ARTHRITIS FOUNDATION MALAYSIA

December 2016

joint efforts

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

PP16636/11/2012 (031169)

Welcome to our last issue for the year. This year has flashed by so fast and it is so hard to believe that we are already at the end. December is always a fun-filled month being the holiday season with all the sales, holidays, travelling and family get-togethers. It is also a time for gratitude for as bad as things may seem, there is always much to be grateful for!

It has been an exciting quarter for AFM with the very generous donation received from the Kordel's Walk, the success of the World Arthritis Day (WAD) event, the formation of the Klang RA Support Group as well as other activities held by the RA Support Group. A lot of people associate Rheumatoid Arthritis (RA) as a condition that affects only joints. So a "must-read" is our "Centre Stage" article by Dr. Eashwary Mageswaren who explores the topic, "RA–More Than Just Joints". For those of you who could not attend our WAD event held on the 1st October 2016, please read our extensive report. Our "Get Moving" section has the details of my yoga presentation, "Yoga-Your Way To Balance" at the WAD. Do read the "News" section and get updated on the latest research developments in arthritis. Dr. Amir Azlan Zain expresses his views on the "Myth of the Month" topic this issue "All Joint Pain is Arthritis" and in "Doc Talk" our President Dr. Sargunan Sockalingam gives, "A brief update of arthritis treatment available in Malaysia".

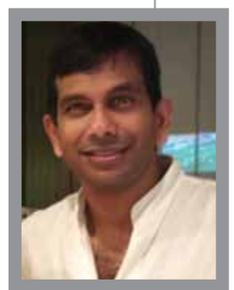
So read the cutting-edge information shared by our great team of doctors and stay connected to all the vibrant on-going activities, including the PACE exercise sessions by Dr. Vim and her team, as well as other fun activities organized by Annie Hay, Chairperson of RASG and her team. Let's walk together, well-informed and empowered into the new year. A very happy 2017 to all of you.

Shailaja Menon
EDITOR

IN THIS ISSUE

ANNOUNCEMENT

RASG Talk 3 will be held on 3rd December 2016 at the SLE Meeting room, Petaling Jaya from 2.30-5:00 PM. The topic is "Embrace Our Own Garden" by Ms. Low Mi Yen. Look for details in your post and AFM website.



It is with great pleasure that I welcome our readers to another exciting and colourful edition of Joint Efforts, the last for what has been a most exciting year.

I must record my profound admiration and sincere gratitude to the executive committee and administrative staff of Arthritis Foundation Malaysia (AFM). They have kept up the pressure, and they have been relentless in their efforts to make Joint Efforts, and indeed, all of AFM, noticeable and recognizable.

This has been a most exceptional year for us. The early morning Kordel's charity walk, the public forums, radio interviews and television appearances came at us with astonishing speed, and it looks as if this is not over. We have had numerous sponsorship offers and armed with new found support, I am confident that AFM will venture into new grounds in 2017.

The following year will see us begin the implementation of various new programs that we hope will receive your support. I will mention two of them here. The first is the AFM Advanced Therapies in Arthritis Initiative, where we will look into coming to the aid of arthritis sufferers who are in need of biologics and other new therapies available, as they are not responding to current therapy.

The other initiative is to support research activities in the field of arthritis. We will be initiating support for the first of these important studies. Indeed, these are lofty ambitions, but we have to begin somewhere. I do hope that our sponsors and members will join us in seeking funding for our activities. AFM, like many other non-governmental organizations, depends on support from strategic partners.

And with this, I would like to wish all our readers a joyous and successful 2017.

Dr. Sargunan Sockalingam
President, AFM

Sukacita saya mengalu-alukan para pembaca untuk menikmati sebuah lagi edisi Joint Effort yang menarik dan berwarna-warni serta yang terakhir buat tahun yang penuh dengan peristiwa ini.

Saya sebenarnya kagum dan amat berterima kasih kepada jawatankuasa eksekutif dan kakitangan pentadbiran Yayasan Artritis Malaysia (AFM). Mereka telah mengharungi cabaran dan berusaha tanpa henti dalam menghasilkan Joint Effort dan menjadikan AFM sebagai sebuah pertubuhan yang dikenali dan diiktiraf.

Tahun ini merupakan tahun yang paling luar biasa untuk kami. Acara amal jalan kaki waktu pagi anjuran Kordel, forum awam, temu bual radio dan penampilan televisyen datang secara mendadak kepada kami dan nampaknya peluang-peluang seperti ini tidak berakhir di situ sahaja. Kami mempunyai banyak tawaran penajaan dan dengan sokongan yang baharu ini, saya yakin AFM akan meneroka peluang baru pada tahun 2017.

Pada tahun berikut kami bercadang untuk melaksanakan pelbagai program baru dan seperti biasa kami mengharapkan sokongan anda semua. Dua daripada program yang akan dilaksanakan adalah AFM Terapi Lanjutan dalam Initiatif Artritis, di mana kami akan membantu penghidap artritis yang memerlukan terapi biologik dan terapi-terapi lain kerana mereka tidak bertindak balas kepada terapi yang sedia ada.

Inisiatif yang kedua adalah menyokong aktiviti penyelidikan dalam bidang artritis. Kami akan memulakan sokongan untuk kajian pertama yang akan dilaksanakan. Sesungguhnya, ini merupakan cita-cita yang tinggi, tetapi kami perlu memulakan langkah. Saya berharap para penaja dan anggota kita akan turut serta dalam mencari dana untuk aktiviti kita. AFM, seperti kebanyakan pertubuhan bukan kerajaan yang lain, bergantung kepada sokongan daripada rakan-rakan strategik.

Akhir kata, saya mengambil peluang ini untuk mendoakan semoga tahun 2017 lebih menggembirakan dan membawa lebih banyak kejayaan kepada semua pembaca.

Dr. Sargunan Sockalingam
Presiden, AFM

很高兴又在这里与读者们见面，迎接我们这一份内容丰富多彩Joint Efforts的出版，回顾过去振奋人心，让人觉得鼓舞的一年。

首先，我要对马来西亚关节炎基金会（AFM）执行委员会及行政人员表示深切的钦佩和至诚感谢。他们承受不少压力，却努力不懈地坚持，让Joint Efforts得以成功出版。确实，所有AFM成员付出精神、时间和心血参与会议、研讨会、策划方案等，让活动都圆满举办，每个人所付出的努力都值得赞赏和嘉许！

今年，对我们来说是非常特别的一年。Kordel's慈善竞走、公共论坛、电台采访和电视节目接二连三，没有间断。我们不但获得了很多赞助，还有更多人的支持，我相信马来西亚关节炎基金会将会在2017年继续迈向另一个高峰。

接下来这一年，我们将展开多项新计划，希望可以继续得到大家的支持。其中两项计划包括：Arthritis Initiative倡议下的AFM先进疗法(AFM Advanced Therapies)。一些关节炎患者无法采用目前的治疗而需要生物或其他新疗法，我们将会考虑这些前来寻求援助的关节炎患者，作出适当安排。

另一项计划就是支持关节炎领域的研究工作，我们将开始支持这方面的重要研究活动。然而这是长期的愿景，但我们却必须从当下的着手处去努力。我希望所有的赞助商和会员们，可以一起努力筹募活动经费。马来西亚关节炎基金会与其他的非政府组织一样，都是依靠着策略伙伴们的支持，才得以成功展开各项活动。

2016年10月1日世界关节炎日的庆祝活动获得大家热烈支持，这证明了我们与各策略伙伴的密切关系。在对抗关节炎的路上，我们凝聚了所有的重要伙伴和成员，这是让人感到欢欣鼓舞的！

最后，祝福所有读者走向更欢乐、成功的2017年。

大马关节炎基金会主席
沙谷南医生

Gut Bacteria And Potential Connection To Rheumatoid Arthritis

July 11, 2016: The bacteria in your gut do more than break down your food. They also can predict susceptibility to rheumatoid arthritis, suggests Veena Taneja, Ph.D., an immunologist at Mayo Clinic's Center for Individualized Medicine. Dr. Taneja recently published two studies-one in Genome Medicine and one in Arthritis and Rheumatology-connecting the dots between gut microbiota and rheumatoid arthritis.

More than 1.5 million Americans have rheumatoid arthritis, a disorder that causes painful swelling in the joints. Scientists have a limited understanding of the processes that trigger the disease. Dr. Taneja and her team identified intestinal bacteria as a possible cause; their studies indicate that testing for specific microbiota in the gut can help

physicians predict and prevent the onset of rheumatoid arthritis. "These are exciting discoveries that we may be able to use to personalize treatment for patients," Dr. Taneja says.

The paper published in Genome Medicine summarizes a study of rheumatoid arthritis patients, their relatives and a healthy control group. The study aimed to find a biomarker or a substance that indicates a disease, condition or phenomena that predicts susceptibility to rheumatoid arthritis. They noted that an abundance of certain rare bacterial lineages causes a microbial imbalance that is found in rheumatoid arthritis patients. "Using genomic sequencing technology, we were able to pin down some gut microbes that were normally rare and of low abundance in healthy individuals, but expanded in patients with rheumatoid arthritis," Dr. Taneja says.

POSSIBILITY FOR MORE EFFECTIVE TREATMENT WITH FEWER SIDE EFFECTS

The second paper, published in Arthritis and Rheumatology, explored another facet of gut bacteria. Dr. Taneja treated one group of arthritis-susceptible mice with a bacterium, Prevotella histicola, and compared that to a group that had no treatment. The study found that mice treated with the bacterium had decreased symptom frequency and severity, and fewer inflammatory conditions associated with rheumatoid arthritis. The treatment produced fewer side effects, such as weight gain and villous atrophy; a condition that prevents the gut from absorbing nutrients, that may be linked with other, more traditional treatments.

While human trials have not yet taken place, the mice's immune systems and arthritis mimic humans, and shows promise for similar, positive effects. Since this bacterium is a part of healthy human gut, treatment is less likely to have side effects, says study co-author Joseph Murray, M.D., a Mayo Clinic gastroenterologist.

Source: Materials provided by Mayo Clinic

X-RAYS: THE FIRST AND BEST SCREENING TOOL IN DIAGNOSING KNEE PAIN AMONG MIDDLE-AGED PATIENTS

September 9, 2016: Knee pain is common among Americans aged 40 and above. Nearly one in 17 people visit doctors' offices each year for knee pain or injuries from osteoarthritis, a progressive 'wear and tear' disease of the joints. According to a study in the September issue of the Journal of American Academy of Orthopaedic Surgeons (JAAOS), a simple X-ray is frequently the best diagnostic tool, reducing both time and cost.

Those odds increase as the U.S. population continues to age and becomes even more overweight. While a magnetic resonance imaging (MRI) is one tool that can help doctors diagnose torn knee ligaments and cartilage and other problems, plain X-rays are the best first line screening tools for knee pain.

Whether a patient will need surgery for knee problems depends on how much arthritis he or she has. "If an X-ray shows that a person has significant arthritis, the MRI findings -- like a meniscus tear -- are less important because the amount of arthritis often dictates the treatment. Therefore, patients should always get a standing X-ray before getting an MRI to screen for knee pain in patients older than 40," says Muyibat Adelani, MD, an orthopaedic surgeon with Washington University's Department of Orthopedics and lead author of this study.

The study looked at 100 MRIs of knees from patients age 40 and up and found that:

- The most common diagnoses are osteoarthritis (39 percent), and meniscal tears (29 percent), the tearing of the wedge-shaped pieces of cartilage in the knee joint;
- Nearly 1 of 4 MRIs was taken prior to the patient's first having obtained a weight-bearing X-ray; and,
- Only half of those MRIs obtained prior to meeting with an orthopaedic surgeon actually contributed to a patient's diagnosis and treatment for osteoarthritis.

