



KORDEL'S CHARITY WALK 2015,
READ STORY ON PAGE 26.

**COLUMBIA ASIA HOSPITAL-
FAMILY WALK CHARITY EVENT,**
READ STORY ON PAGE 28.

**RASG EVENT "REGAINING
HEALTH THROUGH DETOX",**
READ STORY ON PAGE 28.

In each issue of JE, we strive to pack in as much information as we can to make it vibrant and really speak to our readers. In this last issue for the year, we have so much to share with you on the exciting events that took place. The WAD 2015 was a smashing success with enthusiastic participation and many stimulating and informative speakers. At the WAD, Consultant Rheumatologist Dr. Benjamin Cheah stressed on the importance of exercise and listed out the most suitable exercises for arthritis sufferers backed by scientific evidence (for more information read MOM).

In recognition of the work that AFM does through its Arthritis Fund, AFM are the recipient of Kordel's support, through their annual Charity Fun Walk, for the 7th consecutive year. Mr. Ho Swee Lin, General Manager for Cambert (M) Sdn Bhd said, "This year, the aim was to raise the awareness of the public on the importance of movement in a fun, non-competitive manner. Just move, move, move".

So the take-home message for me would be "exercise and movement". As a new year begins, let us take a few moments to reflect on the state of our lives and renew our commitment to take care of ourselves in body, mind and spirit. There is always something more that we can do. So sign-up for that yoga or tai-chi class that you've always wanted to, join our fun-filled PACE exercise classes conducted every week, go dancing, walk in the park, join our RASG and take part in their varied activities. Recharge your energy and enthusiasm for life. Live inspired lives.

Shailaja Menon
EDITOR

IN THIS ISSUE

- 03** President's Note
- 04** News
- 08** Centre Stage: Everything You've Always Wanted To Know About Lower Back Pain
- 17** Profile
- 18** Event: WAD
- 21** MOM
- 22** Get Moving: The Spine Trail Continues
- 24** Q & A
- 26** Events: Kordel's Charity Walk 2015
- 28** Events
- 30** Doc Talk: The Need Of The Hour
- 31** AFM Membership Form

Roche

For patients who need to control their RA symptoms,
but cannot continue with MTX...

#MyLifeWithoutMTX



Are You One of Them ?

- Forgot to take your MTX?
- Not fully adhering to your MTX?
- Experience moderately to extremely severe side-effects?

Did not receive a change to your treatment regimen?

What Can Be Done ?

- Recognizing and acting on treatment challenges can have positive outcomes
- **ACT NOW...** Talk to your doctors if you are experiencing side-effects with your current treatment regimen

Please consult your healthcare professional

ACA130715MYa

I am pleased to introduce you to this latest edition of Joint Efforts. The editorial team has worked hard to bring a more informative magazine to the audience, featuring articles that seek to be thought-provoking as well as relevant.

Arthritis is getting more complex. Many diseases feature the involvement of joints. If the public is well-informed, they can seek correct treatment quickly. This is vital, so that they can get better and return to the good quality of life that is everyone's fundamental right. Indeed, these are challenging times. The rising cost of living has created much anxiety and frequently, the general public feels alone in facing this difficult situation.

One can imagine the challenges that a healthy, young and productive population has to face. So how do people living with arthritis cope? This is a hard question to ask, but Arthritis Foundation Malaysia is committed to finding the answers.

As you may have seen, recent forums, such

as the World Arthritis Day 2015 celebrations held at the Swan Convention Centre, Sunway Medical Centre, turned out to be a resounding success. There were many informative and inspirational talks and also performances that wowed the audience. We hope the uplifting spirit of such gatherings will continue and keep us motivated and inspired.

The Rheumatoid Arthritis Support Group (RASG) continues to go boldly, where no support group has ever gone before. I may have to stop them from exploring the deep blue sea, or going all the way to Kalimantan to put out forest fires and teach the folks over there a good lesson or two on the importance of clear fresh air. Truly, we are fortunate to have such dynamic people with us. I often say, it is my patients who inspire me.

I do hope you enjoy reading this magazine, as much as we have enjoyed creating it for you.

Dr. Sargunan Sockalingam
President, AFM



Saya dengan sukacitanya memperkenalkan kepada anda edisi terbaru Joint Efforts. Pasukan editorial telah bekerja keras untuk membawakan majalah yang lebih bermaklumat, yang memaparkan artikel mencabar minda serta relevan buat tatapan anda.

Arthritis menjadi semakin kompleks. Sebenarnya banyak penyakit melibatkan sendi. Jika orang ramai mempunyai maklumat yang sewajarnya, mereka boleh mendapatkan rawatan yang betul dengan segera. Ini adalah penting, supaya mereka semakin sembuh dan dapat menikmati mutu kehidupan yang baik yang merupakan hak asasi semua orang. Sememangnya sekarang adalah tempoh yang mencabar. Kos sara hidup yang meningkat telah menimbulkan banyak kebimbangan, dan sering kali, orang ramai merasakan mereka bersendirian dalam menghadapi situasi yang sukar ini. Kita boleh bayangkan cabaran yang perlu dihadapi oleh orang muda yang sihat dan produktif. Tapi bagaimana pula mereka yang menghadapi arthritis? Ini merupakan satu soalan yang sukar, tetapi Yayasan Arthritis Malaysia komited untuk mencari jawapannya.

Acara forum seperti sambutan Hari Arthritis Sedunia 2015 yang diadakan di Pusat Konvensyen Swan, Pusat Perubatan Sunway, baru-baru ini ternyata merupakan satu kejayaan. Majlis dipenuhi dengan pelbagai perbincangan bermaklumat dan penuh inspirasi, serta persembahan yang memukau penonton. Kami berharap perhimpunan yang penuh bersemangat seperti ini akan dapat diteruskan dan memberi inspirasi dan motivasi kepada kita.

Kumpulan Sokongan Reumatik Arthritis (RASG) terus berusaha untuk memberi sokongan ke tempat-tempat yang belum pernah mempunyai kumpulan sokongan sebelum ini. Malah mereka sanggup mengharungi pelbagai cabaran untuk melakukannya. Sesungguhnya kami bernasib baik kerana mempunyai orang-orang yang dinamik seperti ini bersama kami. Seperti yang sering saya katakan, pesakit sayalah yang memberi inspirasi kepada saya.

Saya harap anda semua gembira dengan majalah ini, sama seperti kegembiraan kami menerbitkannya.

Dr. Sargunan Sockalingam
Presiden, AFM

我很高兴的向各位读者介绍这期刚出炉的 Joint Efforts 会讯。我们的编辑团队确实花了一番心思，落力为读者们制作了这份内容更加丰富的会讯。它所刊载的文章不止发人深省，而且也与生活处境相呼应。

眼下关节炎有愈复杂之趋势，许多疾病的主要症状都会有关节痛在内。若果大众对关节炎都有足够认识，他们就能够迅速往正确的方向寻医，此乃极为重要。这样一来，他们就会早日康复，并回复享受优质生活的基本人权福利。当今我们都处于艰难时日，生活开销日益高升，这不但令人心焦焦虑，很多时候还会让普罗大众觉得自己在艰难时刻有点独力难支。即使是一个体魄健康的年轻人，面对此种生活挑战尚且感觉不易，更何况身患关节炎的人士们呢？这是一个难以启齿的问题，不过大马关节炎基金会已然立志要找出答案。

正如读者所见，近日所办的几个座谈会，例如假双威医疗中心之天鹅会展中心举行的 2015 年宣扬世界关节炎日活动，因为深受欢迎而极为成功圆满。当天的多场传播知识并具有启发性的讲座以及精彩表演，都令到场人士哗然。我们诚心希望这种鼓舞人心的精神得以延续，激励我们前进。

本基金会的类风湿性关节炎互助小组继续勇猛前进，为病友们谋福利，其积极程度实非一般互助组织能比。我差一点就几乎需阻止她们到海洋探险、阻止她们义无反顾的直捣加里曼丹教育当地人扑灭林火，好还大家一个没有烟霾的清新、爽朗环境。真的，组织内有着如此充满干劲的一个团队，我们是何其幸运呀！我向来都说，是我的病人们启发了我对事物的灵感。

我谨祝各位阅读愉快，就如我们乐于为各位制作这份会讯一样，满心欢喜。

沙谷南医生
大马关节炎基金会主席

Arthritis May Be a Major Driver of Poverty



September 8th 2015: According to a press release in the journal Arthritis & Rheumatology, new research shows that developing arthritis increases the risk of falling into poverty, especially for women. In a study of more than 4,000 Australian adults, females who developed arthritis were 51% more likely to fall into income poverty than nonarthritic women. In men, arthritis was linked with a 22% increased risk.

"With population ageing occurring in most of the developed nations around the world, health conditions such as arthritis will become increasingly common. That developing arthritis has such a pronounced impact on the risk of falling into poverty should flag to policy makers in welfare departments the influence of the condition on national living standards," said Dr. Emily Callander, lead author of the Arthritis & Rheumatology study. "Furthermore, the high risk of poverty should be kept in mind by clinicians seeking the most appropriate treatment for their patients with arthritis, as affordability of out-of-pocket costs may be an important factor."

Also, women with arthritis were 87% more likely to fall into "multidimensional poverty," which includes income, health, and education attainment, while the arthritis-related risk in men was 29%. The investigators noted that given the high prevalence of arthritis, the condition is an overlooked driver of poverty.

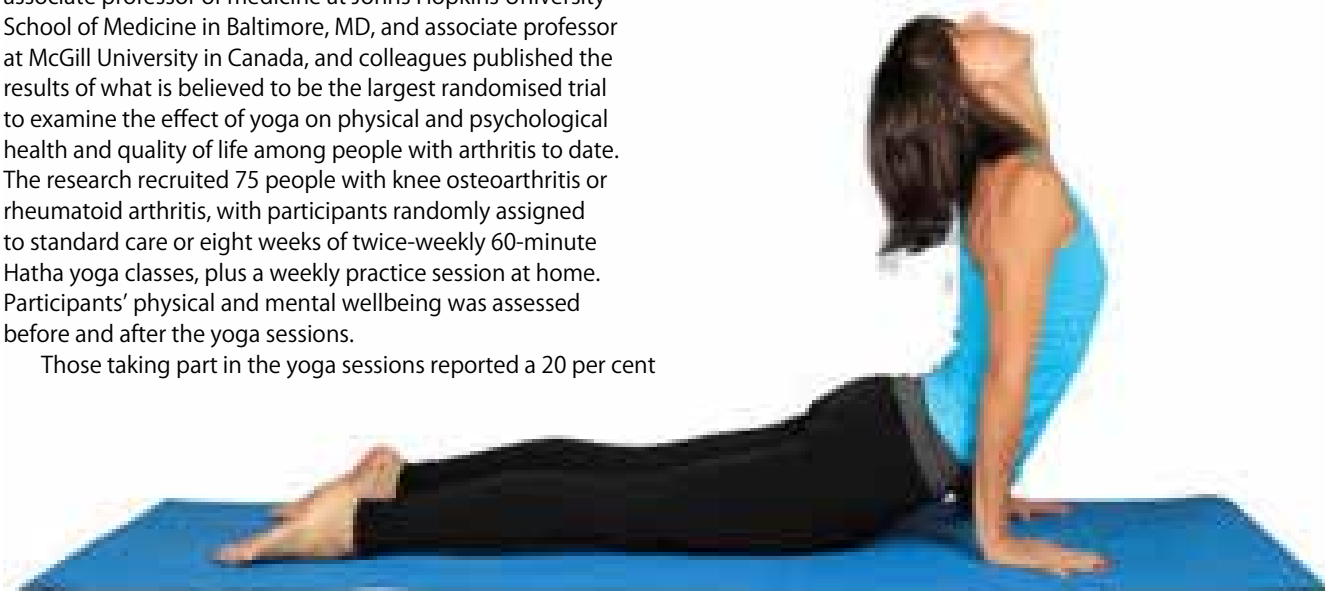
Yoga Can Improve Arthritis Symptoms And Mood

September 15th 2015: A news release in the Journal of Rheumatology published that a study conducted by Johns Hopkins University in Baltimore, demonstrated the health benefits that yoga can provide for people with various forms of arthritis. Study co-author Susan J. Bartlett, PhD, adjunct associate professor of medicine at Johns Hopkins University School of Medicine in Baltimore, MD, and associate professor at McGill University in Canada, and colleagues published the results of what is believed to be the largest randomised trial to examine the effect of yoga on physical and psychological health and quality of life among people with arthritis to date. The research recruited 75 people with knee osteoarthritis or rheumatoid arthritis, with participants randomly assigned to standard care or eight weeks of twice-weekly 60-minute Hatha yoga classes, plus a weekly practice session at home. Participants' physical and mental wellbeing was assessed before and after the yoga sessions.

