

Joint Efforts

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

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ANNOUNCEMENTS

World Arthritis Day 2013

will be held on Saturday 12 October at the SWAN Convention Centre, Sunway Medical Centre from 9am to 4pm. All are welcome!

.....

Exercise Your Joints!

If you've always wanted to exercise (because you KNOW that it is good for you and the health of your joints), but just do not know how, be sure to check out the exercise classes conducted by trained physiotherapists on Tuesdays at 10.45 to 11.45am and Thursdays at 5.30 to 6.30pm at Rehab centre of Sunway Medical Centre.

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ARTHRITIS KNOWS NO AGE-BOUNDARIES

... this is why awareness leads to early treatment and a better life despite it.

As part of our big drive to raise awareness of arthritis in the hope of encouraging greater numbers of early detection and therefore better outcome, we have dedicated two issues of Joint Efforts to present detailed descriptions of the various types of arthritis to this end. Arthritis is a broad term and there are many situations where it is used. We will try to explain some of them.

The last issue of Joint Efforts focussed on more recognizable forms of arthritis, namely osteoarthritis, rheumatoid arthritis and gout. This issue, the spotlight will highlight juvenile idiopathic arthritis (JIA), infectious arthritis (septic arthritis), and ankylosing spondilitis.

WHAT IS ARTHRITIS?

"Arthritis" is applied to over a hundred varieties of disorders, but it generally means inflammation of the joint whether from the result of a disease, infection, hereditary or other causes. The word "arthritis" itself comes from the Greek word "arthro" for "joint" and "itis" or "inflammation".

It is an autoimmune disease that affects the musculoskeletal system, specifically the joints and is the main cause of disability among people over 55 years old in industrialized countries. One of the most common misconceptions regarding this disease is that it only affects "older" people.

However, as arthritis is not a single disease (it is a term that covers over 100 medical conditions) some forms of arthritis can affect people at a very early age. Osteoarthritis (OA), a degenerative joint disease, is the most common form of arthritis that generally affects elderly patients.

Symptoms of arthritis to be on the lookout for are pain, swelling, joint stiffness, or a constant ache around the joint(s). Arthritic disorders like lupus and rheumatoid can also affect other organs in the body with a variety of symptoms.



JUVENILE IDIOPATHIC ARTHRITIS (JIA)

This is a form of arthritis that affects a person aged 16 or younger. JIA can be present in various forms; There are three main types:

1. Pauciarticular JIA, the most common and mildest. The child experiences pain in up to 4 joints.
2. Polyarticular JIA affects more joints and is more severe. As time goes by it tends to get worse.
3. Systemic JIA is the least common. Pain is experienced in many joints. It can spread to organs such as lymph nodes, blood and skin.

The child with JIA will experience intermittent fevers that tend to peak in the evening and then suddenly disappear. His appetite will be poor and he will lose weight. There may be blotchy rashes on his arms and legs. Anemia is also common. The child may limp or have a sore wrist, finger, or knee. A joint may suddenly swell and stay larger than it usually is. He or she may experience a stiff neck, hips or some other joint.

Diagnosis

Diagnosis of JIA is difficult because joint pain in children can be from many other causes. There is no single test that can confirm the diagnosis and most physicians use a combination of blood tests, X-rays and the clinical presentation to make an initial diagnosis of JIA. Blood tests measure antibodies and rheumatoid factor. Unfortunately, rheumatoid factor is not present in all children with JIA. Moreover in some cases the blood results could be normal. X-rays are obtained to ensure that the joint pain is not due to fracture, cancer, infection or a congenital abnormality. In most cases, fluid from the joint is aspirated and analyzed. This test often helps in making a diagnosis of JIA by ruling out other causes of joint pain.

Treatment

JIA is best treated by a multidisciplinary team. The major emphasis of treatment for JIA is to help the child regain normal level of physical and social activities. This is accomplished with the use of physical therapy, pain management strategies and social support.

Another emphasis of treatment is to control inflammation as well as extra-articular symptoms quickly. This would help reduce joint damage, and other symptoms. This will in turn decrease permanent damage leading to disability. There have been advances in drug treatment over the last 20 years. Most

children are treated with non-steroidal anti-inflammatory drugs and intra-articular corticosteroid injections.

Methotrexate, a disease modifying anti-rheumatic drug (DMARD) is a powerful drug which helps suppress joint inflammation in the majority of JIA patients with polyarthritis (though less useful in systemic arthritis). Newer drugs have been developed recently, such as TNF alpha blockers, such as etanercept.

There is no controlled evidence to support the use of alternative remedies such as specific dietary exclusions, homeopathic treatment or acupuncture. However, an increased consumption of omega-3 fatty acids proved to be beneficial in two small studies. Celecoxib has been found effective in one study.

Other aspects of managing JIA include physical and occupational therapy. Therapists can recommend the best exercise and. Moreover, the child may require the use of special supports, ambulatory devices or splints to help them ambulate and function normally.

Surgery is only used to treat the most severe cases of JIA. In all cases, surgery is used to improve joint function. Home remedies that may help JIA includes getting regular exercises to increase muscle strength and joint flexibility.

Swimming is perhaps the best activity for all children with JIA. Stiffness and swelling can also be reduced with application of cold packs. A warm bath or shower can also improve joint mobility.



INFECTIOUS ARTHRITIS (Septic Arthritic)

Is infection of the synovial fluid and tissues of a joint. It is usually caused by bacteria, but could also be caused by fungi or viruses. Bacteria, fungi or viruses may spread through the bloodstream from infected tissue nearby, and infect a joint. Most susceptible people are those who already have some form of arthritis and develop an infection that travels in the bloodstream.

Symptoms

The patient has a fever, joint inflammation and swelling. He will feel tenderness and/or a sharp pain. Often these symptoms are linked to an injury or another illness. Most commonly affected areas are the knee, shoulder, elbow, wrist and finger. In the majority of cases, just one joint is affected.

Diagnosis

Arthrocentesis is commonly used to make an accurate diagnosis of septic arthritis. This procedure involves surgical puncture of the joint to draw a sample of synovial fluid. Normally, this fluid is sterile and acts as a lubricant.

In arthrocentesis, a needle is inserted into the affected joint. Fluid from the joint is collected in the needle and sent to a lab for evaluation. The lab compares the white blood cell count with normal synovial fluid, and watches the fluid for any bacterial growth. This will help the doctor determine if an infection is present, and which organism is causing it.

X-rays, MRIs, and blood tests can also be used to monitor inflammation. MRI scanning is sensitive in evaluating joint destruction. Blood tests can also be taken to detect and monitor inflammation.

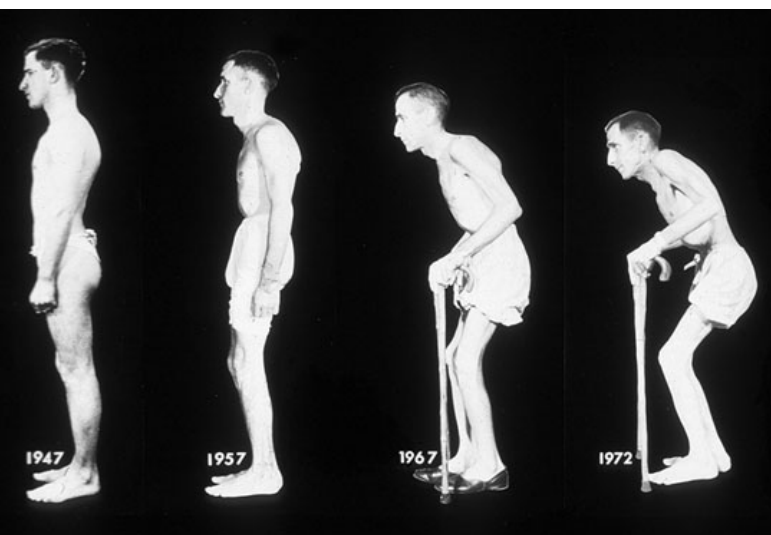
Treatment

Infectious arthritis treatments include using a combination of powerful antibiotics as well as draining the infected synovial fluid from the joint. It's likely that antibiotics will be administered immediately to avoid the spread of the infection.

Intravenous (IV) antibiotics may be given, which requires admission to the hospital. The treatment, however, may be continued on an outpatient basis at home with the assistance of a home health nursing service.

Initially, empiric antibiotics are chosen to cover a wide range of infections. If the bacteria can be identified, antibiotics specific to that organism are used. It may take four to six weeks of treatment with antibiotics to ensure complete eradication of the infectious agents.

Drainage of the infected area is critical for rapid clearing of the infection and is performed by removing the fluid with a needle and syringe. Elevation of the limb and bed rest may be necessary.



ANKYLOSING SPONDYLITIS (AS)

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

Sometimes, AS can be misdiagnosed as normal rheumatism, and in the long-term, untreated AS may result in osteopenia 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). These are the body's attempt to compensate for existing bone and ligament degeneration affecting the spine.

Apart from the axial spine and other related joints, the organs that may be affected by AS are the heart, lungs, eyes, colon and kidneys. Examples are complications such as aortic regurgitation, Achilles tendinitis, AV node block (a disease in the electrical conduction system of the heart) 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, 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 children can cause swelling and pain in the ankles and feet, where calcaneal spurs may also develop.

Symptoms first appear as 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.

The pain cause by AS is usually dull and diffuse, rather than localized, being worse in the mornings and during the night. It may improve with 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 heels.

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 early diagnostic tool as it generally shows spinal abnormalities that are established with advanced disease.