"Patients should always get weight-bearing X-rays before getting an MRI because MRIs are not always needed to diagnose knee problems," says Dr. Adelani. In cases where arthritis is suspected, weight-bearing X-rays often are more than enough for orthopedists to complete the diagnosis and treatment plan. An appropriately timed consultation with an orthopaedic surgeon can be more cost effective than first obtaining MRI scans.

Source: Materials provided by American Academy of Orthopaedic Surgeons.

New Discovery About Cellular Root Of Inflammation 'Could Aid Arthritis Treatment'

29 September 2016: New research about the key cellular processes that cause inflammation in the body from the Trinity Biomedical Sciences Institute at Trinity College Dublin has been published in the leading scientific journal Cell. This could potentially open the door for new treatments for inflammatory conditions, including rheumatoid arthritis.

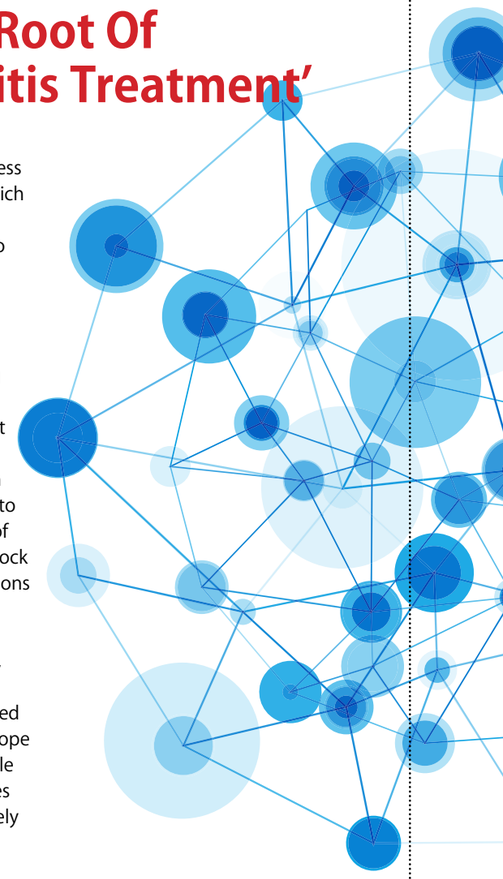
CELLS CAN CAUSE INFLAMMATION

To make this breakthrough, the team examined the function of macrophage cells, which play a key role in triggering the body's inflammation response to infection, before later putting the brakes on that initial response and repairing tissues that are damaged as a result. It was found that this initial macrophage activity can often cause important energy-producing cells called mitochondria to divert their focus away from energy creation to instead produce toxic compounds that amplify inflammation, leading to an excessive and damaging bodily reaction to infection or injury. This is the key process involved in inflammatory diseases, which are characterized by out-of-control immune responses causing damage to healthy tissue.

PATH TO NEW TREATMENTS

Based on this discovery, the scientists now hope to find ways of suppressing macrophage activity to keep it at an appropriate level, potentially making it possible to reduce the tissue damage caused when the body's inflammation alert status is set too high. In addition to arthritis, this could aid the treatment of inflammatory bowel disease, septic shock and other inflammation-based conditions in future.

Luke O'Neill, professor of biochemistry at Trinity College Dublin, said: "Our work contributes to a burgeoning area in immunology termed immunometabolism. We have great hope that this area will go on to yield a whole new understanding of the complexities of inflammation, which might ultimately benefit patients via new therapeutic options."



RHEUMATOID ARTHRITIS – More Than Just Joints

Yes, Rheumatoid arthritis can affect your eyes, your heart and your nervous system amongst others! Surprised? Well, most people believe rheumatoid arthritis is a condition that affects only the joints. While it does affect the joints, it is important to know that it can affect other organs of the body as well.

By **Dr. Eashwary Mageswaren, Consultant Physician and Rheumatologist**

Rheumatoid arthritis (RA) is the most common form of autoimmune arthritis, affecting more than 140,000 people in Malaysia. Of these, about 70 percent are women. The disease often begins between the third and fifth decades of life.

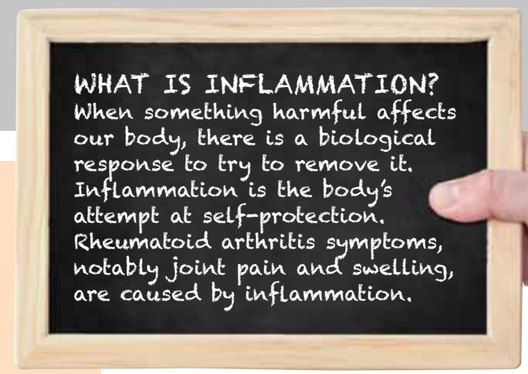
The tendency to develop RA may be genetically inherited as certain genes that increase its risk have been identified. It is also suspected that certain infections or factors in the environment too might trigger the activation of the immune system in susceptible individuals. It is not known what triggers the onset of RA.

SYMPTOMS OF RA

- Tender, warm, red, swollen joints
- Joint stiffness that is usually worse in the mornings and after inactivity

Early in the disease, RA tends to affect your smaller joints, particularly the metacarpophalengeal joint (joints that attach your fingers to your hands), metatarsophalangeal (joints that attach your toes to your feet) and proximal interphalengeal joints (small joints in your fingers). As the disease progresses, symptoms often spread to the wrists, knees, ankles, elbows, hips and shoulders. In most cases, symptoms occur in the same joints on both sides of the body.

Patients also experience systemic symptoms like loss of appetite, loss of weight, low grade fever, fatigue and weakness. There could be periods of increased disease activity, called flares, that alternate with periods of relative remission, when the swelling and pain disappear. Delay in initiation of treatment in RA can cause joint deformity.



The immune system contains a complex organization of cells and antibodies designed normally to "seek and destroy" invaders of the body, particularly infections caused by bacteria and virus. Patients with autoimmune diseases have antibodies and immune cells in their blood that target their own body tissues.

MORE THAN JUST JOINTS

Extra-articular means organ involvement, not just the joints. Some of the extra-articular manifestations and complications of RA can involve the eyes, lungs, heart, salivary glands, nerve, blood vessels, skin, kidneys and bone marrow. So when you visit your Rheumatologist, you will be asked questions involving your organs, and not just your joints.

INFLAMMATION AND SCARRING OF EYES

Keratoconjunctivitis sicca (KCS) is the most common ocular finding of RA. Symptoms of KCS include dryness, foreign body sensation, burning, grittiness and blurred vision. About 15% of patients with RA develop Sjögren's syndrome, characterized by dry eyes.

Both episcleritis and scleritis are classically described in patients with RA. In episcleritis the patient complains of sudden onset of discomfort rather than pain. Attacks last 1 to 2 weeks and are self-limiting but recur at intervals of 1 to 3 months. Symptoms of scleritis include pain, redness, blurred vision and light sensitivity.

Significant corneal manifestations in patients with RA can occur with or without accompanying scleritis and are the leading cause of vision loss. These include keratomalacia, which is severe progressive melting of the corneal stroma.

Prolonged use of corticosteroids may cause glaucoma and cataracts. The use of antimalarial drugs chloroquine (CQ) and hydroxychloroquine (HCQ) are associated with ocular toxic effects. The ocular toxic effects of CQ and HCQ is retinopathy. So as a rule, people with RA should get their eye checkups regularly.

SKIN MANIFESTATIONS

Classical rheumatoid nodules are the most common extra-articular manifestation in patients with RA. These are lumps under the skin, with a diameter generally ranging from >5mm to several centimeters. The characteristic areas affected are the back of the forearms, the back of the hands, and the occipital regions. These nodules can also affect other regions as well. Patients with long-term disease, positive rheumatoid factor (RF) and anti-citrullinated peptide antibodies (CCPAb) can present with cutaneous small-vessel vasculitis. This presents as a bruise-like lesions or ulcerative-necrotic lesions on the skin.

SJOGREN'S SYNDROME

Patients with RA can develop Sjogren's syndrome, a chronic inflammatory disorder characterized by lymphocytic infiltration of tear and salivary glands. Sjogren's syndrome is an autoimmune condition that affects exocrine gland function, leading to a reduction in tear production (KCS), oral dryness (xerostomia) with decreased saliva of poor quality, and reduced vaginal secretions. Dryness of the mouth leads to bad breath, cracked lips, fungal infection in the mouth, frequent gum disease, tooth decay and plaque.

CARDIOPULMONARY DISEASE

RA can increase your risk of hardened and blocked arteries (atherosclerosis), as well as inflammation of the sac that encloses your heart (pericarditis). It is also the leading cause of death in the RA patient. Because chronic inflammation may be the cause of atherosclerosis, it is possible that with early aggressive treatment of RA we may be able to reduce the incidence or severity of heart disease.

People with rheumatoid arthritis have an increased risk of inflammation and scarring of the lung tissues (pulmonary fibrosis), which can lead to progressive shortness of breath. Rheumatoid nodules may form in the lungs, but are usually harmless. Drugs like methotrexate used in the treatment of RA can cause pulmonary fibrosis in some patients. Drugs like corticosteroids, Disease Modifying Anti Rheumatic Drugs (DMARDs) and biologics that suppress the immune system may increase your risk of tuberculosis.

LIVER

Although RA doesn't directly harm the liver, some medications taken for RA can. Drugs like methotrexate, leflunomide, cyclosporine and biologics can cause liver impairment.

KIDNEYS

Drugs taken for arthritis; cyclosporine, methotrexate and NSAIDs can lead to kidney problems.

NERVOUS SYSTEM

Inflammation affects the nerves directly and results in demyelination; a process where the outer protective layer of the nerve (myelin) is damaged. The axon (the part of the nerve cell that transmits electrical nerve impulses) is damaged too. Demyelination and axonal damage can result in symptoms including pain and abnormal sensations such as, "pins-and-needles" and muscle weakness. Some common manifestations of nerve damage include loss of the ability to extend the wrist (wrist drop) or move the toes or ankle upward (foot drop) leading to difficulty in walking.

Inflammation of the surrounding tissues may cause compression of the nerves resulting in numbness or tingling. One relatively common problem is Carpal Tunnel Syndrome (CTS), a condition in which the nerve that runs from the forearm to the hand is compressed by inflamed tissue in the wrist area, resulting in tingling, numbness and decreased grip strength.

BLOOD

Unchecked inflammation can lead to a reduction in red blood cells-anaemia, characterized by headache and fatigue. Inflammation might lead to elevated blood platelet levels and blood clots.

FELTY SYNDROME

Though rare, people with longstanding RA can develop Felty syndrome, characterized by an enlarged spleen and low white blood cell count. This condition may lead to increased risk of infection and lymphoma (cancer of the lymph glands).

BONES

RA itself, as well as some medications used for treating it, can increase your risk of osteoporosis, a condition that weakens your bones and makes them more prone to fractures.

MANAGEMENT OF RA

The first strategy in the management of RA is to reduce or stop inflammation as quickly and as early as possible. The ultimate goal of your Rheumatologist by 'treat to target' is to stop or achieve remission, meaning minimal or no sign of symptoms of active inflammation. Getting disease activity to a low level and keeping it there is what is called having "tight control of RA". This can prevent or slow the pace of joint damage. So work together with your rheumatologist and achieve a "tight control of RA".

