ARTHRITIS FOUNDATION MALAYSIA

August 2016

joint efforts

The Official Newsletter Of Arthritis Foundation Malaysia | www.afm.org.my

PP16636/11/2012 (031169)

"AFM Public Forum and Annual General meeting"
Read article on Page 26

Zaharatul Laily Shazi Binti Shaarani
Read article on Page 15

Welcome to the latest edition of *Joint Efforts*. Knowledge is power, information is power; so stay knowledgeable, stay informed.

This issue, our focus has been on sharing information on "Biologics" so do read our "Centre Stage" as well as the "Public Forum" section for in-depth information; what are biologics? What are its pros and cons, side effects etc? The "News" section brings you cutting edge news on the arthritis front. You will learn that the use of steroids as part of therapy in arthritis may lead to diabetes and that though people are taking to it in droves, arthroscopic hip surgery may not be the best option especially for older people with arthritis. Read our "Profile" section and be inspired by one patient's experience with biologics and if you have ever been told that cracking your knuckles leads to arthritis, then the "Myth of the Month" section is for you!

AFM is very pleased to announce the setting up of the Arthritis Research Fund to provide the much-needed boost to arthritis research efforts based in Malaysia by providing research grants. So please read our announcement for more details and do share the exciting news.

There are no shortcuts to good health. There are also many aspects to good health and it is important that we give our attention to all of them. So eat healthy, stay active, exercise regularly, stay connected and supported through the RASG and the PACE activities, as well as other activities conducted by AFM. Create some quiet time for yourself everyday and connect to gratitude. Stay positive and don't forget to have fun!

Shailaja Menon
EDITOR

IN THIS ISSUE

ANNOUNCEMENTS

1. World Arthritis Day will be held on the 1st of October 2016 at SWAN Convention Centre, Petaling Jaya, Selangor.
2. National Rheumatoid Arthritis Day will be held on the 20th of August 2016 in Klang. Look out for details on AFM website www.afm.org.my and circulars to members.

[1] Improvement in symptoms:

Reduction of WOMAC pain score in (82% of patients)
CTX-II lowering (61% of patients)
(biomarker of cartilage degradation)

Double-blind cross-over clinical study.[1]

No significant change in blood glucose.[1]

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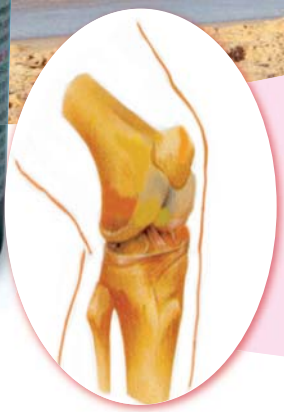

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References:

[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.

Once again I am delighted to introduce you to this exciting new edition of *Joint Efforts*.

We hope thus far, you like the new approach we have taken; that is to include more in-depth information and controversial topics that we hope will stimulate discussion. It is important that we have dialogue, especially in this era of social media. I have noticed that with the vast array of information that is available on the Internet, there seems to be a proportionate rise in the expression of various emotions that find their way to social networking sites. This is not just limited to political situations. In fact, there are all sorts of scientific information and so called "new revolutionary therapies" that seem to stimulate peculiar responses from the public.

While it is hard to stop this expression which sometimes can get out of control (and the results of these become evident once mainstream media steps in), I believe the solution is controlled and informed dialogue. We need to talk rationally about topics such as alternative therapy, vaccination, cost of healthcare and products that claim to cure disease. Keeping silent about them will lead to much confusion later on, and it is difficult to predict what will happen. One example is the situation we have with vaccination.

We had an interesting AGM this year, where we spoke of new directions that AFM is looking forward to explore. I am grateful to both the EXCO and members alike for their support. In the next few years, let us hope that AFM will be bold enough to take on this new direction. My vision is for AFM to be a discerning voice for people living with arthritis; bringing relevant topics to be highlighted and discussed in both mainstream and alternate media.

Dr. Sargunan Sockalingam
President, AFM

Sekali lagi saya berasa gembira memperkenalkan anda kepada edisi baharu *Joint Efforts* yang menarik.

Kami harap setakat ini anda suka dengan pendekatan baharu yang kami telah ambil; ia itu untuk memasukkan maklumat yang lebih mendalam dan topik kontroversi yang kami harap akan menggalakkan perbincangan. Sebenarnya penting untuk kita mempunyai dialog, terutama dalam era media sosial. Saya sedar bahawa dengan banyak maklumat yang boleh didapati di Internet, seolah-olah terdapat kenaikan berkadar dalam ekspresi pelbagai emosi di laman web rangkaian sosial. Ini bukan sahaja terhad kepada keadaan politik. Sebenarnya, terdapat pelbagai maklumat saintifik dan yang dikenali sebagai "terapi revolusi baharu" yang seolah-olah merangsang tindak balas yang pelik daripada orang ramai.

Walaupun sukar untuk menghentikan pendapat dalam laman web yang kadang-kala menjadi tidak terkawal (dan hasilnya menjadi lebih jelas apabila media arus perdana mula terlibat), saya percaya penyelesaiannya adalah melalui dialog yang terkawal dan berinformasi. Kita perlu berbincang secara rasional mengenai topik-topik seperti terapi alternatif, vaksin, kos penjagaan kesihatan dan produk yang didakwa dapat menyembuhkan penyakit. Berdiam diri tentang perkara-perkara tersebut hanya akan menimbulkan lebih banyak kekeliruan pada kemudian hari, dan akan menjadi sukar untuk meramalkan apa yang akan berlaku. Salah satu contoh adalah masalah yang kita hadapi dengan vaksinasi.

Kami menganjurkan AGM yang menarik tahun ini, di mana kami bercakap tentang arah tuju baharu yang ingin diterokai oleh AFM. Saya berterima kasih kepada EXCO dan ahli atas sokongan mereka. Dalam beberapa tahun yang akan datang, mari kita berharap agar AFM akan cukup berani untuk menempuh arah tuju baharu ini. Visi saya adalah supaya AFM menjadi suara hati bagi orang-orang yang hidup dengan artritis; membawa topik yang relevan untuk diketengahkan dan dibincangkan, sama ada dalam arus perdana dan media alternatif.

Dr. Sargunan Sockalingam
Presiden, AFM

再一次，我带着雀跃的心情，向各位介绍这最新一期的*Joint Efforts*会讯。

希望大家都会喜欢我们的新风格，它的特色是为大家提供更多较深入的资讯，以及具争议性课题方面的信息，目的是要激发讨论。大家互相之间有对话是重要的，尤其是在这个社交媒体当道的时代。我发现在互联网广泛的资讯当中，出现在社交网站上各种情绪表达的情形，有日益增加的趋势，而这情形不只局限于政治局势而已。事实上，我们可以在网络上看到各种各样的科学资讯以及所谓的"新的革新疗法"，而这类的资讯在坊间还引起了一些令人费解的反应。

这种情绪表达的情形不但不容易被遏止，有时还发展得一发不可收拾（一旦主流媒体也加上一脚的话）。我个人认为，解决的方法就是进行情况受控的传达资讯对话。我们需要理性讨论的课题包括替代治疗法、疫苗注射、保健开销以及声称可以根治疾病的产品。如果不把事情拿出来讨论，只会换来在日后造成更多混淆，后果也很难预料。近日出现的疫苗注射课题，就是一个例子。

今年的会员常年大会颇为有趣，我们在大会上谈及大马关节炎基金会未来打算探索的新方向。我非常感谢理事会成员及会员们的支持。希望大马关节炎基金会在未来的几年里，将有足够的魄力来实行这个新的方针。我对大马关节炎基金会的展望是，它将会是代表关节炎患者抒发心声的管道；并把相关的课题带上主流以及非主流媒体，以便在这两种媒体上被讨论。

大马关节炎基金会主席
沙谷南医生

Steroid Therapy And Risk Of Diabetes

May 4th 2016: In a paper published in the journal Arthritis and Rheumatology, a study from The University of Manchester has found that the risk of diabetes increases in relation to the dosage, duration and timing of steroids.

Glucocorticoid (or steroid) therapy, prescribed to around half of the patients with rheumatoid arthritis, is a known risk factor for developing diabetes. The researchers looked at the records of more than 20,000 patients with rheumatoid arthritis in the UK and compared rates of new-onset diabetes in those who were prescribed glucocorticoids to those who didn't receive glucocorticoids.

They found that glucocorticoids were associated with one new case of diabetes for every 150-200 people treated per year. Each increase of 5mg prednisolone per day carried a 25-30 percent increase in diabetes, although a dose of less than 5mg wasn't associated with a measurable risk of diabetes compared to no treatment.

Dr Will Dixon, Director of the Arthritis Research UK Centre for Epidemiology at The University of Manchester and Honorary Consultant Rheumatologist at Salford Royal NHS Foundation Trust, led the study. He said: "Doctors treating people with arthritis have to make a decision how best to prescribe glucocorticoids by balancing the benefits against the risks. However, until now, no studies have considered how the risk changes with the dose and duration of treatment.

This research shows that low doses of steroids (below 5mg/day) do not increase the risk of diabetes. However, there is an increased risk of acquiring diabetes for people who use them for long periods or at high doses which can now be quantified. This research provides important evidence for doctors to make this decision."

As well as the 21,962 patients from the UK database, the research team also checked their results against a further 12,657 records held in the USA. Results also took into account patients' BMI and smoking status, as well as their disease severity.

The research does not advocate that people stop using glucocorticoids as they have been used effectively since 1948 to treat flare-ups in joint pain and for longer periods at a low dose to help people who don't respond to other treatments.

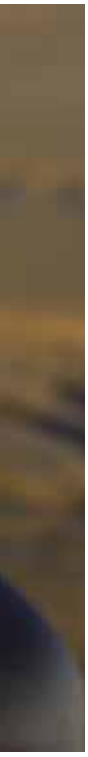
Source: Reprinted from materials provided by Manchester University.

Arthroscopic Hip Surgery May Not Be The Best Option

May 19, 2016: For patients with serious, ongoing hip pain, sometimes surgery is their best bet for relief. Given the choice between minimally invasive hip surgery and total hip replacement, most patients would choose the less invasive procedure, often done on an outpatient basis.

A study by researchers at Hospital for Special Surgery (HSS) in Manhattan, published in Arthroscopy: The Journal of Arthroscopic and Related Surgery, found that more than one-third of the patients ages 60 to 69 went on to have a hip replacement. Arthritis of the hip and obesity were also major risk factors, with a significantly higher number of these patients needing a hip replacement within two years. The study finds that arthroscopic surgery may not be the best option, especially if a patient is over 60 or has arthritis.

Analyzing patient databases from California and Florida, researchers looked at how many patients ended up needing a hip replacement within two years of arthroscopic hip surgery. "We launched the study because the use of arthroscopic hip surgery has grown tremendously in the last decade," said William Schairer, M.D., lead author. "Between 2006 and 2010 alone, the number of hip arthroscopies performed in the United States increased more than 600 percent."



OSTEOARTHRITIS PATIENTS 'AT AN INCREASED RISK OF FALLS AND FRACTURES'

09 May 2016: According to a news release, new research has revealed that people with hip or knee osteoarthritis may be at a potentially elevated risk of suffering a fall that leads to a fracture.

Led by the University of East Anglia, the study aimed to assess the probability of individuals with early-diagnosed hip or knee osteoarthritis experiencing a fall or fracture compared to those without the disease. It was determined that osteoarthritis patients are indeed more susceptible to such accidents.

A LARGE-SCALE STUDY

For this research, published in the International Journal of Rheumatic Diseases, scientists analyzed data from the Osteoarthritis Initiative, a US nationwide study that enrolled close to 5,000 patients in total.

They identified all participants who were diagnosed with hip or knee osteoarthritis within a 12-month period, compared to those without osteoarthritis, to see whether there was a difference in the occurrence of falls – with or without subsequent fractures – between the two groups.

A total of 552 individuals who had hip osteoarthritis were compared to 4,244 individuals who did not, while 1,350 people with knee osteoarthritis were analysed against to 3,445 individuals without.

A GREATER RISK

It was shown that people with knee osteoarthritis had a 54 per cent greater chance of experiencing a fall compared to those without; the corresponding figure for the hip osteoarthritis comparison was 52 per cent. Moreover, the data indicated that those with knee and hip osteoarthritis demonstrated over 80 percent greater chance of experiencing a fracture in the first 12 months of their diagnosis, compared to those without either disease.

The researchers concluded: "There is an increased risk of falls and fractures in early diagnosed knee and hip osteoarthritis compared to those without osteoarthritis. International guidelines on the management of hip and knee osteoarthritis should consider the management of falls risk."