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 computed tomography and magnetic resonance imaging(MRI) of the sacroiliac joints.



An AS patient going through an acute inflammatory phase of the disease might also be tested for C-reactive protein (CRP) and the erythrocyte sedimentation rate (ESR).

The Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) and the Bath Ankylosing Spondylitis Functional Index (BASFI) are 2 indices that help physicians assess the severity of the disease. These tools are available on the internet.

Treatment

Although there is no known cure for AS, there are 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. Stretching, yoga, tai chi and Pilates are also recommended. Moderate to high-impact exercises such as jogging are not recommended due to the jarring of affected vertebrae that can worsen pain and stiffness in some patients.

Apart 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 immune modification. A class of medications known as biologics, more specifically, the TNF alpha blockers are also used as immune modifiers.

Pain-relieving drugs come in two major classes: the non steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen, phenylbutazone, indomethacin, naproxen and COX-2 inhibitors that reduce inflammation and pain, and occasionally opioid analgesics.

The most promising AS treatment to date, however, are the TNF alpha blockers that have shown, in the majority of clinical cases, to slow the progress of AS, helping to reduce significantly pain and inflammation. However, these drugs are very expensive and they seem to have an increased risk of infections.

In severe cases, hip and knee joint replacements are required to achieve acceptable functionality.

SOURCES

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Sebagai sebahagian daripada usaha kami untuk meningkatkan kesedaran tentang arthritis demi menggalakkan lebih banyak lagi pengesanan awal dan prognosis yang lebih baik, kami mengkhususkan dua terbitan Joint Efforts ini untuk memberi penerangan terperinci tentang pelbagai jenis arthritis. Memandangkan terma “arthritis” ini merangkumi spektrum gangguan yang luas, kami akan membahagi-bahagikan fokus tersebut untuk penerangan yang lebih jelas.

Terbitan terakhir Joint Efforts fokus kepada arthritis, osteoarthritis, rheumatoid arthritis dan gout, iaitu jenis yang lebih mudah di “kenali”. Dalam terbitan kali ini, tumpuan akan diberikan terhadap juvenile idiopathic arthritis (JIA) atau radang sendi kanak-kanak, arthritis septik dan ankylosing spondylitis atau keradangan sendi kronik.

ARTRITIS TIDAK MENGENAL USIA

... oleh itu kesedaran membawa kepada rawatan awal dan kehidupan yang lebih baik.

APAKAH ARTRITIS?

Secara amnya, perkataan “Arthritis” diguna pakai untuk pelbagai jenis gangguan, tetapi selalunya bermaksud keradangan sendi, sama ada akibat penyakit, jangkitan, genetik atau sebab-sebab lain. Perkataan “arthritis” itu sendiri datangnya daripada perkataan Yunani “arthro” untuk “sendi” dan “itis” atau “keradangan”. Arthritis adalah penyakit auto imun yang menjejaskan sistem muscoskeletal, khususnya sendi dan menjadi sebab utama kecacatan di kalangan mereka yang berusia 55 ke atas di negara-negara perindustrian. Tindakan salah paling biasa adalah bahawa penyakit ini hanya menyerang “orang-orang tua”. Walau bagaimanapun, arthritis bukanlah penyakit tunggal -- terma ini merangkumi lebih daripada 100 keadaan perubatan -- sesetengah jenis arthritis mungkin menyerang mereka pada usia muda, walau pun osteoarthritis (OA), iaitu penyakit sendi degeneratif, adalah bentuk arthritis yang paling biasa yang menyerang warga emas.

Secara amnya, tidak kiralah apa jenis arthritis, simptom-simptom biasa yang perlu diawasi adalah rasa sakit, bengkak, sendi yang kaku atau sakit yang berterusan pada sendi-sendi. Gangguan arthritis seperti lupus dan reumatoid juga boleh menjejaskan organ-organ lain di dalam badan dengan pelbagai simptom.

IDIOPATIK JUVENIL ARTHRITIS (JIA)

... adalah arthritis yang menjangkiti mereka yang berusia 16 tahun ke bawah. JIA mungkin merupakan pelbagai bentuk arthritis; tetapi secara asasnya penyakit ini dihadapi oleh kanak-kanak. Terdapat tiga jenis utama:

1. JIA Pausiartikular adalah yang paling biasa dan paling tidak teruk. Pesakit mengalami kesakitan sehingga pada 4 sendi.
2. JIA Polyarticular menjejaskan lebih banyak sendi dan lebih teruk. Lama kelamaan ia akan menjadi lebih buruk.
3. JIA Sistemik adalah yang paling jarang dihadapi. Kesakitan dialami pada banyak sendi dan boleh merebak ke organ. Penyakit ini adalah JIA yang paling serius.

Kanak-kanak yang menghadapi JIA akan demam sekejap-sekejap terutamanya pada sebelah petang dan kemudiannya hilang. Dia kurang berselera dan akan hilang berat badan. Mungkin terdapat tompok-tompok ruam pada tangan dan kakinya. Anemia juga biasa dialami oleh kanak-kanak ini. Kanak-kanak ini mungkin tempang atau sakit pada pergelangan tangan, jari atau lutut. Sendi mereka mungkin bengkak secara tiba-tiba dan kekal lebih besar daripada biasa. Mereka mungkin merasa kaku pada leher, pinggul atau sendi yang lain.

Diagnosis

Diagnosis JIA adalah sukar kerana sakit sendi pada kanak-kanak boleh juga disebabkan oleh perkara lain. Tiada sebarang ujian tertentu yang dapat mengesahkan diagnosis dan kebanyakan doktor menggunakan kombinasi ujian darah, sinaran-x dan tanda-tanda klinikal untuk membuat diagnosis awal JIA. Ujian darah mengukur antibodi dan faktor reumatoid. Malangnya, faktor reumatoid tidak ditunjukkan oleh semua kanak-kanak yang menghadapi JIA. Tambahan pula, dalam sesetengah kes, keputusan ujian darah adalah normal. Sinaran-x

diperoleh bagi memastikan sakit sendi bukannya akibat patah, kanser, jangkitan atau keadaan tidak normal sejak lahir. Dalam kebanyakan kes, bendalir dari sendi disedut keluar dan dianalisis. Ujian ini dapat membantu dalam diagnosis JIA dengan menyetepikan sebab-sebab sakit sendi yang lain.

Rawatan

JIA lebih baik dirawat oleh satu pasukan pelbagai disiplin. Penekanan utama dalam rawatan JIA adalah untuk membantu kanak-kanak tersebut mendapatkan semula tahap aktiviti fizikal dan sosial yang normal. Ini dapat dilakukan melalui terapi fizikal, strategi pengurusan sakit dan sokongan sosial.

Penekanan lain rawatan tersebut adalah mengawal keradangan serta simptom-simptom artikular tambahan. Ini dapat membantu mengurangkan kerosakan sendi, dan simptom-simptom lain yang akan membantu mengurangkan tahap kerosakan kekal yang akan menyebabkan kecacatan. Terdapat kemajuan positif dalam rawatan menggunakan ubat-ubatan sejak 20 tahun lalu. Kebanyakan kanak-kanak dirawat dengan ubat anti-keradangan tanpa steroid dan suntikan intrasendi kortikosteroid.

Methotrexate, iaitu ubat anti-reumatik pengubah penyakit (DMARD) adalah ubat yang kuat yang membantu menaham keradangan sendi dalam kebanyakan pesakit JIA dengan poliartiritis (walaupun kurang manfaat untuk artritis sistemik). Ubat-ubat baharu telah dibangunkan sejak akhir-akhir ini, seperti penyekat alfa TNF, seperti etanercept.

Tiada bukti terkawal yang menyokong penawar alternatif seperti makan berpantang, rawatan homeopati atau akupunktur. Walau bagaimanapun, dua kajian kecil menunjukkan bahawa meningkatkan pengambilan asid lemak omega-3 terbukti bermanfaat. Celecoxib didapati berkesan dalam satu kajian.

Aspek-aspek lain dalam menguruskan JIA termasuklah terapi fizikal dan pekerjaan. Ahli terapi boleh mencadangkan senaman terbaik dan juga membuat peralatan perlindungan. Tambahan pula kanak-kanak tersebut mungkin perlu menggunakan sokongan khas, alat ambulatori atau splint untuk membantu mereka bergerak dan berfungsi secara normal.

Pembedahan hanya digunakan untuk merawat kes-kes JIA yang teruk. Dalam semua kes, pembedahan digunakan untuk menghilangkan parut dan meningkatkan fungsi sendi. Penawar rumah yang mungkin membantu JIA termasuklah melakukan senaman secara tetap untuk meningkatkan kekuatan otot dan kelenturan sendi.

Berenang mungkin merupakan aktiviti terbaik bagi semua kanak-kanak yang menghidapi JIA. Kekakuan dan bengkak juga boleh dikurangkan dengan meletakkan pek sejuk, tetapi mandi air suam juga boleh menambah baik mobiliti sendi.

ARTRITIS BERJANGKIT (Artritis Septik)

... adalah jangkitan dalam bendalir sinovial dan tisu sendi. Ia selalunya disebabkan oleh bakteria, tetapi mungkin juga disebabkan oleh fungi atau virus. Bakteria, fungi atau virus mungkin merebak melalui saluran darah daripada tisu terinfeksi yang berdekatan dan menjangkiti sendi. Mereka yang paling mudah terkena penyakit ini adalah mereka yang telah mempunyai sebarang bentuk artritis dan membentuk infeksi yang bergerak melalui aliran darah.