Rheumatoid Artritis – Lebih Daripada Sekadar Sendi

Memang benar, rheumatoid artritis, antara lainnya, boleh menjejaskan mata, hati dan sistem saraf anda! Terkejut? Ramai orang masih percaya bahawa reumatoid artritis adalah keadaan yang hanya menjejaskan sendi sahaja. Walaupun ia memberi kesan kepada sendi, adalah penting untuk mengetahui bahawa penyakit ini juga boleh menjejaskan organ-organ badan yang lain juga.

Oleh **Dr. Eashwary Mageswaren, Pakar Perubatan dan Reumatologi**

Rheumatoid artritis (RA) adalah jenis artritis autoimun yang paling biasa, yang menjejaskan lebih daripada 140,000 orang warga Malaysia. Daripada jumlah ini, anggaran 70 peratus terdiri daripada wanita. Penyakit ini biasanya bermula antara dekad ketiga dan kelima kehidupan.

Kecenderungan untuk menghidapi RA mungkin diwarisi secara genetik kerana gen tertentu yang meningkatkan risiko telah dikenal pasti. Selain itu, jangkitan atau faktor-faktor tertentu dalam alam sekitar juga mungkin mencetuskan pengaktifan sistem imun pada sesetengah individu. Apa yang mencetuskan permulaan RA masih lagi belum diketahui.

Sistem imun mengandungi kumpulan sel yang kompleks dan antibodi direka biasanya untuk "mencari dan memusnahkan" penceroboh di dalam tubuh, terutamanya jangkitan yang disebabkan oleh bakteria dan virus. Pesakit dengan penyakit autoimun mempunyai antibodi dan sel-sel imun dalam darah mereka yang menyasarkan tisu badan mereka sendiri.

APAKAH KERADANGAN?

Apabila sesuatu yang berbahaya memberi kesan kepada badan kita, terdapat satu tindak balas biologi untuk cuba untuk mengeluarkannya daripada badan. Keradangan adalah percubaan oleh tubuh dalam melindungi diri. Gejala rheumatoid artritis, terutamanya sakit sendi dan bengkak, adalah disebabkan oleh keradangan ini.

GEJALA RA

- Sakit bila disentuh, panas, merah, bengkak sendi
- Sendi kaku yang biasanya lebih teruk pada waktu pagi dan selepas tidak aktif

Pada peringkat awal penyakit ini, RA lebih menjejaskan sendi-sendi kecil, terutamanya sendi metacarpophalengeal (iaitu sendi yang menyambungkan jari ke tangan anda), metatarsophalangeal (iaitu sendi yang menyambungkan jari kaki ke kaki anda) dan sendi interphalengeal proksimal (sendi-sendi kecil di jari anda). Lama kelamaan, gejala akan merebak ke pergelangan tangan, lutut, pergelangan kaki, siku, pinggul dan bahu. Dalam kebanyakan kes, gejala-gejala berlaku pada sendi sama pada kedua-dua belah badan.

Pesakit juga mengalami gejala-gejala seperti hilang selera makan, turun berat badan, demam gred rendah, keletihan dan rasa lemah. Kadang kala aktiviti penyakit meningkat, yang dipanggil flare, silih berganti dengan tempoh reda, apabila bengkak dan sakit hilang. Kelewatan memulakan rawatan RA boleh menyebabkan kecacatan sendi.

BUKAN HANYA SENDI

Ekstraartikular bermaksud penglibatan organ, bukan hanya sendi. Antara manifestasi dan komplikasi ekstraartikular RA boleh melibatkan mata, paru-paru, jantung, kelenjar air liur, saraf, saluran darah, kulit, buah pinggang dan sum-sum tulang. Oleh itu, apabila anda melawat pakar Reumatologi anda, anda akan ditanya tentang organ-organ anda, dan bukan hanya tentang sendi sahaja.

KERADANGAN DAN PARUT PADA MATA

Keratoconjunctivitis Sicca (KCS) merupakan penemuan okular yang paling biasa dalam RA. Gejala KCS termasuk kekeringan, sensasi badan asing, rasa membakar, rasa berpasir dan penglihatan kabur. Kira-kira 15% daripada pesakit RA mengalami sindrom Sjogren, yang mempunyai ciri-ciri mata kering.

Kedua-dua episkleritis dan skleritis ada dinyatakan pada pesakit RA. Bagi episkleritis, pesakit mengadu secara tiba-tiba rasa tidak selesa dan bukan kesakitan. Serangan berlaku selama 1-2 minggu dan terhad, tetapi kembali selepas 1 hingga 3 bulan. Gejala skleritis termasuk sakit, kemerahan, penglihatan kabur dan sensitiviti cahaya.

Manifestasi kornea ketara dalam pesakit RA boleh berlaku dengan atau tanpa skleritis dan menjadi punca utama kehilangan penglihatan. Ini termasuk keratomalacia, iaitu peleburan progresif yang teruk pada stroma kornea.

Penggunaan kortikosteroid yang berpanjangan boleh menyebabkan glaukoma dan katarak. Penggunaan ubat anti malaria chloroquine (CQ) dan hydroxychloroquine (HCQ) dikaitkan dengan kesan toksik okular. Kesan toksik okular daripada CQ dan HCQ ialah retinopati. Jadi sebagai syarat, orang yang menghidapi RA perlu mendapatkan pemeriksaan mata mereka secara kerap.

MANIFESTASI KULIT

Nodul rheumatoid klasik adalah manifestasi ekstraartikular yang paling biasa di kalangan pesakit RA. Ia adalah ketulan di bawah kulit, dengan garis pusat, secara umumnya antara > 5mm kepada beberapa sentimeter. Kawasan yang terlibat adalah pada bahagian belakang lengan, belakang tangan, dan bahagian oksipital. Nodul ini juga boleh memberi kesan pada bahagian-bahagian lain. Pesakit dengan penyakit jangka panjang, faktor reumatoid (RF) positif dan antibodi peptida anti-citrullinated (CCPAb) boleh mengalami kutaneus vaskulitis pembuluh- kecil. Ini membentuk seperti luka lebam atau luka-luka ulser-necrotic pada kulit.

SINDROM SJOGREN

Pesakit RA boleh mengalami sindrom Sjogren, gangguan keradangan kronik di mana berlakunya penyusupan lymphocytic kelenjar air mata dan air liur. Sindrom Sjogren adalah satu keadaan autoimun yang memberi kesan kepada fungsi kelenjar eksokrin, menyebabkan pengurangan dalam pengeluaran air mata (KCS), kekeringan mulut (xerostomia) dengan kekurangan air liur yang tidak berkualiti, dan mengurangkan rembesan faraj. Kekeringan mulut membawa kepada nafas berbau, bibir merekah, jangkitan kulat pada mulut, penyakit gusi yang kerap, kerosakan gigi dan plak.

PENYAKIT KARDIOPULMONARI

RA boleh meningkatkan risiko arteri mengeras dan tersekat (aterosklerosis), serta radang pundi yang mengelilingi hati anda (pericarditis). Ia juga merupakan

punca utama kematian pesakit RA. Kerana keradangan kronik boleh menyebabkan punca aterosklerosis, maka rawatan awal RA yang agresif mungkin boleh mengurangkan kadar atau keterukan penyakit jantung.

Penghidap reumatoid artritis mempunyai peningkatan risiko terhadap keradangan dan parut pada tisu paru-paru (fibrosis paru-paru), yang boleh menyebabkan sesak nafas progresif. Nodul reumatoid boleh terbentuk dalam paru-paru, tetapi keadaan ini biasanya tidak berbahaya. Ubat seperti methotrexate digunakan dalam rawatan RA boleh menyebabkan fibrosis paru-paru pada sesetengah pesakit. Ubat seperti kortikosteroid, ubat Pengubah Penyakit Anti Reumatik (DMARDs) dan biologik yang menahan sistem imun boleh meningkatkan risiko anda mendapat batuk kering.

HATI

Walaupun RA tidak merosakkan hati secara langsung, sesetengah ubat yang diambil untuk RA boleh menimbulkan masalah ini. Ubat seperti methotrexate, leflunamide, cycosporine dan biologik boleh menyebabkan kemerosotan hati.

BUAH PINGGANG

Ubat yang diambil untuk artritis; cyclosporine, methotrexate dan NSAID boleh menyebabkan masalah buah pinggang.

SISTEM SARAF

Keradangan memberi kesan kepada saraf secara langsung dan menyebabkan demielinasi; satu proses di mana lapisan perlindungan luar saraf (myelin) rosak, dan axon ini (bahagian sel saraf yang menghantar impuls saraf elektrik) juga rosak. Demielinasi dan kerosakan akson boleh menyebabkan gejala-gejala termasuk sakit dan sensasi yang tidak normal seperti rasa mencucuk dan kelemahan otot. Beberapa manifestasi biasa kerosakan saraf termasuk hilang keupayaan untuk menegakkan pergelangan tangan (pergelangan tangan jatuh) atau menggerakkan jari kaki atau buku lali ke atas (kaki jatuh) menyebabkan kesukaran untuk berjalan.

Keradangan tisu sekitar boleh menyebabkan pemampatan saraf dan rasa kebas atau kesemutan. Satu masalah yang agak biasa adalah Carpal Tunnel Syndrome (CTS), satu keadaan di mana saraf yang bergerak dari lengan ke tangan dimampatkan oleh tisu radang di kawasan pergelangan tangan, menyebabkan kesemutan, kebas dan kekuatan cengkaman berkurangan.

DARAH

Keradangan tidak dikawal boleh menyebabkan pengurangan sel darah merah, atau anemia, dengan ciri-ciri sakit kepala dan keletihan. Keradangan mungkin menyebabkan tahap platelet darah meningkat dan darah beku.

SINDROM FELTY

Walaupun jarang berlaku, mereka yang telah lama menghidapi RA boleh mendapat sindrom Felty, dengan ciri-ciri limpa yang membesar dan sel darah putih yang rendah. Keadaan ini boleh meningkatkan risiko jangkitan dan limfoma (kanser kelenjar limfa).

TULANG

RA serta beberapa jenis ubat yang digunakan untuk merawatnya, boleh meningkatkan risiko anda mendapat osteoporosis, satu keadaan yang melemahkan tulang dan menjadikan mereka lebih terdedah kepada keretakan tulang.

PENGURUSAN RA

Strategi pertama dalam pengurusan RA adalah untuk mengurangkan atau menghentikan keradangan dengan cepat dan seawal yang mungkin. Matlamat utama pakar Reumatologi anda dengan 'merawat untuk menyasarkan' adalah bagi menghentikan atau mencapai keredaan, iaitu tiada tanda-tanda keradangan aktif atau tanda-tanda berada pada tahap minimum. Menurunkan aktiviti penyakit ke tahap yang rendah dan mengekalkannya pada tahap tersebut adalah apa yang dipanggil "kawalan ketat RA". Kawalan ketat boleh mencegah atau memperlahankan kerosakan sendi. Maka, berusaha dengan pakar reumatologi anda untuk mencapai "kawalan ketat RA".

