



Welcome to our mid-year edition of Joint Efforts. I do hope that in the new year, all of you have been able to make some positive shifts in your life; be it making the time to exercise regularly and eat healthy or just the act of catching up with friends and having more fun. We must know that the state of our minds is very important as well and every single positive interaction that we engage in has a beneficial impact on the body as well as the mind.

The focus this issue is on Osteoarthritis, one of the most common forms of arthritis. I asked consultant rheumatologist Dr. Amir Azlan Zain, what does one do to prevent the condition or manage it better? And it will do all of us good to remember his advice; "it is best to keep fit, keep weight down, maintain muscle strength but at the same time avoid repetitive high impact activity". The month of May, was an exciting time with the "Move with AS" Charity Fun Run and together with Novartis Malaysia, AFM raised RM55,000. It also marked the "First World Ankylosing Spondylitis Day" in Malaysia, with the thrust on spreading awareness on the little-known condition that primarily affects young adults. It was a proud moment for AFM President Dr. Sargunan Sockalingam who spearheaded the efforts to make it happen.

Don't miss our RASG section where we have shared some pictures on the PACE exercise classes being conducted every week by Physio Plus, in the hope that it will inspire you to join our classes too. So do read our JE, share it with family and friends and stay updated on the latest information and research news in arthritis. Being informed is being empowered.

**Shailaja Menon**  
EDITOR

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It is with great delight that I am yet again invited to write a message for this next exciting issue of Joint Efforts (JE). We are indeed doing everything we can to improve readership and JE has now embarked on a mission to bring forth dialogue and initiate conversation on important elements of healthcare improvement in Malaysia.

The 1st half of the year has been a very exciting one for us at AFM. We had our Public Forum and AGM which was well-attended with informative talks by prominent personalities. The sessions were informal, educational and a lot of fun. As I watched the audience, it brought home again the important role of humour in the continued treatment of disease. Dr. Tan Guo Jeng had the audience in fits, as he spoke about the elderly and their risk of falls. The physiotherapists always deliver a fine performance, getting all of us up and about. I wonder what would happen if we brought a DJ in? I can only wish. The way everyone is so serious and argumentative today (I follow social media), this might ruffle a few feathers.

I also have to mention the success of the recent First World Ankylosing Spondylitis Charity Run – Move with AS. We worked very closely with Novartis and the result was an exuberant, educational and inspiring event. Everyone had fun, the run was held at a brand-new location, we had people from all walks of life and different industries, and an unplanned date with a Cosplay parade. I was exposed to a new side of Malaysia. People who wanted to help! We raised fifty five thousand ringgit. We are well on our way to starting a support group for AS patients. We are eagerly looking forward to making treatment with biologics an affordable option for patients who need them. It is a long and tough journey, but we will do our best to be consistent. I most certainly encourage other pharmaceutical companies to help us organize more events, including the next AS run for 2018.

I would like to congratulate Taylor's University for organizing an Ankylosing Spondylitis event, and hopefully we will be able to combine our resources in the near future. The year is not over yet, but in a flash, the first half has gone. Time moves fast, so we must move faster. There will be more events and activities to look forward to. See you there.

Dr. Sargunan Sockalingam  
President, AFM

Dengan sukacitanya, saya sekali lagi dijemput untuk menyampaikan pesan untuk terbitan Joint Efforts (JE) yang menarik ini. Kami sememangnya melakukan segala yang termampu untuk meningkatkan bilangan pembaca dan sekarang JE telah memulakan misi untuk menghasilkan dialog dan memulakan perbincangan mengenai elemen penting dalam meningkatkan penjagaan kesihatan di Malaysia.

Sepuluh pertama tahun ini merupakan tempoh yang sangat menarik untuk kami di AFM. Kami mengadakan Forum Awam dan AGM yang mendapat sambutan, disertai dengan ceramah bermaklumat oleh personaliti terkenal. Ia merupakan sesi tidak formal, penuh maklumat dan keseronokan. Semasa saya memerhatikan orang ramai yang hadir, saya tersedar betapa pentingnya peranan humor dalam rawatan penyakit yang berterusan. Dr Tan Guo Jeng berjaya membuat para hadirin ketawa terbahak-bahak apabila beliau bercakap tentang warga emas dan risiko jatuh. Seperti biasa, ahli fisioterapi berjaya menyampaikan taklimat yang baik, menyuruh semua orang bangun dan bergerak. Saya mula terfikir apa yang akan berlaku jika kita membawa DJ? Saya hanya boleh berharap. Jika kita terlalu serius dan asik bertelagah (seperti yang saya perhatikan dalam media sosial), mungkin ramai yang akan berasa kecil hati.

