and small, will continue to dig deep to contribute to the Arthritis Fund. Not only are all contributions to the Fund tax exempt, but donors would be assured that their donations will be used to improve the lives of patients ravaged by arthritis.

Funds approved and disbursed by the AFM's Arthritis Fund in the last five years

Year	Approvals (RM)	Disbursements (RM)
2007	52,395	56,495
2008	55,700	31,000
2009	29,500	45,650
2010	130,300	80,600
2011	51,700	76,700

Source : Arthritis Foundation Malaysia



WHO IS ELIGIBLE?

- The recipient (patient) must be a Malaysian citizen or permanent resident.
- The recipient's monthly income should not be more than RM3,500.
- The subsidy will cover the cost of the implant and incidentals. The surgery will have to be performed at a government hospital by an experienced Senior Orthopaedic Surgeon.
- No monies will be paid to the patient. Payments will be made directly to the supplier of the implants.
- All applications are reviewed and approved by the 'Arthritis Fund Committee' which consists of seven members. Approval will be based on eligibility and availability of funds. The decision of the Committee is final.

HOW TO APPLY?

- Obtain an Application Form from the AFM Secretariat (address on the cover) or call 03-5621 6177 to have it mailed to you, or download it from the AFM website: **www.afm.org.my**. Application forms are also available from the **UNIT KEBAJIKAN PERUBATAN** at the Government Hospitals.
- Complete the Application Form and give it to your attending medical team, who will provide details of your condition and your requirements. Every application requires references from 2 doctors.
- The social welfare worker will then evaluate your eligibility for sponsorship.
- The completed Application Form is sent to AFM, where it will be reviewed by the Arthritis Fund Committee.
- The Committee will revert within 2 months on whether or not your application has been approved.

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 Zainab II, Kota Bahru*

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

Executive Committee 2011-2013

President : Dr. Amir Azlan Zain
Vice-President : Kunamony S. Kandiah
Hon. Secretary : Annie Hay Seow Ping
Hon. Treasurer : C. Shivanandha
Committee : Puan Sri Samaladevi Navaratnam, Dr. Tang Swee Ping,
Members : Ding Mee Hong, Esther Goh Foong Chin,
Dr. Cheah Tien Eang, Nagula Thambidurai,
Dr. S. Sargunan, Dr. Eashwary Mageswaran
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. Yoges at +603 56216177 (Mon to Fri, 8.30 to 16.30 hrs).

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ARTHRITIS FOUNDATION, MALAYSIA Membership Application / Renewal Form

NAME: _____

I/C NO: _____

DATE OF BIRTH: _____ GENDER: _____

MEMBERSHIP NUMBER (IF RENEWAL) _____

MARITAL STATUS: _____

OCCUPATION: _____

E-MAIL: _____

HOME ADDRESS: _____

TEL NO: _____ FAX NO: _____

OFFICE ADDRESS: _____

TEL NO: _____ FAX NO: _____

I enclose herewith payment of RM _____

Cheque/Money order no. _____

BEING PAYMENT FOR:- _____

NEW MEMBER:

- Ordinary Member (RM35)
(Registration fee: 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, P.O. Box 60, Lower Ground Floor,
No. 5, Jalan Lagoon Selatan, Bandar Sunway,
46150 Petaling Jaya, Selangor

TRANSFORM YOUR LIFE



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



Roche (Malaysia) Sdn Bhd (Co. No. 11792-H)
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182 Jalan Tun Razak,
50400 Kuala Lumpur.
Tel: 603-21735000 Fax: 603-21688948