Simptom

Pesakit akan demam, sendi akan keradangan dan bengkak. Sendi tersebut berasa sengal dan/atau sakit mencucuk. Selalunya simptom ini berkaitan dengan kecederaan atau penyakit lain. Bahagian paling biasa dijangkiti adalah lutut, bahu, siku, pergelangan tangan atau jari. Dalam kebanyakan kes, hanya satu sendi sahaja yang terjejas.

Diagnosis

Artrosentesis biasanya digunakan untuk membuat diagnosis tepat bagi artritis septik. Prosedur ini melibatkan punktur pembedahan pada sendi untuk mengeluarkan contoh bendalir sinovial. Biasanya bendalir ini steril dan bertindak sebagai pelincir.

Dalam artrosentesis, jarum dimasukkan ke dalam sendi yang terjejas. Bendalir daripada sendi ini diambil di dalam jarum dan dihantar ke makmal untuk diperiksa. Makmal akan membandingkan bilangan sel darah putih dengan bendalir sinovial normal dan memeriksa sama ada terdapat sebarang pembiakan bakteria di dalamnya. Ini akan membantu doktor memastikan sekiranya terdapat sebarang jangkitan dan jenis organisma yang menyebabkannya.

Sinaran-x, MRI dan ujian darah juga boleh digunakan untuk memantau keradangan. Pengimbasan MRI ini sensitif dalam memeriksa kerosakan sendi. Ujian darah juga boleh digunakan untuk mengesan dan memantau keradangan.

Rawatan

Rawatan artritis berjangkit termasuklah menggunakan kombinasi antibiotik yang kuat serta mengeluarkan bendalir sinovial yang dijangkiti daripada sendi. Kemungkinan antibiotik akan diberikan serta merta untuk mengelakkan jangkitan daripada merebak.

Antibiotik intravena (IV) mungkin akan diberikan dan pesakit perlu tinggal di hospital pada mulanya. Walau bagaimanapun, rawatan mungkin akan diteruskan sebagai pesakit luar dengan bantuan perkhidmatan penjagaan kesihatan di rumah.

Pada mulanya, antibiotik empirik dipilih untuk merangkumi rangkaian jangkitan yang luas. Sekiranya bakteria dapat dikenal pasti, antibiotik khusus terhadap organisma yang tertentu akan digunakan. Rawatan antibiotik mungkin akan mengambil masa selama empat hingga enam minggu bagi memastikan penghapusan menyeluruh agen jangkitan tersebut.

Mengeluarkan bendalir daripada bahagian yang dijangkiti adalah kritikal untuk menyembuhkan jangkitan dengan cepat dan dilakukan dengan menggunakan jarum dan picagari. Pengambilan keluar bendalir dilakukan setiap hari atau melalui pembedahan beberapa kali. Kaedah tepat bergantung kepada lokasi sendi. Bahagian yang terlibat perlu ditinggikan dan rehat atas katil mungkin perlu.

ANKYLOSING SPONDYLITIS (AS)

Penyakit ini terdapat pada tahap ringan hinggalah kepada melemahkan secara progresif. Kes-kes yang dapat dikesan awal boleh dikawal secara perubatan. Sesetengah pesakit berbolak balik antara tempoh keradangan aktif ke tempoh keredaan, yang lain pula tidak pernah merasa reda dan mengalami keradangan dan kesakitan kronik.

Kadang-kala AS boleh disalah diagnosis sebagai reumatisme biasa dan dalam jangka panjang, AS yang tidak dirawat boleh mengakibatkan osteopenia atau osteoporosis, yang menyebabkan fraktur kemampatan dan "bonggol" di belakang. Tanda-tanda biasa AS yang semakin timbul adalah pembentukan jelas sindesmofit (iaitu sejenis benjolan tulang pada tulang belakang) pada sinaran-x dan benjolan tulang tidak normal yang serupa dengan osteopit (benjolan tulang tambahan bulat kecil yang tumbuh di keliling sendi, dan usaha tubuh untuk mengimbangi tulang sedia ada dan kemerosotan ligamen akibat usia dan kecederaan) yang menjejaskan tulang belakang.

Selain daripada tulang belakang aksial dan sendi-sendi berkaitan lain, organ yang sering terjejas oleh AS adalah jantung, paru-paru, mata, kolon dan buah pinggang. Komplikasi lain adalah regurgitasi aortik (aliran darah rosak yang mengalir ke ruang ventrikel kiri jantung akibat aorta yang tidak cekap), tendinitis Achilles, AV blok nod (penyakit

dalam sistem elektrik jantung yang boleh menyebabkan pening kepala, pitam dan palpitasi) dan amiloidosis (pelbagai keadaan di mana protein amiloid dikumpulkan secara tidak normal dalam organ dan/atau tisu).

Tanda-tanda dan Simptom

Berbeza dengan artritis reumatoid yang dihadapi oleh lebih ramai wanita berbanding lelaki, terutamanya wanita berusia 40-an ke atas, pesakit biasa AS adalah lelaki berusia antara 20-40 tahun. Bagi pesakit di bawah usia 18 tahun, AS mungkin menyebabkan kesakitan dan bengkak pada sendi anggota yang besar, terutamanya lutut. AS pada kanak-kanak pra-pubesen boleh menyebabkan bengkak dan sakit pada buku lali dan kaki, di mana spur kalkaneum juga mungkin terbentuk.

Simptom mula timbul dengan sakit kronik dan kekakuan pada pinggang, dan selalunya sakit pada sebelah punggung dan pada belakang paha dari sendi sarkoilik. Aliran penyakit AS berbeza-beza dari seorang ke seorang dan simptomnya kadang-kala timbul di kalangan kanak-kanak atau lelaki lebih berusia. Simptom biasa lain adalah kelesuan dan rasa loya.

Kesakitan akibat AS selalunya melemahkan dan tersebar, dan bukannya setempat. Kesakitan tersebut selalunya teruk pada waktu pagi dan pada waktu malam, tetapi boleh dilegakan dengan mandi air suam atau senaman ringan. Kesakitan lebih teruk apabila berehat dan berkurangan dengan aktiviti fizikal. Setelah beberapa bulan atau tahun, kekakuan dan kesakitan boleh merebak hingga ke sepanjang tulang belakang dan ke leher dengan rasa nyeri merebak ke rusuk, tulang kipas, pinggul, paha dan tumit.

Lelaki lebih ramai menghadapi AS berbanding wanita dengan nisbah 3:1. Penyakit ini juga lebih menyakitkan ke atas lelaki berbanding wanita. Anggaran 40 peratus kes-kes AS dikaitkan dengan keradangan mata - iridocyclitis and uveitis - yang menyebabkan mata merah, sakit mata, hilang penglihatan, bercak titik-titik hitam (floaters) dan fotofobia.

Anggaran 90 peratus pesakit AS menunjukkan HLA-B27 genotip. Maknanya, terdapat perhubungan kukuh antara penyakit dengan genetik, walaupun hanya lima peratus orang yang mempunyai HLA-B27 genotip yang menghadapi penyakit ini.

Diagnosis

Tiada ujian langsung untuk mendiagnosis AS. Alat diagnostik utama adalah pemeriksaan klinikal dan mengkaji sinaran-X yang menunjukkan perubahan tulang belakang dan sacroilitis yang merupakan ciri-ciri AS. Walau bagaimanapun, sinaran-X bukanlah alat diagnostik terbaik kerana ia selalunya hanya menunjukkan ketidaknormalan tulang belakang yang terjejas akibat AS antara lapan hingga 10 tahun.

Ini bermakna, sinaran-X bagi seseorang yang didiagnosis dengan AS adalah 10 tahun lewat untuk mendapat rawatan. Pilihan untuk pengesanan awal adalah tomografi dan pengimejan resonans magnetik (MRI) pada sendi sarkoilik walaupun pihak perubatan masih belum dapat mengesahkan kebergantungan ujian-ujian ini. Walau bagaimanapun, kaedah klinikal atau ujian perubatan untuk AS adalah Ujian Schober.

Pesakit AS yang melalui fasa keradangan akut penyakit ini juga boleh diuji untuk tumpuan protin C-reaktif (CRP) dalam darah dan peningkatan dalam kadar enapan eritrosit (ESR), walaupun kadar CRP dan ESR dalam sesetengah pesakit AS tidak meningkat semasa fasa ini.

Pada 2007, penyelidik mendapati dua gen, iaitu ARTS1 dan IL23R, juga

menjadi penyebab AS. Bersama dengan HLA-B27, kedua-dua gen ini menyebabkan anggaran 70 peratus kejadian keseluruhan penyakit AS. Diagnosis AS yang lebih tepat boleh dibuat sekiranya ketiga-tiga gen ini dapat dikesan.

Dua indeks juga telah direka - Indeks Aktiviti Penyakit Ankylosing Spondylitis Bath atau BASDAI, dan Indeks Kefungsian Penyakit Ankylosing Spondylitis Bath atau BASFI - masing-masing untuk mengesan tahap keradangan disebabkan oleh AS dan untuk menilai dengan tepat kecacatan kefunksian pesakit akibat penyakit ini serta peningkatan berikutan terapi.

Indeks BASDAI membantu mendiagnosis AS dengan mengesan faktor-faktor seperti positif HLA-B27, kesakitan punggung yang sering ada dan hilang dengan senaman, dan sinaran-X atau MRI sendi sarkoilika. BASFI pula bukannya digunakan untuk mendiagnosis tetapi sebagai kaedah untuk menilai kefunksian seseorang pesakit akibat penyakit serta peningkatan selepas terapi.