Those taking part in the yoga sessions reported a 20 per cent

improvement in pain, energy levels, mood and physical function, including their ability to complete physical tasks at work and home. Their walking speed also improved to a smaller extent, though there was little difference between the groups in tests of balance and upper body strength. Moreover, it was shown that the improvements delivered among those involved in the yoga sessions were still apparent nine months later.

Dr Susan Bartlett said: "Yoga may be especially well suited to people with arthritis because it combines physical activity with potent stress management and relaxation techniques, and focuses on respecting limitations that can change from day to day".



¹ Improvement in symptoms:

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References:

¹ Kitidumrongsook P et al. Efficacy and safety of Prosulf-Forte in the treatment of osteoarthritis of the knee at King Chulalongkorn Memorial Hospital. Chula Med J 2012 May - Jun; 56(3): 289 - 95.

¹ Prosulf-Forte is the brand name of Artril Forte in Thailand.



Physical Activity In Children Linked With Lower Bone Fracture Risk

September 14th 2015: According to news release published in the medical journal Osteoporosis International, greater physical activity in children can help to reduce their risk of suffering a fracture in the long term. New research from Lund University and Skåne University Hospital in Sweden has shed light on this trend after conducting a seven-year prospective controlled intervention study among 3,534 children. Since it is known that physical activity in childhood is associated with high bone mass and beneficial effects in terms of neuromuscular function, the team aimed to investigate if increased activity can also be associated with a lower fracture risk.

Children involved in the study were aged between six and eight years. Of those involved, 1,339 were asked to complete 40 minutes of moderate physical activity every school day, while the remaining 2,195 stuck to the Swedish standard curriculum of 60 minutes of activity per school week. The team estimated annual fracture incidence rate ratios in the intervention group compared to the control group, as well as changes in bone mass and muscle strength, over time. Bone mineral density was also examined in a smaller subgroup.

The results showed that the fracture incidence decreased with each year of the physical activity intervention, with the rate almost halved compared to the control group by the seventh



year. Those undertaking the exercises also had a significantly greater gain in bone mineral density at the spine. The study concluded: "This is the first study indicating an association between gradually diminished risk of fractures and years of increased physical activity. Our results could imply great benefits not only for the individual but also for the healthcare burden and cost of society."



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Everything You've Always Wanted To Know About Lower Back Pain

Lower back pain is very common. About 60%-80% of the population visits their doctors for symptoms of back pain at least once in their lifetime. So what triggers it? How is it diagnosed and treated? What can we do to prevent it?

The causes of back pain are numerous and varied. If it is due to the normal wear and tear of the ageing process, it is considered mechanical and in most cases, will improve in a few weeks or months. It can also be caused by bad posture while sitting, standing, bending awkwardly or lifting incorrectly.

WHAT TO DO?

1. Remain as active as possible and try to continue with your daily activities.
2. Take over-the-counter painkillers,

such as paracetamol if you really need to.
3. Use hot or cold compression packs, ice pack and a hot water bottle.

SEEK URGENT MEDICAL HELP IF YOU HAVE BACK PAIN AND

- A high temperature (fever)
- Unexplained weight loss
- A swelling or a deformity in your back
- It's constant and doesn't ease after lying down
- Pain in your chest
- A loss of bladder or bowel control
- An inability to pass urine

CAUSES OF LOWER BACK PAIN

MECHANICAL

- Unknown cause
- Degenerative disc/joint disease
- Vertebral fracture
- Congenital deformity
- Spondylolysis

NEUROGENIC

- Slipped disc
- Spinal stenosis
- Osteophytic nerve root compression
- Infection (eg. herpes zoster)

NON-MECHANICAL SPINAL CONDITIONS

- Neoplastic disease
- Inflammatory diseases (eg. spondyloarthritis)
- Infection (eg. TB, osteomyelitis)
- Paget's disease

REFERRED VISCERAL PAIN

- GI disease (eg. IBD, pancreatitis)
- Renal disease

OTHER

- Fibromyalgia
- Somatoform disorders

- Numbness around your genitals, buttocks or back passage
- It's worse at night
- It started after an accident, such as after a car accident

WHEN THE PAIN DOESN'T GO AWAY OR RECURS?

1. Did the pain come on slowly or suddenly?
2. Has it been there for more than 3 months?

If the back pain occurred suddenly, especially after a fall, then a visit to the doctors for a spine X-ray would be warranted. Causes would include a fracture of the spinal vertebrae or displacement of the spinal disc.

Menopausal women may develop osteoporosis (frailty of the bone) as they age as can men over the age of 65 and those who have been on prolonged high doses of steroids.

DIAGNOSIS

The doctor would then perform a full neurological examination to look for any compression of the nerves. If there is no neurological involvement, the back pain will be treated conservatively with painkillers and physiotherapy to strengthen the back muscles. If there is evidence of nerve compression, the patient will then be referred to the spinal orthopedic surgeon for further management.

WHEN BACK PAIN IS CHRONIC

Back pain for more than 3 months is termed as chronic. Causes would include mechanical (degeneration/age related), infections like tuberculosis (TB) of the spine, cancer with secondaries in the bone and inflammatory diseases like Spondyloarthritis (SpA)/ankylosing spondylitis.

The doctor would ask questions to narrow down the diagnosis. If the patient has TB of the spine or cancer with involvement of the bone, they would also have other complaints such as fever, night sweats, significant loss of weight and loss of appetite. After an extensive physical examination, the doctor would also send blood samples for investigation, do the work for TB and if necessary,

biopsy the bone to ascertain the diagnosis. Treatment would depend on the primary cause of the back pain and medication would be given accordingly.

WHAT CAN BE DONE?

PHYSIOTHERAPY It is the single most important factor in the treatment of lower back pain whatever the cause.

1. Improved Posture. Good posture makes you feel better about yourself and reduces feelings of self-consciousness.

2. Deep Breathing. It helps reduce tension, relaxes the mind and body, relieves pain, strengthens the lungs and boosts energy levels.

3. Cardio Exercises. It helps to maintain or reduce your weight, which then decreases the load on your joints.

4. Increased Flexibility. The more flexible you are, the easier it is to do everyday tasks such as putting on

your socks or reaching for something on a high shelf.

5. Increased Range Of Movement. The more mobility you have, the easier it is to get things done.

6. Improved Sleep. Exercise is physically tiring. It improves the quality of your sleep and ensures that you wake up refreshed.

7. Reduction In Stiffness And Pain. Exercise can result in less pain at night which can again improve your quality of sleep.

HYDROTHERAPY The main problems of SpA are stiffness, pain, risk of developing a stooped posture and tiredness or fatigue. Exercising in water addresses all of these problems.

1. The warmth and the buoyancy makes the stretches more effective

2. You don't feel so much pain

3. It's easier to stay upright because the effect of gravity is less

5 QUESTIONS YOUR DOCTOR ASKS TO DETERMINE WHETHER YOUR CHRONIC BACK PAIN COULD BE INFLAMMATORY IN NATURE:

1
Did the back pain start before the age of 45 years?

2
Did the pain start slowly?

3
Did the pain improve with exercise?

4
Did the pain not improve with rest?

5
Does the pain awaken you at night (with improvement on getting up)?

If you have answered "yes" to three or more of the above questions then it would be indicative that the back pain is inflammatory in nature. An association with iritis/uveitis (history of a red painful burning eye), inflammatory bowel disease (chron's, ulcerative colitis) or psoriasis of the skin or family history of psoriasis would be significant, as there is a high association of these diseases with inflammatory back pain.

Your doctor would then send blood samples, to look for elevated inflammatory markers like the ESR and CRP and order X-rays of the whole spine and sacroiliac joints, to look for evidence of inflammation. In early inflammatory disease, the x-rays might be normal. Thus an MRI, of the whole spine and sacroiliac joints, would help in the diagnosis of inflammation.


A team comprising of the rheumatologist, rehabilitative doctors, physiotherapists, occupational therapists, psychologists and counselors help in the management of SpA patients.

4. Exercising in water requires less effort
 5. Afterwards you usually have a really good night's sleep!
 6. If you don't have access to a pool, have a warm bath or shower before bed.

MEDICATIONS IN SpA/ ANKYLOSING SPONDYLOSIS PATIENTS

Non Steroidal Anti-inflammatory Drugs (NSAIDs), Celecoxib, Etoricoxib- these drugs are the first line in treating SpA patients as they help not only to decrease the inflammation but also help in pain management. These drugs however, have to be used with caution in the elderly and those patients with heart disease or kidney disease. If the NSAIDs are ineffective in controlling the disease activity, then another group of drugs termed biologics are used.

COMPLEMENTARY THERAPY: ACUPUNCTURE

Traditional acupuncture is based on the belief that energy or life force, "Qi", flows through the body in channels called meridians. Derived from ancient Chinese medicine, fine needles are inserted at certain sites in the body for therapeutic or preventative purposes. It is based on scientific evidence that shows the treatment can stimulate nerves under the skin and in muscle tissue which results in the body producing pain-relieving substances, such as endorphins. It is likely these substances are responsible for any beneficial effects. However, if your back pain has not improved after using acupuncture, it can be discontinued. 



PREVENTION

1 KEEP YOUR BACK STRONG AND SUPPLE

- Stay active. Exercise 3 to 5 times a week for a minimum of 30 minutes.
- Low-impact gentle exercises will strengthen and stretch the muscles in your back without the risk of strain or sudden jolts.
- Swimming, walking, yoga and pilates are very good for improving flexibility and strength.
- Lose weight.
- Wear flat shoes with cushioned soles.
- Reduce any stress, anxiety, tension.

2 POSTURE

A. Standing
 • Stand upright, with your head facing forward and your back straight. Balance your weight evenly on both feet and keep your legs straight.

B. Sitting

- Sit with your back straight and your shoulders down and back, elbows relaxed at your sides. Your buttocks should touch the back of your chair.



- Avoid crossing your legs. This weakens your core muscles and can lead to stiffness in your lower back and pelvic area.
- Your feet should be firmly on the floor, or use a footrest.
- Your thighs should be at right angles to your body or sloping slightly down.
- Use a small cushion or rolled-up towel to support the lower back.
- Move around and stretch every 45 minutes, though every 20 minutes is better.