类风湿性关节炎受影响的不只是关节而已

是的，类风湿性关节炎也会影响你的眼睛、心脏，甚至是神经系统。感到惊讶吗？其实，很多人都认为类风湿性关节炎只影响关节而已，然而更重要的一点是，它在影响关节的当儿，也同时会影响身体其他的器官。

内科顾问医师兼风湿专科医师
Eashwary Mageswaren医生 撰写

类风湿性关节炎是最常见的自身免疫性关节炎，国内患者人口超过14万人，其中约百分之七十是女性，发病年龄多数在30至50岁之间。

类风湿性关节炎的病发可能是基因遗传导致，目前已确认增加类风湿性关节炎风险的特定基因。一些感染或环境因素在易感个体中触发免疫系统，这也被怀疑是病发导因，然而真正触发类风湿性关节炎的导因尚未确认。

我们的免疫系统有着细胞和抗体等复杂的组织，在找到人体外来的入侵者后会摧毁它们，尤其是引发感染的病毒和细菌。然而，在自身免疫性病患者的血液当中却有着抗体和免疫细胞，对抗自己的身体组织。

受影响的不只是关节而已

关节外所指的是受影响的器官，而不只是影响关节而已。一些类风湿性关节炎的关节外显示和并发症涉及眼睛、肺部、心脏、唾液腺、神经、血管、皮肤、肾脏和骨髓。因此，风湿专科医生会询问你涉及器官的问题，而不只是限于关节炎而已。

发炎和眼睛结疤

干燥性角结膜炎，俗称干眼症（Keratoconjunctivitis sicca ,KCS）是类风湿性关节炎最常见的眼部病症。干眼症的症状包括干燥、感觉有异物、灼热、感觉有砂砾和视觉模糊，约百分之十五类风湿性关节炎患者患有干燥综合症（Sjögren’s syndrome），特征是眼睛干燥。

巩膜外层炎和巩膜炎是类风湿性关节炎患者最常描述的状况。巩膜外层炎的患者会抱怨不适而非疼痛，这种不适感会持

何谓发炎？

当有害的物质影响人体时，身体自然的反应就是尝试消灭它；发炎是指身体尝试自我保护的行为。类风湿性关节炎的病症，特别是关节疼痛和肿胀是由于发炎而造成的。

类风湿性关节炎的症状

- 脆弱、发热和红肿的关节
- 关节僵硬（尤其是早上和不活动后更严重）

病发初期，类风湿性关节炎倾向于影响较小的关节，尤其是掌指关节(连接手指和手部的关节)、跖指关节(连接脚指和脚部的关节)和近侧指节间关节(手指上的小关节)。随着病情发展，类风湿性关节炎的症状会蔓延至手腕、膝盖、脚踝、手肘、臀部和肩膀。在大多数的情况下，这些症状会影响身体两边的同一关节。

患者会面对食欲不振、体重下降、轻微发烧、疲累或虚弱等症状，也可能会面对称为“耀斑”的病情活跃期，或是相对肿胀和疼痛消失的缓解期。延迟对类风湿性关节炎的治疗可引起关节畸形。

续发生1至2周，而且是自限制的状况，间隔1至3个月复发。巩膜炎的症状包括疼痛、发红、视力模糊和对光敏感。

类风湿性关节炎患者的角膜显现可伴随或不伴随巩膜炎，这是导致视力丧失的主要原因。这包括角膜软化症，也就是角膜基质严重渐进熔化。

长期使用皮质类固醇可能会导致青光眼和白内障。使用抗疟药氯喹(chloroquine,CQ)和羟氯喹(hydroxychloroquine,HCQ)会在眼部累积毒性，进一步导致视网膜病变。因此，建议类类风湿性关节炎患者必须定期进行眼部检查。

皮肤显现

类风湿性关节炎患者最常见的关节外显现是类风湿性结节。这是长在皮肤下的肿块，直径通常超过 5毫米或达几公分。最常受影响的部位包括前臂背部、手背和枕骨部位，这些结节也会影响其他部位。类风湿性关节炎长期患者、阳性类风湿因子(RF)和抗瓜氨酸肽抗体(CCPAb)患者还会患上皮肤小血管血管炎，这是类似皮肤上的瘀伤或是溃疡损伤。

干燥综合症(Sjogren’s Syndrome)

类风湿性关节炎患者可导致干燥性综合症，这是由于泪液和唾液腺淋巴细胞浸润导致的慢性炎性病症。干燥性综合症是自身免疫病症，而且会影响外分泌腺功能，导致减少泪液产生(KCS)、唾液减少而造成的口腔干燥以及减少阴道分泌物。口腔干燥将会导致口臭、嘴唇破裂、口腔真菌感染、牙龈疾病、蛀牙和牙斑块。

心肺疾病

类风湿性关节炎会增加动脉阻塞、硬化(动脉粥样硬化)和心包炎的风险，这是导致类风湿性关节炎患者死亡的主因。基于慢性炎症可能是动脉粥样硬化的原因，及早治疗类风湿性关节炎，有助减少心脏或更严重的发病事件。

类风湿性关节炎患者也有患上炎症和肺组织结疤（肺纤维化）的风险，这会导致呼吸困难。肺部也会有类风湿性结节，但一般是无害的。用于治疗类风湿性关节炎的药物，如：甲氨蝶呤(methotrexate)会导致一些患者患上肺纤维化；其他药物如：皮质类固醇（corticosteroids）、疾病调节抗风湿药物(Disease Modifying Anti Rheumatic Drugs，DMARDs)以及抑制免疫系统的生物制剂(biologics)可能会增加肺结核的风险。

肝脏

尽管类风湿性关节炎不会直接伤害肝脏，但是一些用药，如：甲氨蝶呤(methotrexate)、来氟米特（leflunamide）、环孢霉素（cycosporine）和生物制剂（biologic）可能会造成肝脏损伤。

肾脏

用于关节炎的药物;，如：环孢菌素(cyclosporine)、甲氨蝶呤(methotrexate)和NSAID会造成肾脏问题。

神经系统

发炎会直接影响神经并导致脱髓鞘病(demyelination)，这将会导致神经(髓鞘)的外保护层和轴突(传导电神经的神经细胞)被损坏。脱髓鞘和轴突损伤会导致疼痛和异常感觉的症状，如：针刺感或肌肉无力。神经损伤的一些常见症状包括丧失伸展手腕的能力，以及移动脚趾或脚踝，而导致难以行走。

周围组织发炎会压缩到神经而导致麻木或刺痛。最普遍的就是腕管综合征(CTS)，这是由于从前臂到手的神经被手腕部位的发炎组织压缩，导致刺痛、麻木或降低抓握力度。

血液

还未检查到的发炎症状会导致红血球细胞减少(贫血)，最明显的症状是头痛和疲劳。发炎还有可能会导致血小板水平升高和产生血块。

菲尔蒂综合症(Felty syndrome)

虽然罕见，类风湿性关节炎长期患者或会患上菲尔蒂综合症，其症状在于脾脏增大和低白血球细胞量，这种情况可能增加感染和提高淋巴瘤(淋巴腺癌症)的风险。

骨头

类风湿性关节炎本身以及用于治疗类风湿关节炎的药物，可能会增加骨质疏松症的风险，而导致骨骼变得脆弱，容易骨折。

类风湿性关节炎的管理

管理类风湿性关节炎的首要步骤就是尽快减少或停止发炎的症状。风湿专科医生最终的治疗目标就是要停止或缓解发炎状况，让患者减低或完全停止发炎。所谓的“严格控制类风湿性关节炎”就是将类风湿性关节炎降低并维持低水平。 严格控制类风湿性关节炎可防止或减慢关节损伤的速度。不妨与你的风湿专科医生一起努力，达致这个“严格控制类风湿性关节炎”的目标。

World Arthritis Day

The WAD Event, celebrated on the 1st of October 2016, at the Swan Convention Centre, Sunway Medical Centre, has become an annual ritual now for most members of Arthritis Foundation Malaysia (AFM). On the much anticipated day, people came with their friends and families, greeting old friends and making new! And as with every year, WAD 2016 lived up to its promise to educate, inform and yes, entertain its audience!!

Dr. Sargunan Sockalingam, President of Arthritis Foundation Malaysia welcomed the audience in the opening speech. This was followed by a very interesting session on “The Art & Science of Balance: What Every Individual Should Know” by Dr. Vimala Marimuthu, consultant physiotherapist, Physio Plus. The physiotherapy session involved screening for the risk of falls in the participants and they were tested on 7 balance measures. For the next one hour patients were divided into groups and they moved from one station to another undergoing various tests.

According to Dr. Vimala, “simply put, balance refers to an individual’s ability to maintain his line of gravity within his Base of Support (BOS)”.

She further explained that there are 2 types of balance:

1. Static Balance; the ability to maintain the body in a fixed posture and maintain postural stability and body orientation over the base of support.

2. Dynamic balance; the ability to maintain postural stability and orientation with centre of mass over the base of support while the body parts are in motion.

If balance is affected, the individual is exposed to the risk of falling. 109 participants were put through 7 tests. These tests were used to measure static and dynamic balance and its association with the risk of falling. At the end of the session, they were handed their assessment sheets and they could see and identify if they were at risk.

There were 25 volunteer physiotherapy students and 5 physical therapists involved in the running the tests and gathering data. Data was collected and analysed. Subjects were given feedback as to their performance on the balance tests during the tea break and end of the conference.

This was followed by a session, “Yoga-Your Way to Balance” by Shailaja Menon, Certified Manasa Yoga Teacher, Mat & Beyond Yoga Studio. In her presentation, she introduced the audience to some key aspects of the Manasa yoga practice, explored the deep connection between the state of the body, the mind and the breath, and shared information about the parts of the brain and muscles of the body that are involved in the act of maintaining balance. To ensure that the yoga practice was accessible to all, she demonstrated specific chair-based yoga asanas (postures) that would help to improve balance and got the audience to explore them with her as well. As there were many requests for the yoga poses to be explained in detail, this issue’s “Get Moving” has the details. Please look it up there.

BENEFICIARIES OF AFM ARTHRITIS FUND

The morning session ended with the presentation of cheques to beneficiaries of the Arthritis Fund. Dr. Sargunan presented a cheque of RM8,000 to A.M. Vanitha Mani and past president of AFM, Dr. Amir Azlan Zain presented a cheque of RM9,388 to Normala Binti Baharuddin.

BALANCE TESTS

1 TIMED UP & GO TEST (TUG)
The timed "Up and Go" test measures, in seconds, the time taken by the individual to stand up from a standard chair, walk a distance of 3 meters (approximately 10 feet), turn, walk back to the chair, and sit down.

2 THE FOUR SQUARE STEP TEST (FSST)
This standardized test assesses a person's ability to quickly change direction while stepping; forward, back, sideways and over a low obstacle. It also assesses dynamic balance, stepping, weight shifting and spacial ability (orientation of body in space) as well as sequencing skills.

3 FUNCTIONAL REACH
A metre ruler was secured to the wall at the shoulder height of the individual. The individual was instructed to stand perpendicular to, but not touching, the ruler. He had to then make a fist and bring arm up to the ruler level. The assessor records the starting position at the 3rd metacarpal head on the yardstick. The person was then instructed to lean forward as far as possible, without moving the feet or losing balance. The location of the 3rd metacarpal was recorded. Scores were determined by assessing the difference between the start and end position, and recorded as the reach distance.

4 RHOMBERGS TEST (STANDING UNSUPPORTED WITH EYES CLOSED)
The individual was asked to stand with feet together touching each other. Arms were crossed over chest or held next to the body. He was then asked to close his eyes and remain in the position for ten seconds. The Romberg test is positive when the person is unable to maintain balance with his eyes closed. It indicates balance impairment over a smaller base of support and that he relies on vision to prevent falls.

5 SKILLFUL SUSAN
The individual was asked to sit upright on a chair. He was given a 3-foot light wooden pole to be held perpendicularly (upright) on one hand which he was then asked to throw to the other hand. Throw with the left, catch with the right, and throw with the right, catch with the left constituted one round. This was repeated 10 rounds for the test to be successful. Participants were instructed not to look at the stick, but straight ahead.