Rawatan

Walaupun tiada sebarang penyembuhan bagi AS, terdapat pelbagai rawatan dan perubatan yang boleh mengurangkan simptom serta kesakitan yang disebabkan oleh penyakit ini. Walau bagaimanapun, senaman fizikal atau terapi adalah teras rawatan AS. Selalunya seorang doktor akan memberi ubat kepada pesakit AS sebelum pesakit menjalani fisioterapi atau rutin senaman. Apabila keradangan dan kesakitan telah berkurangan oleh ubat-ubatan, pesakit akan menjalani fisioterapi atau senaman yang disyorkan oleh doktor untuk menghilangkan kesakitan dan mengekalkan mobiliti sendi.

Fisioterapi adalah salah satu rawatan AS paling berkesan, diikuti oleh berenang kerana ia melibatkan semua otot dan sendi dalam keadaan impak rendah dan terapung, selain daripada regangan, yoga, tai chi dan Pilates. Secara keseluruhannya, senaman impak sederhana ke impak tinggi seperti jogging tidak disyorkan atau disyorkan dengan had kerana gejeran kepada tulang belakang yang terjejas yang boleh memburukkan lagi kesakitan dan kekakuan pada sesetengah pesakit. Selain daripada senaman, pakar AS selalunya percaya bahawa mengekalkan postur yang baik boleh mengurangkan tulang belakang daripada melekat atau membengkok, yang banyak berlaku di kalangan pesakit AS.

Secara amnya, tiga jenis ubat utama digunakan untuk merawat AS: ubat pelega sakit; DMARD, untuk mengurangkan respons sistem imun melalui rencatan imun; dan penyekat TNF α dikenali sebagai "biologik" juga digunakan sebagai penyekat imun.

Ubat pelega sakit terdapat dalam dua kelas: ubat anti keradangan, termasuk NSAID seperti ibuprofen, fenilbutazon, indomethacin, naproxen dan perencat COX-2, yang mengurangkan keradangan dan kesakitan, serta analgesik opioid yang terbukti berkesan dalam mengurangkan kesakitan kronik yang selalu ditanggung oleh pesakit AS.

Rawatan paling menjanjikan harapan setakat ini adalah perencat TNF α , di mana kebanyakan kes-kes klinikal, menunjukkan dapat memperlambatkan kemajuan AS, lalu membantu mengurangkan kesakitan dan keradangan dengan ketara. Walau bagaimanapun, selain daripada harganya yang mahal, biologik nampaknya meningkatkan risiko jangkitan.

Dalam kes-kes yang teruk, pembedahan juga merupakan pilihan dalam bentuk penggantian sendi, terutamanya pinggul dan lutut. Walaupun dianggap berisiko tinggi, "kecacatan flexion", atau tulang belakang atau leher yang melengkung ke bawah boleh dibetulkan melalui pembedahan.

关节炎大小通吃

.....及早醒觉，提早就医，就能无忧无虑。

为了提升公众对关节炎的醒觉意识，以期望大众能够及早发现关节炎的症状，及时就医。我们秉承着这项重任，悉心发行了两册的《关节》，详细地叙述了各种关节炎的真面貌。其实“关节炎”概括了好多种类的不适与症状，我们将一一地为您逐一剖析。

上一期的《关节》已经悉数比较“常见”，换句话说比较“明显”的关节炎，记有骨性关节炎、类风湿性关节炎和痛性关节炎。而这期的焦点将会是幼年特发性关节炎（JIA）、败血性关节炎与强直性关节炎。

关节炎到底是什么？

“关节炎”大意来说乃是上百种不同种类，由疾病、感染、基因或其它因素所引起的关节炎。“关节炎”（英文为arthritis）的词汇其实源自希腊文中“artho”是关节，而“itis”则是“肿胀”。

关节炎是一种影响骨骼系统，尤其是关节部分的顽疾。它也是在许多工业化国家里头造成年逾五十五岁老人成为残疾人士的主要“功臣”，它亦是许多人心中误认为专属于年长一辈的“老人病”。

然而，关节炎并非只限于单一病症——它是一个医学上涵盖一百逾种医药症状的惯用名词。而且某些形式的关节炎还可能影响年轻的一群，例如在年长者身上最常见，属于关节退化疾病的骨性关节炎（英文简称OA）。

所以，无论任何种类关节炎，它们皆有共同的症状，例如：关节部位疼痛、肿胀、僵硬或持续性的酸痛。它们就好比红斑狼疮或类风湿性关节炎一样，会影响身体各个大小器官，引起各类症状。

幼年特发性关节炎（JIA）

乃是属于年龄十六岁或更年轻一代的关节炎。这类型的关节炎有许多类别，可是它们皆对年幼者特别偏爱。它们主要包括了三大种类：

1. 局部性JIA：属最常见及轻微的类型。患者最多四个关节部位会感觉疼痛。
2. 多关节性JIA：影响更多的关节部位兼更加疼痛，随着罹患时光增长，疼痛亦日趋加剧。
3. 系统性JIA：较为罕见，病患的多个关节部位将会疼痛，而且还会扩散至其它器官，可谓最严重的幼年类特发性关节炎。

幼年类特发性关节炎的病患会有周期性的发烧症状，而且在近晚间时分会体温飙升后又忽然恢复正常。病患通常会因食欲不振而消瘦，手足部位会出现斑点状皮疹，通常还会罹患贫血症。幼年的病患将会因腕部、指头或膝盖部位溃烂生疮而导致步履蹒跚。患者的关节亦会突发性的肿大，颈部、臀部和其它关节部位也会感到僵硬。

诊断

要确诊幼年类特发性关节炎的病例是比较困难的，那是因为孩童的关节疼痛可能源自许多其它的因素。至今还没有任何一个单一检验方法可以诊断确定这类关节炎，所以大多数的医师利用验血、X光照射和临床检验等综合性检验方式来作此关节炎的初步诊断。验血乃为了测量血液中的抗体与红斑狼疮的因子含量。可惜的是并非所有罹患幼年类特发性关节炎的孩童都带有红斑狼疮的因子，而且在某些病例中病患的血液报告还是正常的。X光照片则可用来确定病患的关节痛并非源自骨折、癌症、细菌感染或或是先天性的异常生长。于多数的病例中，病患得抽取关节内的液体来加以化验。这将可排除其它引发关节疼痛的因素，更精准地诊断幼年类特发性关节炎。



治疗

幼年类特发性关节炎最好是由数个专科部门携手协调诊治，治疗的重心将是协助病患孩童从新恢复正常的体能与社交能力。疗程中涉及体能的调养、策划疼痛的管理与社区的支援等事项。

除此之外，疗程亦包括了快速地控制发炎和关节外部所可能出现的任何症状，这些措施将可协助降低该病症所引发的关节损坏和其它的症状，从而减低该病症所可能带来的永续性伤害，预防残障的机率。在近二十年的药物研发与治疗突飞猛进的情况下，多数病患接受了非类固醇的抗炎药物与关节外部注射皮质类固醇激素。

甲氨蝶呤（methotrexate,简称MTX）乃是其中一种改善病情慢作用抗风湿药物（简称DMARD），它可被用作协助大部分罹患多关节性JIA的病患压制关节炎（对系统性JIA病患则功效不佳）。近期也有新上市的特效药，如肿瘤坏死（TNF）因子阿尔法抑制素或别名依那西普注射液。

至今还未有被认可的凭据来支持坊间通用如忌食用某些食品、顺势疗法或针灸等偏方。可是在近期两项小型研究中则发现，增加摄取富Omega-3脂肪酸可为病患带来益处。塞来昔布（Celecoxib）在上述研究中被发现有效地舒缓病情。

我们可从体能或职业治疗方面来面对兼管理JIA。复健师可为病患推介最适合他们的复健运动和保护性的器材，病患则需使用这些特别的支撑器材、移动辅助器或夹板等等来协助他们正常地活动与作息。就较严重的JIA病患而言，他们则得依靠外科手术了。这类的外科手术将会去除疤痕，促进关节的正常功能。JIA的病患还可在家中进行数项规律性的运动来强化肌肉，促进关节的灵活性等。

也许最适合罹患JIA孩童的活动就是游泳了。冰敷也许可降低患处的僵硬与肿胀感，然而温水沐浴或洗温水澡则可提高关节的灵活性与活力。

感染性关节炎（败血性关节炎）

乃是由细菌、真菌又或是病毒入侵关节处的滑膜液或软组织所引起的关节炎。这些微生物可通过受感染组织或关节进入血液循环系统。多数容易染上这类关节炎的病患已罹患过某些程度的关节炎，再加上被微生物感染后，微生物成功进入血液，才导致败血性关节炎。

症状

病患将出现发烧、关节炎与肿胀等症状。病患亦会感到患处的压迫感与/或异常的疼痛，这类症状与外伤或其它疾病有直接的关联，受影响的部位记有膝盖、肩膀、手肘、手腕和手指头。在多数案例中，只有一个关节部位会受影响。

诊断

要确诊败血性关节炎，通常我们得进行关节腔穿刺这种程序。该检验方式需刺穿患处的关节腔，再抽取腔内的滑膜液。正常的滑膜液是一种无菌的润滑液体。关节腔穿刺术则把患处关节腔的滑膜液以针筒取出，再送往化验室化验。化验室将对样本内与正常滑膜液中的白血球含量，然后，样本还会进行微生物培养。以协助医生断定样本是否受到微生物感染，再加以鉴定感染物的确实身份。