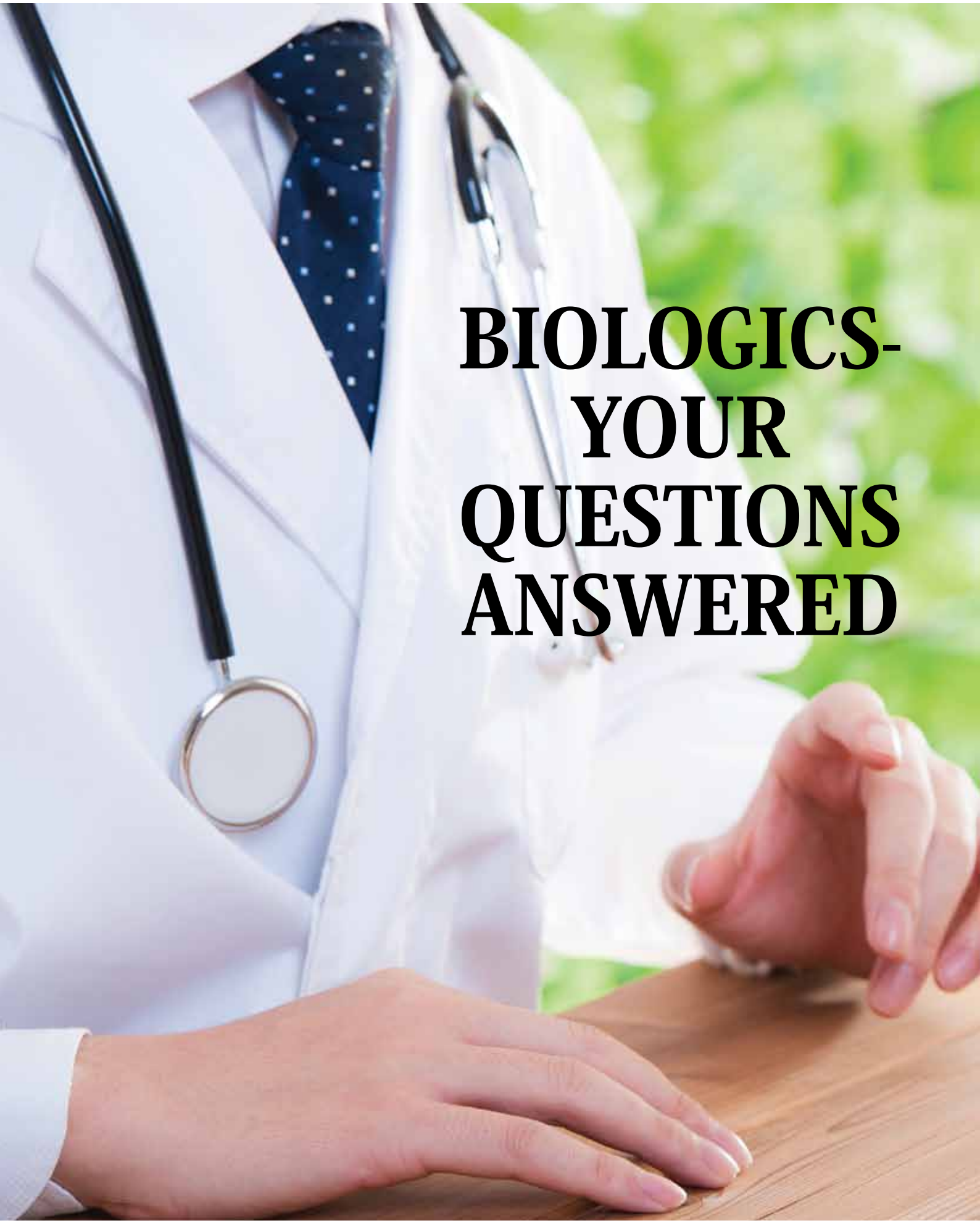
For the current study, HSS researchers identified 7,351 patients in the California and Florida databases who had arthroscopic hip surgery with a two-year follow-up from 2005 through 2012. Patients were divided into groups based on their age: those younger than 40; those ages 40 to 49; ages 50 to 59; 60 to 69; and 70 or older. Researchers also determined which patients had received a diagnosis of hip arthritis before arthroscopic surgery and identified those who were obese.

Only 3% of patients younger than 40 went on to have a hip replacement, compared to 35% of patients who were 60 to 69, the age group more likely to have arthritis. In addition to arthritis, obesity was found to be a major risk factor for needing a hip replacement within two years.

"There is growing concern regarding the efficacy of hip arthroscopy in patients with pre-existing hip arthritis," Dr. Schairer said. "Previous smaller studies have also noted a worse prognosis in these patients, with most advising against hip arthroscopy in patients with more than mild arthritis. This is important information for patients and surgeons so they can have a real discussion about what types of treatments would be most beneficial in the long run based on a patient's individual circumstances."

"Hip arthroscopy is a very good procedure in the right patient. It's a major advance in treating certain hip conditions, but not hip arthritis," Dr. Mayman said.

Source: Reprinted from materials provided by Hospital for Special Surgery.



BIOLOGICS- YOUR QUESTIONS ANSWERED

Treatment of Rheumatoid Arthritis is evolving all the time with newer and more effective approaches. Leading the field is biologics. Dr. Yeap Swan Sim, Consultant Rheumatologist, shares her expert knowledge as she answers your questions. What are biologics? How do they work? How are they different from traditional drugs? How effective are they? What are the side effects? Read on for more comprehensive information on biologics.

By Dr. Yeap Swan Sim

TREATING RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is a chronic, inflammatory, autoimmune disease, which causes joint pain and swelling. This means that RA is a long-term disease (chronic), where there is redness, swelling, heat and pain in the joints (inflammation) and that the immune system starts to attack its own host (autoimmune). Long-term uncontrolled inflammation in joints will lead to cartilage and bone damage, which in turn will cause joint damage and deformity, which is irreversible. Because the underlying cause of RA is autoimmune, the treatment needs to be directed at the abnormally activated immune system.

Thus, patients are usually started on disease-modifying anti-rheumatic drugs (DMARDs) as soon as they are diagnosed with RA. There are now 2 groups of DMARDs; conventional synthetic DMARDs (csDMARDs) e.g. methotrexate, sulphasalazine and leflunomide, and the newer biologic DMARDs (bDMARDs) e.g. TNF-alpha inhibitors. They both work by suppressing the immune system in RA and therefore stopping the destructive inflammatory processes.

Typically, patients are initially started on a csDMARD such as methotrexate. However, about a third of patients do not respond fully or adequately enough to csDMARDs. Such patients would be considered for bDMARDs.

DIFFERENCES BETWEEN csDMARDS AND bDMARDS

There are major differences between csDMARDs and bDMARDs.

MODE OF TREATMENT	As bDMARDs are antibodies, they need to be injected, either underneath the skin (subcutaneously), or directly injected into the vein (intravenously). The frequency of injections varies between once a week, once every 2 weeks to once a month. In contrast, csDMARDs are taken orally, usually daily, apart from methotrexate, which is taken once a week.
WORKING	Because of the way the drugs work, the onset of action is also different between the 2 classes of DMARDs. The csDMARDs inhibit the blood cells that produce the inflammatory reaction. Thus, their onset of action is much slower, as they have to inhibit the activity of the whole cell. Typically, csDMARDs may take from 1 to 3 months before the full effect is apparent. The bDMARDs target the cytokines that have already been produced by the cell, so the effect is much more immediate and can often be seen as early as by the end of the first month of treatment.
SIDE EFFECTS	The other main difference is in the potential side effects. For csDMARDs, apart from the specific side effects such as rashes or gastro-intestinal symptoms which can occur with many drugs, the important side effects specific to DMARDs are suppression of the blood counts and abnormalities in liver function. The potential side effects of bDMARDs will be discussed later in this article.
PRICE	Finally, as the manufacturing processes for bDMARDs are a lot more complex, there is a marked difference in price. The csDMARDs can cost up to several hundred ringgit per month, compared to the bDMARDs that can cost more than several thousand ringgit per month.

WHAT ARE BIOLOGICS (BDMARDS)?

In RA, the blood cells responsible for the inflammation produce messengers called cytokines that are ultimately responsible for the inflammatory process. The biologics are monoclonal (specific) antibodies that bind to and inactivate, particular key cytokines, thus stopping the inflammatory process. Two of the cytokines that are blocked by bDMARDs are tumour necrosis factor-alpha (TNFa) and interleukin-6. Examples of TNFa inhibitors are etanercept, infliximab, adalimumab, certolizumab and golimumab; an example of an interleukin-6 inhibitor is tocilizumab.

TRACING BIOLOGICS

The first biologic approved for the treatment of RA was etanercept, licensed by the US FDA in 1998, and subsequently in Malaysia in 2004. US FDA approval followed for infliximab in 1999, adalimumab in 2002, certolizumab and golimumab in 2009 and tocilizumab in 2010. Their approvals in Malaysia followed between 3-5 years later. Currently, it is estimated that 3.9% of RA patients in Malaysia are on bDMARDs.

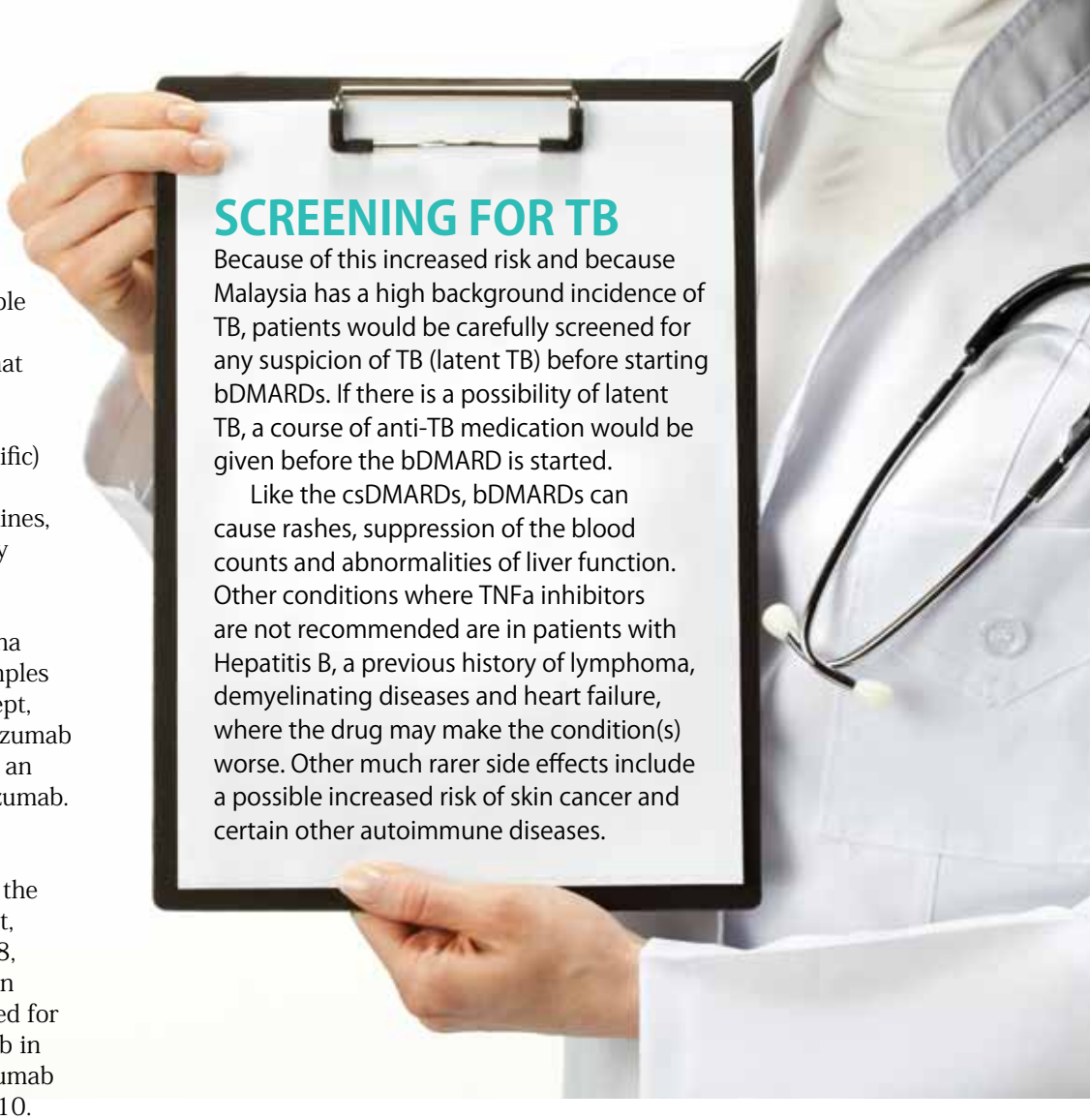
ARE BIOLOGICS EFFECTIVE?

The short answer to that is YES! All the bDMARDs have studies that show that they reduce pain and inflammation in the joints better, and earlier, than methotrexate alone. In addition, they have also been shown to be more effective than methotrexate in reducing the progression of erosions (the damage that occurs in the joints of RA patients), which leads to better preservation of joint function and thus a reduction in disability.

SIDE EFFECTS OF BIOLOGICS

Any drug for RA will suppress the immune system, causing it to be slightly less effective at fighting infections. As bDMARDs are highly efficient immunosuppressants, one of its main risks is an increase in infection, especially tuberculosis (TB). Data from USA where TB is not so common, showed that the estimated rates of TB for those on TNFa inhibitors; infliximab and etanercept, were 54 and 28 per 100,000 patients respectively. These rates are substantially higher than the overall rates of TB in the USA during the same period (5.2 to 6.8 cases per 100,000).

In the United Kingdom, the rate of TB was higher among patients receiving adalimumab (144 events per 100,000 person-years) or infliximab (136 events per 100,000 person-years) compared with etanercept (39 events per 100,000 person-years). In Spain, a country with a higher background incidence of TB, the incidence of TB cases associated with the use of infliximab was approximately 1900 per 100,000 patients in the year 2000 and 1100 per 100,000 patients in 2001. By comparison, the baseline incidence in Spain in 2000 was 21 cases per 100,000 inhabitants.



SCREENING FOR TB

Because of this increased risk and because Malaysia has a high background incidence of TB, patients would be carefully screened for any suspicion of TB (latent TB) before starting bDMARDs. If there is a possibility of latent TB, a course of anti-TB medication would be given before the bDMARD is started.