6 BALANCE BOARD
This test was performed using a wooden balance board platform. The participant stood on the platform with feet about 15cm apart. The goal was to be able to balance on the board for at least 10 seconds. Each participant was timed to see how long they could go.

7 TANDEM WALKING
The participant had to walk a distance of 3 meters, one foot directly in front of the other foot in heel-to-toe position. They had their arms by their sides and were given verbal cues. The time taken to complete the distance of three meters with steps, alternating between the left and right feet, was recorded.

THE RASG AFFAIR

This was followed by a very moving sharing session where Rheumatoid Arthritis Support Group (RASG) member Ms Katherine related her journey with rheumatoid arthritis; how her life changed from one of joy to an everyday struggle dealing with pain and disability. The full details of her story are shared in the "Profile" section of JE.

The last session of WAD literally rocked with Annie Hay, Chairperson of RASG, on the mike. The audience was first treated to a "line dancing" performance by a group of regular dancers. They were then taught a few sequential steps and encouraged to let loose their inhibitions and participate in the dance session. A few of them were then called onstage to compete against each other with the audience deciding on who the ultimate winners were. It had the entire audience in peals of laughter.

The WAD came to a close with a tea session. The participants left renewed and empowered with information to handle their condition better and most importantly with the knowledge that they were not alone. That there was always support available.

Post-lunch session began with a presentation, "Ophthalmologic Manifestations of Spondyloarthritis" by Dr. Nor Fariza Ngah, consultant ophthalmologist, Hospital Shah Alam. She talked about the seemingly far-fetched relationship between eyes and joint pain and explained that it was more common than people realized. In fact, she said more than 50% of the people who come to them with an eye problem are referred to the rheumatologist. Also a lot of the times, patients with joint pain are referred to ophthalmologists because over the course of their condition, they develop eye problems. So opthalmologists and rheumatologists actually work quite closely together! She also advised, "Please don't go to the pharmacy and self-medicate with over-the-counter medication. You must consult an ophthalmologist first for any eye symptoms".

She talked about uveitis, being a disease in which the middle layer of the eye, the uveal tract, becomes inflamed. Uveitis may occur at any age, but most commonly affects those between 20-59 years of age. She also elaborated on the symptoms which include; eye redness, eye pain, floaters blurry vision and distortion of images. It must come as surprise to many that ocular manifestations could be the first manifestations of systemic disease, and early sign of SpA.

There was a question from the audience about whether rheumatoid arthritis (RA) causes itchiness of the eyes. The doctor replied that itchiness could come from allergy or it could come from dry eyes where 90% of the water is already gone. This leads to a sticky eye discharge, which is like an oily form of tears. But as it is stuck to the eyelids it can lead to severe itchiness and infection.

She explained that, "dry eyes and stickiness are manifestations of RA. If the eyes are totally dry, then oil cannot be produced. The eyelids then become very tight. A gel will be prescribed as it tends to stay on longer".

Her take home message was;
- **Ocular condition can be a disease manifestation of the systemic disease.**
- **Know your disease and what can be associated with it.**
- **Inform your rheumatologist of any ocular symptoms for referral.**
- **See your ophthalmologist for any eye symptoms as it can be the start of severe manifestations.**

A huge **THANK YOU** to all the sponsors who supported us in making WAD 2016 a tremendous success.

Kordel's Walk 2016
Walk for Healthier Joints
Walk for Charity

Participants were seen gathering enthusiastically as early as 5.30am on 31st of July 2016, at Padang Merbok, Kuala Lumpur. They came from far and near; fathers and mothers, friends, colleagues and families to be part of the fun and festivities of the 8th Kordel's Charity Fun Walk. The 7km walk began at 6.00am and it was flagged off by our very own President of Arthritis Foundation Malaysia (AFM), Dr. Sargunan Sockalingam. **The proceeds of the walk, a whopping cheque for RM42,500 was presented to Dr. Sargunan, to help improve the welfare of arthritis patients.**

Kordel's Charity Walk is organised to promote physical activity, to encourage the public to manage modifiable risk factors, to raise awareness on osteoarthritis (OA), and to support needy patients suffering with arthritis. The organiser, Cambert Sdn. Bhd is committed to supporting the cause of arthritis and this is its way of giving back to the community. The walk has become an annual fixture in its efforts to increase public awareness on joint health and raise funds for AFM.

Dr. Sargunan added, "The condition is costing Malaysia millions, not only due to the cost of treatment, but also through loss of productivity in the workforce and cost of disability. This is a national public health burden and we are very grateful for Kordel's continuous effort in supporting this cause".

The momentum reached a crescendo at the starting time with its growing number of over a 1000 registered participants. This year recorded the highest number of participants ever, gathered at the starting line-up. The participants appeared as a sea of white, their t-shirts emblazoned with the logo "Kordel's Charity Fun Walk". One of the participants, Mr. Stanley Ho, a regular at the walk said that he had come with his family to support the Kordel walk. Says Mr. Ho, "I do workout at the gym about 3 times a week but I come here regularly as I enjoy the walk with my family in the fun and relaxed atmosphere. I also look at it as my chance to give back to society and to spread awareness on arthritis".

Mrs. Lillan too is a regular at the Kordel walk, and she came with her family, complete with grandchildren. She leads a very active lifestyle participating in various activities through out the week including line dancing, praise dancing and walking. She encourages everyone to embark on an active lifestyle especially as they age as she says, "though I am nearing 70 years, because of my vibrant lifestyle, I don't feel like it!"

After the walk, participants enjoyed a light and healthy breakfast offered at several stalls and food trucks; strolled around the various information booths and enjoyed activities such as lucky draws, photo booth, and health check-ups. It was a fun-filled atmosphere and it created a great opportunity for participants to kick-start a healthier lifestyle.

As the walk gains increasing public support for its cause, Mr. Ho Swee Lin, General Manager, Cambert (M) Sdn Bhd says, "Age is the most powerful predictor of OA with the prevalence of OA rising steeply with advancing age at all joint sites. The estimated prevalence of symptomatic knee OA in populations above the age of 65 is 30%. Women are twice as likely to suffer from OA as compared to men.

A Community Oriented Program for Control of Rheumatic Diseases (COPCORD) study in Malaysia showed that 9.3% of adult Malaysians complained of knee pain with a sharp increase in pain rate to 23% in those over 55 years of age and 39% in those over 65 years. OA can be defined as joint failure, and those who are older and overweight are more prone to knee OA. As such, it is important for everyone to be physically active to reduce the risk of this disease. Even for those with the condition, walking can ease the stiffness, and will benefit overall health."

Mr. Ho adds, "While there are treatments for OA, prevention is always the best. Kordel is at the forefront of introducing several promising agents that may help to retard the progression of OA, in particularly knee OA and may slow down the progression of cartilage degradation. In combination with healthy eating and staying physically active, both non-modifiable (ageing, gender, genetics) and modifiable (weight, lifestyle) risk factors can be mitigated".

Arthritis Foundation Malaysia affirms its commitment to help needy patients with joint replacements treatments, to help improve mobility and quality of life.

Thank you Kordel, all the sponsors and the Malaysian public for your generous contribution to support the cause of arthritis patients.

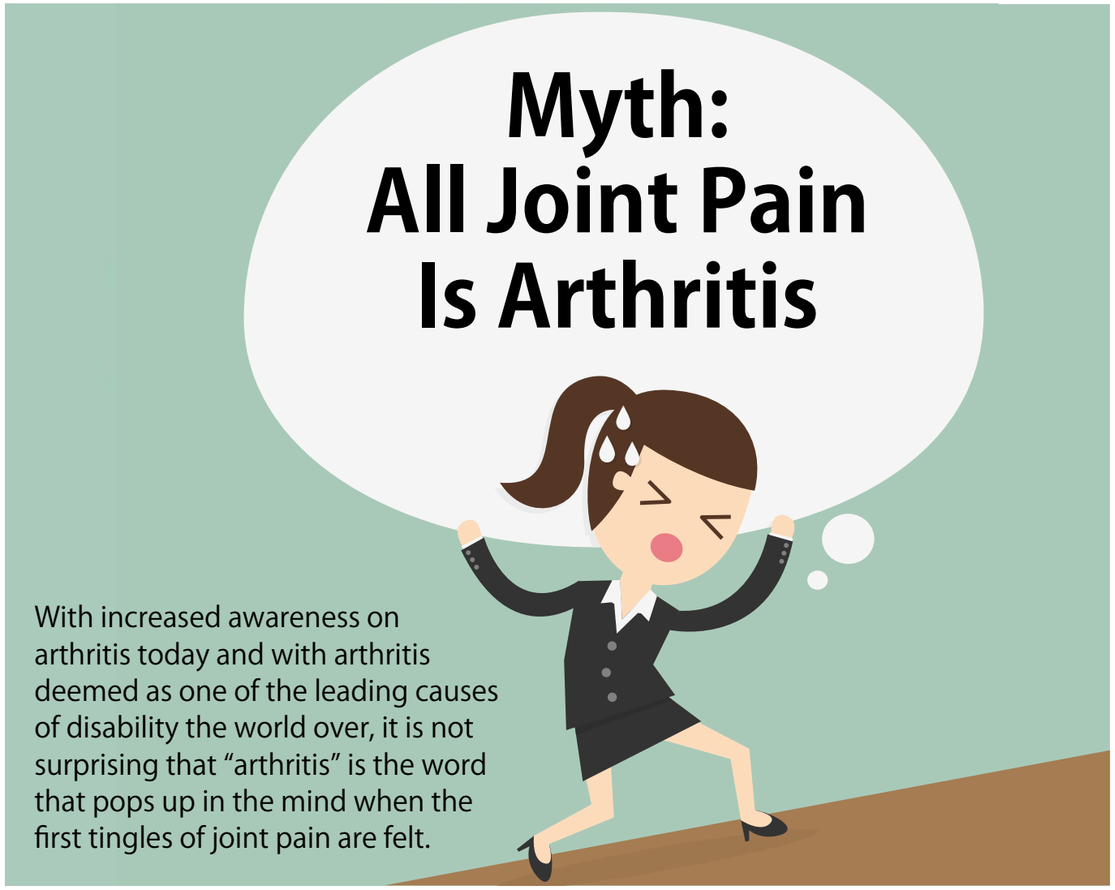
Mrs. Lillan and her 2nd daughter, Macy (right). From left to right: Grand daughter Chloe & Felicia and grandson Caleb.

"Keeping joints such as knees, hips and elbows healthy is important to allow you to run, walk, jump, play sports and do the things you like to do. Among the most important things you can do to keep your joints healthy is being physically active to strengthen the muscles around the joints.

As such, we hope to raise awareness on the importance of regular exercise and to cultivate the habit of living a physically active lifestyle through our annual Kordel's Charity Fun Walk, which encourages the whole family to participate and exercise together." **~ Mr. Ho Swee Lin, General Manager, Cambert**

AFM PRESIDENT'S MESSAGE

AFM President Dr. Sargunan Sockalingam shared, "OA is one of the most common causes of limb, joint and spine arthritis with a prevalence of around the region of 10-20% of the adult population. In Malaysia, the most common form of OA is knee OA. Knee OA has an estimated prevalence of 30% in those above the age of 65.



With increased awareness on arthritis today and with arthritis deemed as one of the leading causes of disability the world over, it is not surprising that "arthritis" is the word that pops up in the mind when the first tingles of joint pain are felt.

WHAT IS ARTHRITIS?

Arthritis is very common but not very well understood. It is generally characterized by an inflammation of the joints and can affect one joint or multiple joints. Joint pain, stiffness, and swelling are the most common symptoms of arthritis. People of all ages, sexes and races can and do have arthritis.