C. Computer

If you use a keyboard, make sure that your forearms are horizontal and your elbows are at right angles.

D. Driving

Make sure that your lower back is properly supported. Correctly position your wing mirrors so that you don't have to twist around. Your foot controls should be squarely in front of your feet. When driving long distances, take regular breaks and stretch your legs.

E. Sleeping

Your mattress should be firm enough to support your body; the weight of your shoulders and buttocks, and enable the spine to be straight. Support your head with a pillow, but make sure your neck is not forced up at a steep angle.

3 LIFTING AND CARRYING

- One of the biggest causes of back injury, particularly at work, is lifting or handling objects incorrectly.
- Start with your feet apart, and one leg slightly forward to maintain balance. Bend your back, knees and hips slightly, but do not stoop or squat. Tighten your stomach muscles to draw your pelvis in. Do not straighten your legs before lifting as this may strain your back on the way up. Let your legs take the strain.
- Keep the load close to your waist with the heaviest end nearest to you.
- Avoid twisting your back or leaning sideways, particularly when your back is bent. Your shoulders should be level and facing in the same direction as your hips; turning by moving your feet is better than lifting and twisting at the same time.
- If you are carrying shopping bags or luggage, distribute the weight evenly on both sides of your body.

If your back pain persists, it would be better to make an appointment with your doctor and get an expert opinion.



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AGE, IT'S JUST A NUMBER.

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OLEH Dr. Ramani Arumugam, Consultant Physician and Rheumatologist, Hospital Serdang

Segala Yang Anda Mahu Tahu Tentang Sakit Pinggang

Sakit pinggang adalah perkara biasa. Anggaran 60%-80% daripada orang ramai mengunjungi doktor akibat gejala sakit pinggang sekurang-kurangnya sekali dalam hidup mereka. Jadi, apakah yang menyebabkannya? Bagaimanakah sakit ini didiagnosis dan dirawat? Apakah yang kita boleh lakukan untuk mencegahnya?

Terdapat banyak dan pelbagai sebab yang mengakibatkan sakit pinggang. Jika sakit pinggang ini akibat haus dan lusuh biasa daripada proses penuaan, ia dianggap mekanikal dan dalam kebanyakan kes, kesakitan akan bertambah baik dalam beberapa minggu atau bulan. Sakit

pinggang juga boleh disebabkan oleh postur yang kurang baik ketika duduk, berdiri, membongkok atau mengangkat dengan tidak betul.

APA YANG PERLU DILAKUKAN?

1. Kekal seaktif yang boleh dan cuba untuk meneruskan aktiviti harian anda.
2. Ambil ubat penahan sakit tanpa preskripsi seperti parasetamol jika anda benar-benar perlu.
3. Gunakan pek tuaman panas atau sejuk, pek ais dan botol air panas.

DAPATKAN BANTUAN PERUBATAN SEGERA JIKA ANDA MEMPUYAI SAKIT BELAKANG DAN

- Suhu badan yang tinggi (demam)
- Hilang berat badan tanpa sebab yang jelas
- Bengkak atau kecacatan di belakang anda
- Sakit yang berterusan dan tidak berkurangan selepas berbaring
- Sakit dada
- Kehilangan kawalan ke atas pundi kencing atau usus
- Tidak boleh membuang air kecil
- Rasa kebas di sekitar kemaluan, punggung atau belakang
- Sakit lebih teruk pada waktu malam
- Kesakitan bermula selepas kemalangan, seperti selepas kemalangan kereta

PUNCA SAKIT PINGGANG

MEKANIKA

- Tidak diketahui punca
- Cakra degeneratif / penyakit sendi
- Vertebra patah
- Kecacatan kongenital
- Spondylolysis

NEUROGENIK

- Cakra teranjak
- Stenosis spina
- Tekanan akar saraf Osteophytic
- Jangkitan (contoh: Herpes Zoster)

KEADAAN TULANG BELAKANG BUKAN MEKANIKA

- Penyakit neoplastic
- Penyakit Radang (contohnya: Spondyloarthritis)
- Jangkitan (eg. TB osteomyelitis)
- Penyakit Paget

DIRUJUK SEBAGAI SAKIT VISCERAL

- Penyakit GI (contohnya. IBD, pankreas)
- Penyakit buah pinggang

LAIN-LAIN

- Fibromyalgia
- Gangguan Somatoform

JIKA SAKIT TIDAK HILANG ATAU BERULANG

1. Adakah kesakitan datang perlahan-lahan atau secara tiba-tiba?
2. Adakah sakit selama lebih daripada 3 bulan?

Jika sakit belakang berlaku tiba-tiba, terutama selepas terjatuh, anda perlu berjumpa doktor untuk melakukan X-ray pada tulang belakang. Punca termasuk patah vertebra tulang belakang atau anjakan cakera tulang belakang.

Wanita menopause mungkin mula mengalami osteoporosis (kerapuhan tulang) apabila mereka semakin berusia sama seperti lelaki yang berusia lebih 65 tahun dan telah mengambil steroid dalam dos yang tinggi dan berpanjangan.

DIAGNOSIS

Doktor kemudian akan melakukan pemeriksaan neurologi penuh untuk mencari sebarang tekanan pada saraf. Jika saraf tidak terlibat, sakit belakang akan dirawat secara konservatif dengan ubat penahan sakit dan fisioterapi untuk menguatkan otot belakang. Jika terdapat bukti tekanan pada saraf, pesakit akan dirujuk kepada pakar bedah ortopedik tunjang untuk pengurusan penyakit yang selanjutnya.

APAKAH SAKIT BELAKANG KRONIK

Sakit belakang selama lebih daripada 3 bulan digelar sebagai kronik. Puncanya termasuk mekanikal (degenerasi/berkaitan usia), jangkitan seperti batuk kering (TB) tulang belakang, kanser dengan sekunder dalam tulang dan penyakit radang seperti spondyloarthritis/ankylosing spondylitis.

Doktor akan bertanya soalan untuk menjuruskan diagnosis. Jika pesakit mempunyai TB tulang belakang atau kanser yang melibatkan tulang, mereka juga akan mempunyai masalah lain seperti demam, berpeluh malam, hilang berat badan yang ketara dan hilang selera makan. Selepas pemeriksaan fizikal yang menyeluruh, doktor juga akan menghantar sampel darah untuk pemeriksaan lanjut,

5 Soalan Yang Doktor Akan Tanya Untuk Menentukan Sama Ada Sakit Belakang Anda Yang Kronik Merupakan Jenis Keradangan:

1. Adakah sakit belakang tersebut bermula sebelum umur 45 tahun?
2. Adakah kesakitan bermula secara perlahan-lahan?
3. Adakah kesakitan bertambah baik dengan senaman?
4. Adakah kesakitan tidak bertambah baik selepas berehat?
5. Adakah kesakitan menyebabkan anda terjaga dari tidur pada waktu malam (dan bertambah baik selepas bangun)?

Jika anda menjawab "ya" kepada tiga atau lebih bagi soalan-soalan di atas maka ini menunjukkan bahawa sakit belakang tersebut jenis keradangan. Kaitannya dengan iritis / uveitis (sejarah mata merah pedih), penyakit keradangan usus (chron's, ulser kolitis) atau psoriasis kulit atau sejarah keluarga menghadapi psoriasis menjadi penting, kerana terdapat hubungan yang tinggi antara penyakit-penyakit ini dengan radang sakit belakang. Doktor anda akan menghantar sampel darah untuk mencari penanda radang yang tinggi seperti ESR dan CRP dan mengarahkan X-ray pada seluruh tulang belakang dan sendi sacroiliac, untuk mencari bukti keradangan. Dalam penyakit radang peringkat awal, x-ray mungkin normal. Oleh itu MRI pada seluruh tulang belakang dan sendi sacroiliac akan membantu dalam diagnosis keradangan. Satu pasukan yang terdiri daripada pakar reumatologi, doktor pemulihan, ahli fisioterapi, ahli terapi pekerjaan, ahli psikologi dan kaunselor akan membantu dalam pengurusan pesakit SpA.

menjalankan rawatan untuk TB jika perlu, biopsi tulang untuk menentukan diagnosis. Rawatan bergantung kepada punca utama sakit belakang dan ubat yang sewajarnya akan diberikan.

APAKAH YANG BOLEH DILAKUKAN? FISIOTERAPI

Fisioterapi sangat penting dalam rawatan sakit pinggang walau apa pun sebabnya.

1. Postur Yang Lebih Baik. Postur yang baik membuat anda berasa lebih yakin dengan diri anda dan mengurangkan rasa malu.

2. Tarik Nafas Dalam-Dalam.

Cara ini membantu mengurangkan ketegangan, menenangkan minda dan badan, mengurangkan rasa sakit, menguatkan paru-paru dan meningkatkan tahap tenaga.

3. Senaman Kardio. Senaman ini membantu mengekalkan atau mengurangkan berat badan anda, yang kemudiannya mengurangkan beban pada sendi.

4. Meningkatkan Fleksibiliti. Lebih fleksibel tubuh anda, lebih mudahlah bagi anda untuk melakukan tugas-tugas harian seperti memakai sarung

kaki atau mencapai sesuatu di atas rak yang tinggi.

5. Meningkatkan Rentang Gerak. Lebih tinggi tahap mobiliti anda, lebih mudah untuk anda melakukan pelbagai perkara.

6. Tidur Yang Lebih Baik. Senaman memang membolehkan secara fizikal. Ini akan meningkatkan kualiti tidur anda dan memastikan yang anda bangun dengan rasa lebih segar.

7. Mengurangkan Kekakuan Dan Kesakitan. Senaman boleh menyebabkan mengurangkan kesakitan pada waktu malam yang akan meningkatkan lagi kualiti tidur anda.

HIDROTERAPI

Masalah utama SpA adalah kekakuan, sakit, risiko untuk postur membongkok dan keletihan atau kelesuan. Bersenam di dalam air dapat menangani semua masalah ini.

1. Kehangatan dan keapungan membuat regangan lebih berkesan
2. Anda tidak akan berasa terlalu sakit
3. Lebih mudah untuk berdiri tegak kerana kesan graviti yang kurang
4. Bersenam dalam air memerlukan usaha yang kurang
5. Selepas itu anda biasanya akan tidur nyenyak!

6. Jika anda tidak mempunyai akses untuk ke kolam, mandi air panas sebelum tidur.

UBAT-UBATAN BAGI PESAKIT SPA / ANKYLOSING SPONDYLOSIS

Ubat bukan steroid anti-radang (NSAID), Celecoxib, Etoricoxibthese – ubat-ubat ini adalah barisan pertama dalam merawat pesakit SPA kerana ia membantu bukan sahaja untuk mengurangkan keradangan, tetapi juga membantu dalam pengurusan kesakitan. Walau bagaimanapun, ubat-ubatan ini perlu digunakan dengan berhati-hati pada orang tua dan pesakit yang mempunyai penyakit jantung atau penyakit buah pinggang. Jika NSAIDS tidak berkesan dalam mengawal aktiviti penyakit ini, maka satu lagi kumpulan ubat yang diistilahkan sebagai biologik akan digunakan.