Saya juga ingin menyebut tentang kejayaan Larian Amal Ankylosing Spondylitis baru-baru ini. Kami bekerja rapat dengan Novartis dan hasilnya adalah acara yang menyeronokkan, penuh ilmu dan penuh inspirasi. Semua orang berseronok, larian itu diadakan di lokasi baru, dan dihadiri oleh masyarakat dari semua lapisan dan industri yang berbeza, serta pertembungan yang tidak dirancang dengan perarakan Cosplay. Saya terdedah kepada "Malaysia" yang berbeza; iaitu mereka yang ingin membantu! Kami berjaya mengumpul lima puluh lima ribu ringgit. Kami sedang dalam usaha untuk memulakan kumpulan sokongan bagi pesakit AS. Kami tidak sabar untuk menjadikan rawatan biologi sebagai pilihan yang boleh mampu untuk pesakit yang memerlukannya. Ini adalah perjalanan panjang dan sukar, tetapi kami akan melakukan yang terbaik untuk kekal konsisten. Saya pastinya akan menggalakkan syarikat-syarikat farmaseutikal lain untuk membantu kami menganjurkan lebih banyak lagi acara, termasuk larian AS yang akan datang untuk 2018.

Saya mengucapkan tahniah kepada Taylor's University dalam menganjurkan acara Ankylosing Spondylitis, dan berharap agar kami akan dapat menggabungkan sumber-sumber dalam masa yang terdekat. Tahun ini masih belum berakhir, namun dalam sekelip mata, separuh tahun pertama telah pun berlalu. Masa bergerak pantas, oleh itu kita mesti bergerak lebih cepat. Terdapat lebih banyak acara dan aktiviti untuk disertai. Kita pasti akan berjumpa lagi.

Dr. Sargunan Sockalingam  
Pengerusi, AFM

新一期的Joint Effort (JE) 会讯在大家的期待下登场了, 我也为再次受邀写序而感到高兴。我们的同仁一直以来都为扩大读者群而努力, 而JE也毅然肩负了, 针对要改善马来西亚保健方面的重要因素而发起对话和进行商讨的任务。

半年已过, 大马关节炎基金会的上半年过得非常充实。今年的会员大会及当天的大众讲座反应都很热烈, 出席人数非常令人鼓舞, 讲座内容充满资讯, 传达了跟健康有关的重要信息, 担任主讲人的都是独当一面的医药专业人士。讲座会场面轻松且充满喜悦, 更不失教育作用。这不禁让我领悟到一点: 在疾病长期治疗的过程中, 不时揉入一些幽默感是很重要的。陈国正医生在他的讲座会上谈及年长者以及导致他们跌倒的风险时, 不时引发哄堂大笑。而轮到物理治疗师上场开讲时, 更是生气勃勃。他们通常都很会带动讲座会气氛, 使得每个与会的听众都起来一起活动身躯。我因而突发奇想, 假如再请一位DJ来做节目, 效果会如何呢? 我希望这一天会到来。然而, 在人人严谨自持且遇事都爱争论的世日风下 (我对社交媒体还算有所关注), 这个做法可能不被部分社会人士认同。

我必须在此一提不久前成功举办, 圆满完成的僵直性脊椎炎 (AS) 慈善竞跑: 《第一届世界僵直性脊椎炎慈善竞跑——带着AS动起来》。我们和NOVARTIS紧密合作筹备, 成果有目共睹, 不但节目丰富精彩, 而且富含教育意义, 也鼓舞人心。当天出席参与的每个人都尽兴而归, 活动场地是一个崭新的场地, 参与的人士来自各行各业, 而且当天也正巧碰上有个角色扮演 (COSPLAY) 游行在同一场地进行, 为该竞跑活动增添意外的美丽色彩。我在此次活动上接触到马来西亚的另一层面, 接触到充满热忱、慷慨捐献做公益的人士! 此次活动一共筹得五万五千令吉。我们可以很肯定的说, 成立僵直性脊椎炎患者支援小组已经指日可待了。我们的目标, 是要让有需要的患者, 不用花上巨额医药费就可以接受生物制剂药物的治疗。我们知道这条路不但漫长, 而且也不好走, 但是我们会竭尽所能坚持下去。我非常希望其他的药剂公司亦能够伸出援手, 协助我们举办更多活动, 包括2018年的僵直性脊椎炎慈善竞跑。

泰莱大学刚成功举办了一项与僵直性脊椎炎有关的活动, 我谨此送上祝贺, 同时也希望在不久的将来, 我们可以资源共享, 一起合作。这一年虽然还未结束, 但是半年已经过去。时间瞬间即逝, 我们当然也一刻不可怠慢, 一定要加快行动。未来, 我们尚会为大家准备更多活动, 敬请期待。届时在活动上见!