KNOW YOUR ARTHRITIS

There's a perception that arthritis is well, arthritis! But did you know that there are many different kinds of arthritis. It could be gout, crystals, autoimmune rheumatoid arthritis, virus-caused arthritis or as many as 100 other kinds of the disease. So before you stock up on glucosamine supplements let the experts figure out what type you have.

SO IS ALL JOINT PAIN ARTHRITIS?

No, it is not. But the flip side is that with increased awareness of association between joint pain and arthritis, most people rush to the rheumatologist believing their joint pain must be a symptom of arthritis! While painful joints are a major symptom associated with arthritis,

> *"I have had many different conditions present as joint pains – sepsis, dengue, autoimmune conditions, even rare forms of cancers. One indicator to differentiate between pain arising from the joint or not is the range of movement of the joint. If the range of movement is good generally, it means it is not arthritis. There are always exceptions of course". ~* ***Consultant Rheumatologist Dr. Amir Azlan Zain***

know that this condition is much more than just aches. In addition to joint pain and issues with mobility, some forms of arthritis can affect internal organs too.

So know that many conditions that cause joint pain, mimics the symptoms of arthritis. Tendonitis, bursitis, lupus, and lyme disease too have similar pain profiles. So it is important to get an accurate diagnosis before treating any joint pain condition. Evaluation by a rheumatologist will lead to the right diagnosis and treatment. So if your joint pain is bothersome, please consult a doctor and find out what it could indicate.

Cost Burden of Rheumatoid Arthritis & The Role of Biosimilars

RHEUMATOID ARTHRITIS (RA) IS A CHRONIC PROGRESSIVE ILLNESS THAT IS ASSOCIATED WITH SIGNIFICANT DISABILITY AND LONG-TERM TREATMENT. RECENTLY, WE MET UP WITH DR. CHOW SOOK KHUAN, A CONSULTANT RHEUMATOLOGIST FROM SUNWAY MEDICAL CENTRE, TO TALK TO US ABOUT THE ECONOMIC IMPLICATION OF THE DISEASE AND HOW BIOSIMILAR DRUGS CAN BE A POTENTIAL COST-SAVING ALTERNATIVE FOR PATIENTS IN NEED OF BIOLOGICAL THERAPY.

Dr Chow Sook Khuan
Consultant Rheumatologist
Sunway Medical Centre
Selangor

This article is contributed by

LF ASIA

BURDEN OF DISEASE

RA places a significant financial burden on the patient, family, society and the healthcare system. This burden can be measured in terms of direct and indirect costs.

Direct costs refer to the amount of money spent for medical care, such as outpatient visits, laboratory tests, medication, surgical procedures, hospitalisations etc. Indirect costs refer to reduced productivity at work, absenteeism or unemployment due to disease-related disability. Other sources of indirect costs include pain, anxiety and depression which can negatively affect a person's quality of life.

TREATMENT COSTS

The standard treatment for RA includes disease-modifying anti-rheumatic drugs (DMARDs), such as methotrexate, sulphasalazine and hydroxychloroquine. Biological therapies are introduced when the patient fails to respond adequately to two or more conventional DMARDs. Because of the complexity of biological molecules and the manufacturing process, the cost of treatment using a biologic agent is extremely expensive compared to conventional, chemically synthesised DMARDs.

"For example, a patient will only need to pay RM670–RM720 for a year's supply of methotrexate compared to RM2,500 for a single vial of infliximab," shared Dr Chow.

"Depending on body weight, a patient may need two vials of infliximab per infusion and eight infusions for the first year. This would bring the cost of treatment to approximately RM40,000 per patient."

As a result, many patients have limited or no access to this type of treatment.

"Some patients have medical insurance but find that they only have enough for maybe 6 infusions per year," said Dr. Chow. "They will try stretching out the intervals between infusions to save cost, or fall back on conventional DMARDs and pain relievers to manage their symptoms."

HOPE FOR AFFORDABLE TREATMENT

Biosimilars are highly comparable versions of original biological therapies (also called originator drugs) that are now available at a lower price.

One such biosimilar product recently approved for the treatment of RA in Malaysia is Remsima®, a monoclonal antibody that contains infliximab as its active ingredient.

Remsima® is 20–25% cheaper than the originator drug for infliximab and almost half the price of other biological therapies. This would translate to considerable savings that will ease the financial burden of individual patients, and free up valuable resources in government hospitals to provide biological therapy to a wider group of patients.

PATIENT ASSISTANCE PROGRAMME

If you need help paying for biological therapy, pharmaceutical companies sometimes offer financial support in terms of discounts or reimbursements to eligible patients.

The Remsima®Patient Assistance Programme is a special collaborative programme established by the manufacturer (Celltrion Inc. Korea) and distributor (LF Asia Malaysia) for Remsima® to help patients who are underinsured or have limited income to obtain the proper treatment they need.

RA patients who are prescribed biological therapy for the first time routinely require three loading doses at the beginning of the course of their treatment, followed by a maintenance dose once every 8 weeks. Those who are enrolled in the Remsima® Patient Assistance Programme will be giventheir first maintenance dose free of charge.

If you are already on biological therapy but would like to reduce your medical expenses, discuss with your doctor whether switching to a biosimilar is suitable for you.

YOGA-Your Way To Balance

By **Shailaja Menon**
Mat & Beyond Yoga Studio

After my presentation on "Yoga-Your Way To Balance" at WAD, as there were requests for the article and pictures to follow, this section of Get Moving is dedicated to yoga.

SO WHY IS BALANCE IMPORTANT?

Balance is defined as a state of equilibrium, the ability to stay or move without falling. From a physical stand point, balance is integral to our daily activities like walking, climbing stairs, running etc. From a yogic perspective, the state of our bodies and the state of our lives are interconnected. Thus balance in the body is the foundation for balance in life. As we have little control over circumstances, in whatever position or condition in life we find ourselves in, we must seek and find balance.

ATHA

Let me begin with an introduction to some of the core principles of the style that I teach, Manasa Yoga. The first is the concept of "atha" which is about being present to the moment as it unfolds. It can be translated as, wherever your body is, take your mind there with you too. Seems simple enough right! But if you look around, you will see that most people, including us, lead disjointed lives! We are physically present but mentally lost in another time and space and with another person or situation, in no small measure thanks to the insidious infiltration of whatapp or facebook into every inch of our lives be it work, gym, and even sacrosanct time with family and friends! Am sure you get my point.

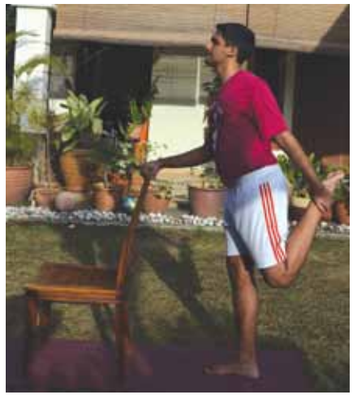
In yoga, we use the tools of our body and breath to connect to the present moment as the body and breath are always present. It is only the mind that constantly wanders either to the past or to the future. In the opening atha practice, by going over specific points in the body; feet, sit bones, spine, arms, shoulders, neck and face, we get the mind to take a seat on the body.

The cerebellum is part of the brain that is responsible for balance, reflexes and movement. It also coordinates the different muscles in each moment which enables us to sit or stand without succumbing to gravity and thus helps to prevent falls.

YOGA AND MUSCLES

Lots of muscles are involved in maintaining balance but today we are going to focus on hip abductors and knee extensors. Balance is affected by weakness of:

Vrikshasana; the Tree pose to strengthen hip abductors and improve balance.



Supported Natrajasana, Dancer's pose, to strengthen hip abductors and improve balance.

Supported Uttanasana; standing forward fold that stretches the back of the body.

Supported Parsvottanasana to open and lengthen hamstrings, calves and muscles of the back.

Breath regulation is key to asana practice. Always inhale as you enter a posture and exhale as you release.

Supported knee hug to strengthen hip abductors and improve balance.

Supported Veerabhadrasana, Warrior 3 position that strengthens glutes and hamstrings and improves balance.

Supported Purvottanasana to open the shoulders and chest.

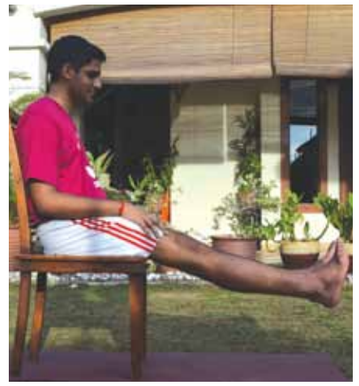
• **Hip abductors:** Gluteus medius; are the muscles of the hip that lift the leg sideways and helps you balance as you lift one leg off to walk.
• **Knee extensors:** The muscles that straighten your knee are called the knee extensors and include the four muscles of the quadriceps femoris.

BREATH AND MIND

Pranayama, breathing practices that regulate "Prana", the universal life force, is a core aspect of the yoga practice.
• The state of the body, the breath and the mind are all connected.
• Every emotion creates a specific rhythm or pattern of breath.
• When we are agitated or angry; the breath is rapid, shallow, noisy or jerky.
• When we are calm, meditative or contemplative; the breath is slow, soft, and steady.

BREATH AND BODY

• Our every thought has a resulting chemical release in our body.
• When we are angry, agitated, or sense a threat; the body releases the hormones cortisol, adrenaline, norepinephrine.
• When we are excited and happy, the body releases endorphins, dopamine, serotonin, oxytocin.



Stregthens the quadriceps.

Seated twist to open the chest and release the spine.

• Breathing assists detoxification as about 70% of the toxins in our body are removed through the lungs during exhalation. Using our power of intention, we can also consciously release toxins of the mind such as anger, bitterness, and hatred through the breath.

FOCUS ON EXHALATIONS

• Long exhalations stimulates the main nerve in the parasympathetic nervous system–the vagus nerve, which then activates the relaxation response in the body.
• Alternative nostril breathing helps harmonize the left and right hemispheres of the brain, which correlate to the logical and emotional sides of our personality.
• It also calms, balances and centers the mind.

So get moving and practice the postures. The key to improvement is consistent practice; so make at least 20 minutes every day to focus on your body, breath and mind. Though some postures may be more challenging than others; always choose to focus on what you can do and to breathe deeply! Namaste.

By **Dr. Sargunan Sockalingam**

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

1. The biomarker anti-cyclic citrullinated peptide is found in
A. Gout
B. Rheumatoid Arthritis
C. Pseudo gout
D. Dengue Fever
E. Ankylosing Spondylitis

2. Rheumatoid Arthritis usually does not involve which of these joints?
A. Knee joints
B. Proximal Interphalangeal joints
C. Shoulder joints
D. Sacro-iliac joints
E. Elbow joints

3. What do we mean, when we refer to extra-articular manifestation (EAM) of Rheumatoid Arthritis?
A. Organs and tissues (other than joints) involvement in RA, such as the eye and lungs
B. More pain than usual in the joints
C. More joints involved than what is usually seen
D. Advanced therapy in RA
E. Formation of new public policy in extending treatment to more arthritis patients

4. What is ulnar deviation?
A. Title of a soon to be released movie
B. A shell company in the Cayman Islands
C. Fingers of hands deviating from their regular axis due to chronic joint inflammation
D. A mathematical formula
E. A form of currency manipulation

5. Rheumatoid Arthritis is best treated by a combination of
A. Tender love, care and warmth
B. Painkillers and steroids
C. Physiotherapy, DMARDs and support from family and friends
D. Acupuncture and herbal therapy
E. Stem cell capsules and electromagnetic radiation

6. One of the following is a non-steroidal anti-inflammatory drug
A. Prednisolone
B. Dexamethasone
C. Doxycycline
D. Diclofenac
E. Ascorbic acid

7. Inflammation of joints causes early morning stiffness, joint pain and swelling. The tissue within the joint that is frequently involved is
A. Capsule
B. Synovium
C. Bone
D. Ligament
E. Joint fluid

8. One of the following is the earliest sign of Rheumatoid Arthritis
A. Early morning stiffness of the small joints of the hands lasting more than 1 hour
B. Joint dislocation
C. Fracture of bones that make up the joint
D. Bleeding from the joint
E. Discolouration of the joint

9. One of the following regarding healthcare coverage for Rheumatoid Arthritis patients is false
A. Patients can get highly affordable treatment for RA from government hospitals and clinics in the form of physiotherapy, occupational therapy and basic DMARDs.
B. Patients can opt to go to private healthcare centres as full fee payers.
C. Insurance companies only cover cost of inpatient care for their clients who have Rheumatoid Arthritis.
D. Biologics are expensive and there is a lot of paperwork and formalities involved in obtaining this class of drugs for RA patients.
E. Biologics are not worth subsidizing for patients who are taxpayers, or who are their dependents.