X光照射、磁共振扫描和验血都可以用来监控发炎的情况。磁共振扫描可以很仔细地评估关节受损的程度，检验血液也能够用来探测与监控发炎。

治疗

感染性关节炎的治疗涵盖了使用强力抗生素与抽干患部滑膜液双剑合璧，抗生素需立即注射入患部，以避免感染扩散至其它部位。

此外，病患亦得入院进行静脉抗生素注射，又或者在家中由提供家庭保健护理的服务员上门进行该注射。

在最初阶段，病患将会服用涵盖性较为广泛的通用抗生素。在确定感染源的身份之后，则会服用针对该感染微生物的特定抗生素来加以控制病情。整个抗生素疗程得耗时四至六星期，以便该抗生素能彻底地杀灭感染源。

另一个不可忽视的便是由患部使用针筒来抽干受感染的滑膜液，这种抽干治疗得经过数日或数个外科手术才能完成，而真正的方式取决于受感染关节的所在位置。在抽取滑膜液后患处则需被垫高，病患也得静卧一段时期。

强直性关节炎 (AS)

这类型的关节炎可被规范为中等至十分严重的关节炎，可是也有一些及早发现确诊并通过药物得以控制的例子。一些病患的病情可能反反复复，时好时坏；而一些病患可能不会经历病情缓解，还会被慢性的发炎与疼痛缠上身。

有时，强直性关节炎可能被误诊为普通的关节炎。而就长期而言，不及时就医的AS可能会导致骨量减少或骨质疏松症，从而引发压力性骨折与“驼背”。这种关节炎最明显的征状则是在X光片中显示被影响脊椎的韧带骨赘（一种生长在脊椎外部的骨刺）和好像骨刺一般异常的骨头生长（生长在关节边缘的小圆形肿块，在骨头因老化或受损的状况下，身体为了补偿旧有的骨头而引发的骨质增生）。

AS除了影响相关的轴向脊椎与关节外，它也一并影响了心脏、肺、眼部、大肠与肾脏，其它征状还有主动脉瓣回流（因主动脉“失去功效”而导致含氧血液倒流回左心房）、跟腱炎、芳香结传导阻滞（心脏内部的电路系统出现异常而引发晕眩、昏倒与心悸）和淀粉样变（异常的淀粉样蛋白沉淀在身体不同的部位而产生的几种不同征状）等等。

征状与症状

比起类风湿性关节炎，AS相较于广泛影响年逾40的女性多于男性病患。强直性关节炎的病患主要属年龄介于20至40岁的年轻男士。那些年龄低于18岁的病患来说，AS比较常出现在四肢的主要关节处，尤其是为膝盖带来痛楚与肿胀。对未进入青春期的儿童来说，这类关节炎主要会出现在脚踝与脚这两处，以肿胀和疼痛折磨病患，接着它也会进而引发跟骨骨刺。

首先，病患将会开始于后腰部出现慢性疼痛和僵硬，又或是单边臀部或从大腿至髌膝关节这两个部位出现疼痛现象。致病成因因人而异，从年长者至孩童都会产生不同的征状，可是较为普遍的症状则是容易疲劳与感到恶心。

AS所引起的疼痛通常是比较深层性与扩散型，而不是局部性的疼痛。征状在早晨与夜晚分外严重，在洗温水澡或轻松型运动时病况则会逐渐舒缓，那也是说疼痛会静袭动休。随着时光的流逝，该僵硬感和疼痛将会从患部往脊椎扩散至颈部，背脊、双肩、臀部、大腿至脚跟处也会对压迫敏感而产生疼痛。

男士罹患强直性关节炎的比率比女性高出三倍，男病患所得承受的痛楚也比女病患更高。约百分之四十的强直性关节炎会引起一些眼部的发炎如虹膜睫状体炎与葡萄膜炎，其征状记有眼红、眼痛、失明、飞蚊症、畏光等。

此外，约九成的病患体内有HLA-B27的基因因子。虽然只有百分之五的HLA-B27基因因子的人确诊罹患强直性关节炎，可是，我们却可将AS归类为遗传基因病症。

诊断

AS并没不能用单一检验方式来确诊。主要能确实罹患AS的征状得通过临床检验兼X光照片的协助，以明确地显示脊椎的确产生某些变化和髌膝关节炎。然而，X光照射并非最佳的确诊方式，原因是它只对罹患该病症八至十年的脊椎异常有显著的效果。这也意味着如若使用X光照射法，该病患则会延误了十年方才得以就医。为了及早确诊，断层扫描影像与磁共振扫描可用来检验髌膝关节，不过这种检验方式还未受到医药权威组织的认证有效。此外，我们还可使用另一个临床方式或药物来确诊强直性关节炎——斯考博检查法（请查阅附录）。

至于那些晋入急性发炎期的病患，则可以检验血液中C活性蛋白质（CPR）浓度与高企的血红球沉降率（ESR）来侦测此病，虽说某些病患的CRP和ESR的读数并不会跟着罹患AS而出现增高的情况。

于2007年，学者发现了ARTS1和IL23R这两个基因因子亦会导致AS。如加上HLA-B27的话，这两组基因贡献了约七成的病例。所以，仔细侦查这两组基因可协助我们提升对AS的确诊机率。

专家们也创建了两种指标——贝氏强直性脊柱炎活动指数（BASDAI）与贝氏强直性脊柱炎功能指数（BASFI）来侦测强直性关节炎所引起的发炎程度，再加以判断病患对于该病症的功能障碍和复诊的复原障碍。

BASDAI主要用作检测AS的确诊因素，它们涵盖HLA-B27阳性反应、运动时持续性的臀部疼痛与使用X光射线或磁共振扫描来检测髌膝关节这三项测试。BASFI则不用作确诊该疾病的工具，它只用作评估病患的功能障碍和复诊的复原障碍。

治疗

强直性关节炎并无法有效地根治，可是我们有数个治疗方案与药物来减轻病症所引发的症状与疼痛。最主要的疗法乃是体能运动或体能复健治疗。

通常，医生会先为病患施药后，才会进行物理治疗或运动。当药物有效地控制了发炎与疼痛后，病患才会接受物理治疗或是医生为病患量身安排的运动，借以抚缓疼痛，提升关节的灵活度。

游泳乃是续物理治疗后，最有效治疗强直性关节炎的方法。那是因为这类型的疗法在低压迫和漂浮的情况之下，锻炼所有的肌肉与关节，其它方式也有伸展运动、瑜伽、气功和普拉提。简之，病患并不受鼓励，又或是得有节制地做一些中等至高压迫型的运动，如跑步类型的运动，以避免过度刺激患部，加剧病情。

此外，强直性关节炎的专家普遍上都认为，保持良好的体态可降低罹患脊椎粘合或脊椎弯曲的风险、进而远离该病症。

强直性关节炎有三种专用药物：止痛药、抑制免疫系统反应的DMARD、还有用来抑制免疫系统的肿瘤坏死因子（TNF）基因因子抑制剂。

止痛药涵盖了两种主要的类别：消炎用的非甾体抗炎药（NSAID）类中的布洛芬、苯乙丁胺酮、吲哚美辛、萘普生与COX-2抑制剂，可用作消炎镇痛。对于AS病患所常见的慢性疼痛，则可使用已被证实有效的麻醉性止痛药。

至今，最有效对付强直性关节炎的疗法乃是肿瘤坏死因子（TNF）基因因子抑制剂，它在许多病患的临床治疗中明显有效地镇痛消炎。可是，这种疗法却相对昂贵，亦潜伏着微生物感染的风险。

至于那些严重的病例，则可考虑动外科手术，替换受影响的关节，尤其是臀部和膝盖。虽然得冒高风险，可是外科手术对那些严重“扭曲变形”或移位的脊椎或颈部则较正确。

资料来源

<http://www.medicalnewstoday.com>
<http://www.medicinenet.com>
<http://www.webmd.com>
<http://www.umm.edu>



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TERRIFIC TAIPING!

The RASG's first 3 day 2 night trip was



Image from: <http://www.sentosa-villa.com/>



The Seventh National Rheumatoid Arthritis Day (NRAD) this year was held between the 19th and the 21st of July at the Sentosa Villa Resort, Taiping. Of course, the "day" was really spread over three wonderfully eventful days packed with fun activities and surprise visits. None of this should come as a surprise, knowing how the folk at the Arthritis Foundation always make it a point to go the extra mile to ensure that its members have a blast and some of the fondest memories with every trip or activity.

According to Annie Hay, RASG Chairperson, the morning of the 19th saw a group of 37 excited ladies and one gentleman boarding a brand new coach, heading towards Taiping to celebrate the seventh anniversary of the NRAD.

She explained, "The coach left Kuala Lumpur at slightly after 8.45 am and the journey was pleasant with short breaks at rest areas. The journey took us approximately three-and-a-half hours before we arrive at Matang / Kuala Sepetang village for our lunch'.

"We headed to a restaurant known for its famous Seafood porridge - smooth, delightful grains of rice, boiled with the sweetness of the seafood-infused broth, complemented by the abundance of rich, succulent seafood."

The lucky group had a sumptuous spread of delicious, mouth-watering side dishes (like Steamed Clams, Oyster Omelette & Deep Fried Fish) and every one left the restaurant with smiles on their faces and full stomachs.