大马关节炎基金会主席  
沙谷南医生



AUGUST 2017 | JOINT EFFORTS

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# Cheer for Children

**April 27, 2017:** A clinical trial funded by Arthritis Research UK and the National Institute for Health Research (NIHR) led by professors from the Universities of Liverpool and Bristol has discovered a drug combination that could help thousands of children with arthritis.

Over 5,000 children and adolescents with Juvenile Idiopathic Arthritis (JIA) in the UK are likely to develop uveitis, a condition that causes inflammation in the middle layer of the eye. The

drug combination discovery will help prevent serious complications, including blindness.

The trial was first of its kind in the world and the findings are a major step forward for children with JIA. The drug therapy has already been approved for use and the study is published in *The New England Journal of Medicine*.

## Effective therapy

The trial's Co-Chief Investigators, Professors Michael Beresford and A. V. Ramanan, and colleagues from across the UK, found that a drug called Adalimumab, in combination with Methotrexate, was an effective therapy in children and adolescents with JIA-associated uveitis. The majority (75 per cent) of those children treated with Adalimumab experienced a significant reduction in eye inflammation. An early analysis of the data was so convincing that the trial was stopped early.

In this randomized, placebo controlled trial on review of 90 of the target 149 patients with JIA-associated uveitis, the data and safety monitoring committee noted that the Adalimumab group had evidence of a significantly lower risk of treatment failure than the placebo group.

This multi-centre trial involved extremely close collaboration between paediatric rheumatology and ophthalmology colleagues across the country and was sponsored by University Hospitals Bristol NHS Foundation Trust, and co-ordinated by the Clinical Trials Research Centre at the University of Liverpool. The trial outcomes directly led to the changes in commissioning guidelines and resulted NHS England approving the use of Adalimumab in children with uveitis that threatens their sight, and for whom other treatments have proven ineffective.

Source: Materials provided by University of Liverpool.



## Mind-body interventions (MBIs) may reduce risk of inflammation-related diseases

**June 15, 2017:** Mind-body interventions (MBIs) such as meditation, yoga and Tai Chi don't simply relax us; they can 'reverse' the molecular reactions in our DNA which cause ill-health and depression, according to a study by the universities of Coventry and Radboud.

The research, published in the journal *Frontiers in Immunology*, reviews over a decade of studies analysing how the behaviour of our genes is affected by different MBIs including mindfulness and yoga. Experts from the universities conclude that, when examined together, the 18 studies- featuring 846 participants over 11 years- reveal a pattern in the molecular changes which happen to the body as a result of MBIs, and how those changes benefit our mental and physical health.

The researchers focus on how gene expression is affected; in other words the way that genes activate to produce proteins which influence the biological make-up of the body, the brain and the immune system. When a person is exposed to a stressful event, their sympathetic nervous system





# Eating more fish may alleviate rheumatoid arthritis symptoms



**June 22, 2017:** A new US study led by Brigham and Women's Hospital and Harvard Medical School has indicated that fish consumption can help to tackle the inflammation that causes many of the most painful symptoms of the disease.

Scientists asked 176 people with rheumatoid arthritis to fill out a food frequency questionnaire assessing their usual diet over the past year, in order to determine how much fish the patients were eating.

Results published in the medical journal *Arthritis Care & Research* indicated that individuals who consumed fish two or more times per week experienced lower disease activity levels - as measured by their number of swollen and tender joints, among other assessments - than those who never ate fish, or did so less than once a month. Moreover, the association was shown to be graded, meaning that increasing servings of fish produced incrementally lower levels of disease activity.

Lead author Dr Sara Tedeschi, of the division of rheumatology, immunology and allergy at Brigham and Women's Hospital and Harvard Medical School, said: "If our finding holds up in other studies, it suggests that fish consumption may lower inflammation related to rheumatoid arthritis disease activity".