Like the csDMARDs, bDMARDs can cause rashes, suppression of the blood counts and abnormalities of liver function. Other conditions where TNFa inhibitors are not recommended are in patients with Hepatitis B, a previous history of lymphoma, demyelinating diseases and heart failure, where the drug may make the condition(s) worse. Other much rarer side effects include a possible increased risk of skin cancer and certain other autoimmune diseases.

CONCLUSIONS

The biologics (bDMARDs) are highly effective medications for the treatment of RA as they reduce joint swelling and pain, as well as significantly reduce joint damage and disease progression. As with all medications, the cost-risk-benefit ratio needs to be taken into account when considering this treatment option for patients with RA. Careful screening of RA patients before starting therapy will usually ensure that the benefits outweigh the potential risks.

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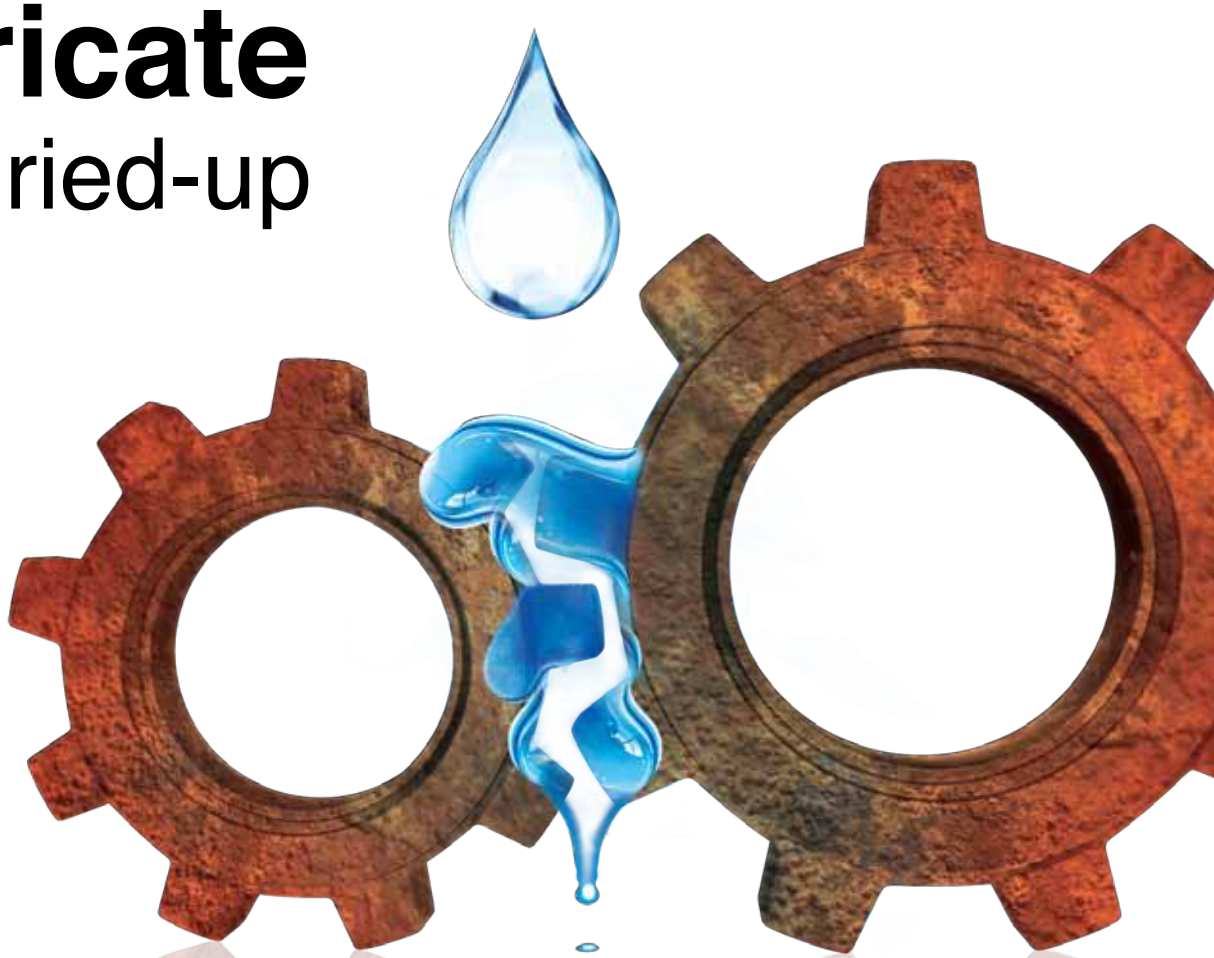

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Biologik - Soalan Anda Dijawab Rawatan bagi Rheumatoid

Artritis berkembang sepanjang masa dengan pendekatan terkini dan lebih berkesan. Biologik kini mendahului lapangan ini. Dr Yeap Swan Sim, Pakar Perunding Reumatologi, berkongsi pengetahuan pakarnya apabila beliau menjawab soalan anda. Apakah biologik? Bagaimanakah ia berfungsi? Bagaimanakah biologik berbeza berbanding ubat-ubatan tradisional? Sejauh manakan keberkesanan biologik? Apakah kesan-kesan sampingan? Dan banyak lagi. Teruskan membaca untuk maklumat komprehensif tentang biologik.

MERAWAT RHEUMATOID ARTRITIS

Rheumatoid artritis (RA) adalah penyakit auto-imun kronik yang menyebabkan keradangan, serta kesakitan dan bengkak pada sendi. Ini bermakna RA adalah penyakit jangka panjang (kronik), di mana terdapat kemerahan, bengkak, panas dan sakit sendi (radang) dan sistem imun mula menyerang diri sendiri (autoimun). Keradangan jangka panjang yang tidak terkawal dalam sendi akan menyebabkan kerosakan pada rawan dan tulang, yang seterusnya akan menyebabkan kerosakan sendi dan kecacatan, yang tidak akan dapat dipulihkan semula. Memandangkan penyebab RA adalah autoimun, maka rawatan perlu ditujukan kepada sistem imun luar biasa yang diaktifkan.

Oleh itu, pesakit biasanya bermula dengan ubat-ubatan anti-reumatik mengubah suai penyakit (DMARDs) sebaik sahaja mereka disahkan menghidap RA. Kini terdapat 2 kumpulan DMARDs; iaitu DMARDs sintetik konvensional (csDMARDs); sebagai contohnya methotrexate, sulphasalazine dan leflunomide, dan DMARDs biologik yang lebih baharu (bDMARDs) seperti perencat TNF-alpha. Kedua-dua jenis ubat ini bertindak dengan menyekat sistem imun dalam RA dan oleh itu menghalang proses keradangan yang merosakkan.

Biasanya, pesakit pada mulanya bermula dengan csDMARD seperti methotrexate. Walau bagaimanapun, kira-kira satu pertiga daripada pesakit tidak bertindak balas sepenuhnya atau secukupnya terhadap csDMARDs. Pesakit yang sedemikian akan dipertimbangkan untuk bDMARDs.

Perbezaan antara csDMARDS dan bDMARDS

Terdapat perbezaan besar antara csDMARDs dan bDMARDs.

KAEDAH RAWATAN

Memandangkan bDMARDs adalah antibodi, ubat ini perlu disuntik, sama ada di bawah kulit (subcutaneously), atau terus ke dalam vena (intravena). Kekerapan suntikan berbeza-beza antara seminggu sekali, sekali setiap 2 minggu atau sebulan sekali. Sebaliknya, csDMARDs diambil melalui mulut, biasanya setiap hari, selain daripada methotrexate, yang diambil seminggu sekali.

CARA BERTINDAK

Kerana cara sesuatu ubat itu bertindak, maka permulaan tindakannya juga berbeza antara 2 kelas DMARDs. csDMARDs menghalang sel-sel darah yang menghasilkan tindak balas keradangan. Oleh itu, permulaan tindakannya adalah lebih perlahan, kerana ubat ini perlu menghalang aktiviti keseluruhan sel. Biasanya, csDMARDs boleh mengambil masa 1-3 bulan sebelum kesan penuhnya dapat dilihat dengan jelas. bDMARDs mensasarkan cytokines yang telah pun dihasilkan oleh sel, maka kesannya adalah lebih cepat dan selalunya boleh dilihat seawal akhir bulan pertama rawatan.

KESAN-KESAN SAMPINGAN

Perbezaan utama lain adalah daripada segi potensi kesan-kesan sampingan. Untuk csDMARDs, selain daripada kesan-kesan sampingan tertentu seperti ruam atau gejala gastro-usus yang boleh berlaku dengan banyak ubat-ubatan, kesan sampingan penting khusus untuk DMARDs adalah penindasan jumlah darah dan kelainan pada fungsi hati. Potensi kesan-kesan sampingan bDMARDs akan dibincangkan kemudian dalam artikel ini.

HARGA

Akhir sekali, kerana proses pembuatan bDMARDs adalah jauh lebih kompleks, maka wujudlah perbezaan harga yang ketara. Harga csDMARDs boleh mencapai sehingga beberapa ratus ringgit sebulan, berbanding dengan bDMARDs yang kosnya lebih daripada beberapa ribu ringgit sebulan.

Saringan untuk TB

Memandangkan risiko untuk dijangkiti penyakit TB semakin meningkat, tambahan pula Malaysia mempunyai insiden latar belakang TB yang tinggi, maka pesakit akan disaring dengan teliti untuk penyakit disyaki TB (TB pendam) sebelum memulakan pengambilan bDMARDs. Jika terdapat kemungkinan TB terpendam, ubat anti-TB akan diberikan sebelum bDMARD dimulakan.

Seperti csDMARDs, bDMARDs boleh menyebabkan ruam, penindasan jumlah darah dan keabnormalan fungsi hati. Keadaan lain di mana perencat TNFa tidak digalakkan adalah bagi pesakit yang mempunyai Hepatitis B, sejarah limfoma, penyakit demyelinating dan kegagalan jantung, di mana ubat tersebut boleh memburukkan lagi keadaan. Kesan sampingan lain yang jarang berlaku termasuk kemungkinan peningkatan risiko kanser kulit dan beberapa penyakit autoimun yang lain.

APAKAH BIOLOGIK (BDMARDS)?

Dalam RA, sel-sel darah bertanggungjawab atas utusan penghasilan keradangan yang dipanggil cytokines yang akhirnya bertanggungjawab untuk proses keradangan. Biologik adalah antibodi monoklonal (spesifik) yang mengikat dan menyahaktifkan cytokinesutama tertentu, sekali gus menghentikan proses keradangan. Dua daripada cytokines yang disekat oleh bDMARDs adalah tumor nekrosis faktor-alpha (TNFa) dan interleukin-6. Contoh perencat TNFa adalah etanercept, infliximab, adalimumab, certolizumab dan golimumab; satu contohperencat interleukin-6 adalah tocilizumab.

MENJEJAKI BIOLOGIK

Biologik pertama yang diluluskan untuk merawat RA adalah etanercept, dilesenkan oleh FDA Amerika Syarikat pada tahun 1998, dan kemudiannya di Malaysia pada tahun 2004. Kelulusan FDA Amerika Syarikat yang berikutnya adalah untuk infliximab pada tahun 1999, adalimumab pada tahun 2002, certolizumab dan golimumab pada 2009 dan tocilizumab pada tahun 2010. Kelulusan ubat-ubatan ini di Malaysia diikuti antara 3-5 tahun kemudian. Pada masa ini, dianggarkan bahawa 3.9% daripada pesakit RA di Malaysia mengambil bDMARDs.

ADAKAH BIOLOGIK BERKESAN?

Jawapan pendeknya adalah YA! Semua kajian ke atas bDMARDs menunjukkan bahawa ia mengurangkan kesakitan dan keradangan pada sendi dengan lebih baik, dan lebih awal, berbanding methotrexate semata-mata. Selain itu, ubat ini juga lebih berkesan daripada methotrexate dalam mengurangkan perkembangan hakisan (kerosakan yang berlaku pada sendi pesakit RA), yang membawa kepada pemeliharaan fungsi sendi yang lebih baik dan dengan itu mengurangkan kecacatan.

KESAN SAMPINGAN BIOLOGIK

Mana-mana ubat untuk RA akan menindas sistem imun, menyebabkan ia menjadi kurang berkesan sedikit untuk melawan jangkitan. Kerana bDMARDs adalah penindas imun yang sangat berkesan, salah satu daripada risiko utama adalah peningkatan dalam jangkitan, terutama batuk kering (TB). Data dari Amerika Syarikat, di mana kes TB tidak meluas, menunjukkan bahawa kadar anggaran TB bagi mereka yang mengambil perencat TNFa; infliximab dan etanercept, masing-masing adalah 54 dan 28 bagi setiap 100,000 pesakit. Kadar ini adalah jauh lebih tinggi daripada kadar keseluruhan TB di Amerika Syarikat dalam tempoh yang sama (5.2 - 6.8 kes bagi setiap 100,000).

Di United Kingdom, kadar TB adalah lebih tinggi di kalangan pesakit yang menerima adalimumab (144 kes bagi setiap 100,000 orang-tahun) atau infliximab (136 kes bagi setiap 100,000 orang- tahun) berbanding dengan etanercept (39 kes cara setiap 100,000 orang-tahun). Di Sepanyol, sebuah negara yang mempunyai kadar insiden TB yang lebih tinggi, kejadian kes TB yang berkaitan dengan penggunaan infliximab adalah kira-kira 1900 bagi setiap 100,000 pesakit pada tahun 2000 dan 1100 bagi setiap 100,000 pesakit pada tahun 2001. Sebagai perbandingan, kadar asas di Sepanyol pada tahun 2000 adalah 21 kes bagi setiap 100,000 penduduk.