TERAPI PELENGKAP: AKUPUNKTUR

Akupunktur tradisional berdasarkan kepada kepercayaan bahawa tenaga atau daya kehidupan, “Qi”, mengalir melalui badan dalam saluran dipanggil meridian. Berasal daripada perubatan China purba, jarum halus dimasukkan pada bahagian tertentu di dalam badan untuk tujuan terapeutik atau pencegahan. Ia berdasarkan kepada bukti saintifik yang menunjukkan bahawa rawatan ini boleh merangsang saraf di bawah kulit dan di dalam tisu otot yang menyebabkan badan menghasilkan bahan yang melegakan kesakitan seperti endorfin. Dipercayai bahawa bahan-bahan ini bertanggungjawab atas manfaatnya. Walau bagaimana pun, jika sakit belakang anda tidak beransur baik selepas rawatan akupunktur, ia boleh dihentikan. 12



PENCEGAHAN

1 PASTIKAN BELAKANG ANDA KUAT DAN LEMBUT

- Kekal aktif. Bersenam 3 hingga 5 kali seminggu selama sekurang-kurangnya 30 minit.
- Senaman ringan impak rendah akan menguatkan dan meregangkan otot-otot di belakang anda tanpa risiko ketegangan atau tersentak secara tiba-tiba.
- Berenang, berjalan, yoga dan pilates sangat baik untuk meningkatkan kelenturan dan kekuatan.
- Kurangkan berat badan.
- Pakai kasut rendah yang rata dengan tapak berkusyen.
- Kurangkan tekanan, kebimbangan, ketegangan.

2 POSTUR

- A. BERDIRI** • Berdiri tegak, dengan kepala anda memandang ke hadapan dan belakang anda lurus. Imbangi berat badan anda sama rata pada kedua-dua belah kaki dan pastikan kaki anda lurus.
- B. DUDUK** • Duduk dengan belakang yang lurus dan bahu anda ke bawah dan tarik ke belakang, siku santai di sisi anda. Punggung anda sepatutnya menyentuh belakang kerusi anda.
- Elakkan duduk bersilang kaki. Ini akan melemahkan otot teras anda dan boleh menyebabkan ketegangan pada pinggang dan pinggul anda.
- Kaki anda harus memijak lantai, atau gunakan tempat letak kaki.
- Paha anda harus bersudut tepat dengan badan atau condong sedikit ke bawah.
- Gunakan kusyen kecil atau tuala gulung untuk menyokong pinggang anda.
- Bergerak dan lakukan regangan setiap 45 minit, atau lebih baik lagi, pada setiap 20 minit.

- C. KOMPUTER** Jika anda menggunakan papan kekunci, memastikan bahawa lengan anda adalah mendatar dan siku anda berada pada sudut tepat.
- D. MEMANDU** Pastikan belakang anda dengan disokong dengan baik. Betulkan kedudukan cermin sisi supaya anda tidak perlu

menoleh. Kawalan kaki anda harus tepat di hadapan kaki anda. Apabila memandu jarak jauh, kerap berehat dan regangkan kaki anda.

E. TIDUR Tilam anda harus cukup keras untuk menyokong badan anda; berat bahu dan punggung anda, dan membolehkan tulang belakang anda lurus. Sokong kepala anda dengan bantal, tetapi pastikan leher anda tidak dipaksa ke atas pada sudut yang curam.

3 MENGANGKAT DAN MEMBAWA

Salah satu sebab utama kecederaan belakang, terutamanya di tempat kerja, adalah kerana mengangkat atau mengendalikan objek secara tidak betul.

- Kangkangkan sedikit kaki anda dengan sebelah kaki letak ke depan sedikit untuk mengekalkan keseimbangan. Bengkokkan sedikit belakang, lutut dan pinggul anda, tetapi jangan berjongkok atau mencangkung. Ketatkan otot perut untuk menarik pelvis anda. Jangan meluruskan kaki anda sebelum mengangkat kerana ini boleh menegangkan belakang anda apabila anda berdiri. Biarkan kaki anda mengambil tekanan.
- Pastikan beban rapat ke pinggang anda dengan bahagian yang paling berat dekat dengan anda.
- Elakkan daripada berpusing ke belakang atau bersandar ke tepi, terutamanya jika belakang anda bengkok. Bahu anda hendaklah lurus dan menghadap ke arah yang sama seperti pinggul anda; beralih dengan menggerakkan kaki anda adalah lebih baik daripada mengangkat dan berpusing pada masa yang sama.
- Jika anda membawa beg membeli-belah atau bagasi, seimbangkan berat badan sama rata pada kedua-dua belah badan anda.

Jika sakit belakang anda berterusan, adalah lebih baik untuk membuat temu janji dengan doktor anda dan dapatkan pendapat pakar.



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你一直想知道的那些关于腰酸背痛的事

腰部疼痛很常见，人口中有百分之六十至八十的人，一生中至少会有一次因为腰酸背痛而寻医的经验。那么，它是因什么所致？医生是如何诊断及治疗的呢？又该如何预防呢？

造成 成腰背疼痛的原因非常多，也因人而异。如果是因为年龄增长而出现的老化及耗损问题，医生管它们为机械性问题，而且大多数会在数周或几个月内复原。另外，坐和站的姿势不良、经常弯腰驼背、提举重物时方式错误，也会导致腰背疼痛。

该怎么办？

1. 尽量保持活跃，每天照常作息。
2. 若真有必要，可服用一般的非处方止痛药，例如对乙酰氨基酚 (paracetamol)。
3. 利用冷或热压缩包、冰囊、热水袋等来敷患处。

假如腰背痛以外，还伴有以下症状，那就势必赶快求医：

- 发高烧
- 无故消瘦
- 背部肿胀或变形
- 疼痛持续，即使躺下休息也不见缓和
- 胸口疼痛
- 大便或小便失禁
- 不能排尿
- 私处、臀部或肛门周边麻痹
- 夜里痛得更厉害
- 在意外事件，例如一场车祸之后开始疼痛

若疼痛不消失或一再复发，那又是什么？

1. 疼痛是逐渐发生或者是突发的？
2. 有没有痛了三个月以上？

如果腰痛是突发的，尤其是在摔跤过后，那就应该求医照脊椎X光，确定原因。在这种情形里，造成疼痛的原因有可能是椎骨骨折或椎间盘移位。

更年期的女性会因为年龄的增长而出现骨质疏松（骨质脆弱）；六十五岁以上的男性，以及长期服用高剂量类固醇的人士，也会有骨质疏松的风险。

诊断方法

医生会对患者进行神经系统检查，看看有没有神经受到压迫。如果神经受压迫的问题不存在，那么医生就会采取保守的治疗

法为患者治疗，包括服用止痛药和做物理治疗以增强背部肌肉。但假如有神经受到压迫，患者就会转到脊椎外科医师处接受进一步治疗。

如果是慢性腰背痛

疼痛持续三个月以上者称为慢性腰背痛。肇因包括机械性（退化/与老化有关）问题、感染性疾病例如脊椎结核、因癌症而引发的骨骼疾病，还有炎症疾病，例如脊椎关节炎/僵直性脊椎病。

为了缩小诊断范围，医生会问患者一些问题。如果患者是因为脊椎结核或癌症导致骨骼疾病而背部疼痛，那它通常还会伴有发烧、夜间冒汗、明显消瘦以及食欲不振等症状。医生给病人做了详细的全身检查之后，还会把血液样本送去化验，给患

腰部疼痛的原因

机械性

- 不明原因
- 椎间盘退化/关节疾病
- 椎骨骨折
- 先天性畸形
- 峡部裂

神经系统

- 椎间盘移位
- 椎管狭窄
- 骨骼神经根受压迫
- 感染(例如带状疱疹)

非机械性脊椎毛病

- 肿瘤性疾病
- 炎症性疾病(例如脊椎关节炎)
- 感染(例如结核骨髓炎)
- 佩吉特氏病

被视为内脏疼痛者

- 肠胃道疾病(例如炎症性肠病、胰腺炎)
- 肾病

其他

- 纤维肌痛
- 躯体形式障碍

者作结核疾病的检查，同时还会视情形需要而抽取骨髓活组织做化验，确定诊断。确诊之后，医生会按照疼痛的主要原因来决定治疗方式以及该用的药物。

治疗方式有哪些？

物理治疗 不管腰背疼痛的导因是什么，物理治疗是单一最重要的对症治疗方法。

1. 改善姿势。 良好的姿势让人感觉良好，减少不自在的感觉。

2. 深呼吸。 有助纾解压力、让身心放松、纾缓疼痛、强壮肺部以及增强体力。

3. 有氧运动。 有助减肥或维持理想体重，进而减少关节所承受的压力。

4. 促进身体灵活。 身体越灵活，日常动作就越轻松，比如穿袜子或伸手往高处拿东西。

5. 扩大关节活动范围。 关节越是灵活，做起事情来越是轻松容易。

6. 改善睡眠。 运动后身体会觉得累，你因此会睡得甜，早上醒来更是精神饱满。

7. 减少僵硬感和疼痛。 常做运动有助于减少夜里的痛楚，因此一夜好眠。

水疗法

脊椎关节炎引起的主要问题是僵硬、疼痛、驼背的风险和疲累感。在水里做体操运动能有效缓解以上的各项问题。

1. 暖和的水温以及水的浮力，使伸展运动变得更加有效。

2. 你会觉得疼痛少了。

3. 由于水里地心吸力较少，你因而能轻松直立。

4. 在水里锻炼，比较不吃力。

5. 水里运动过后，夜里一定会睡得好。

6. 如果没有泳池的便利，大可以在睡觉前泡泡或洗个热水澡。

脊椎关节炎/僵直性脊椎病

患者的药物 非类固醇消炎药是治疗脊椎关节炎的第一线药物，它们不但可以消炎，也有助管理疼痛，例如Celecoxib和Etoricoxib。然而，如果对象是老年人、心脏或肾脏疾病患者，用此类药物就得小心谨慎。要是此类药物无法有效控制病情，医生就会改用生物剂来进行治疗。

辅助疗法：针灸

传统针灸法是依据气行经脉的原理来施行的。这是一种源自古老中医书的疗法，施针者把细长的针插在相关的穴道上，以达到治疗或预防效果。科学证明针灸可以刺激皮下层下、以及肌肉组织内的神经，使身体释放止痛物质，如内啡肽，让身体觉得比较舒服。但是，若经过针灸仍起不了纾缓作用，那大可不再继续。📍

医生为了确定你慢性背痛的本质是否属炎性类而提出的五道问题：

1. 背痛是否发生在四十五岁之前？

2. 疼痛是不是慢慢逐步加剧？

3. 运动过后，疼痛是不是会纾缓一些？

4. 即使休息过后背痛还是没有好一点吗？

5. 你是否会在夜里被痛醒(起来之后情形会好一点)？

如果你对上述三道以上的问题答“是”的话，那就表示你那背痛的本质是属炎性类的。而它也明显会与虹膜炎/葡萄膜炎（有灼热感红眼症状病史）、炎性肠胃疾病（克隆氏症、溃疡性结肠炎）、皮肤牛皮癣或者家族有牛皮癣病例有关，因为这些疾病皆很大可能会出现炎性背痛。

医生会抽血送去化验，检验血液里飙高的发炎指标，例如ESR(血液沉降速度)和CRP(C-反应蛋白)，同时也会要你做全脊椎与髋髂关节的X光检查，以寻找发炎证明。然而，发炎初期在X光片里是看不出所以然的。因此，为了方便诊断工作，医生会指示病人做一次全脊椎与髋髂关节磁共振影像检查，看个清楚。