The next exciting and eye-opening activity on the packed agenda was a visit to a charcoal factory owned by a certain Mr Chuah who went to great lengths to explain to the group the process of charcoal-making. He took them on a guided tour of his kiln and the finished product.

They finally arrived at the Sentosa Villa Resort, ideally located in the heart of Taiping Lake Gardens, and a mere 15-minute walk to the Maxwell Hill. The resort is a cluster of beautiful, natural garden-view cottages. Check-in was smooth and all the members were given their room keys and escorted to the chalets/villa individually by the staff.

The first item on the agenda for the evening was a barbeque dinner at the Sentosa Villa Gate Café and the night ended early as members were worn out from the day's earlier activities and travelling.

DAY 2

Day Two started with breakfast and later with group activities and games organized by the Resort. Team building was the order of the day, as well as getting members to stretch and flex their joints. Special care was given to members who needed assistance.

Laughter and sweet chattering filled the time and space when members were grouped into three teams that then competed against one another in the fun games.

Lunch was served at 12.30 p.m. after which members rested for about two hours to recharge for the main highlight of the day: a talk by Malaysian supermodel, Amber Chia at the Conference Hall of the Resort!



Before this, Ding Mee Hong kicked off the programme with a brief introduction to RA, its treatment, and the importance of early detection in prevailing over joint pains and disease.

Hay said: "The eventual tête-a-tête with Amber Chia was a pleasant surprise for our members as they found Amber to be friendly and very approachable."

Amber introduced herself briefly and explained how she was born in Telok Anson but moved to Tawau, Sabah when she was seven due to familial financial issues. At 17, she came to Kuala Lumpur to start modeling, gaining the exposure she needed after being a finalist in the 2004 Guess Watches Timeless Beauty Contest, a model search for Guess Watch's Brand Ambassador.

The married mother of a three-year-old boy inspired the participants with tips on striking a pose for the camera and how to catwalk down the runway. Members were able to see how Amber had to struggle to stay in the modeling industry before achieving fame and finally establishing her own modelling academy, The Amber Chia Academy. After the talk, members had the opportunity to pose with Amber for a photo opportunity.

The take-home message from the meeting with Amber is to reach out towards your own goals, which is the driving force for one to move on successfully in life so as to not have regrets later on. Although suffering, members were reminded that they need to have a positive attitude to fight this pain together, especially with the help of their support group.

A buffet dinner was served at seven before members met up again for a time of sharing and a lucky draw. Annie updated the group on her own illness, relating her experience with the new Biologics treatment in an effort to keep her RA under control. An evaluation exercise was also part of the night's programme to assist the Organising Committee plan even better for trips in the future. A quiz was followed by a lucky draw organised by Annie so that members could all go home with a memento of the trip each.

DAY 3

The last day started with light exercises conducted by Karen Chee, assisted by Annie. There was the unmistakable warmth of camaraderie as members gathered to exercise. This was followed by breakfast, and was soon informed by Annie that they had to arrange for an early check out if they were to be on time for the next activity on the agenda: a visit to the Antong Cafe Coffee Mill, established in 1933.

Check out was smooth and the group headed for Antong Café, Established in 1933, arguably Malaysia's most historical coffee mill where the traditional method of making coffee powder are still practised.

Mr Thian, the owner of Antong Café, gave a video presentation, as it was a Sunday and the workers were off duty. The highlight of the visit was that members were able to purchase Antong Café products like Kopi "O", White Coffee, Sos Cili Padi and lots more from their show room. After the visit, the group had – of course – nothing less than a "makan spree" at a food court in the city.

Only too soon, it seemed, the group left Taiping for Kuala Lumpur, finally arriving at about 4.30 pm with many of the members' loved ones waiting for them.

Overall, it was a memorable and fun trip as it was the RASG first ever a three-day/two-night trip with all 40 participants taking home and to their hearts cherished memories.

In a heart-warming thank you note, Cheryl Chew, a daughter of one of the RASG members who had followed her mother on the trip said: "I accompanied my mom on this trip and never thought it could turn out to be such a fun but relax and informative trip at the same time. I even get to meet Amber Chia! How about that!"

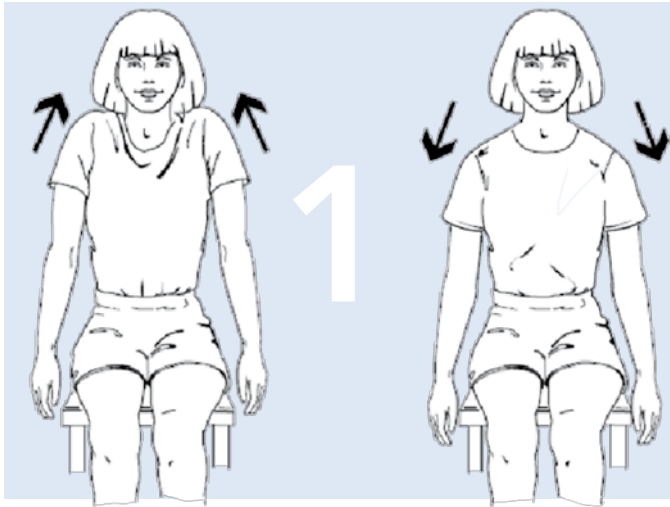
Chew went on to say that, thanks to the RASG, she went to interesting places and had the most delicious food that she would have otherwise not been able to do on her own. She also learnt a lot from the visits to the factory and cafe. She said, "All this wonderful experience just cost me RM300 for two, thanks to the Arthritis Foundation Malaysia and sponsors in considering members who are retirees or already financially challenge.

Salute to the team! As you are also someday an arthritis sufferer yourself but you still have the courage and energy to take care of us from journey safety, food, resort, arrange for appropriate activities, as well as an opportunity to meet with a celebrity to motivate everyone to have courage to move on no matter what the challenges are ahead! And ensuring our safety all the time.

"Our sincere appreciation to Annie Hay, Shantamalar, Yogeswary and Ding Mee Hong for your joint efforts in making this trip a success!"

SHOULDER EXERCISES

PART 1 肩膀运动第1部



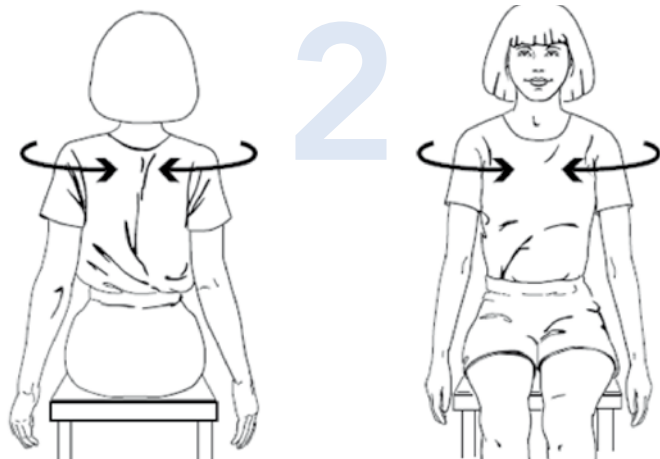
Shrug your shoulders up towards your ears and then drop down.

3 to 5 repetitions

Angkat bahu ke arah telinga dan turunkan semula

Ulang 3 hingga 5 kali

双肩往上缩起靠向耳朵，然后放松垂下。
重复做3至5次。



A Pull back and squeeze your shoulder blades together. Hold for 10 Counts.

Relax and repeat 3 to 5 repetitions

A Picit dan rapatkan tulang kipas kamu ke belakang. Tahan selama 10 saat.

Berhenti dan ulangi 3 hingga 5 kali.

A 双肩往后，将肩胛骨挤在一起，数10下，然后放松。

重复做3至5次。

B Round your shoulder forward. Hold for 10 counts.

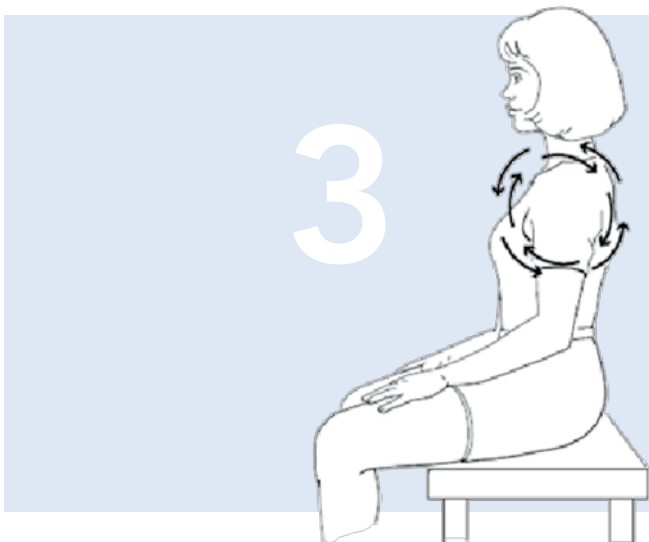
Relax and repeat for 3 to 5 repetitions

B Bulatkan bahu ke hadapan. Tahan selama 10 saat.

Berhenti dan ulang 3 hingga 5 kali

B 双肩移向身体前方，数10下，然后放松。

重复做3至5次。



Roll your shoulder forward in a circle 3 times and roll them backwards 3 times.