KESIMPULAN

Biologik (bDMARDs) adalah ubat yang sangat berkesan untuk merawat RA kerana ubat ini mengurangkan bengkak dan sakit sendi, serta mengurangkan kerosakan sendi dan perkembangan penyakit dengan ketara. Seperti semua ubat, nisbah kos-risiko-faedah perlu diambil kira apabila mempertimbangkan pilihan rawatan ini untuk pesakit RA. Pemeriksaan teliti pesakit RA sebelum memulakan terapi biasanya akan memastikan manfaatnya adalah lebih besar daripada potensi risiko.

生物制剂—为您解答相关疑惑

类风湿性关节炎的治疗法日新月异，更新、更有效的药物和方法，不断推陈出新。在新一代药物中傲视群雄的要数生物制剂。风湿科顾问医师叶碹心医生在为您解答疑惑的当儿，也与您分享她的专业知识。生物制剂是什么？它们是怎样达到医疗效果？它们跟传统药物有何分别？它们的有效程度如何？有些什么副作用？以及其他疑问。细读下文，您会得到关于生物制剂的更全面信息 。

治疗类风湿性关节炎

类风湿性关节炎是一种会令关节红肿疼痛的慢性、炎性的自身免疫疾病。这也就是说它是长期疾病（慢性），是免疫系统在攻击自身的关节，造成关节红肿，并有温热感。如果不加以控制，让它长期发炎的话，关节软骨和骨骼都会受损，进而导致关节无法复原的损坏、变形。由于类风湿性关节炎的最根本导因就是免疫系统，所以必须针对受到不正常启动的免疫机制下功夫才行。

因此，一旦确诊患上类风湿性关节炎，医生通常会马上让病人服用、或使用改变病程抗风湿药物(英文缩称DMARDs)。这类药物有两组，即传统的合成式DMARDs(英文缩称csDMARDs)，例如甲氨蝶呤(methotrexate)、柳氮磺胺吡啶(sulphasalazine)及来氟米特(leflunomide)；另一组是比较新的生物制剂DMARDs(英文缩称bDMARDs)，例如TNF-a 抑制剂。这两组药物都具有压抑免疫系统的效能，能抑制类风湿性关节炎的破坏性炎症过程。

典型的治疗程序是先让病人服用csDMARDs药物，如甲氨蝶呤。然而，这些药物在大约三成病人身上不大见效。在这情形之下，医生会劝请病人考虑使用bDMARDs。

生物制剂是什么?

在类风湿性关节炎的情况中，导致炎症发生的血细胞会制造一种称为细胞因子的信息传达单位，这些就是炎症发生过程的主要元凶。

生物制剂是单克隆(具体)抗体，它会与这些细胞因子结合，使它们不活跃，从而制止炎症过程。bDMARDs所抑制的两种细胞因子分别是肿瘤坏死因子-a(TNFa)以及白细胞介素-6。肿瘤坏死因子-a抑制剂的例子有伊纳西普(etanercept)、英利普单抗(infliximab)、阿达木单抗(adalimumab)、赛妥珠单抗(certolizumab)以及戈利木单抗(golimumab)；白细胞介素-6抑制剂的例子是妥珠单抗(tocilizumab)。

生物制剂的由来

首项获得批准用来治疗类风湿性关节炎的生物制剂是伊纳西普，它于1998年获得美国食品及药物局发出的准证，随后于2004年获准在马来西亚上市。接下来，陆续获得美国食品及药物局批准的计有1999年的英利普单抗、2002年的阿达木单抗、2009年的赛妥珠单抗以及戈利木单抗、2010年的妥珠单抗。以上这些都在获得批准后的三至五年内获准在马来西亚上市。按照估计，目前马来西亚类风湿性关节炎病人当中，有3.9%在使用bDMARDs。

生物制剂有效吗?

答案是，有效！所有bDMARDs的研究结果都显示，它们比起单靠甲氨蝶呤治疗，是更快、更有效减少关节内的炎症和疼痛。此外，它们也在减少关节耗损进程方面，表现得比甲氨蝶呤更有效。这个效果能够更有效地维护关节功能，并减少残障。

生物制剂的副作用

任何用来治疗类风湿性关节炎的药品都会压抑免疫力，结果使免疫系统在对抗感染方面会比较弱。而bDMARDs又是药效特强的免疫力压抑剂，它的主要副作用之一就是提高了受感染的风险，尤其是结核病的感染。以结核病不常见的美国为例，数据估计使用TNFa抑制剂，譬如英利普单抗和伊纳西普的人，在十万人当中，分别有五十四及二十八人会感染结核病。这个几率比全美国人口在同时期内感染结核病的几率(十万人口中只有五点二至六点八宗病例)高出许多。

在英国方面，使用阿达木单抗(每十万人每年有一百四十四宗)及英利普单抗(每十万人每年有一百卅六宗)的病人感染结核病的几率，比使用伊纳西普的病人(每十万人每年只有卅九宗)来得高。在西班牙，一个结核病几率比较高的国家，在2000年时候，每十万名使用伊纳西普的病人之中有一千九百宗病例，2001年时则为一千一百宗病例。比较上，西班牙2000年的基线发病率是每十万居民当中有21人感染结核病。

csDMARDs与bDMARDs的分别

csDMARDs与bDMARDs之间有著很大的不同之处。

治疗模式

由于bDMARDs是抗体，它们需通过注射进入人体，注射种类可以是皮下注射或静脉注射。注射的频密度有者每周一次、两周一次或一个月一次。相反的，csDMARDs则属口服药，通常每日服用，只有甲氨蝶呤例外，它是每周服用一次。

药效

由于功能作用各异，这两组DMARDs显现药效的时间也各有不同。csDMARDs是抑制制造炎症过程的血细胞，所以它们的药效会较迟看见，因为它们必须做到把整个血细胞的活动完全抑制下来才行。典型的明显见效期是一至三个月之后。而bDMARDs则是向血细胞已经制造出来的细胞因子下手，效果比较快，有人接受治疗一个月后就看见明显效果。

副作用

两者间的潜在副作用也有很大差别。在csDMARDs方面，除了特定常见的副作用，如很多药物都能引起的红疹或肠胃症状，csDMARDs的主要副作用就是抑制血细胞数量以及使肝功能异常。至于bDMARDs的潜在副作用则留待稍后讨论。

价格

由于bDMARDs的制造过程非常繁复，所以价格也明显的贵了许多。服用csDMARDs每月花费几百令吉，而bDMARDs则每月需要数千令吉以上。

结核病筛检

由于会增加感染风险，加上马来西亚罹患结核病的案例很多，病人使用bDMARDs之前都需经过详细的结核病筛检。只要出现可能潜伏结核，病人只有在做了一次抗结核疗程之后，才可以开始bDMARDs疗法。

跟csDMARDs一样，bDMARDs也会引起红疹、压抑血细胞数量、令肝功能异常。对于患有B型肝炎的病人、曾经有淋巴瘤病历、脱髓鞘疾病以及心脏衰歇的人士，医生不建议他们使用TNFα 抑制剂治疗，因为这药物会使有关的病情加剧。

其他极少出现的副作用，则包括罹患皮肤癌以及其他自身免疫疾病的风险会增加。

总结

生物制剂（bDMARDs）在治疗类风湿性关节炎方面，是极有效的药品，它能够减少关节肿胀和疼痛情形，同时也明显减少关节损坏和减缓疾病进程。类风湿性关节炎病人在考虑要不要使用此类药品的时候，应该衡量其价格、风险、好处三方面的比重。开始用药之前的小心筛检，一般都会使好处盖过潜在风险。

For The Love Of High Heels

Biologics gave Laily a new lease of life and today she is more active than ever before; dancing her heart away in Zumba class, Piloxing (a combination of pilates and boxing) and indulging in her love of wearing super high heels!

Zaharatul Laily Shazi Binti Shaarani, 35 had a very busy and exciting life as a human resources specialist. All was well in her world as long as she could indulge in her love of wearing super-high heels! Only in mid-2014 she began noticing some nagging pain on her left foot. As her level of pain-tolerance was very high, she didn't pay it much attention. But, ignore it as she would, the pain just wouldn't go away. In fact, it got worse, to the point where she had to stop wearing her beloved high heels. Says Laily, "the pain was present while sitting, standing, walking or lying down! I couldn't even sleep properly because of the pain". She went to see her doctor who recommended an MRI.

When the results came out, he recommended that she see a rheumatologist and that's how she first started seeing consultant rheumatologist Dr. Amir Azlan Zain. He then put her on additional blood tests and confirmed that she had arthritis. Recalls Laily, "I had never even heard of a disease called arthritis that affected the joints and that it could be so severe and painful. I didn't even know there were rheumatologists; doctors who specialized in joint problems! I was so unaware of what had hit me! A whole new world had just opened in front of me and I was overwhelmed. But I am very grateful that my doctor was very supportive. He gave me information to read up and always encouraged me to seek information as well so that I could be empowered to handle my disease better".

THE BIOLOGICS JOURNEY

But it took a while to come to terms with having arthritis and realizing the seriousness of it. Says Laily, "Dr. Amir had started me on steroids and Methotrexate (MTX), which did help to a certain extent but it didn't take away the pain completely. I was still frustrated as I felt my life had become very limited as I was unable to even walk much because of the pain, never mind other activities. As the pain became bearable, I was not very disciplined about taking my medication regularly. It had grave consequences and I ended up in hospital with severe knee pain, unable to walk. Dr. Amir came to the rescue again and he suggested getting treated with biologics. I was so desperate because of the severity of the pain that I agreed to go with it.

This was October 2015. Looking back, it was the best thing that happened to me as from the very first infusion, I have improved tremendously. I am still on MTX and folic acid. The goal, set with my doctor, was to live life as normally as possible and biologics helped me to achieve that. The MTX gives me some nausea but I can honestly say that I have not experienced any negative side-effect from the biologics. Only my life had gotten fuller, richer and more active".

Laily's learning through this whole experience:

- **DON'T TAKE YOUR LIFE AND HEALTH FOR GRANTED.** Don't ignore seemingly small symptoms because we never know what they are indicative of. Get it checked out by a doctor and listen to your doctor. Early diagnosis and treatment helps stem the progression of the disease not to mention saves loads of pain, money, frustration and tears!
- **STAY POSITIVE.** Though it affected me so young, I always seek the silver lining in situations. I remind myself that it's not terminal, that I am in the very good hands of my doctor and that the treatment is working.
- **DO THE RIGHT THINGS.** I value my health so much more today. I make a conscious effort to stay as active and fit as possible. I read up when possible to stay informed and empowered about arthritis.
- **APPRECIATE YOUR LIFE.** I live alone and I was in a situation where I could not walk, where cooking a meal was tough and getting to the washroom was a challenge. It was the most frustrating, challenging and despairing time in my life. So today, just being able to do all these things that we take for granted, has given me a renewed sense of appreciation of my life. I believe that God gives us only what we can handle so I am happy that I have found the strength and the resources to cope with my condition.

Demi Cinta Kepada Kasut Tumit Tinggi

Biologik memberikan Laily nafas baru kehidupan dan hari ini dia lebih aktif berbanding sebelum ini; menari di kelas Zumba, melakukan aktiviti Piloxing (gabungan pilates dan tinju) dan menggunakan kasut tumit tinggi yang sangat digemarinya!

Zaharatul Laily Shazi Binti Shaarani, 35, mempunyai kehidupan yang sangat sibuk dan menarik sebagai pakar sumber manusia. Semuanya berjalan lancar untuk Laily selagi dia boleh memakai kasut tumit super tinggi yang digemarinya! Hanya pada pertengahan 2014 dia mula perasan akan rasa sakit pada kaki kirinya. Memandangkan toleransinya terhadap rasa sakit sangat tinggi, dia tidak berapa mengendahkan rasa sakit itu. Tetapi, kesakitan itu masih tidak hilang. Malah, ia menjadi semakin teruk sehinggalah Laily terpaksa berhenti memakai kasut tumit tingginya. Kata Laily, "Saya rasa sakit ketika duduk, berdiri, berjalan atau berbaring! Saya tidak dapat tidur lena sebab rasa sakit". Dia kemudiannya pergi berjumpa doktor yang mengesyorkan supaya dia membuat pemeriksaan MRI.

Apabila keputusan MRI keluar, doktor mencadangkan supaya Laily berjumpa dengan pakar reumatologi dan bermula dari situ dia mula berjumpa dengan perunding reumatologi Dr Amir Azlan Zain. Dr Amir kemudian menjalankan ujian darah tambahan dan mengesahkan bahawa Laily mempunyai artritis. Mengimbas kembali, dia berkata, "Saya tidak pernah mendengar tentang penyakit artritis yang menjejaskan sendi dan boleh menjadi begitu teruk dan menyakitkan. Saya tidak tahu terdapat pakar reumatologi; doktor yang khusus dalam masalah sendi! Saya sungguh tidak tahu apa yang telah menimpa saya! Dunia baru terbuka di depan saya dan saya terharu. Tetapi saya amat bersyukur kerana doktor saya memberi sokongan. Dia memberikan saya maklumat untuk dibaca dan sentiasa menggalakkan saya untuk mendapatkan maklumat dan juga supaya saya boleh menguruskan penyakit saya dengan lebih baik ".