Dr Benjamin Ellis, rheumatologist and Arthritis Research UK spokesperson, comments: "There are many things beyond medication that people with rheumatoid arthritis can do to improve their health, such as not smoking and keeping physically active. There is also some scientific evidence that dietary changes, such as eating fish in this study, can help to manage symptoms.

It's important to stress that eating fish does not replace medical treatments. However, this study provides evidence that for some, combining it with their treatment plan could improve their pain and stiffness."

Source: *Materials provided by Wiley*

(SNS)- the system responsible for the 'fight-or-flight' response- is triggered, in turn increasing production of a molecule called nuclear factor kappa B (NF-kB) which regulates how our genes are expressed.

NF-kB translates stress by activating genes to produce proteins called cytokines that cause inflammation at cellular level- a reaction that is useful as a short-lived fight-or-flight reaction, but if persistent leads to a higher risk of cancer, accelerated aging and psychiatric disorders like depression.

According to the study, however, people who practise MBIs exhibit the opposite effect- namely a decrease in production of NF-kB and cytokines, leading to a reversal of the pro-inflammatory gene expression pattern and a reduction in the risk of inflammation-related diseases and conditions.

Lead investigator Ivana Buric from the Brain, Belief and Behaviour Lab in Coventry University's Centre for Psychology, Behaviour and Achievement said: "These activities are leaving what we call a molecular signature in our cells, which reverses the effect that stress or anxiety would have on the body by changing how our genes are expressed. Put simply, MBIs cause the brain to steer our DNA processes along a path which improves our wellbeing".

Source: *Materials provided by Coventry University.*







# OSTEOARTHRITIS

Spend a few minutes talking to friends and sooner or later the conversation will veer around a recurring knee pain or a lingering pain in the hip. These are various symptoms of osteoarthritis and we explore it deeper in this article.

## What is Osteoarthritis?

Osteoarthritis is the most common form of arthritis, affecting millions of people worldwide. It is also known as degenerative joint disease or degenerative arthritis.

A joint is the point where two or more bones are connected. With a few exceptions (in the skull and pelvis, for example), joints are designed to allow movement between the bones and to absorb shock from movements like walking or repetitive motions. In a joint a firm, rubbery material called cartilage covers the end of each bone. This provides a smooth, gliding surface for joint motion and acts as a cushion between the bones.

In OA, the cartilage breaks down, causing pain, swelling and problems moving the joint. As OA worsens over time, bones may break down and develop growths called spurs. Bits of bone or cartilage may chip off and float around in the joint. In the body, an inflammatory process occurs and cytokines (proteins) and enzymes develop that further damage the cartilage. In the final stages of OA, the cartilage wears away and bone rubs against bone leading to joint damage and more pain.

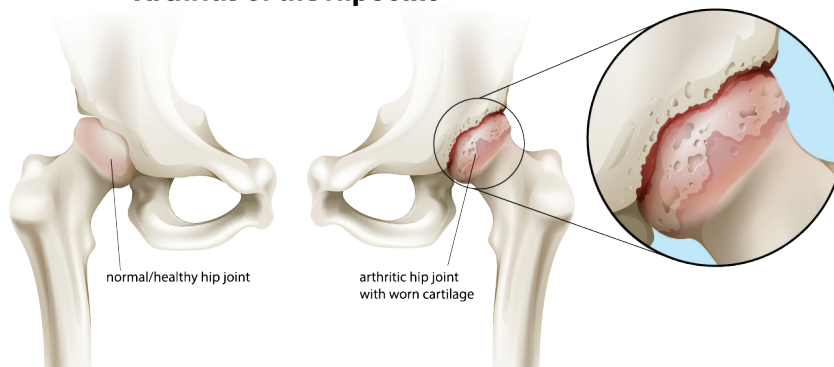


## Symptoms of OA

Symptoms of osteoarthritis vary, depending on which joints are affected and how severely they are affected. Usually, osteoarthritis comes on slowly. Early in the disease, the joints may ache after physical work or exercise. Later on, joint pain may become more persistent. There may also be joint soreness or stiffness, particularly when you first wake up in the morning or have been in one position for a long time. Some of the common symptoms include:

- Limited range of motion or stiffness that goes away after movement
- Clicking or cracking sound when a joint bends
- Mild swelling around a joint
- Pain that is worse after activity or toward the end of the day

## Arthritis of the Hip Joint



## OA affects

- **Hips.** Pain is felt in the groin area or buttocks.
- **Knees.** A “grating” or “scraping” sensation occurs when moving the knee. There could also be pain on the inside of the knee or thigh.
- **Fingers.** Bony growths (spurs) at the edge of joints can cause fingers to become swollen, tender and red. There may be pain at the base of the thumb.
- **Feet.** Pain and tenderness is felt in the large joint at the base of the big toe. There may be swelling in ankles or toes.