10. Joint injections with steroids are therapeutic and are effective. However, it is not recommended in which condition?
A. Rheumatoid Arthritis
B. Osteoarthritis.
C. Prosthetic/Artificial Joints
D. Gout
E. Juvenile Idiopathic Arthritis

ANSWERS

1 B. Rheumatoid Arthritis. It is an important marker in Rheumatoid Arthritis, seen in up to 80% of patients.

2 D. Sacro-iliac joints. The Sacro-iliac joints form the link between the spine and the pelvis. It is involved in the seronegative spondyloarthropathy group of diseases.

3 A. Organs and tissues (other than joints) involvement in RA. EAMs can be encountered in RA, and it usually indicates the need for more extensive early therapy.

4 C. Fingers of hands deviating from their regular axis. Chronic untreated RA leads to this peculiar feature.

5 With the exception of E, all can be used, but the best combination which has been proven by scientific data, peer reviewed, is mentioned by option C; physiotherapy, DMARDs and support from family and friends

6 D. Diclofenac. Answers A and B are steroids, C is an antibiotic and E is vitamin C.

7 B. Synovium. The synovium is the inflamed tissue that causes the symptoms. The others could be involved, but indirectly.

8 A. Early morning stiffness of the small joints. If this is ongoing and persistent, do not delay. Seek treatment immediately.

9 E. Biologics are not worth subsidizing for patients who are taxpayers, or who are their dependents.

10 C. Prosthetic/Artificial Joints. This is one condition where doctors generally do not inject steroids, as there is a risk of damage to the prosthesis.

Ankylosing Spondylitis And The Need For Early Diagnosis And Treatment

What is ankylosing spondylitis? Ankylosing spondylitis (AS) is a long-term inflammatory disease that affects the joints in the spine. Its name originates from the Greek words ankylose, meaning stiffening of a joint and spondylo meaning vertebra (spine). Although the disease mainly affects the joints where the lower-back joins the pelvis, the disease can also affect other joints such as the shoulders, rib-cage, hips, knees and feet.[1]

What does AS look like?

Ankylosing spondylitis occurs in approximately 1% of the general population.[2] The disease mainly occurs in patients in their thirties and is more common amongst males than females.[3] Chronic back pain is often the first symptom of AS. It is important to differentiate that the back pain from AS is inflammatory in nature and not mechanical back pain.

As the disease progresses, patients may struggle with reduced productivity at work, physical disability and decreased quality of life.[3]

What causes AS? The exact mechanism that leads to AS is unclear,[5] but the disease is known to be mediated by immune factors. The immune system produces cell-signalling molecules, known as cytokines. Interleukin-17A (IL-17) is a cytokine that has been found to play a role in initiating the inflammatory process in immune mediated diseases such as AS. The inflammatory process results in bone erosion and new bone formation in AS patients.[2] Chronic inflammation ultimately leads to spinal bone fusion, which causes the stiffening and immobility of the joint.[2]

CHARACTERISTICS OF INFLAMMATORY BACK PAIN IN AS4

- Patients start experiencing pain before the age of 40
- The pain progresses gradually during the disease
- The pain persists for more than 3 months
- The back pain and stiffness worsens with rest, especially at night and early morning
- The back pain and stiffness tend to ease with physical activity and exercise
- Medications such as nonsteroidal anti-inflammatory drugs (NSAIDs) are very effective in relieving pain and stiffness in most patients

WHY IS EARLY DIAGNOSIS AND TREATMENT IMPORTANT?

Patients who are diagnosed and treated early respond better to treatment. A delay in diagnosis and early treatment might lead to poorer outcome which include disability, limitation of movement, pain and poor quality of life. [3,6]

There are various treatment options that are effective in improving symptoms and delaying the progress of AS such as: [7]

- Patient education programs to provide information about AS and how to cope with the disease
- Physical therapy and exercise regimens to prevent and/or reduce restriction of spinal movement
- NSAIDs to reduce pain, inflammation and stiffness
- Biologic agents (anti-tumour necrosis factor α & IL-17A inhibitor) to reduce acute inflammation in joints

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NOVARTIS

Reconciling With Life

BEING DIAGNOSED

Catherine Savarimuthu lived a very happy and joyful life with her family. She had a good job and life was beautiful. But everything began to change with a fire drill. She was 45 years old then. Catherine recalls, "My office was located on the 48th floor of the building. One day there was a fire drill at the workplace and I had to walk down all those flights of stairs. The next day, not unsurprisingly, I experienced severe pain along both my legs and back. I went to the nearest clinic and the doctor prescribed some painkillers and an injection. Though I had immediate relief, the pain kept coming back intermittently. I had no idea what it was. I worked in an Oil and Gas company as a PA and my job required me to look into the needs of 5 directors. It was an extremely busy schedule and I did not have the luxury of time to pay much attention to my pain.

A couple of months later, after cleaning my house I had excruciating pain on my thumb and noticed that it was swollen and inflamed too. This time around the clinic asked me to do some blood tests and I was diagnosed with Rheumatoid arthritis (RA). I was advised to consult a rheumatologist at a private hospital who also confirmed that it was RA. I was treated with painkillers and steroids to manage the swelling and the pain. It was with a sinking heart that I was forced to come to terms with being diagnosed with a disease I didn't know much about".

THE RAMIFICATIONS

The agony did not end there. In fact, it was just the start of a long road of hospitalization, pain and disability. Explains Catherine, "Along the way I developed swelling in my knees for which I needed to be admitted in hospital for a week and get injected to drain the fluids. Things got worse and I began to struggle to walk fast and carry heavy things.

When I began feeling marginally better I stopped taking my medication for a month. Things went steadily downhill; my right foot started swelling, my neck and shoulders became very painful and I began to experience terrible pain in my knees. The pain was simply excruciating, like some 100 needles piercing my knee. I could not bend down to sit or even go to the bathroom on my own. I couldn't even hold my toothbrush!"

FINANCIAL CHALLENGES

And what's worse, the challenge is not just on the physical and emotional front; devastating as they are; but also on the all-important financial front. Catherine struggled with claiming her medical bills as her company's medical package did not cover it. Says Catherine "I could not afford to pay my medical bills at the private hospital as I had to pay almost RM 1,078 for each blood test. For the same reason, I also stopped going to the physiotherapist.

As mobility was a big problem for me I had to give up my job. I continued to seek treatment at the government hospital. In October 2015, though I was suffering from severe pain and rashes, I got an appointment at the government hospital only a month later in November! During that time, my hands were swollen, I could not even hold a cup in my hands or my own plate nor could I brush my hair or wear my clothes. There were many times when I felt like completely giving up on everything".

MY SUPPORT SYSTEM

Every dark cloud has a silver lining. For Catherine, her mother and most especially her sister have been the bedrock of her life. She says, "through it all my sister and my mother supported me. Though my sister is married with two teenage boys, yet every day after work and school they would come home to look into our needs. My mother too is old and yet she cooks and does her very best to support me in whatever way she can. My sister supports me in every way; financially, physically and emotionally and even takes leave and accompanies me for my medical check-ups. I am so grateful to them as they have stood by me in my darkest hours. Prayers too have lifted me and given me the strength to endure.

I am also very grateful to my church friends who have stood by me and AFM and the RA Support Group (RASG) from whom I have received so much support, guidance and comfort. Just being part of a group where I can share my story and be heard, and where I can listen to other people share their life experiences and suffering has helped me become stronger and more able to cope. My advice would be for people to seek proper treatment as early as possible to prevent further suffering through joints getting deformed! Early treatment does minimize RA's effects on one's life".

PUBLIC FORUM – WORLD ARTHRITIS DAY

A public forum was held on the 13th of October 2016 at the Putrajaya Marriott Hotel in conjunction with World Arthritis Day. Sponsored by Johnson & Johsnson, there were around 30 participants, including patients and their care givers.

The first speaker, Dr. Noraini Mat Husin, covered the various types of arthritis and focused on rheumatoid arthritis. She emphasized the need for early detection and treatment.

The second speaker, Puan Noornazil Zahirah Abdullah, a pharmacist, educated the patients about the need to administer and take their medication in the proper manner to reduce; pain, stiffness, damage to the joints, and any disorders to other organs. She also cautioned that different people react differently to medications. Her take home message was,"take your medication regularly as prescribed by the doctors".

The third speaker, Puan Siti Norahan Pudin, spoke on the impact of rheumatoid arthritis on daily activities and the use of aids. She stressed the need to use the bigger joints as against smaller joints. She also emphasized on the need to move. She said, "Every 30 minutes one should engage in some activity or movement be it; housework, cooking, walking, gardening, exercising etc".

The fourth session was conducted by Puan Farah Wahidah Abdul Rahman. She and her team demonstrated

exercises for arthritis patients and the participants also joined in to exercise with them.

A rheumatoid arthritis patient, Puan Che Amah shared her experiences and the challenges she faced as an arthritis patient. Ms. Ding Mee Hong represented Arthritis Foundation Malaysia (AFM) and gave an overview of its purpose and activities. Being a RA patient herself, she spoke about the trials and tribulations of living with the condition.

The participants were treated to a sumptuous buffet lunch and foot spa.

WORKSHOP: WOMEN AND RHEUMATOLOGY

The 17th Malaysian Society of Rheumatology and Singapore Society of Rheumatology (MSR/SSR) Workshop in Rheumatology was held in the historical city of Malacca from 12th-14th August 2016 at Holiday Inn, Malacca. President of The Malaysian Society of Rheumatology, Dr. Mollyza Md Zain gave the opening speech.

The theme for this year was "Women and Rheumatology", as many of the rheumatological diseases have a predilection for women. Therefore topics that covered aspects like pregnancy and childbirth were part of the main topics of the workshop. Both local and internationally acclaimed speakers were invited to share their knowledge, experience and expertise.

Participants took the opportunity to bring their families along to enjoy and experience the various attractions, as well as the unique multi-ethnic and multi-cultural heritage that Malacca has to offer.

It was certainly a fruitful and gratifying experience for many rheumatologists, general physicians, obstetricians, family care physicians as well as allied pharma-health companies. Arthritis Foundation Malaysia was given a complimentary booth to create greater awareness about its aims and objectives.

RHEUMATOID ARTHRITIS SUPPORT GROUP (RASG) TALK

The RASG held a talk for 30 participants on the 17th of September 2016 at the SLE meeting room. The topic for the speaker, Ms. Chu Ai Reen was "Exercise for Arthritis". However, the speaker was unable to attend as she had a fall and was on medical leave. Her presentation was done by Ms. Annie Hay, Chairperson of the RASG.