PENGALAMAN BIOLOGIK

Saya mengambil masa untuk menerima takdir bahawa saya mempunyai artritis dan menyedari betapa serius keadaannya. Kata Laily, "Dr. Amir telah memulakan saya dengan steroid dan Methotrexate (MTX), yang serba sedikit membantu mengurangkan kesakitan hingga ke tahap tertentu, walau pun bukan sepenuhnya. Saya masih kecewa kerana merasakan hidup saya terjejas kerana saya tidak dapat berjalan akibat kesakitan, apa tah lagi melakukan aktiviti lain. Apabila sakit semakin berkurangan, saya pula menjadi kurang berdisiplin tentang pengambilan ubat mengikut jadual. Akibatnya saya dimasukkan ke hospital kerana sakit lutut yang teruk dan tidak dapat berjalan. Dr. Amir sekali lagi datang menyelamatkan saya dan beliau mencadangkan supaya saya dirawat dengan biologik. Saya begitu terdesak kerana tahap kesakitan yang amat sangat lalu bersetuju dengan cadangannya.

Itu adalah peristiwa pada Oktober 2015. Mengimbau kembali, ia adalah perkara yang terbaik yang berlaku kepada saya kerana dari pengambilan pertama, saya rasa bertambah baik. Saya masih mengambil MTX dan asid folik. Matlamat yang ditetapkan dengan doktor saya adalah untuk menjalani kehidupan seperti biasa dan biologik membantu saya untuk mencapainya. MTX membuat saya berasa loya tetapi, secara jujurnya, dengan biologik, saya tidak mengalami apa-apa kesan sampingan yang negatif. Kehidupan saya lebih memuaskan, lebih menyeronokkan dan lebih aktif ".

Biologik telah mengembalikan semula kehidupan saya!

Pembelajaran yang Laily peroleh melalui pengalaman ini adalah:

- **JANGAN AMBIL RINGAN TENTANG KEHIDUPAN DAN KESIHATAN ANDA.** Jangan abaikan tanda-tanda kecil kerana kita tidak tahu tanda apakah itu yang sebenarnya. Dapatkan pemeriksaan doktor dan dengar nasihatnya. Diagnosis dan rawatan awal dapat membantu mengekang perkembangan penyakit apatah lagi mengurangkan kesakitan, menjimatkan wang, serta mengurangkan kekecewaan dan air mata!
- **KEKAL POSITIF.** Walaupun saya menerima kesan pada usia muda, saya sentiasa cuba berfikiran positif. Saya mengingatkan diri saya bahawa ia bukan terminal, saya di bawah penjagaan doktor yang baik dan rawatan yang saya jalani itu berkesan.
- **LAKUKAN PERKARA YANG BETUL.** Kini saya sangat menghargai kesihatan saya. Saya berusaha menjalani kehidupan seaktif dan sesihat yang mungkin. Saya membaca apa yang perlu untuk mendapat maklumat dan mengurus penyakit artritis.
- **HARGAI HIDUP ANDA.** Saya tinggal bersendirian dan dalam keadaan di mana saya tidak boleh berjalan, sukar untuk memasak dan berjalan ke bilik air itu merupakan satu cabaran. Itu adalah masa yang paling mengecewakan dan mencabar dalam hidup saya. Jadi sekarang, saya sangat menghargai kehidupan saya kerana saya mampu melakukan semua yang selama ini dianggap sebagai aktiviti biasa. Saya percaya bahawa Tuhan hanya memberi apa yang mampu kita tanggung, maka saya gembira kerana saya memperoleh kekuatan dan sumber untuk menghadapi keadaan saya.

高跟鞋，我的爱！

生物制剂赋予莱莉新生命，令她可以享受比过去更加活跃的生活。在尊吧舞和比拉提结合拳击之健美操的课堂上，她开心的跳动着；在生活中，她继续穿自己爱穿的高跟鞋！

现年卅五岁的莱莉（Zaharatul Laily Shazi Binti Shaarani）是一位人事事务专业人士，生活很忙碌，也很多姿多彩。她特钟爱鞋跟超高的高跟鞋，只要能穿上自己喜欢的高跟鞋，世上一切都变得美好！2014年中旬，她的左脚开始有轻微的疼痛。她对痛楚的忍受能耐很高，所以就挺了下来，不加理会。可是，那个痛非但不消失，反而是越来越严重，以致她不得不停止穿高跟鞋。莱莉说：“不管我是坐着、站着、走路或是躺下，那个痛楚无时不在，我甚至连睡觉都睡得不安稳！”后来，她决定寻医。医生建议她做一次磁共振影像检查。

检验报告出来了，该医生建议她去见风湿专科医生，她也就这样成了风湿专科顾问医师阿米尔医生的病人。阿米尔医生给她做了进一步的血液检验，确诊她是患上了关节炎。莱莉回忆说：“在那之前，我是根本不知道有关节炎这种侵袭关节、使关节这么疼痛的疾病；我也根本不晓得有专门治疗关节疾病的风湿专科医师！对于自己的病根本是一无所知！生病的我面对着一个完全陌生的情况，一时之间实在有点难以适应。幸亏我有医生可以倚靠，他提供资讯，让我增加对这个疾病的认识，他也鼓励我多查阅这方面的知识，充实自己，面对疾病。”

使用生物制剂

话虽如此，莱莉还是需要经过一段时间之后，才接受自己患上关节炎这个事实，也才知道原来它竟然是那么严重。莱莉说：“阿米尔医生起先是让我服用类固醇加甲氨蝶呤（Methotrexate），但效果不是那么理想，因为它们的功效到了一个阶段之后就停滞不前了，无法完全消除疼痛。我当时很沮丧，感觉生活不能自主，因为我连走路都成问题，更何况做其他事情？然后，当疼痛减少到可以忍受的程度时，我就没有按时每天吃药。谁知道后果竟然很严重，我因为膝盖剧痛，寸步难移而必须住院治疗。这时，阿米尔医生就建议我接受生物制剂治疗。我当时是痛得别无选择，所以就答应了。”

“我是2015年10月开始进行生物制剂治疗的，那对我而言是再好不过的一件事。打从第一次注输之后，情况就明显好转。我现在仍然有服用甲氨蝶呤和叶酸。我与医生都有一个共同目标，就是要让我尽量正常过生活，而生物制剂帮我做到了。虽然甲氨蝶呤让我有一点作呕的感觉，但是我可以很肯定地说，我不觉得生物制剂有带来任何副作用。我的生活因为它而变得更完美、更多姿彩、更活跃！”

莱莉从中领悟到的道理：

- **不要把生命和健康看成是理所当然的。**即使只是小症状，也不可忽视，因为我们不知道它在显示些什么问题 。找医生检查和诊治，要听从医生的嘱咐。及早诊断和治疗不但可以抑制疾病进程，也可以少点受疼痛折磨、可以省下不少钱、以及不止于沮丧和流泪！
- **保持乐观。**虽然我如此年轻就患上关节炎，但是我只往好处看。我提醒自己，这不是绝症，我有很好的医生照料着我，治疗也很有效。
- **做正确的事情。**今天的我比过去更加珍惜生命，我时刻告诉自己要尽量保持活跃生活，保持健康。只要有机会，我就会阅读与关节炎有关的资料，增进知识。
- **珍惜生命。**我是一个独居的人，关节炎一度使我没办法站起来走路，煮一顿饭变得非常困难，上厕所更是不容易。那是我生命中一段极度沮丧、充满挑战和感觉无助的时期。今天，我再次能做这些生活中被看成是理所当然的事情，让我对生命改观，让我更懂得珍惜生命。我相信上天只让你做你做得来的事，我很开心找到了所需要的力量和资源，让我可以去做我该做的事情。

Of Cracking Joints And Popping Knuckles

Have arthritis? You must have popped your knuckles! You would definitely have come across this statement from a well-wisher at some point. So we explored this statement to see if there is any truth in it.

If you have arthritis, there will be no dearth of people telling you that YOU did or didn't do something; ate something, didn't eat something, walked too much, too little, slept of the wrong side of the bed, popped your knuckles! So how about cracking joints? Does it cause arthritis? The answer is, No!

For some, joint cracking is a nervous habit in much the same way as in people who twirl their hair or jiggle their foot up and down; for others the sensation brings relief.

KNOW YOUR JOINTS!

Joints occur where two bones meet. They make the skeleton flexible as without them, movement would be impossible. Joints allow our bodies to move in different ways. Joints are classified by their range of movement. Immovable or fibrous joints don't move. Partially movable or cartilaginous joints move a little. Freely movable or synovial joints move in many directions. The main joints of the body—found at the hip, shoulders, elbows, knees, wrists, and ankles—are freely movable. They are filled with synovial fluid, which acts as a lubricant to help the joints move easily.

SOME INTERESTING FACTS ON CRACKING JOINTS!

- The interphalangeal and the metacarpophalangeal joints in the fingers are the easiest joints to crack.
- The "popping" sound is thought to be gas bubbles imploding and collapsing in the synovial fluid that surrounds the joints.
- Usually it takes 25-30 minutes to be able to crack knuckles again after cracking.
- X-rays show that gas bubbles remain present in the synovial fluid for up to 20 minutes after cracking.
- Cracking sounds can also be triggered by tendons snapping over a joint.
- Movement from a joint with worn cartilage can make a grinding sound – called crepitus.

THE MYTH

Depending on which research you read, between 25% and 54% of people crack their knuckles, men more likely to do so than women. But many highly respected medical facilities and sources, including Harvard and the Johns Hopkins Arthritis Center, have stated that joint cracking does not cause arthritis. Habitual joint cracking does not correlate with arthritic changes but does correlate with loss of grip strength and soft-tissue swelling.

In 2009, Donald L. Unger won the Ig Nobel Award in Medicine for demonstrating that cracking knuckles does not cause arthritis. He had defied his mother's words for three quarters of his life systematically cracking the knuckles on his left hand and leaving his right knuckles free for 60 years, demonstrating (if only anecdotally) that knuckle cracking does not cause arthritis. These awards are presented annually on the eve of the real Nobel Prizes by the organization Improbable Research for "achievements that first make people laugh, and then make them think." During the ceremony for accepting his award he let out a cry, "Mother, you were wrong!"

KNUCKLE CRACKING AND ARTHRITIS

Arthritis sometimes causes joints to crack because the cartilage of the surface of the joints has been damaged. However, it is unusual for this to be the first symptom, and it is more likely to be a consequence of damage, rather than a cause.

Tabiat Membunyikan Sendi-sendi Jari

Anda menghidapi artritis? Anda mesti gemar membunyikan sendi-sendi jari anda! Anda pasti pernah mendengar kenyataan ini daripada seseorang. Mari kita terokai kenyataan ini untuk melihat jika terdapat sebarang kebenaran dengan kenyataan itu.

Jika anda mempunyai artritis, jangan percaya jika ada orang yang memberitahu anda bahawa ANDA melakukan atau tidak melakukan sesuatu; makan atau tidak makan sesuatu, berjalan terlalu banyak atau berjalan terlalu sedikit, tidur sebelah salah katil, atau suka membunyikan tulang buku jari anda! Jadi bagaimana pula jika anda suka membunyikan sendi anda? Adakah perbuatan ini menyebabkan artritis? Jawapannya TIDAK!

Bagi sesetengah orang, membunyikan sendi itu adalah satu tabiat kerana gementar, sama seperti mereka yang suka memintal-mintal rambut atau menggoyang-goyangkan kaki mereka ke atas dan ke bawah; untuk sesetengah orang pula, sensasi tersebut membawa kelegaan.

KENALI SENDI ANDA!

Sendi berlaku di mana dua tulang bertemu. Mereka membuat rangka fleksibel kerana tanpa sendi, pergerakan akan menjadi mustahil. Sendi membolehkan badan kita bergerak dalam cara yang berbeza. Sendi diklasifikasikan mengikut pergerakannya. Sendi tidak beralih atau sendi berserabut tidak bergerak. Sendi boleh gerak sedikit atau sendi berawan hanya bergerak sedikit. Sendi bebas bergerak atau sendi sinovia bergerak dalam pelbagai arah. Sendi utama badan ditemui di pinggul, bahu, siku, lutut, pergelangan tangan, dan pergelangan kaki-boleh bergerak bebas. Sendi ini dipenuhi dengan cecair sinovial, yang bertindak sebagai pelincir untuk membantu sendi bergerak dengan mudah.

MITOS

Bergantung kepada penyelidikan yang anda baca, antara 25% dan 54% orang gemar membunyi-bunyikan buku jari mereka, dan lelaki lebih cenderung untuk berbuat demikian berbanding wanita. Tetapi banyak kemudahan perubatan terkenal dan sumber, termasuk Harvard dan Arthritis Center Johns Hopkins, menyatakan bahawa membunyi-bunyikan buku jari anda tidak menyebabkan artritis. Tabiat membunyi-bunyikan sendi tidak ada kena mengena dengan perubahan artritis tetapi berkaitan dengan kehilangan kekuatan cengkaman dan tisu lembut yang bengkak.

Pada tahun 2009, Donald L. Unger memenangi Anugerah Nobel Ig dalam bidang Perubatan dengan menunjukkan bahawa membunyi-bunyikan tulang buku jari tidak menyebabkan artritis. Beliau telah mencabar kata-kata ibunya selama tiga suku tempoh hidupnya secara sistematik dengan membunyi-bunyikan tulang buku jari pada tangan kirinya dan tidak melakukan sedemikian pada tulang buku jari kanannya selama 60 tahun, membuktikan bahawa membunyi-bunyikan tulang buku jari tidak menyebabkan artritis. Anugerah ini disampaikan setiap tahun pada malam Hadiah Nobel oleh organisasi Penyelidikan untuk "pencapaian pertama yang membuat orang ketawa, dan kemudian membuat mereka berfikir." Semasa di majlis untuk menerima anugerah, Mr Unger berkata, "Ibu, awak silap!"