OA pain, swelling or stiffness may make it difficult to perform seemingly “ordinary” tasks at work or at home. When the lower body joints are affected, activities such as walking, climbing stairs, getting up from a chair or a bath tub and lifting objects may be difficult. When finger and hand joints are affected, it can be difficult to grasp and hold objects like a pencil, open a can of food, or do delicate tasks, like needlework or surgery.

The symptoms too will vary for often no clear reason and there will be good and bad spells. For some it depends on their level of activity and exercise. Others may be affected by damp weather with falling atmospheric pressure.

The danger is that because the symptoms are so common many people believe though that the effects of osteoarthritis are inevitable, and don’t do anything to manage it. OA symptoms can hinder work, social life and family life if steps are not taken to prevent joint damage, manage pain and increase flexibility.

## Some risk factors include:

- Being overweight
- Getting older
- Joint injury
- Joints that are not properly formed
- A genetic defect in joint cartilage
- Stresses on the joints from certain jobs and playing sports.





## WHAT CAN BE DONE?

According to Consultant Rheumatologist Dr. Amir Azlan Zain, “The age in which OA affects people differs as some people get it earlier than others. But it is safe to say that by age 80, almost all people would have some form of OA.

To delay OA, as well as to manage early OA, it is best to keep fit, keep weight down, maintain muscle strength but at the same time avoid repetitive high impact activity”.

## Treatment plans can involve:

- Regular exercise including physiotherapy to improve physical fitness and improve joint function.
- Healthy eating to achieve optimum weight control. Weight loss can reduce stress on weight-bearing joints, limit further injury, increase mobility, and reduce the risk of associated health problems. A dietitian can help you develop healthy eating habits.
- Adequate rest and joint care.
- Nondrug pain relief techniques to control pain.
- Medicines.
- Complementary and alternative therapies.
- Surgery.

## Fighting Osteoarthritis with Exercise

Exercise can keep you strong and limber, improve cardiovascular fitness, extend your joints’ range of motion, and reduce weight. The following types of exercise are part of a well-rounded arthritis treatment plan.

- **Strengthening exercises:** These exercises strengthen muscles that support joints affected by arthritis. They can be performed with weights or exercise bands to add resistance.
- **Aerobic activities:** Exercises such as brisk walking or low-impact aerobics get your heart pumping and keep your lungs and circulatory system in shape.
- **Range-of-motion activities:** They keep your joints limber.
- **Balance and agility exercises:** They help maintain daily living skills.

Ask your doctor or physical therapist what exercises are best for you. Ask for guidelines on exercising.

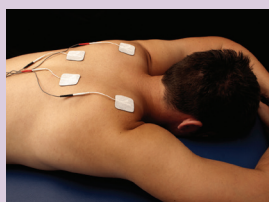


## Nondrug Pain Relief and Alternative Therapies



**Heat and cold:** Heat or cold (or a combination of the two) can be useful for joint pain. Heat can be applied in a number of different ways—with warm towels, hot packs, or a warm bath or shower—to increase blood flow and ease pain and stiffness. In

some cases, cold packs (bags of ice or frozen vegetables wrapped in a towel), which reduce inflammation, can relieve pain or numb the sore area. (Check with a doctor or physical therapist to find out if heat or cold is the best treatment.)

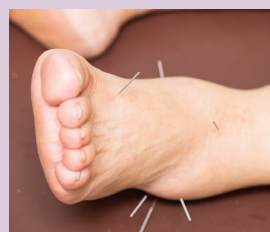


**Transcutaneous electrical nerve stimulation (TENS):** TENS is a technique that uses a small electronic device to direct mild electric pulses to nerve endings that lie beneath the skin in the painful area.

TENS may relieve some arthritis pain. It seems to work by blocking pain messages to the brain and by modifying pain perception.