确诊之后，能协助患者管理脊椎关节炎的医疗团队可以包括风湿科医师、复健科医师、物理治疗师、职能治疗师、心理医师以及辅导员。

防范措施

1 保持腰背强壮有弹性

●经常活动身躯。每周做运动三至五次，每次至少三十分钟。

●冲击力低的柔软运动，可以在没有拉伤肌肉的风险下帮助你增强并舒展背部肌肉。

●游泳、步行、瑜伽及普拉提，皆是能促进手脚灵活和增强体力的好运动。

●减重。●穿鞋要选平底鞋，内部鞋底还垫上舒适内垫。

●为自己减压，减少焦虑，放松心情。

2 姿势

A. 站姿 ●直立，头朝前方，背部直挺。把重量平均分布在双脚上，双脚站直。

B. 坐姿 ●坐时背要直，双肩下垂、向后，双肘放松在两旁，臀部应该靠着椅背。●避免翘脚，它会令核心肌肉变得软弱，令腰部及骨盆部位有僵硬感觉。●双脚应该四平八稳的放在地上，或是加个凳子垫脚。●大腿应该与身躯成直角，或是稍微向前下方倾斜。●加个小垫子或毛巾卷来垫稳后背。●每四十五分钟起身活动筋骨一次，然而如能做到每二十分钟一次就更加理想。

C. 电脑 ●如果你是使用键盘的，要确定双手前臂呈水平直线，手肘处为直角。

D. 驾驶 ●认真给腰部好好垫上一个撑护垫。开车前先把车边望后视镜调整好

角度，驾车时才不用扭腰弯背的去迁就着使用。确定脚下的控制踏板都在适当的距离内。如果开长途车，路上一定要多做停歇，舒展舒展双脚。

E. 睡觉 ●床褥一定要够扎实，能支撑你的身体、双肩以及臀部的重量，并让你的脊椎可以伸直。头部垫上一个枕头来做支撑，不过要确定颈项并没有过分倾斜。

3 提拿重物

造成背部受伤的最大原因，尤其是在工作时受伤的，就是提拿物件的时候使错力或姿势错误所致。●准备抬起、拿起东西时，先是双脚分开站立，其中一脚稍微向前以保持平衡。背部、膝盖和髋部稍作弯曲，但不是弯腰或蹲下。收紧腹部肌肉，骨盆往内。双脚切勿在抬起物件之前伸直，不然就会在抬起物件时扭伤背部，因为应该使力的的是双脚，不是背部。●把重物拿在腰际，最重的一端靠近自己。●避免扭伤腰部或者身体侧向一边，尤其是正在弯腰的当儿。两个肩膀要平直，与骨盆面向同一方向；移动脚部来转向，而不要提着重物扭腰转向。●提拿购物提袋或者行李袋时，应该将重量平均分布在身体两边。

万一你的背痛仍然持续，那就该去寻医，听听专家的意见了。

A Courageous Attitude

With double knee replacement surgeries and another surgery for the bunions on her toes, today Ng not just manages her own life well but is also a caregiver to her husband who has some health issues. This is her courageous story.



“Most importantly, follow your doctor’s advice, take your prescribed medication and do not stop or change it without consulting your doctor first.”
~ Ng

A HIGH PRICE TO PAY

She had deformities in all her joints including her fingers, elbows, wrists, shoulders and knees. Says Ng, “**on bad days, I could not even hold a cup of water to drink. Writing was a struggle as I could not hold a pen. It was hard to get in and out of a car so driving took a lot of effort. Even the shape and functioning of my jaw was affected. My jaw was dislocated and I could not even chew my food**”. But she was still very hesitant

Ng Moi Wah was diagnosed with rheumatoid arthritis in 2000. She was only 44 years old with young school-going children.

Ng says, “I had been suffering from bad pain in my lower back for a while, so I went to see my doctor. He recommended I do some blood tests. When my results came, it revealed that my rheumatoid factor was elevated and I was informed that I had rheumatoid arthritis”.

THE SETBACK

At that point unfortunately, there was not much awareness or information about arthritis. So when she heard the diagnosis, she did not really comprehend the enormity of the toll of the disease or the struggles that lay ahead. As she was “ignorant of the disease”, her biggest regret is that she did not take her treatment seriously. At one point, even though her medication was working well and her body was responding too, she discontinued her medication and started taking alternative medications and supplements recommended by a direct selling company. This completely setback her condition and her body deteriorated.

to go back to her rheumatologist, “I knew that it was because of my own negligence. I had not continued with the prescribed medication and my body deteriorated as a result”. So she opted to see another doctor instead.

She resumed her medication and started on biologics. But she had to change her drugs for the biologics three times over these last few years because of the intensity of the side-effects including nausea and breathing difficulties.

Ng has gone through two operations so far. The first was in 2009 for the bunions on her big toes. Subsequently in 2012, she underwent knee replacements for both her knees together. Ng reveals, “I am so used to bearing pain that I actually stopped taking painkillers a week after the operation. Having lived in constant pain over the years, I am able to tolerate it well”. 📍

NG SHARES SOME LIFESTYLE CHANGES

- I keep myself fit and active. I exercise every day. I recently took up “Bagua energy walk” in a park which I do with my friends almost every day. I also exercise at home if I am unable to go out. I love gardening and grow my own herbs, pumpkin and other vegetables.
- After attending a talk organized by AFM RASG, I am very conscious of what I consume. I eat more vegetables and plant-based protein.
- I cut down on sugar and carbohydrates. I consume less flour which means less cakes, biscuits etc.
- I also take multivitamins and probiotics.
- State of mind is very important

and I have accepted my condition as a part of life and I do my best under the circumstances.

- I am deeply spiritual and prayers and my faith in miracles have supported me under the most difficult circumstances.
- I always seek out the things that make me happy. On days that my body feels good, I go out to have a meal with my family members or catch up with my friends.
- I am thankful for the understanding and support of my family members. They are the ones who keep me going through the tough times. I am also blessed with a good friend, my god-sister, Wei Nee who has stood by me over the years and supported me whenever I was down.



World Arthritis Day

The World Arthritis Day (WAD) was held on the 10th of October 2015, at the Swan Convention Centre, Sunway Medical Centre. The excited chatter of the participants echoed in the hall as people caught up with old friends and made new ones too. I enquired with one participant, who was animatedly talking to some people, if she came with her friends, and she answered with a smile, "I came alone, but made many friends here."

People coming together because of a common condition; sharing their journey, drawing strength from each other, having access to expert information and different approaches to deal best with their condition, that epitomized the spirit of WAD 2015. To inform, educate and have fun was the *raison d'être* of the event.

The eminent speakers spoke on eclectic topics ranging from; "Make Happiness Happen" to "Why Should We Care About Evidence Based Medicine?", "Does Exercise Really Help?", and "Role of Hand Surgery in Arthritis". President of AFM, Associate Professor Dr. Sargunan Sockalingam, warmly welcomed the audience in his opening address.

The event kicked off with a very engaging and stimulating talk by popular clinical psychologist and TV and radio host Paul K. Jambunathan,



In his charming and relaxed manner, consultant rheumatologist Dr. Amir Azlan Zain impressed on the audience the need to care about evidence based medicine (EBM). The first criterion though, he said, was that the illness must be well-defined, so it can be studied. Rheumatoid Arthritis is a very well-defined condition with internationally accepted definitions and patient outcomes.

WHY EBM?

Evidence based medicine takes a particular medicine and puts it under a microscope. It then passes through several phases from experimental to clinical based with a good outcome. He emphasized that it was a "scientific process" and not what a "bomoh says" or some random person advised. It is also

who presented, "Make Happiness Happen". His key message was that, we are responsible for our own happiness, that "happiness is a choice you make. It's all in your hands". He made a very important point that **ultimately, it was not stress that killed us, but our own unique perspective of stress! So instead of blaming people or situations, it would be more worthwhile to make shifts in our own vision and perspectives.**

Everything stems from "self-awareness". Then he asked the very

pertinent question, "How well do you really know yourself? Who are you? Where are you going?" He explained that though everyone seems to have a destination; be it going to heaven or Tesco or being happy, we don't really move, get off the starting block, as we are not in awareness of ourselves.

WHAT IS YOUR "IKIGAI"?

He explained that "ikigai" was a Japanese term that meant; reason for "being", a reason to "get out of bed in the morning". Everyone,

according to the Japanese, has an ikigai. Finding it though requires a deep and often lengthy search of self. So here's something to contemplate on, what is your ikigai? The answers could bring a shift in the way you view your life.

This was followed by a talk on the "Role of Hand Surgery in Arthritis" by Dr Teh Kok Kheng, consultant Hand and Micro Surgeon. He shared that the hand is very important and it comes second only to face, in terms of aesthetics and beauty. Through illustrative slides, he took the audience through several different problems affecting the hand; tendinopathy, tendon rupture, carpal

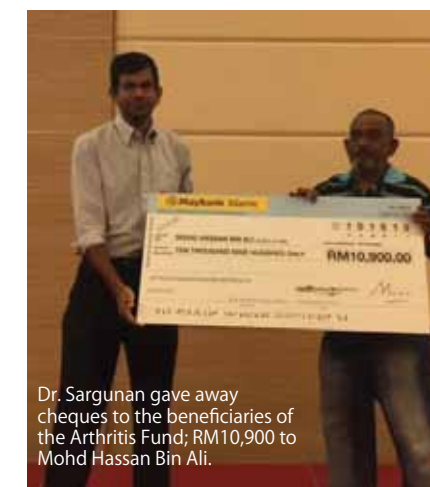
peer reviewed and critiqued and the results are reproducible. There is also the ability to do long term studies.

Dr. Amir adds that "if treatment has not gone through rigorous research, trial, study etc, we have no idea of the side effects. And there are always some side effects. With scientific research, doctors know what to expect and are able to advice their patients accordingly".

He also recommended everybody read a book that had inspired him, "Bad Science" by Ben Goldacre, which sheds light on media misrepresentations of science, with a particular focus on medicine.

tunnel syndrome, tennis elbow, golfer's elbow etc and the manner in which it would be treated.

He reassured the audience that though surgery was associated with agonizingly long and gory procedures, sometimes all it took was a small cut. Said Dr. Teh, "surgery is usually the last resort



Dr. Sargunan gave away cheques to the beneficiaries of the Arthritis Fund; RM10,900 to Mohd Hassan Bin Ali.



Consultant rheumatologist, Dr. Benjamin Cheah.

to restore form and pain free functioning of the hand."

Before lunch, Dr. Sargunan also gave away three cheques to the beneficiaries of the Arthritis Fund; RM10,900 to Mohd Hassan Bin Ali, RM4,500 to K. Kamalasuganthi and RM4,000 to R. Kamala Ispiri respectively.

The post-lunch "exercise-centered session" came alive with a very vibrant and enthusiastic display by Dr. Vim's physiotherapy team. They performed some jaw-dropping slick moves and also encouraged the audience to get on their feet and groove to the beat.

Consultant rheumatologist, Dr. Benjamin Cheah, followed it up by a very informative session on the topic; "Does exercise really help?" He brought a smile to the audience as he began with a disclaimer confessing; he was not a personal trainer, that he too struggled with exercising religiously, and that he was not fit and it showed! He had the audience chuckling again at one of his opening slides, "Exercise is a dirty word. Every time I hear it, I wash my mouth out with chocolate". Author Unknown

Jokes aside, he addressed the misconception among arthritis sufferers that, "I have arthritis. I cannot exercise" and went on to present the most beneficial exercises they could do based on research and scientific evidence (read more in the Myth of the Month Section).