MEMBUNYIKAN TULANG BUKU JARI DAN ARTRITIS

Artritis kadang-kadang menyebabkan sendi retak kerana rawan permukaan sendi menjadi rosak. Walau bagaimanapun, keadaan ini adalah luar biasa untuk menjadi simptom pertama, namun lebih cenderung sebagai akibat dan bukannya penyebab kerosakan.

BEBERAPA FAKTA MENARIK TENTANG TABIAT MEMBUNYIKAN TULANG SENDI!

- Sendi interfalangeal dan metacarpofalangeal pada jari adalah sendi paling mudah untuk dibunyikan.
- Bunyi "pop" adalah dianggap sebagai buih gas yang meledak dan runtuh di dalam cecair sinovial yang mengelilingi sendi.
- Biasanya ia mengambil masa 25-30 minit untuk membolehkan tulang buku dibunyikan semula.
- X-ray menunjukkan bahawa buih gas kekal hadir dalam cecair sinovial sehingga 20 minit selepas dibunyikan.
- Bunyi meletup juga boleh dicetuskan oleh sentapan tendon pada sendi.
- Pergerakan daripada sendi dengan rawan yang haus boleh mengeluarkan bunyi bergeser yang dipanggil crepitus.

压折关节和手指

患有关节炎吗？那你一定是有压折手指！肯定曾经有关心你的人这么地告诉过你。那就且让我们来探讨一下它的真假吧。

患上了关节炎，少不了会有人说那一定是你做了什么或者没做什么；吃过了某些东西、没吃某些东西、走路太多、太少、晚上睡觉位置不妥、压折手指等等！那么，经常压折关节又会怎样？是不是会引起关节炎？答案是，非也！

在于某些人来说，压折关节是一种情绪紧张的惯性表现，就如有些人用手指卷动头发或上下晃脚一样；有些人则觉得压折关节时的感觉可以让心情放松。

认识你的关节！

两根骨头相接之处叫做关节。关节令人体骨架灵活，若没有关节，骨架不可能活动。人体因为有关节而能够做各种动作。关节可按照其活动幅度分成几个种类。固定式或纤维关节不会移动；半固定式或软骨关节可以小幅度移动；可随意活动式或滑膜关节能够多方向移动。人体的主要关节在髋部、肩膀、手肘、膝盖、手腕及脚踝，它们都能随意活动。这些关节内充满滑膜液，滑膜液是灵活关节的润滑剂。

迷思

根据不同的研究结果显示，有百分之二十五至百分之五十四的人会有压折手指的习惯，当中以男性居多。然而，许多受推崇的医药机构及资料来源，包括哈佛以及约翰斯.霍金斯关节炎中心，都已经指出，压折关节不会造成关节炎。关节变化跟习惯性压折关节无关，但是这种惯性动作却会削减手指的握拿力度，以及导致软组织肿胀。

唐纳安格（Donald L. Unger）因为以身试法，证明了压折手指并不会导致关节炎，而成了2009年搞笑诺贝尔奖医药组的得奖人。他不听母亲劝告，在其四分之三的人生里，很有系统的只压折左手的指头长达六十年，以其经历说明了压折手指并不会导致关节炎。这个奖项是为表扬“先是让人发笑，过后进入省思”的研究成果而设的，它在每年真正的诺贝尔奖前夕揭晓。当他上台领取奖项时，在台上高喊了一句话：“妈，你错了！”

压折手指和关节炎

关节炎有时候会使关节发出‘喀喀’之声，原因是关节表面的软骨已经损坏，不过它却不可能是关节炎的最初症状。出现这些声响是关节炎的后果，而不是引起关节炎的导因。

压折关节的一些有趣事实！

- 手指上的指间关节和掌间关节，是最容易压折的关节。
- 有如物件折断的‘啪’声，是关节周围滑液内气泡爆破发出的响声。
- 每次压折之后，要待25至30分钟才能够再次压折出响声。
- X光片显示，压折导致的气泡会留在滑液内大约20分钟之久。
- 啪’的响声也可能是肌腱拍打在关节上所发出之声。
- 软骨受损的关节在活动时，所发出的‘研磨’响声称为捻发音（一种极细微而均匀的噼啪音）。

Biosimilars Quality – Experience from a Rheumatologist

Biological medicines are medicines containing large, complex proteins made from living organisms.[1] They are a newer type of therapy that has proven to be highly effective for the treatment of rheumatoid arthritis and other immune-mediated inflammatory disorders.[2] For many patients, biological therapy can make a big difference in their lives. However, these drugs are costly and not every patient has access to this much needed treatment.[2]

Biosimilars are also proteins developed from living organisms. As its name suggests, a biosimilar is genetically engineered to be similar to an existing biological medicine (called a reference or originator drug).[1] We met with Dr Raveendran Ramachandran, a consultant rheumatologist at Sime Darby Medical Centre, Subang Jaya, Selangor, to find out how biosimilars share the same quality as their originator counterparts.

Dr Raveendran Ramachandran
Consultant Rheumatologist
Sime Darby Medical Centre, Subang Jaya, Selangor.

This article is contributed by

LF ASIA

UNDERSTANDING BIOLOGICAL THERAPY

Biological medicines (including originator drugs and biosimilars) work by targeting specific parts of the immune system that cause inflammation and joint damage. They are usually prescribed when conventional treatments, such as methotrexate, have failed.[3]

"Most biological therapies are given as injections under the skin or directly into a vein (intravenous infusion), while some are available in the form of pills," Dr. Raveendran explained. "Biological medicines that are administered by intravenous infusion tend to work faster and are recommended for patients with active disease."

BIOSIMILAR INFLIXIMAB

A biosimilar for infliximab, a monoclonal antibody against tumour necrosis factor alpha (TNF-α) is now available for patients who no longer respond to conventional treatment.[3] It contains the same active substance and is highly comparable in terms of quality, efficacy and safety.[4] It is intended to be used with the same dose to treat the same diseases as its reference drug.[5] In Malaysia, the biosimilar for infliximab is authorized for the treatment of rheumatoid arthritis (RA), ankylosing spondylitis (AS), psoriatic arthritis, and psoriasis.[6]

"A biosimilar and an originator drug are essentially the same product but manufactured by different companies," said Dr. Raveendran. "Based on clinical experience, both drugs work equally well. However, in terms of the price-per-vial, biosimilars are cheaper and more cost-effective."

COMPLIANCE TO QUALITY REQUIREMENTS

Biosimilars are not generic or "knock-off" drugs. Unlike generics, biosimilars must go through extensive non-clinical and clinical testing to demonstrate similarity to the originator drug. The scientific evaluation and approval of new biosimilar products are overseen by the US Food and Drug Administration (FDA) and European Medicines Agency (EMA).[5,7] The biosimilar for infliximab was developed according to the strict requirements laid out by the FDA and EMA, and thus fully compliant to regulations.[8]

BACKED BY SCIENTIFIC EVIDENCE AND CLINICAL EXPERIENCE

According to two clinical studies in RA and AS patients, the biosimilar for infliximab was found to be as effective as the originator drug in improving pain, physical function, stiffness and disease activity.[8,9] These benefits were maintained when patients were switched from the originator drug to biosimilar infliximab, with no untoward side effects.[11,12]

"Doctors are gaining more confidence in biosimilars because they see for themselves how well their patients are responding to the medication," Dr. Raveendran noted. "Patients are also more receptive when their doctors are able to reassure them about the effectiveness of the treatment."

ADVICE TO PATIENTS

Biosimilars cost less to develop and have the potential to provide a more affordable treatment option for patients who require biological therapy.[2] If you need financial help for biological therapy, ask your doctor if there are any patient assistance programmes you can sign on for. If you are already on a biological therapy but would like to consider a more affordable option, please discuss with your doctor whether switching to a biosimilar is suitable for you.

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Improving Balance And Preventing Falls In The Older Adult

As people age the spectre of falling looms over them like the sword of Damocles. But the good news is that it is possible to strengthen the muscles and improve balance and coordination. Read on and more importantly, get moving!

Dr. Vim at Physio Plus shares expert advice and valuable information.

Causes of falls in the older population can be due to physiological changes; ageing, frailty, other existing medical conditions, as well as situational and environmental factors. Researchers have reported that diminished strength, stability and co-ordination are major contributory factors in falls in the elderly.

Maintaining postural control in older persons requires a complex integration of central input, sensory processing, motor-coordination and musculoskeletal function which decreases with ageing.

LOSS OF MUSCLE STRENGTH

Weakness of the hip abductors, (the muscles of the hip that lift the leg sideways), hip extensors (muscles that lift the hip and knee forwards and provide the propulsion movement as we walk), and knee extensors (muscles that straighten the knee) can affect functional tasks and activities of daily living.

The implications of loss of strength of these muscles on activities that require balance and stability like standing, walking, reaching and stair-climbing are quite serious. In addition to age-related decline of muscle strength, power development; the ability of the muscles to exert force rapidly, also diminishes. So, activities that require the muscles to produce force rapidly will be affected for e.g. running, kicking, throwing.

DIRE IMPACT OF FALLS

For an older person who falls, the pain can go far beyond the impact of the fall or the immediate injuries resulting from it. A broken hip, for example, may necessitate surgery with all its inherent risks, in addition to the risks related to immobility, which includes blood clots and muscle atrophy. A fractured wrist may permanently interfere with the ability to perform daily tasks such as carrying heavy items, turning door knobs or keys, cutting food or pouring a drink. In addition, a consequence of a fall, with or without injury, is that the person develops a fear of falling, which leads to functional decline and a slowing of gait.

EXERCISES TO IMPROVE YOUR BALANCE AND CONFIDENCE!

1

SINGLE LEG STANDS-SIMPLE STANDING BALANCE

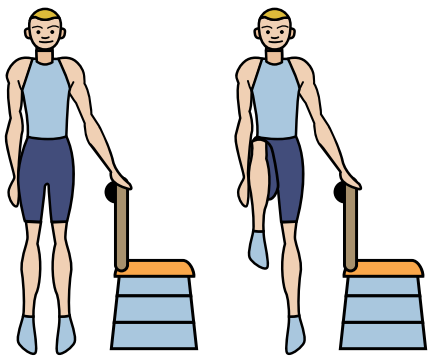
- Hold on to a chair with both hands. Your center of mass (COM) will be over your ankles. Your COG happens to fall just in front of the ankles in static standing.
- Lift one leg off the ground and balance on the other. Stay in tune with your COM. This is your goal, maintaining your center over your ankles.
- Now, try to balance on each foot for a few seconds. Work up to a minute if you can.
- Then begin to hold on with one hand, then one finger and finally try to let go completely.

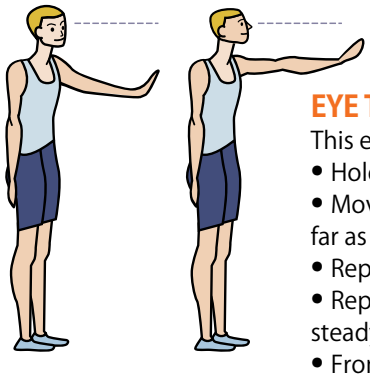
2

MARCHING ON THE SPOT

- Stand next to a counter top or behind a chair for support.
- Lift your left hip and knee as high as you can, then lower it down. Lift the other hip and knee up and down. Alternate and do this at least 10 times, gradually building to 20.

This is a great cardio exercise and helps to strengthen weak muscles in the leg.





3

EYE TRACKING

This exercise targets your vision and vestibular system.

- Hold your right thumb up in front of your face.
- Move the thumb to the right, tracking with your eyes only, for as far as it is comfortable. Track the thumb back to the starting point.
- Repeat the same on the other side.
- Repeat a few times on both sides. Ensure your head remains steady.
- From the starting point, move the thumb up, then move down slowly, tracing the movement with your eyes only.

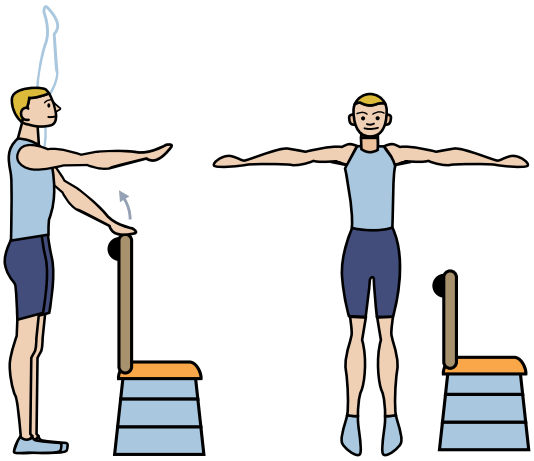
This exercise can sometimes make you dizzy, if you perform it too fast or too many times. Remember to do it slowly. If dizziness persists, stop the exercise for the time being. Try it again with smaller head movements next time. You will gain confidence gradually.