**Massage:** A massage therapist will lightly stroke and/or knead the painful muscles. This may increase blood flow and bring warmth to a stressed area. However, arthritis-stressed joints are sensitive, so the therapist must be familiar with the problems of the disease.



**Acupuncture:** Some people have found pain relief using acupuncture, a practice in which fine needles are inserted by a licensed acupuncture therapist at specific points on the skin. Scientists think the needles stimulate the release of natural, pain-relieving chemicals produced by the nervous system.

**Nutritional supplements:** Nutritional supplements such as glucosamine and chondroitin sulfate have been reported to improve symptoms in some people with osteoarthritis, as have certain vitamins.

So the next time you feel a pain in the knee do not ignore it. Consult your rheumatologist. Know that there is a lot you can do to contain the ravages of the condition.





# OSTEOARTRITIS

Luangkan masa beberapa minit berbual dengan kawan-kawan dan lambat laun tajuk perbualan akan tiba kepada sakit lutut yang berulang atau kesakitan yang berlarutan di pinggul. Ini adalah antara simptom-simptom osteoarthritis dan kami akan meneroka topik ini dengan lebih mendalam dalam artikel ini.

## What is Osteoarthritis?

Osteoarthritis (OA) adalah jenis arthritis yang paling biasa, yang menjejaskan berjuta-juta orang di seluruh dunia. Ia juga dikenali sebagai penyakit degeneratif sendi atau degeneratif arthritis.

Sendi adalah bahagian di mana dua atau lebih tulang berhubung. Dengan beberapa pengecualian (pada tengkorak dan pelvis, misalnya), sendi direka untuk membolehkan pergerakan antara tulang dan menyerap hentakan daripada pergerakan seperti gerakan berjalan atau berulang-ulang. Di dalam sendi, bahan kenyal yang dipanggil tulang rawan menutup setiap tulang. Ini memberikan permukaan licin dan lancar untuk pergerakan sendi dan bertindak sebagai kusyen antara tulang.

Dalam OA, tulang rawan rosak, menyebabkan kesakitan, bengkak dan masalah pergerakan sendi. Apabila OA semakin teruk daripada masa ke masa, tulang boleh merosot dan membentuk taji. Tulang atau tulang rawan boleh pecah dan terapung di dalam sendi. Di dalam badan, proses keradangan berlaku dan sitokin (protein) dan enzim terbentuk dan merosakkan lagi tulang rawan. Di peringkat akhir OA, tulang rawan merosot dan tulang akan bergesel dengan tulang yang mengakibatkan kerosakan sendi dan lebih kesakitan.



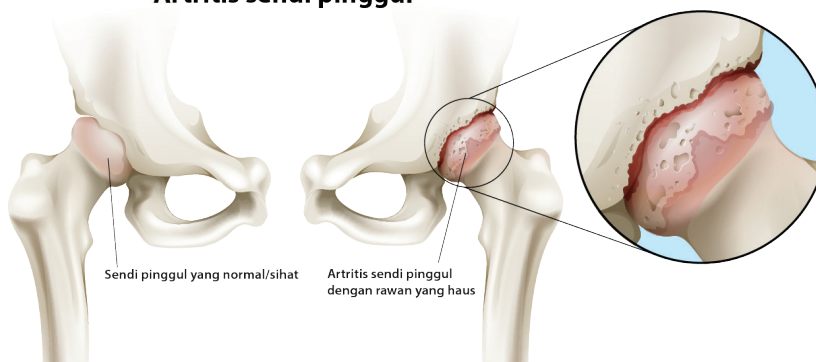


## Simptom-simptom OA

Simptom osteoarthritis adalah berbeza-beza, bergantung pada sendi mana yang terjejas dan bagaimana teruknya keadaan penyakit itu. Kebiasaannya, osteoarthritis muncul secara perlahan-lahan. Pada peringkat awal penyakit, sendi mungkin sakit selepas melakukan kerja atau latihan fizikal. Kemudian, sakit sendi boleh menjadi lebih ketara. Mungkin juga sendi akan sakit atau kaku, terutamanya apabila mula-mula bangun pagi atau berada dalam satu kedudukan untuk tempoh yang lama. Beberapa simptom biasa termasuk:

- Jangkauan pergerakan yang terhad atau kekakuan yang hilang selepas melakukan pergerakan
- Terdapat bunyi apabila sendi dibengkokkan
- Bengkak ringan di sekeliling sendi
- Sakit yang lebih buruk selepas aktiviti atau menjelang hujung hari