Dr. Amir Advices:

- **INTERNET.** Be aware of what you read on the internet. It is extremely easy to post information and remember there are NO checks!
- **SPOT FAKES.** People who present information based on "in my experience" VS "we found based on clinical evidence" should be approached with suspicion.
- **TALK TO YOUR DOCTOR.** When your doctor does not invite a conversation or discussion on the medicines, side-effects etc, you should really ask yourself, "what is he trying to sell me now?"
- **SOURCE OF EVIDENCE.** The quality of the journal where the clinical findings are published is very important too, as otherwise we fall victim to unscrupulous people who quote some "mickey mouse" journal that nobody knows or reads! "The New England Journal of Medicine" has the highest impact factor known and the weight of the clinical findings published there is very highly rated.
- **RECOMMENDED SOURCES** are; arthritisresearchUK.org; uptodate.com/patients; afm.org.my

The stage was set for the next speaker, Jean Yeoh, a former math and gymnastics teacher, who passionately introduced a very novel form of exercise, "Nordic Walking" to the audience. So for those of you who are as clueless as most of us in the audience were; Nordic Walking originated from skiing in Finland in 1997. It is considered the most effective form of walking (WHO). It involves 90% of the body's muscles. The 2 poles used while walking stabilizes the body's movements and reduces stress on the spine. Thus it protects the back and legs and delays degeneration of the bones and cartilage. Jean concluded her presentation saying she was willing to start classes if there was enough interest.

Ng Moi Wah, an RA sufferer from 2000, gave a personal testimony of her struggles since being diagnosed (read more in the Profile Section). Oon Siew See gave a heartfelt account of her trials while being the care-giver to her mother and the difficult choices she had to make.

At the end, Annie Hay, Chairperson of RASG, had the audience in peals of laughter with her trademark humor. There were prizes galore distributed, followed by some fun games and tea. The participants left on a high note, armed with vital information, thanks to the dedicated efforts of the doctors, sponsors and organizers who came together yet another year to spread the word on arthritis. 12



Jean Yeoh



Annie Hay, Chair person of RASG.



NOTE OF APPRECIATION

I would like to extend my heartfelt gratitude to Arthritis Foundation Malaysia for organizing various health forums in Sunway Medical Centre. I have benefited from the very informative talks by the excellent specialists.

I would also like to extend my warmest appreciation to Annie Hay, S.Shantamalar, Yoges, Karen Chee and Patricia Ho for organizing the fun and inexpensive holiday trips for the members of the RASG. I would also like to convey my thanks to Ding Mee Hong and her husband. Their generosity during our Sekinchuan Trip will always be appreciated.

~ Chan Suan Kin

"Our sincere appreciation and gratitude to all our sponsors who supported us in making WAD 2015 a tremendous success."



Exercise Is Bad For Arthritis

For most people, when pain strikes, it's almost instinctive to avoid doing anything that aggravates it. When people have arthritis, pain is a constant companion.

At the recent World Arthritis Day Event, held on the 10th of October 2015, Dr. Benjamin Cheah, Consultant Rheumatologist, presented some recommended forms of exercise for arthritis sufferers, backed by research and scientific evidence.

He emphasized the need for exercise and set the bar by presenting that, the Centers for Disease Control and Prevention (CDC) recommended that people with arthritis engage in at least 75 minutes of vigorous-intensity aerobic activity or 150 minutes of moderate-intensity aerobic activity each week.



SWIMMING: WHY SWIM?

- Buoyancy
- Well tolerated, improved pain, improved balance, function and mobility 1
- There was better quality of life 2
- Frequency? There was no difference between 2 or 3 times per week 3

References 1-3

1. Bessel et al, High-intensity interval training on an aquatic treadmill in adults with osteoarthritis: effect on pain, balance, function, and mobility, *J Strength Cond Res.* 2014 Aug;28(8):2088-96. doi: 10.1519/JSC.0000000000000258.
2. Barker et al, Effectiveness of aquatic exercise for musculoskeletal conditions: a meta-analysis. *Arch Phys Med Rehabil.* 2014 Sep;95(9):1776-86. doi: 10.1016/j.apmr.2014.04.005. Epub 2014 Apr 24
3. Cuesta-Vargas et al, The optimal frequency of aquatic physiotherapy for individuals with chronic musculoskeletal pain: a randomised controlled trial, *Disabil Rehabil.* 2015;37(4):311-8. doi: 10.3109/09638288.2014.918191. Epub 2014 May 12



TAI CHI: ACCORDING TO STUDIES

- Improves physical performance in individuals with chronic conditions including OA 1
- Improves pain, physical function and stiffness in OA 2
- Promotes psychological health 3
- Improves muscle function in the lower limbs 4
- Does not exacerbate symptoms of RA and improves range of motion 5

But he also cautioned that there were different types of tai chi which involved different kinds of movements. So participants should carefully choose a style suited for them.

References..1-5

1. Chen YW et al, The effect of Tai Chi on four chronic conditions: cancer, osteoarthritis, heart failure and chronic obstructive pulmonary disease: a systematic review and meta-analysis, *Br J Sports Med.* 2015 Sep 17. pii: bjsports-2014-094388. doi: 10.1136/bjsports-2014-094388
2. Lauche et al, A systematic review and meta-analysis of Tai Chi for osteoarthritis of the knee, *Complement Ther Med.* 2013 Aug;21(4):396-406. doi: 10.1016/j.ctim.2013.06.001. Epub 2013 Aug 21
3. Waite-Jones et al, Psychosocial effects of Tai Chi exercise on people with rheumatoid arthritis, *J Clin Nurs.* 2013 Nov;22(21-22):3053-61. doi: 10.1111/jocn.12327. Epub 2013 Sep 13
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GENERAL POINTERS

- Start slow and gradually increase intensity and duration
- Stop if you feel pain or feel uncomfortable
- Consult your doctor or physiotherapist
- Do something that you like
- Stick with it



YOGA

Researchers found that participants who took part in yoga reported a 20% improvement in pain, energy levels and mood, compared with participants on a waitlist. They also experienced a 20% improvement in physical function, such as the ability to perform day-to-day tasks at home and at work. What is more, these improvements remained evident 9 months later.

FOR PEOPLE WITH ARTHRITIS

- Start with gentle yoga classes
- Practice acceptance of where you are and what your body can do on any given day
- You can do it even if you have not done it before 1
- It is feasible and safe even in RA 2

References 1 and 2

1. Moonaz et al, Yoga in Sedentary Adults with Arthritis: Effects of a Randomized Controlled Pragmatic Trial, *J Rheumatol.* 2015 Jul;42(7):1194-202. doi: 10.3899/jrheum.141129. Epub 2015 Apr 1.
2. Evans et al, Impact of iyengar yoga on quality of life in young women with rheumatoid arthritis, *Clin J Pain.* 2013 Nov;29(11):988-97. doi: 10.1097/AJP.0b013e31827da381.



RUNNING

This may come as a surprise to many people but running is recommended too. Studies showed that

- Running significantly reduced osteoarthritis and hip replacement risk 1
- Risk reduction occurred by 1.8 MET hourly/day
- No difference between running and walking
- Running does not increase the risk of arthritis. Inactivity and obesity increases it 2

References 1-2

1. Williams PT, Effects of running and walking on osteoarthritis and hip replacement risk, *Med Sci Sports Exerc.* 2013 Jul;45(7):1292-7. doi: 10.1249/MSS.0b013e3182885f26
2. Frohnauer A, Neff A, Knechte B, Does running increase the risk of osteoarthritis? *Praxis (Bern 1994).* 2006 Aug 30;95(35):1305-16



The Spine Trail Continues

Strengthen your back with some safe and effective exercises from DR. VIM at Physio Plus.

The cause of back pain, though it may be precipitated by sudden trauma, is more likely due to repeated stress and strain that cause weakening of the ligaments and muscles that support the spine. The majority of backaches start because of improper postures in standing, sitting and lying down. Maintaining proper alignment of the back is important and requires a balance of flexibility and strength in the muscles supporting the spine.

If a tight muscle pulls a segment out of line, then other portions of the body will move to compensate.

This would in turn increase the strain on ligaments and muscles.

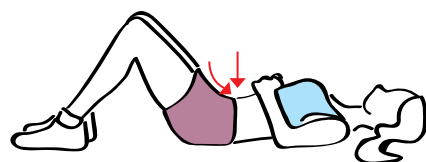
Weak lower abdominal muscles cause your abdomen to protrude out of the belt line, which causes your pelvis to tip forward. This causes tight lower back muscles. When that happens, the lower lumbar curve increases.

A slumped posture, and a forward poking chin causes the neck to move forward, and increases the thoracic spinal curve. Tight neck and shoulder girdle muscles can contribute to the problem.

So here are some easy and effective strengthening exercises for you.

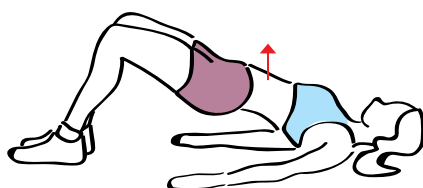
1. PELVIC TILT

Tighten the abdominal muscles and slightly squeeze the buttocks in order to press the lower back into the floor and tilt the pelvis into a "neutral" position. This helps to find and maintain the stability of the spine.



2. THE BRIDGE

Keep your arms at the sides, knees bent, press your feet into the floor and lift your hips up. Think of it as lifting your hips to the sky or the ceiling. Engage your abs and squeeze your buttocks to make them firm. This is a great workout for your hips, glutes, core, and hamstrings. You can vary the intensity by (i) varying the distance between both the knees (ii) or placing the feet further away from the body.

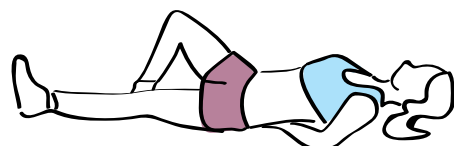


3. THE MODIFIED CURL-UP (STUART MCGILL PROGRAMME)

Lie on your back with one knee bent and the other knee straight. This puts your pelvis in a neutral position and the muscles of your core in an optimal alignment of pull to avoid strain to the lower back. Place your hands under the arch of your lower back and ensure that this arch is maintained throughout the curl-up.

Start by bracing your abdomen; this is different from flexing your abs, bear down through your belly. Now make sure you can breath in and out while maintaining this brace. If you cannot, stop there and practice doing just that until you've got it mastered! Now, pretend that the spine in your neck and your upper back are cemented together and do not move independently. Pick a spot on the ceiling and focus your gaze there, lift your shoulder blades about 30° off the floor and slowly return to the start position.

Take note of your neck, and ensure that your chin isn't poking forward when you do a curl up. If you're struggling with that, focus on making a double chin. Perform 3 sets of 10-12 repetitions.

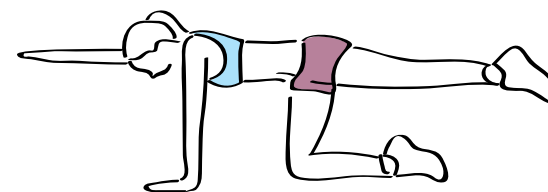
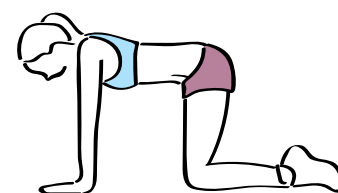


4. THE BIRD

Start on your hands and knees with your hands directly under your shoulders and knees directly under your hips. Maintain a neutral spine. Brace through your abdomen and squeeze your gluteals. Ensure you can maintain this while you take a breath in and out. Lift your right arm in front until its level with your shoulder, squeezing the muscles between your shoulder blades as you do so.