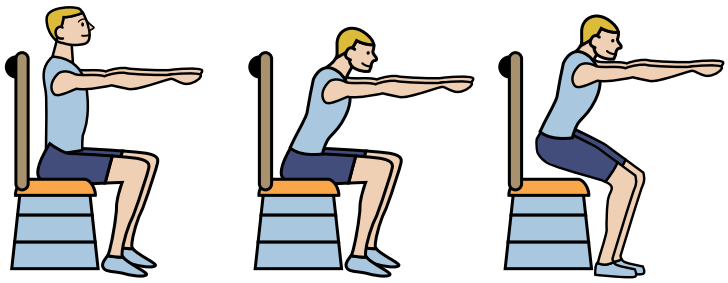
4

TICK TOCK CLOCK

- Stand holding onto a chair for support.
- Imagine you are at the centre of a large clock. The number 12 is in front of you, 6 at the back, 3 to the right and 9 to the left.
- Now lift your right arm up to 12, left arm to 6. Then lift your right arm to 3, and bring it down. Now lift your left arm to 9, then bring it down.
- Repeat standing on one leg.

Make sure to hold on to a chair with one hand when attempting this exercise to prevent falls. Avoid reaching too far back, if you have pain in your shoulder.





5

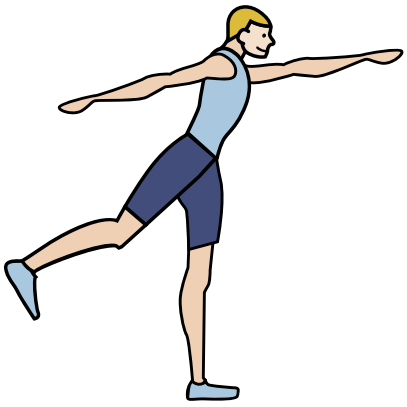
SIT TO ATTEMPTED STANDS, ARMS OUTSTRETCHED

- Sit on a chair with your arms outstretched in front of you and your feet placed flat on the floor.
- Lean your torso forward and shift weight to the feet as you lift the hips off the chair and sit back.
- Repeat 8-10 times.

6

GROUNDED TRAPEZE

- This is a difficult dynamic balance exercise to perform. You may need to be close to a firm support like a counter top, or stable door grill to which you can hold on to, especially if your balance is compromised.
- Stand with chair support, lift your left leg backwards, and keeping it there, then slowly lift your right hand upwards. Try to maintain this position for a few seconds.
- Change to left hand and right leg. Your support is there in case you need it, but you may learn to let go, for a few brief seconds at a time.



By **Dr. Sargunan Sockalingam**

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

1. The compound that is used as a supplement in Osteoarthritis is
A. Ginger extract
B. Aloe Vera
C. Glucosamine sulphate
D. Methotrexate

2. One of the following is a non-communicable disease
A. Chicken pox
B. Lupus
C. Typhoid
D. Dengue

3. One of the commonest early warning signs of arthritis is
A. Joint deformity
B. Osteoporosis
C. Osteoarthritis
D. Early morning stiffness

4. Before a RA patient is put on biologics, doctors will screen the patient for?
A. Tuberculosis
B. Diabetes
C. Heart disease
D. Gout

5. The economic burden of RA and AS is best described in one of the following statements
A. Treating RA/AS is of no benefit to the nation
B. Most RA/AS patients wish to return to the workforce once the disease is controlled well
C. Early planning for disability benefits is compulsory
D. There is an effective reimbursement scheme for advanced medications that are required by RA/AS patients

6. When a knee joint is damaged by many years of RA, this surgical procedure is the choice treatment
A. Knee arthroplasty
B. Knee arthroscopy
C. Joint fusion
D. Meniscus repair

7. Rheumatoid arthritis is managed by a team of health care professionals comprising of:
A. General practitioners, nurses and medical attendants
B. Public health officials, deputy ministers and internists
C. Rheumatologists, Occupational therapists, Physiotherapists
D. Professors, Scientists and Politicians

8. The most commonly used drug as a DMARD in RA is
A. Hydrocortisone
B. Methotrexate
C. Leflunomide
D. Hydroxychloroquine

9. White cells and macrophages are part of which system of the human body?
A. Nervous system
B. Cooling system
C. Immune system
D. Respiratory system

10. What disease is accelerated by extended time in space (astronauts)?
A. Rheumatoid Arthritis
B. Heart disease
C. Diabetes
D. Osteoporosis

ANSWERS

1 **C** Glucosamine Sulphate is used as a supplement in osteoarthritis. It is believed that the sulphate portion may strengthen cartilage.

2 **B** Lupus is a chronic inflammatory disease that occurs when your body's immune system attacks your own tissues and organs.

3 **D** Joint stiffness that lasts at least an hour upon rising in the morning is one of RA's most common symptoms.

4 **A** As biologics are highly efficient immunosuppressants, one of its main risks is an increase in infection, especially tuberculosis (TB).

5 **B**

6 **A** Knee replacement surgery (arthroplasty) involves replacing a damaged, worn or diseased knee with an artificial joint.

7 **C** RA requires both pharmacological and non-pharmacological approaches to treatment which includes physiotherapy and occupational therapy.

8 **B** Methotrexate is a disease-modifying anti-rheumatic drug (DMARD). It reduces the activity of the body's defence mechanism (immune system). It also modifies the underlying disease process to limit or prevent joint damage and disability, rather than simply treating the symptoms.

9 **C** Macrophages are important cells of the immune system that are formed in response to an infection or accumulating damaged or dead cells. Macrophages are formed through differentiation of monocytes, one of the major groups of white blood cells of the immune system.

10 **D** Physical inactivity can accelerate bone loss. Astronauts on space missions lose bone mass because of long periods of weightlessness.

A NEW MILESTONE IN AFM'S JOURNEY – ANNOUNCING THE SETTING UP OF ARTHRITIS RESEARCH FUND »»

The Executive Committee of AFM approved in May 2016, the establishment of a Research Fund, offering research grants to Malaysian researchers, to provide the much-needed boost to arthritis-related research being carried out in Malaysia. The research MUST be based in Malaysia and involve the Malaysian population.

The fund was established as AFM perceives a lack of data and research based on the local Malaysian population. It will also help generate local statistics and findings that will allow for patients in Malaysia to better understand their condition, its progress and take informed decisions to manage their condition.

THE OBJECTIVES OF THE ARTHRITIS RESEARCH FUND ARE AS FOLLOWS: -

- To fulfill one of AFM's objective being "to promote research, education and other activities relating to the prevention, diagnosis, causes and treatment of arthritic and rheumatic disorders".
- To enhance the quality of arthritis-related research in Malaysia by creating increased opportunities to undertake excellent research.
- To support the advancement of knowledge.

Initially, AFM will approach the academia to undertake research. It is also hoped that corporations intending to support the advancement of medical research and public education on arthritis will come forward to join AFM for the benefit of all Malaysians. All proposals should contain a scope of research, benefit methodology and budget. As AFM has limited funds, each grant awarded will not exceed RM5,000.

For further information on criteria for eligibility, types of proposals supported, selection criteria etc, please contact AFM at 03-7960 6177 or visit www.afm.org.my

THE PUBLIC FORUM AND ANNUAL GENERAL MEETING

With a lot of excitement and chattering as old friends caught up with each other, the Public forum got underway at Crystal Crown Hotel on the 23rd of April 2016. Consultant Rheumatologist, Dr. Benjamin Cheah gave the first presentation and he talked about,"Weighing in on newer treatments for rheumatoid arthritis". He shed light on the latest mantra on everybody's lips "Biologics". He said that biologics works! But there are serious side effects that must be considered:

1. TUBERCULOSIS RISK: Patients in Asia should be more aware of the risk of tuberculosis when on biologic treatment.

2. INCREASED RISK OF SERIOUS INFECTIONS: Arthritis is an auto-immune disease and these medications work by suppressing the immune system. There is a risk of serious infections while on biologics.

3. INCREASED CARDIOVASCULAR RISK: Heart disease is associated with inflammatory arthritis. The more cardiovascular risk factors one has, the higher one's risk. Elevated blood pressure, diabetes, obesity and smoking are risk factors for heart disease. Dr. Cheah advised, "even secondhand smoking is bad. Moreover, it makes arthritis symptoms worse. So if you do smoke; stop!"

4. CANCER. While there is an elevated risk of cancer for those with RA, there is no associated additional risk of cancer or cancer recurrence including breast cancer for those on biologics.

Dr.Cheah also answered some questions regarding sustainability. How long should I take biologics? How long will it be effective? Can it be discontinued? He said, "Biologics can keep you well for many years to come. If the disease is treated very aggressively, very early on, then it can alter the course of RA and the patient has a chance to get off medication. But if RA is established, then it is less probable that the patient will be able to get off biologics completely". Dr. Cheah also addressed the cost of biologics saying, "The high cost of biologics is a concern and can add to the financial burden of patients with arthritis". He also talked about "biosimilars" which comprise of fairly similar molecules and are as effective as biologics but cheaper.

He enlightened the audience, to be vigilant in digesting information in the press or on social media. "Purely anecdotal testimonials must be interpreted carefully. If it is too good to be true, it usually is!"

Dr. Yeap Swan Sim, Consultant Rheumatologist talked about "Looking after your bones in RA". She gave an overview on what is RA and the effects of RA on joints and bones. She also talked about the risk of osteoporosis in RA and gave advice on how to maintain healthy bones in RA.

She began her talk saying RA was a chronic, systemic, inflammatory disorder that primarily involves joints. About 5 in 1000 people are affected in Malaysia.

SYMPTOMS OF RA:

- Joints get painful, hot and swollen. Typically hands and wrists.
- The sufferer may feel stiff, especially in the mornings.

- It is a systemic illness-other organs can be affected.

TO PROTECT BONES:

- No alcohol as its bad for the bones.
- No smoking
- Limit coffee. Caffeine is bad for the bones as it increases the excretion of calcium in your urine.
- Exercise at least 20 minutes 3-4 times a week. Weight- bearing exercises are good for the bones.
- RA lowers Vitamin D levels. So do take 800 units a day of Vitamin D3. Ensure adequate calcium intake too.
- Ultrasound machines that measure bone density at the foot are sometimes seen in pharmacies and at supermarkets. Normal ranges for these ultrasound machines have only been established for post-menopausal women. If the results indicate a low reading then it is advised to get a formal bone-density test. These machines are not calibrated for men or younger women though.
- On the very popular supplement glucosamine and chondroitin, she said, "it improves the cartilage in some cases in those who have osteoarthritis".
- Work with your rheumatologist to get your RA under control. Patients with well-controlled RA lose less bone than those with uncontrolled RA.
- Reduce/stop steroid (prednisolone) intake, as long as your RA is well-controlled.
- In studies, taking fish oils for 3 months improves the tender joint count and morning stiffness in patients with RA compared to placebo. Studies have used daily doses of between 1.6-7.1g (average 3.5g) omega-3 fatty acids. She also cautioned that Omega-3 may prolong bleeding time and can interact with blood pressure medications (potentially lowering blood pressure too much).

He also explained the connection between high cholesterol levels and rheumatoid disease. "The higher the disease activity, the lower the cholesterol levels. So when you treat the disease, your cholesterol levels actually go up! Even with biologics, your cholesterol levels go up. So your doctor may give you some medication to treat the elevated cholesterol levels".

CONCLUSION:

- Untreated inflammation in RA leads to bony erosions and joint damage and this can occur early.
- Patients with RA are at risk for osteoporosis
- Early treatment of RA is important to minimize joint erosions, joint damage and osteoporosis.

The members stayed on for the 23rd Annual General Meeting which followed. The President of AFM Dr. Sargunan Sockalingam gave the welcome address. The Annual Report for 2015 was adopted together with the financial statements for the year ended 31st December 2015 presented by the Hon. Treasurer, Mr. C. Sivanandha. Tea and light snacks were served at the end of the event. All the attendees left well-informed and educated about their disease.

WORKING AND LIVING WITH RHEUMATOID ARTHRITIS

By Annie Hay

Rheumatoid Arthritis Support Group (RASG) held a talk on "Working and Living with Rheumatoid Arthritis" on the 11th of June 2016. The speaker was Ms Charlie Tan Wah Chiar, Occupational Therapist, Joint Care Rehabilitation Centre. There were 30 participants in all. She began her talk by going over the everyday activities that people with RA engage in which includes:

- Activities of daily living: Grooming, bathing, eating, getting dressed, housework
- Leisure activities: Gardening, shopping, going out for other chores
- Work-related activities: Handling meetings, working on the computer, writing.

She empathized that while RA is a long battle, there is a difference between disability and capacity. Though it can be overwhelming, RA sufferers have the choice to think positively and take empowering steps to stay active and positive.

- Get professional medical help
- Family support is vital
- Community support can be very helpful
- Spiritual support is crucial too

She reminded them that they need to protect their joints; to keep them functioning smoothly, prevent deformities, stay mobile and independent.

TO PROTECT JOINTS

- Avoid positions that strain the joints. Learn to use proper ways of holding your cups, plates etc.
- Do not spend long hours with your mouse, iPad, tablet, hand phones etc. You must take a break and stretch.
- Modify your door knobs, taps and cupboards to make them more user-friendly.

TO MANAGE PAIN:

- Respect your pain. Rest and seek help if pain is severe.Join a support group & share your experiences.
- Utilize assistive tools and devices available like combs with ergonomic grip, reacher with grip hooks etc.
- Maintain ideal body weight and participate in exercises that strengthen the joints, assist in range of motion, hydrotherapy etc.
- Wear protection like splint and brace when necessary.
- Take medication regularly and do not miss or skip it. Do not be your own doctor. Know your medication and consult your doctor when you have questions.
- Be gentle with your hands. Do not squeeze or grip clothes too tightly when doing laundry or washing.
- Good posture is important. So be conscious while sitting at your computer or with your gadgets, while lifting and standing.
- Use your bigger joints when carrying handbags, shopping bags and groceries.