Relax and repeat the exercise 3 to 5 times

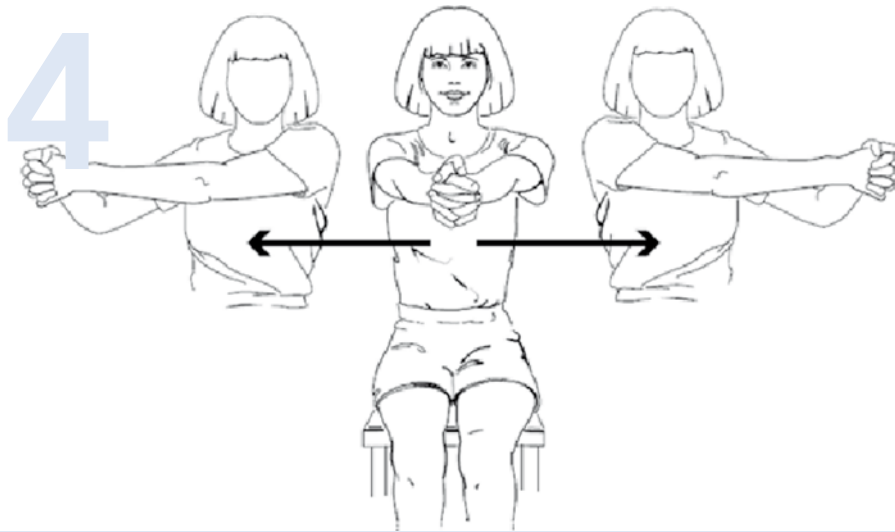
Bulatkan dan putarkan bahu kamu ke hadapan 3 kali dan ke belakang 3 kali.

Berhenti dan ulang 3 hingga 5 kali.

双肩向前旋动3次，接着向后旋动3次，放松。
重复做3至5次。

SENAMAN BAHU 1

BAHAGIAN 1



Clasp your hands together with arms extended to shoulder height. Without rotation from the waist, move your arms to the left side, return to centre, then to the right side.

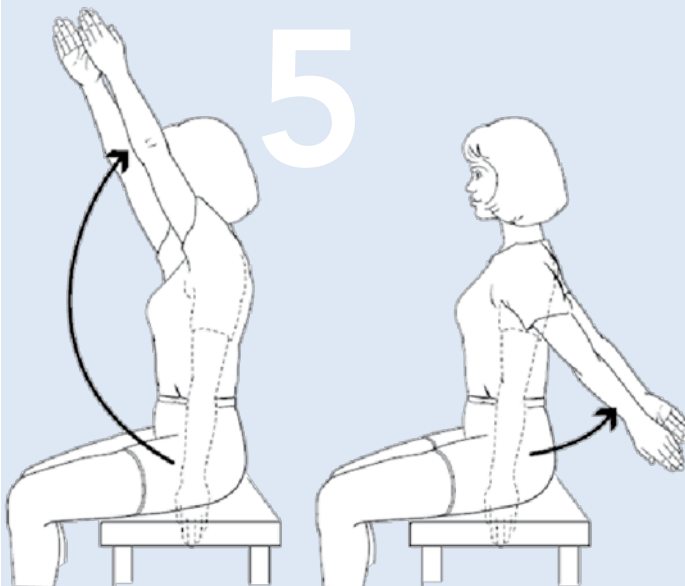
Repeat 3-5 repetitions

Genggam dan luruskan tangan ke aras bahu. Tanpa menoleh dari pinggang, gerakkan tangan kamu ke kiri, ke tengah dan ke kanan.

Ulang 3-5 kali

双手紧扣，伸长双臂齐肩高。在腰身保持不动的情况下，先把双臂移向左边，接着回到中间，之后则移向右边。

重复做3至5次。



A Begin with your arms at your side. Extend your arms in front of you with your palms facing each other. Raise your arms up as far as you can and then return to starting position.

Repeat 3 times.

A Mula dengan tangan ke tepi badan. Naik tangan dengan lurus ke hadapan dengan kedua tapak tangan bersemuka. Naikkan tangan setinggi yang boleh dan turunkan semula.

Ulang 3 kali

A 双臂垂直放在身体两旁做好准备。将双臂往前伸直，掌面相对，尽量举高双臂。然后，回到开始时的姿势。

重复做3次。

B Begin with your arms at your side. Raise your arms behind you as far as you can. Return to starting position.

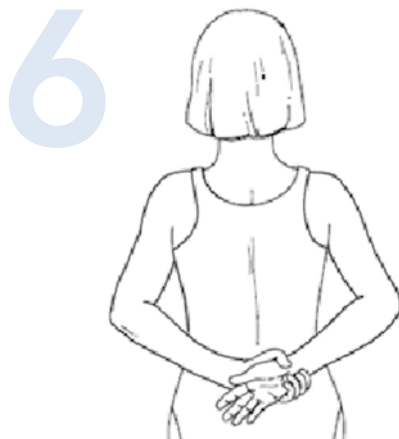
Repeat 3 times.

B Mula dengan tangan ke tepi badan. Naik tangan dengan lurus ke belakang dengan kedua tapak tangan bersemuka dan turunkan semula.

Ulang 3 kali

B 双臂垂直放在身体两旁做好准备。将双臂尽量向后伸，然后回到开始时的姿势。

重复做3次。



Place your hands behind your back and use one hand to grasp your other wrist. Slowly slide your hands up the center of your back as far as possible. Hold 10 counts, return to starting position. Repeat 3 times.

Letakkan tangan kamu ke belakang badan dan pegang pergelangan tangan dengan tangan yang lain. Naikkan kedua tangan mengikut garisan tulang belakang sejauh mungkin. Berhenti untuk 10 kiraan, dan turunkan tangan semula. Ulang 3 kali.

双手放在背后，用一只手抓住另一只手的腕部，依着背脊缓缓向上，尽量往上滑移。保持姿势，数10下，然后回到开始时的姿势。重复做3次。



NEW HEIGHTS IN ARTHRITIS RESEARCH

By: Dr S. Sargunan

Research in the field of arthritis has reached dizzying heights. The last 15 years have seen a tremendous advancement, not only in the discovery of the origins of arthritis, but also new therapeutic agents that are highly effective, and some of these medications have changed the lives of arthritis patients.

Among these medications are a class of drugs known as biologics. One such example is the TNF alpha antagonists. These drugs work on almost molecular levels, and the mechanism of action, is quite ingenious. Of course, most of these drugs are produced after years of painstaking research, both in laboratories and hospitals. Once the basic structure and design of the medication is established, and after studies on animals to determine safety, these drugs will then be tested on humans. This is a delicate process, conducted with strict adherence to international laws that prioritize the safety of the human subjects who participate in these studies.

There are a few phases that a drug has to go through before approval for commercial use. The process is stringent and meticulous, and closely scrutinized by regulatory authorities, who pay the most careful attention to the safety of the patient. Are such clinical trials conducted in Malaysia? The answer is, yes.

These trials have been going on in Malaysia, since the beginning of the decade, and there have been hundreds of patients who have been enrolled. You may ask if such trials apply to you as an arthritis patient. This is a possibility. However,

do understand that, suitability for trials require that you fulfill a number of criteria. The most important is the willingness to participate in clinical trials. The decision to enroll is entirely voluntary, and the informed consent form must be signed. The most important step involves the discussion of the risks and benefits of receiving experimental treatment. There are potential side effects to consider, though mostly the drugs are safe. At every level, safety is the priority. Any adverse event is recorded and analyzed carefully, and remedial measures are within reach.

There is also the possibility of the subject being given the placebo instead of the real drug. Again this is made known to the subject well before the consent is obtained. There is also the inclusion and exclusion criteria that have to be considered, so even if the subjects provide the consent, there is still another hurdle, and this is followed strictly, again in the interest of the patient's safety.

Once eligible, the subject is then enrolled, and the trial begins. There will be a number of visits to the research centre for detailed evaluation, while the patient is given the experimental drug. Careful observations are made, and blood tests are important. Adverse events or any abnormalities in the blood test are analyzed, and the trial drugs are dispensed.

Patients who do not respond to conventional drugs have the option of enrolling in the clinical trials. These trials last anywhere from 6 months to a few years. Should you be interested, please speak to your doctor who could direct you to a research centre closest to your location.

FARMASIA AD

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DATE	2013 sept

PENCAPAIAN BAHARU DALAM KAJIAN ARTRITIS

Oleh: Dr S. Sargunan

Kajian dalam bidang artritis telah mencapai tahap yang membanggakan. Sejak 15 tahun lalu terdapat banyak peningkatan, bukan sahaja dalam penemuan penyebab artritis, tetapi juga agen terapeutik baharu yang sangat efektif, dan sesetengah ubat-ubatan ini telah mengubah kehidupan pesakit artritis.

Antara ubat-ubatan ini adalah ubat yang dikenali sebagai biologik. Satu contohnya ialah antagonis alpha TNF. Ubat ini bertindak pada tahap molekul dan mekanisme tindakannya agak pintar.

Pastinya kebanyakan ubat ini dihasilkan selepas kajian yang telah dijalankan selama bertahun-tahun, di makmal dan di hospital. Apabila struktur dan rekaan asas ubat in telah ditentukan, dan selepas kajian ke atas haiwan telah dijalankan bagi menentukan keselamatannya, ubat ini kemudian akan diuji ke atas manusia. Ini adalah satu proses yang rumit, yang dijalankan dengan pematuhan ketat mengikut undang-undang antarabangsa yang mengutamakan keselamatan subjek manusia yang menyertai kajian ini.

Terdapat beberapa peringkat yang perlu dilalui sebelum sesuatu ubat itu diluluskan untuk kegunaan komersil. Prosesnya ketat dan rumit, dan dikawal oleh pihak penguat kuasa yang banyak menumpukan kepada keselamatan pesakit. Adakah ujian klinikal ini dijalankan di Malaysia? Jawapannya adalah 'ya'.