Exercise can help manage pain but arthritis patients must exercise with caution. Without regular exercise, joints may become stiff and tight. Exercises that maintain range of motion helps to control pain. The key aspect is to avoid causing further pain and injury to the joints. So, the focus should be to, "learn exercises that strengthen the muscles and take the weight off the joints".

She recommended,"It is good to consult a therapist who has experience in dealing with inflammatory conditions". The types of workouts she recommended are:- ① **Low impact aerobics** ② **Walking** ③ **Chair exercises** ④ **Walk in water** ⑤ **Stretching** ⑥ **Tai Chi** ⑦ **Weight lifting** ⑧ **Cycling** ⑨ **Hand stretch** ⑩ **Qi Gong** ⑪ **Gardening**

Ms. Annie also encouraged people in the audience to take up hydrotherapy as it is very beneficial for arthritis patients. Anyone who has access to a swimming pool should exercise by walking in water as the buoyancy of water relieves pressure on the joints.

Q & A SESSION

How do you do the neck exercises in the proper way without hurting your neck?
Ms. Karen Chee demonstrated how the exercises could be done – 4 movements (side left, side right, up and down).

Instead of using dumbbells, can we improvise?
Yes, use a small mineral water bottle filled with water or sand.

10TH NATIONAL RA DAY PUBLIC FORUM

The 10th National RA Day Public Forum was held at Premier Hotel, Klang Valley with 52 participants. It was a source of great pleasure that Ms Kuna, Vice-President AFM, was present at the event. Dr. Eashwary spoke on "Getting To Know Rheumatoid Arthritis ", and she covered the topic extensively including; risk factors, who gets RA, symptoms, medication etc.

The atmosphere was lively as participants enthusiastically joined in the exercise session; "Aerobics & Chairobics", conducted by the Unit Fisioterapi, Hospital Tengku Ampuan Rahimah, Klang.

Dr. Eashwary was accompanied by 2 occupational therapists who spoke on the, "Role of Occupational Therapy in Rheumatoid Arthritis". They brought along some DIY gadgets which could assist RA patients in managing their disability better.

Ms Ding Mee Hong shared her story and encouraged RA patients, "Don't give up on yourself. Facing it with positivity is important as it helps you cope". Ms Amy Lee, an RA patient, too shared her story and gave tips on how she coped with pain. Her message to RA patients was to take their medication with discipline.

Announcing the formation of Klang RA Support Group

With the enthusiasm of our Klang members, a new Klang RA Support Group was formed. The RA Support Group (RASG) will continue to support and assist the Klang members to organize activities.

"It is important for us to spread positive vibes and support all our RA patients. Hence, the need for a RA support group as it offers a space for patients to share stories of their RA journey and assures them that they are not alone in this battle. We want to do our best to reach out to patients throughout the Klang Valley".
—Ms Ding Mee Hong

WORLD ARTHRITIS DAY– HOSPITAL SELAYANG

In conjunction with the World Arthritis Day, on 12th of October 2016, Selayang Hospital organized a public talk, "How to manage and live well with Rheumatoid Arthritis (RA)". The objective for this talk was to create greater awareness about the condition and share experiences amongst patients to support and empower them.

Ms Ding Mee Hong represented Arthritis Foundation Malaysia (AFM) and she graciously shared her personal experiences including; the cost of treatments, damages, domestic issues and other factors that this condition can bring about. She also shared with the audience her emotions on how she felt when she was first diagnosed with RA.

The details of her journey touched many patients and they were very emotional on hearing it. Her valuable experience in managing pain and carrying on her daily tasks as a successful business woman uplifted many in the audience and motivated them to manage and live well with RA. The talk ended with an exercise session by the Physiotherapy Department of Selayang Hospital.

A Brief Update Of Arthritis Treatment Available In Malaysia

By **Dr. Sargunan Sockalingam**

COST FACTOR
Biologics are expensive. My hope is that someday, we can make these drugs more available to people who need them urgently with minimal cost.

This year has been an exciting year for the treatment of various forms of arthritis in Malaysia. The common arthritic diseases are Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthropathy. Biologics have been available for the last 12 years in Malaysia and they have revolutionized treatment.

A number of new drugs of the anti-Tumour Necrosis Factor are now available in Malaysia. The advantage of Golimumab is that it is available in both subcutaneous and intravenous forms. The patient now has a choice of receiving the same drug either in the hospital or in the confines of home and office.

There are a number of issues with both forms of administration. Hospital admissions may be expensive and time consuming, but there is clear documentation of the patient receiving the drug. This may prove important in some cases where compliance may be an issue. However, it must be noted that most patients who self-administer subcutaneous drugs such as Adalimumab, Etarnecept or Certolizumab are compliant.

Another class of medication that is used in Rheumatoid Arthritis, available as both intravenous and subcutaneous form is the interleukin 6 inhibitor, Tocilizumab. This is a significant challenge to the Rheumatologist who now has an additional class of drug to consider. There are indeed guidelines issued by American College of Rheumatology (ACR) and the European Union equivalent EULAR, but for most part, the decision is usually made after an in-depth discussion between patient and physician, taking into consideration all factors.

Tocilizumab has the advantage as a drug that is effective as an early therapy and a monotherapy agent in Rheumatoid Arthritis, and it seems to be a popular choice among patients who are well placed financially.

To add to the mix is a new oral drug Tofacitinib, which is a synthetic small molecule. It inhibits the Janus Kinase enzyme, a kind of gatekeeper effect, which prevents signal transduction and transcription within the nucleus, thereby preventing the continuation of the inflammation cascade that leads to the release of cytokines and other mediators.

The RA patient now also has a choice of advanced oral therapy that is certainly a lot more convenient.

Sometimes, the chosen agent may turn out to be the wrong choice, or with time lose their efficacy. When this happens the physician might choose another drug from the same class or switch to another class. There is also the anti CD 20 monoclonal inhibitor Rituximab, which is used extensively in the treatment of lymphoma. Rituximab is only available in intravenous form. Its frequency of administration is much less, and therefore more convenient for both the patient and physician.

After many years of being dependent on the anti TNFs, diseases such as Ankylosing Spondylitis and Psoariatic Arthritis now have a new class of drug as treatment, the Interleukin 17A inhibitor called Secukinumab. This drug is given as a subcutaneous injection and is now available for treatment of both these conditions.

It has been referred to as the Holy Grail of Rheumatology, where physicians can accurately pinpoint, which patient will respond best to which drug. Unfortunately, it is important to note that patients require these drugs for long durations to prevent flares and relapses.

There have been studies that experiment with reduction of dosage or frequency of administration, but data is still lacking. What is evident is that consideration of the early use of these classes of drugs is important, especially for patients who present with severe disease at the onset. If the patient is already experiencing effects from rapid damage, conventional treatment may fail. If this happens the patient would have lost their investment both in the form of time and money, when they delay treatment.

Conventional medications such as Methotrexate and Sulfasalazine do not have any benefit in spinal disease of Ankylosing Spondylitis. The data for treatment with these drugs in Psoriatic Arthropathy shows only modest benefit.

In summary, the general practitioner will be delighted to know that their patients have a number of options available, and early referral to the Rheumatologist is crucial. Subsequent communication too is vital to maintain seamless care. This ensures that any flares or failure of therapy could be dealt with and fixed quickly. These measures will go a long way, along with newer therapeutic agents, in providing comprehensive care and ultimately remission.

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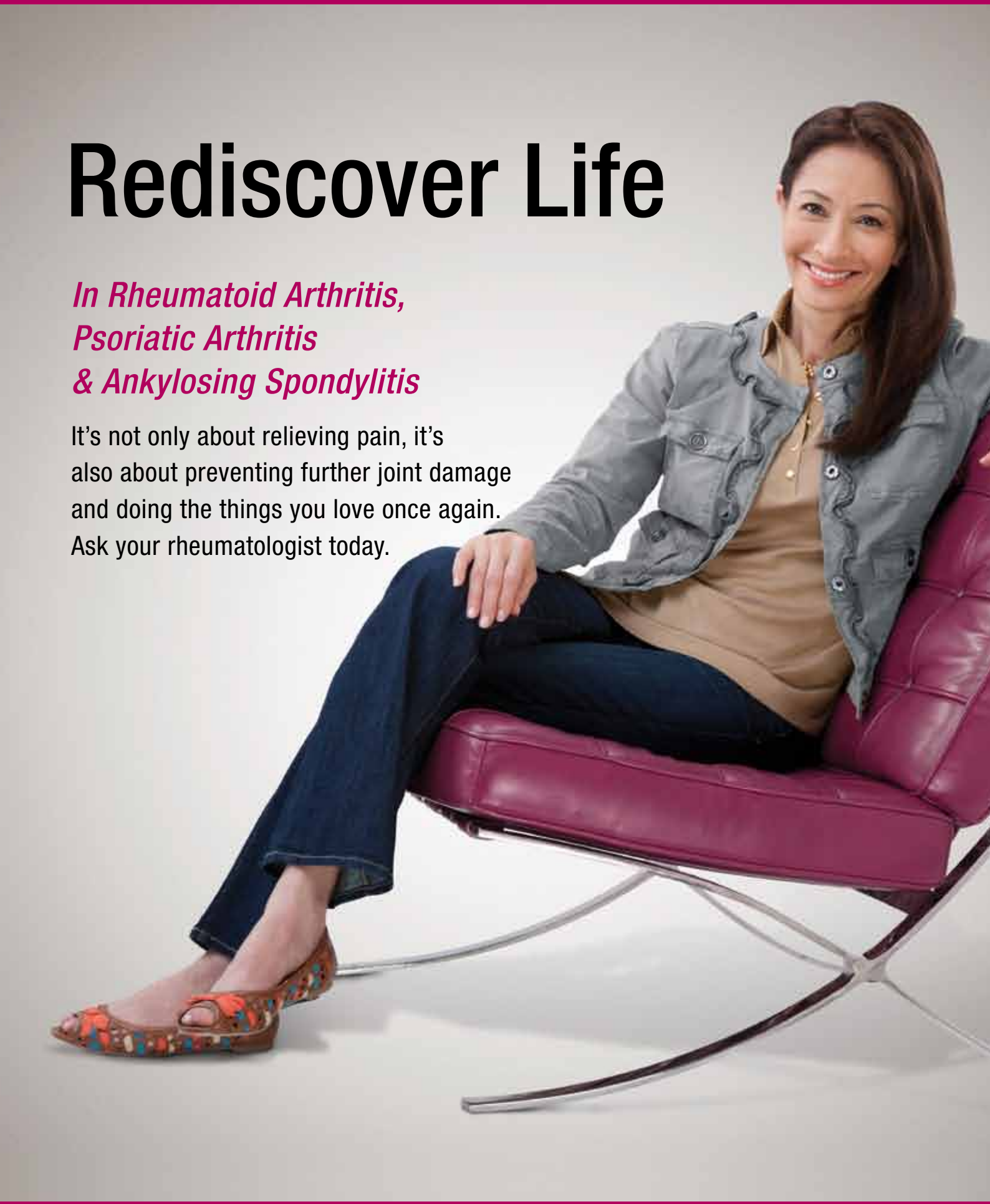
Peti Surat 10, Tingkat Bawah, Bangunan Sultan Salahuddin,
Abdul Aziz Shah, 16, Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan.

_____ Signature of Applicant

_____ Date



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MY.ADA.13.03.013
1st APRIL 2013