She said, "You can live a happy life when you are able to manage your pain". The talk ended with a demo and Q &A session.

LUPUS FORUM

By Annie Hay

A forum on "Living with Lupus" was held at Hospital Sungai Buloh, between 9.30am-1pm on 7th May, Saturday 2016. The forum was organized by Hospital Sungai Buloh jointly with Persatuan S.L.E Malaysia. The objectives of the forum were to introduce SLE patients to the public and medical staff of Hospital Sungai Buloh and to share information on the symptoms and treatment of SLE. AFM had a booth exhibition to create awareness and disseminate information through brochures. There were about 150 participants and they were mainly student nurses from Hospital Sungai Buloh and Hospital Serdang, as well as SLE patients.

The Guest of Honour was Timbalan Pengarah Hospital Sungai Buloh, Dr. Amirnuddin. The other guest speakers were Dr. Benjamin Cheah (President, SLE), Dr. Suganthi Thevarajah (Ketua Jabatan & Pakar Perunding Dermatologi, General Hospital Kuala Lumpur) who spoke on "SLE and Skin", Prof Dr. Mohd Shahir bin Mohamed Said (Pakar Perunding Rheumatologi, Hospital Universiti Kebangsaan Malaysia) whose topic was "What is SLE?", Dr. Suryati Binti Yakob (Pakar Perunding Nephrologi, Hospital Selayang) who spoke about "SLE and Kidney".

Other activities included a video presentation on "Living with SLE", group discussions with the theme "Share & Care" and a panel discussion on the topic "How to manage your SLE?" with patient and doctors on stage. Dr. Benjamin Cheah gave the closing address.

1ST NATIONAL SPA (SPONDYLOARTHRITIS) DAY

The launch of the 1st National SpA (Spondyloarthritis) Day was held on the 25th of March 2016 at Hospital Serdang. It was a landmark moment as it was the 1st national SpA event that brought together under one umbrella various people from diverse fields; SpA patients and caregivers, AFM members, rheumatologists, medical professionals and media, for the cause of SpA.

The objectives of the event were to:

- Raise awareness of inflammatory back pain in Malaysia.
- Create an opportunity for SpA patients to meet and share their experiences with other patients.
- Provide a platform for patients and their physicians to pave the way for a closer relationship between them.

Dato' Dr. Haji Azman bin Abu Bakar, Senior Deputy Director, Medical Development Division, Ministry of Health Malaysia was invited to officiate the event. Dr. Ramani Arumugam, rheumatologist, Hospital Serdang, highlighted the burden of SpA in Malaysia. She talked about "Inflammatory Back Pain" and educated the audience on the differences between mechanical back pain and inflammatory back pain. She explained that back pain is considered mechanical if it rises due to a vertebral fracture, spondylosis, degenerative disc or joint disease, or other causes ill spondyloarthritis". "Inflammatory back pain on the other hand, occurs in persons below the age of 45 and for more than 3 months. It is a chronic debilitating condition associated with ankylosing spondylitis (AS) and other spondyloarthritis".

There were clinical examinations performed free for patients and it provided an opportunity for patients to have their condition evaluated physically by rheumatologists. Routine physical examinations were performed and assessed to determine the degree and impact of the disease on the patients. The event was a great success with participation of more than 90 people.

VIP (Dato' Dr Haji Azman bin Abu Bakar, Senior Deputy Director, Medical Development Division, Ministry of Health Malaysia) with Dr Mollyza Mohd Zain (Rheumatology Subspecialty Head) pledging to fight against SpA.

Participants joining the call to support National SpA Day.

Physiotherapy department, Serdang Hospital giving a few exercise tips to maintain healthy joints.

CONSIDERING NEW THERAPIES IN ARTHRITIS

Dr. Sargunan Sockalingam, President of AFM shares his insights and thoughts on data collection and research practices.

We are well into 2016 and it is hard to believe that we are almost at the end of the third quarter of the year. "Time flies" is a term that has been so oft repeated in the past that we almost never say it anymore, at least not these days!

THE SEARCH FOR RELIEF

As fast as this passage of time, is the introduction of new therapies in the management of arthritis. I tend to focus on the big three of arthritis, namely Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis. These diseases, once advanced, can be devastating and proof that miracle cures have been much sought after, right from early days, can be found in ancient medical texts such as Ayurveda and the brilliant works of Ibnu Sina (Avicenna).

The highlight in the search for the cure for arthritis surely, must be the Nobel Prize for Medicine award given to Dr Phillip Hench in 1949, for the discovery of the effect of steroids in Rheumatoid Arthritis. We have come a long way since then. Today, the vast array of available treatment can be bewildering.

So how do we approach this? Alongside the NSAIDs and steroids we have the DMARDs. Which do we start with? For whom and when? As doctors, these are the questions that we grapple with everyday.

APPROACH-THEN AND NOW

With the advent of the anti-TNF's in the mid 1990's, the floodgates were opened for newer therapies that target the receptors and bind cytokines, in a bid to stop the destructive inflammation that seems to be the hallmark of arthritic diseases. The path was determined and it was straightforward; find the cytokines and block or bind it, or block the receptors.

Today researchers have taken it one step further. Get into the cells, hit the nucleus and stop the unbinding of the DNA, and prevent the synthesis of transmitter proteins that trigger the release of cytokines.

WHAT DOES IT ALL TRANSLATE INTO?

How does all this translate to treatment of patients? And this is just the pharmacological portion of the management. Does non-pharmacological management advance proportionally with pharmacological management? Perhaps it is time we look at advances in physiotherapy, occupational therapy and more importantly, doctor-patient communication.

I believe that effective communication is essential between doctor and patient. We need to look into advances in this aspect, though I believe the new field of health informatics attempts to address this issue. But I am not holding my breath just yet. Lots of activity, but let's face it, until the likes of Elon Musk takes this one, we are not likely to see any spectacular launch in this field.

THE MOST IMPORTANT ASPECT

The most important aspect is patient profiling. Identifying the correct form of the disease is the starting point. Different patients have different forms of the same disease. And complete strangers could have identical forms of the disease, but their response to similar therapy would be astonishingly difficult.

For instance, a patient with high levels of Rheumatoid Factor and anti-CCP antibody is different from the patient with negative levels of these antibodies, even though they may have similar tender and swollen joint counts. The patient who has distal interphalangeal joint disease in Psoriatic Arthropathy is different from the patient with the Ankylosing form of Psoriatic Arthritis, even though they may have the same skin scores.

EARLY DIAGNOSIS AND THERAPY THE KEY

Aggressive therapy may have its place. But early therapy with a carefully selected therapeutic agent would be a better idea than a multiple drug, carpet bomb approach. But this conclusion is controversial, as there are cases in point for all therapeutic approaches.

While all this may seem daunting, it is important to highlight the many success stories in the treatment of arthritis even though we don't hear from effectively treated patients much. This is probably because they have all gone back towards contributing to the work force, and they probably now have bills to pay and loans to service!

The fast passage of time requires that everyone keep up-to-speed with their day-to-day professional lives. There is no time to savour the effectiveness of the treatment, even feel relief, as both patients and doctors alike, have to get back on the mad rush and fast pace that are the hallmarks of modern life.

FIND A RHEUMATOLOGIST

The following is a list of hospitals which offer Rheumatology services:

WILAYAH PERSEKUTUAN

- 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
- KPJ Tawakkal Specialist Hospital, Kuala Lumpur
- Pusat Perubatan Universiti Malaya, Kuala Lumpur**

SELANGOR

- KPJ Ampang Puteri Specialist Hospital, 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
- Hospital Pakar Sultanah Fatimah, Muar

NEGERI SEMBILAN

- Hospital Tuanku Jaafar, Seremban*

KELANTAN

- Hospital Raja Perempuan Zainab II, Kota Bahru*

TERENGGANU

- Hospital Sultanah Nur Zahirah, Kuala Terengganu*

SABAH

- Hospital Queen Elizabeth, Kota Kinabalu*

SARAWAK

- Hospital Kuching, Kuching*

* Government or University Hospital – Patients wishing to see a rheumatologist at a government or university hospital require a referral letter from their general practitioner or another doctor.
** The hospital also has a private wing, University Malaya Specialist Centre

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EDITORIAL TEAM

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ARTHRITIS FOUNDATION, MALAYSIA
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NAME:I/C NO: _____ DATE OF BIRTH: _____ GENDER: _____

OCCUPATION: _____ MARITAL STATUS: _____

E-MAIL: _____ MEMBERSHIP NUMBER (IF RENEWAL) _____

HOME ADDRESS: _____

TEL NO: _____ MOBILE NO: _____ FAX NO: _____

OFFICE ADDRESS: _____

TEL NO: _____ MOBILE NO: _____ FAX NO: _____

I enclose herewith payment of RM _____ Cheque/Money order no. _____

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NEW MEMBER:

☐ Ordinary Member (RM35) (Registration Fee: RM20, Annual Subscription: RM15)

☐ Life Member (RM200)

☐ Corporate Member (RM1,500) (Registration Fee: RM1,000, Annual Subscription: RM500)

MEMBERSHIP RENEWAL

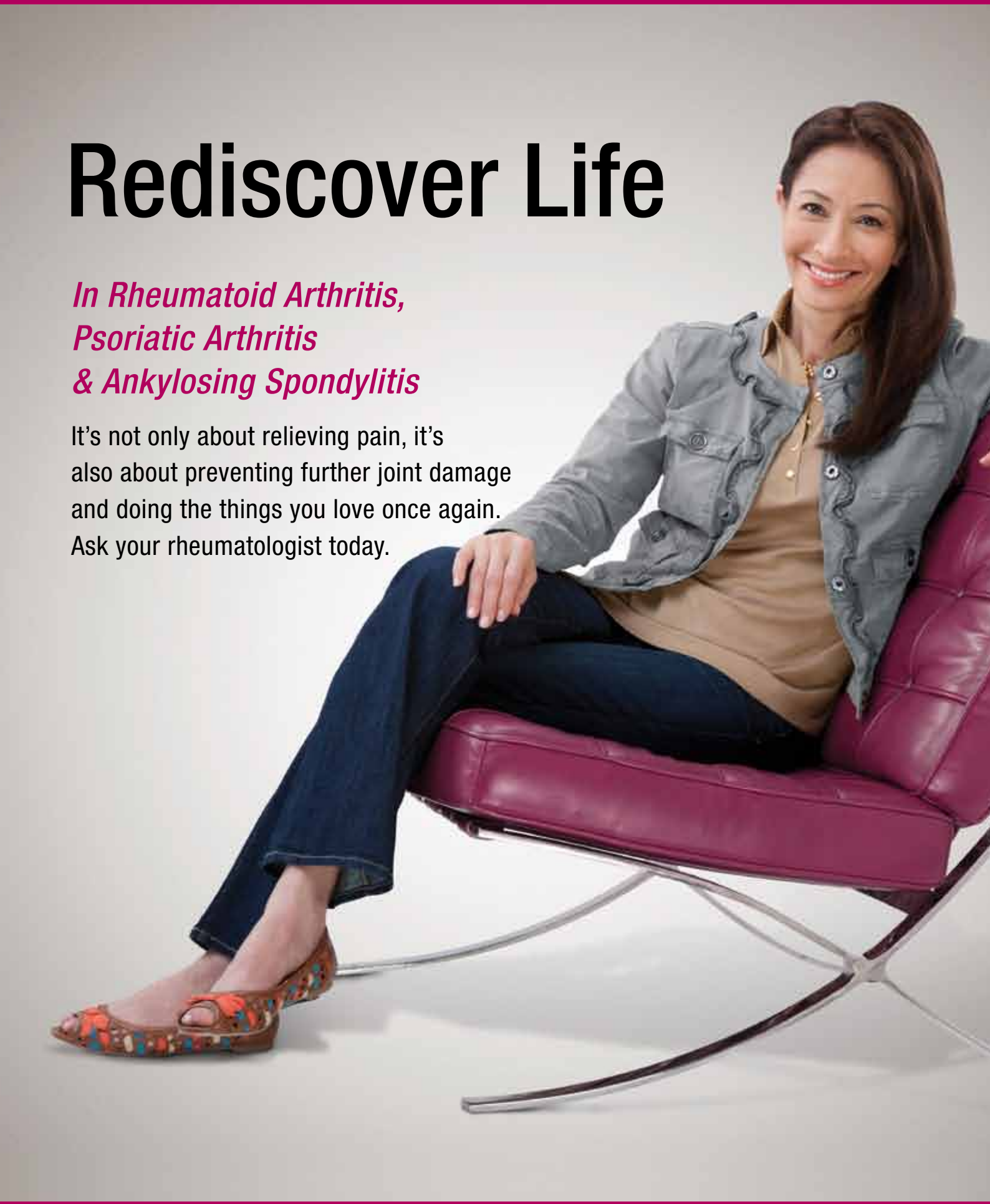
☐ Ordinary Member (Annual Subscription: RM15)

☐ Corporate Member (Annual Subscription: RM500)

Please cross your cheque and make it payable to:
ARTHRITIS FOUNDATION MALAYSIA
Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin,
Abdul Aziz Shah, 16, Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan.

_____ Signature of Applicant

_____ Date



AbbVie Sdn Bhd (987315-T)
Level 9 Menara Lien Hoe, No. 8 Persiaran Tropicana, Tropicana Golf & Country Resort
47410 Petaling Jaya, Selangor Darul Ehsan, Malaysia.
OFFICE +603-7883 6888 FAX +603-7883 6838

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