At the same time, extend your left leg straight back until it is level with your hips, squeezing your gluteals and keeping your hips square to the floor. Return to the starting position in a slow and controlled manner and perform the same action with the left arm and right leg. That is one repetition. Perform 3 sets of 8-10 repetitions.

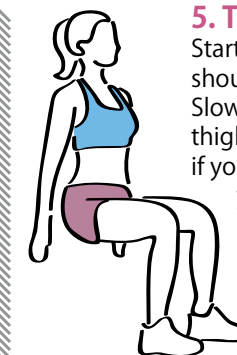
As this exercise becomes easy, focus on co-contracting the muscles of your forearm and arms while you extend, the same goes for the muscles of your legs. For an additional challenge, instead of putting your hand and knee back down on the ground between reps, try just sweeping the floor and performing the next rep right away, or draw a square with your arm and leg and then sweep the floor.



5. THE WALL SEAT

Start with your back against a wall and your feet shoulder width apart about two feet from the wall. Slowly slide your back down the wall until your thighs are parallel to the ground. Adjust your feet if you need to so that your knees are directly above your ankles (rather than over your toes).

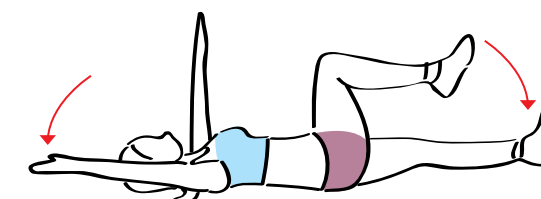
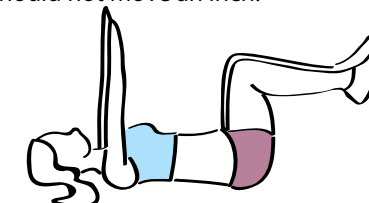
Keep your back flat against the wall, and belly tucked in. Hold the position for 20sec, rest 30 seconds, and repeat the exercise three times. Increase your hold time by five seconds as you increase your strength.



6. DEAD BUG

Start by lying on your back. Put your hands on the wall behind you, and feet in the air, with your knees bent 90 degrees. Press your low back into the ground – this flexes/contracts your abs. This step is crucial. For many who have never flexed their abs before, this is a real light bulb moment. Holding this contraction, extend your right arm and your left leg at the same time.

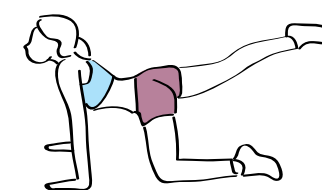
The key to this drill is to keep the core engaged in order to PREVENT movement anywhere else in your body. In other words, when the right arm and left leg extend, the left arm and right leg should not move an inch.



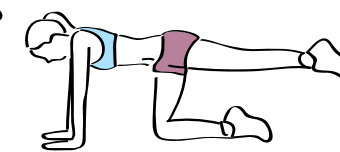
Questionable exercises and safe alternative exercises

These are just a small selection of spine-safe core exercises.

There are plenty of others out there to add a spark to your routine and keep you toned and going! As always, if you have any questions, don't hesitate to ask us at AFM & PHYSIO PLUS!



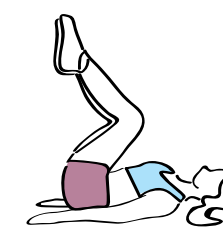
X Improper exercise (donkey kicks)



✓ Proper technique with neck parallel to the floor



X Improper exercise (double leg lift)



✓ Proper technique

By Dr. Sargunan Sockalingam

HOW MUCH DO YOU KNOW ABOUT ARTHRITIS? TAKE THIS QUIZ AND CHALLENGE YOURSELF.



1. One of the following is the consequence of long-term steroid therapy

- A. Weight loss
- B. Osteoarthritis
- C. Osteoporosis
- D. Allergy

2. One of the following is not a DMARD

- A. Methotrexate
- B. Sulfasalazine
- C. Gold
- D. Mefenemic acid

3. Rheumatoid Arthritis is associated with one of these

- A. Rheumatic Factor
- B. Carcino Embryonic Antigen
- C. Rheumatoid Factor
- D. Anti double stranded DNA

4. When there is joint pain and swelling with psoriasis

- A. Systemic Lupus Erythematosus
- B. Psoriatic Arthropathy
- C. Diabetes Mellitus
- D. Ankylosing Spondylitis

5. In Rheumatology ACR stands for

- A. American College of Rheumatology
- B. Asia Pacific College of Rheumatology
- C. Asian College of Rheumatology
- D. Advanced Course Rheumatology

6. Allopurinol (Xyloric) is used to

- A. Reduce the Rheumatoid Factor level
- B. Function as DMARD
- C. Reduce the uric acid levels in gout
- D. Alleviate pain

7. Rheumatoid Arthritis is considered

- A. An autoimmune disease
- B. Metabolic disease
- C. Psychological disease
- D. Due to infection

8. A most common metabolic disease is

- A. Rheumatoid Arthritis
- B. Pneumonia
- C. Ankylosing Spondylitis
- D. Diabetes Mellitus

9. One of the following helps in osteoarthritis treatment

- A. Running
- B. Muay-tai
- C. Mixed Martial Arts
- D. Ideal weight

10. In Rheumatoid Arthritis we aim to prevent

- A. Joint erosions
- B. Joint movement
- C. Remission
- D. Exercise



that disrupts normal metabolism, the process of converting food to energy on a cellular level.

9. D. Ideal weight. Being overweight is a clear risk factor for developing OA. Weight loss decreases pain substantially in those with knee OA.

10. A. Joint erosions. Rheumatoid arthritis affects the lining of your joints, causing a painful swelling that can eventually result in bone erosion and joint deformity.

ANSWERS

1. C. Osteoporosis. Steroid medications have major effects on the metabolism of calcium, vitamin D and bone. This can lead to bone loss, osteoporosis, and broken bones. But it is important to know that not all people who take steroid medications lose bone.

2. D. Mefenemic acid. Mefenemic acid is a nonsteroidal anti-inflammatory drug (NSAID) and is used to treat mild to moderate pain.

3. C. Rheumatoid Factor. Rheumatoid factors are proteins produced by your immune system that can attack healthy tissue in your body. High levels of rheumatoid factor in the blood are most often associated with autoimmune diseases, such as rheumatoid arthritis and Sjogren's syndrome.

4. B. Psoriatic Arthropathy. Psoriatic



Arthropathy is a condition in which Psoriasis (a skin condition in which the skin cells grow too quickly and flake off leaving patches of scaly redness) is linked to the development of arthritis.

5. A. American College of Rheumatology

6. C. Reduce the uric acid levels in gout. Uric acid build up can lead to gout or kidney stones. Allopurinol reduces the production of uric acid in your body and is used to treat gout or kidney stones.


7. A. An autoimmune disease. Under normal circumstances, your body's immune system protects you from disease and infection. But if you have an autoimmune disease, your immune system attacks healthy cells in your body by mistake.

8. D. Diabetes Mellitus. Metabolic disease is any diseases or disorder






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Kordel's Charity Fun Walk 2015

The gloom of the haze did not diminish the spirit and enthusiasm of the majority of the 1400 registrants from gathering on a Sunday morning, 25th October 2015, at Padang Merbok for the 7th Kordel's Charity Fun Walk. Fortunately, the air quality reading was moderate! Participants appeared as a sea of white, with T-shirts emblazoned "Kordel Charity Fun Walk". They came in all ages and sizes, sharing their excitement with their children, mothers, fathers, friends, walking groups and colleagues. There were babies, as young as 5-months being pushed in their strollers, recalcitrant toddlers being cajoled to walk or run and grandmothers patiently egged on to complete the walk. With various information booths and trucks selling light refreshments, it was a carnival-like atmosphere filled with fun. A must-mention is the long queue at the photo station with participants patiently waiting in line for their turn and taking selfies galore!

According to Mr. Ho Swee Lin,

General Manager, Cambert (M) Sdn Bhd, Kordel invests a lot of effort and resources into holding the walk each year. Mr. Ho adds, "We take pride that the walk has become an annual fixture in a lot of our regular participant's lives. People actually begin calling and enquiring about the date of the next walk within 3-6 months of the last one."

AFM was their obvious choice to support as it has been the voice of arthritis patients in Malaysia. All the proceeds of the walk each year are donated to AFM and so far Kordel has donated about RM170,000. This year, a cheque of RM40,000 was presented to Mr. C. Shivanandha, Hon. Treasurer of AFM and Chairman of the Arthritis Fund. He thanked the participants and Kordel for their generous support and shared that, "the money raised goes towards improving the lives of those living with arthritis. The Arthritis Fund has disbursed about RM1 million to financially challenged patients who require joint replacement surgeries. This

has improved the quality of their lives and helped them become less dependent on family members. It is with the help of corporations like Kordel's, its sponsors and caring Malaysians, that we are able to keep the Arthritis Fund up and running and reach out to more patients. For that, we are truly grateful."

Having his own mother go through a knee replacement surgery and seen the phenomenal change it wrought on her disposition and attitude to life, Mr. Ho is even more convinced about the need to support the effort to spread awareness of arthritis and provide financial support. "With a steadily aging population like ours, the need to tackle such issues is paramount".

The support of numerous sponsors caused even more excitement and participants took advantage of the opportunity to purchase nutritional products at great prices. Each participant received a Kordel's Charity Fun Walk T-shirt and a finish medal. Aside from that, all participants received goodie bags from Kordel with products sponsored by 100Plus, Attack, Bio-

According to Mr. Ho Swee Lin, General Manager, Cambert (M) Sdn Bhd, "the spirit of movement and fun is the attitude the company is trying to encourage and cultivate. We want people to view exercise and movement as something they have fun with, something to explore and enjoy. It's not about competition or comparison, winning or losing. Just move, move, move."

Oil, BP Healthcare Group, ChekHup, Gardenia, Hemoclin, Holiday Villa Hotel & Suites Subang, Juvanex, Laurier, Lipidol, Nailner, Nutra-Life, Nuvaforme, Perskindol, Safwakids, Salonpas, Watsons and Yogood. Winners of the lucky draw also took home attractive prizes including Kordel's products worth RM3,000 and 2 travel vouchers worth RM500 each sponsored by Orex Travel.

After a short stretching session, in an atmosphere of infectious excitement, the 7-km walk was officially flagged by Mr. C. Shivanandha. G. Suresh Kumar came in first. A regular at the Kordel's Walk, says Suresh, "I walk to stay active, remain healthy, and because I enjoy it". Ng Tse Chee came in second, and he too is a regular at the Kordel's Walk. He says, "I did research on the internet and came to realize that there are a lot of health benefits to walking. The best part is that we can stick with it even as we grow older. I walk twice a week in the gym for half an hour and cover a distance of 5 kms. So the 7 km today was a bit of a stretch. I have also been attending yoga class, twice a week regularly for the last 8 years".

Syima, one of the earliest to cross the finish line deserves a special mention, as she pushed her 5-month old daughter Humaira in her stroller besides having 7-year old Hadif Aslam in tow. What's more, Hadif has been doing the Kordel Walk since he was 5-years old. Her husband Hashim accompanied the other two children, Damia Quaseh, 8 and Harith Affan,



4 who had to be cajoled a bit to complete the walk. Syima says, "I was always very active from young and before our marriage, my husband and I both would do rock climbing, hiking, camping etc. Once the kids came along, we just included them in our activities as well. I truly believe in the value of an active lifestyle and it is one way to ensure that they stay healthy and stave off diseases like diabetes and heart disease that are on the rise now."