Ujian-ujian ini telah dilaksanakan di Malaysia sejak permulaan dekad dan beratus-ratus orang pesakit telah menyertainya. Anda mungkin terfikir sama ada ujian ini berkaitan dengan anda sebagai pesakit

artritis; kemungkinannya adalah ya. Walau bagaimana pun, anda perlu faham bahawa kesesuaian untuk ujian yang sedemikian memerlukan beberapa kriteria. Kriteria yang paling penting ialah kerelaan anda untuk menyertai ujian klinikal tersebut. Keputusan untuk menyertai adalah sukarela dan borang kebenaran mestilah ditandatangani. Langkah paling penting melibatkan perbincangan tentang risiko dan manfaat dalam menerima rawatan ujian itu. Terdapat potensi kesan sampingan yang perlu dipertimbangkan, walau pun kebanyakan ubat adalah selamat. Pada setiap tahap, keselamatan adalah keutamaan. Sebarang kesan negatif akan direkodkan dan dianalisis dengan rapi dan langkah-langkah pemulihan mudah diperolehi.

Terdapat juga kemungkinan subjek diberikan plasebo dan bukannya ubat yang sebenar. Perkara ini akan diberitahu kepada subjek sebelum kebenaran diperolehi. Terdapat juga kriteria pemasukan dan pengecualian yang perlu dipertimbangkan, maka, walaupun dengan kebenaran subjek, terdapat satu lagi halangan yang mesti dipatuhi demi kepentingan keselamatan pesakit.

Apabila layak subjek kemudiannya akan memulakan percubaan. Subjek perlu menghadiri beberapa siri lawatan ke pusat kajian untuk penilaian rapi di samping menerima ubat percubaan. Pemerhatian teliti akan dibuat dan ujian darah adalah penting. Sebarang kesan negatif atau abnormal di dalam ujian darah akan dianalisis dan ubat percubaan akan diberikan.

Pesakit yang tidak memberi tindak balas kepada ubat konvensional mempunyai pilihan untuk menyertai percubaan klinikal. Percubaan ini berlangsung dari 6 bulan hingga ke beberapa tahun. Sekiranya anda berminat, sila berbincang dengan doktor anda yang akan mengarahkan anda pergi ke pusat kajian yang terdekat dengan lokasi anda.

关节炎研究登上新高峰

沙谷楠医生撰写

关节炎领域的研究已经达到了高峰。过去15年的研究成果非常傲人，有了很大的进步，不但发现了关节炎的根源，也发明了极有效的新式治疗药物，当中一些药物更是改善了关节炎患者的人生。

在这众多药物当中，有一组药物叫生物制剂。TNF alpha受体拮抗剂便是其中一例。这些药物的作用可达分子层面，而它的作用机制，也很巧妙。

当然，这些药物大多数都是经过多年潜心研究才开发出来的。一旦药物的基本架构和设计已经确定，也经过在动物身上使用以确定安全后，接下来就会在人体上试用。试用的过程要求精巧，严谨遵循国际条例，并以接受试药者的安全为首要考量。

一种药物在获得批准上市之前，必须经过几个考验阶段。该过程严格精细，并且由非常关注患者安全的监管单位严密监控。马来西亚国内有没有类似的临床药物试验？答案是，有。

临床药物试验，早在十年前就已经在我国进行，至今登记参加试药的病人已有几百个。你或许想知道身为关节炎患者的你，是否也可以试药？答案是，有可能。然而，你必须能符合多项

条件才适合试药，最重要是有参与临床试药的意愿。参加临床试药的决定完全是病人自愿，而且还得签署一份解说试验实情的同意书。最重要的步骤是讨论接受试验治疗的风险和益处。虽然很多时候这些药物都是安全的，但是参加者也需知道可能会有潜在的副作用。不管在哪一个阶段，安全是首要考量。过程中出现的任何不良现象，研究人员都会一一记录下来，并加以仔细分析，尽快给予补救。

试药的病人也可能只获得配给安慰剂而不是所试验的真正药物，试药病人在签署同意书之前也已经知道这点。再者，不一定每个自愿参与的病人都会被录用，那是在遵循以病人安全为最终考量的条例下，不适合者就会被排除在外。

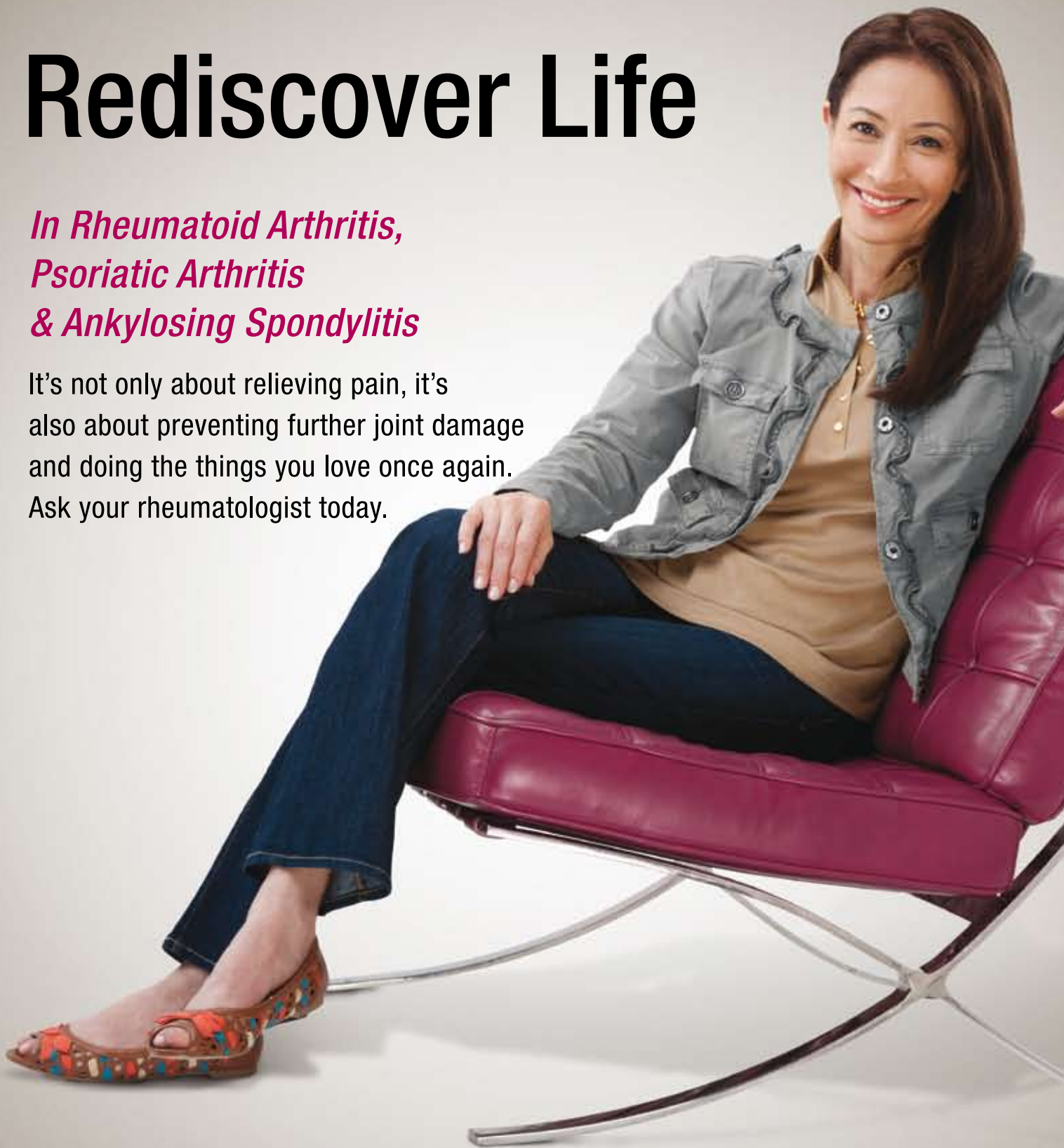
符合资格者最后得以录用，试验也就开始。有关病人在接受药物实验期间，须频频到研究中心去做详尽的评估。医药人员会对病人进行仔细观察，这时血液的检验也很重要。血液检验显示的任何不良情况，都会加以分析，最后才把药物配给有关病人。

传统药物起不了作用的病人，可以选择参与这类临床试验。试验期短则六个月，长则几年。如果有兴趣参与，可以跟医生商量，他会指引你到邻近的研究中心去报名。

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AGM

INFO TO COME

STATUS	TBC
DATE	2013 sept

As Seen
On TV



Don't let joint pain interfere with your lifestyle!

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

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

AGM FORUM: RA

INFO TO COME

STATUS	TBC
DATE	2013 sept

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 Bharu*

Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu

Sabah

- Hospital Queen Elizabeth, Kota Kinabalu*

Sarawak

- Hospital Kuching, Kuching*

* Government or University Hospital - Patients wishing to see a rheumatologist at a government or university hospital require a referral letter from their general practitioner or another doctor.

** The hospital also has a private wing, University Malaya Specialist Centre

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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) _____

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I enclose herewith payment of RM _____

Cheque/Money order no. _____

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NEW MEMBER:

- Ordinary Member (RM35)
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MEMBERSHIP RENEWAL

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

Please cross your cheque and make it payable to:
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