Every day I take my children down to the playground and every weekend, after our morning prayers, we set off to the parks and come back only by noon. We also take part regularly in charity walks and marathons. In a year, we take part in around 30 events! The motivation is simply to be healthy by creating an active lifestyle for the family".

Then I met this lively group of women who called themselves the "Hill Gang". Full of zest for life, they shared that they went walking, trekking, climbing hills, basically did everything except, they revealed

with a burst of laughter, "cooking and housekeeping". Every month they took part in 2 or 3 events. Last year, a few of them got together and climbed Mount Kinabalu.

Another kid who stopped me in my tracks was 5-year old Jared who had come with his mom Mabel. She revealed that it was, "Jared's 3rd Kordel Walk" which meant he had been walking in this event since he was 2 years old! She brought him the first time as a good friend works in Kordel and had invited her, but now she says, "Jared loves it and he keeps asking about the walk. So we come back every year".

I came away determined to be more active after meeting so many interesting people and hearing so many amazing stories. I am sure the participants went away inspired to remain active and fit. 🏃‍♀️

Thank you Kordel, all the sponsors and Malaysia for your contribution to a healthier community.



COLUMBIA ASIA HOSPITAL– FAMILY WALK CHARITY EVENT

In conjunction with its 5th Year Anniversary Open Day Celebration 2015, Columbia Asia Hospital-Nusajaya held a Family Walk Charity Event on 22nd August 2015. Funds raised during the event were donated to Arthritis Foundation Malaysia (AFM) to support its continuous efforts to improve the quality of lives of patients with arthritis, particularly underprivileged patients who require a joint replacement surgery but lack the financial means to do so. The event was in line with their Corporate Social Responsibility (CSR) policy and it provided an excellent opportunity for them to help create awareness on arthritis and also contribute back to the community within the Iskandar region.

The theme for the event was “Pain Relief is a Human Right, Walk with us to make it Right”. The turnout was about 220 participants who had to walk a distance of approximately 3.3 km. The event began with a vibrant Zumba performance as warm-up followed by a flag-off by General Manager, Pn Rahani Yaacob at 7.30am. There were booths operated by corporate partners and vendors



supporting these initiatives. Other highlights were free health screening, blood donation campaign, information booths operated by the Police and Bomba. The event raised an amount of about RM9,000. Annie Hay, Patricia Ho and Cheah Lee Yen represented AFM at the event.



URBAN HEALTH EVENT “YOUNG AT HEART SERIES 2”

By Ding Mee Hong

The Urban Health Event “Young at Heart Series 2” was held on the 22nd of August 2015 at SWAN Conventional Centre, Sunway Medical Centre. There were about 150 participants and the atmosphere was vibrant. AFM had a booth there and I was invited as a speaker to share my journey with RA; how I discovered it and began living with it and the challenges I encountered along the way. The session was very meaningful to me. The participants came from different cultures, varied walks of life and ranged from young to the elderly, but they were all very enthusiastic and participated sportingly. I believe such events are very beneficial as they help to create more awareness and spread knowledge across a wide spectrum of society.

YOUNG AT HEART EVENT IN PENANG

Young at Heart (YAH) was back in YMCA Penang on 31st October 2015. This year, YAH featured a special sports theme, which gave the event an exciting, updated name – Young at Heart Move It! It was more fun with interactive health talks from doctors and medical experts, free health screening, exciting games on the stage, mini-game stations, goodie bag valued RM100, exclusive product promotions and amazing lucky draw prizes. There were about 130 participants.



AFM's representative Ms. Su Moh Lee, was invited to share her experience on living with rheumatoid arthritis.



RASG EVENT “REGAINING HEALTH THROUGH DETOX”

By Annie Hay

On the 7th of November 2015, a group of 29 members of the RA Support Group (RASG) and their caregivers attended a talk by Ms Kathryn Wong, our invited speaker, who spoke on “Regaining Health through Detox”. Kathryn is a Healthy Eating Advisor. She is the key speaker and coach for the detoxification programs organised by RPA Holistic Wellness Academy and Green Meadow Health Café & Wellness Center.

She explained that detoxification is about resting, cleaning and nourishing the body from inside out by removing toxins, then feeding your body with healthy nutrients. She shed light on detoxification and the best way to go about it.

◆ INTERMITTENT FASTING

- a) Dinner fasting; last meal before 6pm, taking fluids only
- b) Fruits meal or raw vegetables meal once a day
- c) Healthy smoothies
- d) Prayer fasting (few hours to few days)

◆ ADVANTAGES

- a) Reduces oxidative stress
- b) Enhances cellular repair processes
- c) A key strategy for anti-aging and longevity

◆ KEY POINTS

- a) The longer the empty stomach

FRUITS WITH HIGH SUGAR CONTENT NOT RECOMMENDED FOR DETOX:

- Watermelon
- Bananas
- Oranges
- Mangoes
- Grapes

SOME RECOMMENDED JUICING COMBINATIONS

- Green apple, yellow pear & carrots
- Cucumber, green apple & lettuce



- time, the more intensive
- b) Choose food that can be easily digested like fruits and raw vegetables
- c) Must conserve energy; less activity, rest more, sleep early before 9.00pm
- d) Calm the mind
- e) Takes few weeks or months to achieve obvious results

◆ JUICING VS BLENDING

Juicing

- No pulp/fiber
- Instant infusion of nutrients (vitamins, minerals, phytonutrients) into blood stream
- Gives digestive system a break – cells can focus on rest & repair
- Immediate boost of our immune system in a short period of time
- Good for detox & healing period

Blending

- With pulp/fiber
- Supports digestive health
- Satisfies hunger & sustain energy over time
- Good for daily intake and to replace meals
- Good for weak digestive system

- Pineapple & papaya
- Celery, bittergourd, green apple & cucumber
- Papaya, beet root & carrots
- Green apple, beet root, ginger, carrots & pear

This was followed by a juicing demo and members were able to sample 2 recipes

- (a) Celery + Carrot + Parsley
- (b) Mint + Cucumber + Pineapple



(children & elderly, those who have weak digestive system)

◆ THE DAY BEFORE THE DETOX PROGRAM:

- Reduce food intake, do not over eat
- Drink more water – at least 2 liters of drinking water
- Take more fruits & vegetables
- Avoid meat & highly processed food & food containing additives, preservatives, colouring & flavouring
- Take semi-solid food

◆ DURING THE DETOX PROGRAM:

- Take supplements in the morning & evening (multi-vitamins, minerals, antioxidants, immune-boosting herbs).
- Drink 2-3 liters of freshly extracted fruit & vegetable juices throughout the day
- Drink about 1-2 liters of clean filtered water throughout the day.
- Optional: add lemon juice / slices of lemon into drinking water
- Optional: add lemon juice + 1 teaspoon of sea salt + 10 chlorella into drinking water

◆ ONE TO THREE DAYS AFTER THE DETOX PROGRAM:

- Prepare to go back to normal diet with semi-solid food that can be easily digested, then to solid food.
- This is the period when your body absorbs whatever that goes into your body. Therefore, you should take fresh and natural food and food prepared adopting healthy cooking methods.
- Avoid highly processed foods & foods containing additives, preservatives, colouring & flavouring.

The members were treated to a good lunch after the talk. All the members went home taking with them valuable knowledge of how detoxifying can help protect them from disease and renew their ability to maintain optimum health.

The Need Of The Hour

Dr. Sargunan Sockalingam, President of AFM, calls for a dialogue to make expensive arthritis drugs like biologics and small molecules affordable to the deserving public.

The recent announcement that Budget 2016 will exempt more medications from GST has brought some cheer to both patients and healthcare providers. However, it remains to be seen if the prices of drugs used in the treatment of arthritis fall under this category. At the end of the day, these drugs will continue to be expensive. And the rakyat will have to pay.

THE PLIGHT OF ARTHRITIS SUFFERERS

It is rather difficult to explain arthritis to lobbyists and lawmakers. It does not have the same urgent appeal of cancer and HIV. Truly, these are serious illnesses and they deserve all the aid and attention, but so does arthritis. People with arthritis have to continue to work in the setting of chronic pain. Work environments and crowd pleasing key performance indices will not reward anyone for continuing to produce good results, despite enduring excruciating pain that does not qualify for medical leave.

One important feature in the economics of arthritis today, is the explosion of remarkably effective new drugs in the market. Biologics, and now, small molecules have been made available

to patients. These drugs however, are expensive. Pharmaceutical companies have to recover the millions spent in R&D, and yet try to make the drugs as affordable as possible. While the government does provide some assistance, there is a lack of consistency in who gets the medication. There is also the problem of continued supply for the duration of treatment.


Most guidelines demand that the patient takes a step-wise approach, starting with the cheapest drug available and gradually (playing peek-a-boo) seeking out the optimal therapy through trial and error (and time and money). By the time the regulatory authorities finally note that a biologic is required, the patient would have spent all her money and so now she has none left.

OFFERING A SOLUTION

Biologics and small molecules can be used as targeted therapy. Rheumatologists could assign a particular drug most suited to the patient's disease profile. For instance, a patient with highly active Rheumatoid Arthritis, with low haemoglobin count and a high C-reactive protein level may benefit from treatment with an Interleukin 6 inhibitor. An RA patient with high levels of Rheumatoid Factor and anti-CCP antibody may show good response with anti-CD20 therapy.

CALL FOR DIALOGUE

It is high time relevant parties set up a dialogue, in order to make these drugs easily available to the deserving. At Rheumatology clinics in Malaysia and other haze-free parts of Asia, doctors frequently have to communicate with their patients that their disease is getting worse, but that the biologics or small molecules required for their effective treatment are too expensive. This conversation is unfortunately more common than most people realize, lasts longer than the actual physical examination and leaves everyone feeling helpless.

It is high time we get our act together, and do justice to the good work of clinicians and researchers, by highlighting the urgent need to get biologics and small molecule therapy available and affordable to the nation's workforce. The investment may be well worth it. 

It appears that our economics have failed us. In the quest to achieve millions in profits and procurements, we have neglected our patients, who, like you and me, contribute significantly to the economy. The only difference being, they do it accompanied by pain and inflammation. A number of patients who have no recourse to religious and ethnocentric aid organizations, government funding and insurance cover, continue to provide for their families, all the while quietly suffering in pain. Thus begins a vicious cycle, which over a period of time, results in a shrinking economy. Less people in good health is the recipe for the decline in productivity.

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*
- Columbia Asia Hospital, Bukit Rimau, Shah Alam
- Ara Damansara Medical Centre, Shah Alam

KEDAH

- Hospital Sultanah Bahiyah, Alor Setar*

PULAU PINANG

- Hospital Pulau Pinang, Pulau Pinang*
- Bone, Joint & Pain Specialist Centre, Sunway Perdana, Pusat Bandar Seberang Jaya, Seberang Perai

PERAK

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

MELAKA

- Hospital Melaka*

JOHOR

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

NEGERI SEMBILAN

- Hospital Tuanku Jaafar, Seremban*

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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ARTHRITIS FOUNDATION, MALAYSIA MEMBERSHIP APPLICATION / RENEWAL FORM

NAME:/C NO: _____ DATE OF BIRTH: _____ GENDER: _____
OCCUPATION: _____ MARITAL STATUS: _____
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Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin,
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Signature of Applicant Date

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