## Arthritis sendi pinggul



## OA memberi kesan terhadap

- **Pinggul.** Rasa nyeri dirasakan di kawasan pangkal paha atau punggung dan kadang-kadang di bahagian dalam lutut atau paha.
- **Lutut.** Rasa “parutan” atau “geseran” berlaku semasa menggerakkan lutut.
- **Jari.** Pertumbuhan tulang (spurs) di pinggir sendi boleh menyebabkan jari menjadi bengkak, sakit dan merah. Mungkin ada rasa sakit di pangkal ibu jari.
- **Kaki.** Sakit dan nyeri dirasakan di sendi besar pada pangkal jari kaki. Mungkin terdapat bengkak di buku lali atau jari kaki.

Kesakitan, bengkak atau kekejangan OA mungkin membuatkan pesakit sukar untuk melaksanakan tugas-tugas “biasa” di tempat kerja atau di rumah. Apabila sendi-sendi bahagian bawah badan terjejas, aktiviti-aktiviti seperti berjalan kaki, mendaki tangga, bangun dari kerusi atau tab mandi dan mengangkat objek mungkin sukar. Apabila jari dan sendi tangan terjejas, pesakit mungkin rasa sukar untuk menggenggam dan memegang objek seperti pensel, membuka tin makanan, atau melakukan tugas yang memerlukan ketelitian, seperti mengait atau melakukan pembedahan.

Gejala-gejala ini juga selalunya berbeza-beza tanpa sebab yang jelas dan akan ada ketikanya keadaan yang baik dan kurang baik. Bagi sesetengah pesakit, ia bergantung kepada tahap aktiviti dan senaman mereka. Yang lain mungkin terjejas oleh cuaca lembap dengan tekanan atmosfera yang menurun.

Memandangkan gejala-gejalanya sangat biasa, maka bahayanya adalah ramai orang percaya bahawa kesan osteoarthritis tidak dapat dielakkan, dan mereka tidak melakukan apa-apa untuk menguruskannya. Gejala OA boleh menghalang pesakit daripada melakukan kerja, menjejaskan kehidupan sosial dan kehidupan keluarga jika langkah-langkah tidak diambil untuk mencegah kerosakan sendi, menguruskan kesakitan dan meningkatkan fleksibiliti.

## Beberapa faktor risiko termasuk:

- Berat badan berlebihan
- Semakin berusia
- Kecederaan pada sendi
- Sendi yang tidak terbentuk dengan betul
- Kecacatan genetik dalam rawan sendi
- Tekanan pada sendi daripada pekerjaan tertentu dan bermain sukan.





## Apakah yang boleh dilakukan?

Menurut Perunding Reumatologi Dr Amir Azlan Zain, "Umur di mana OA mempengaruhi orang adalah berbeza-beza. Sesetengah orang mendapatnya lebih awal daripada yang lain. Tetapi selalunya pada usia 80 tahun, hampir semua orang akan menghadapi beberapa bentuk OA.

Untuk melambatkan OA, serta mengurus OA pada peringkat awal, sebaik-baiknya kita perlu kekal cergas, memelihara berat badan, mengekalkan kekuatan otot tetapi pada masa yang sama mengelakkan aktiviti berimpak tinggi yang berulang."

## Pelan rawatan melibatkan:

- Kerap bersenam termasuk fisioterapi untuk meningkatkan kecergasan fizikal dan meningkatkan fungsi sendi bersama.
- Pemakanan sihat untuk mencapai berat badan optimum yang terkawal. Penurunan berat badan boleh mengurangkan tekanan pada sendi yang menanggung berat badan, mengehadkan kecederaan selanjutnya, meningkatkan mobiliti, dan mengurangkan risiko masalah kesihatan yang berkaitan. Seorang ahli diet boleh membantu anda merancang tabiat makan yang sihat.
- Rehat yang mencukupi dan penjagaan sendi.
- Teknik kelegaan sakit tanpa ubat untuk mengawal kesakitan.
- Ubat-ubatan.
- Terapi alternatif dan saling melengkapi.
- Pembedahan.

## Memerangi Osteoarthritis dengan Senaman

Senaman boleh membuat anda kuat dan mudah lentur, meningkatkan kecergasan kardiovaskular, melanjutkan gerakan sendi anda, dan mengurangkan berat badan. Jenis senaman berikut adalah sebahagian daripada pelan rawatan arthritis yang menyeluruh.

- **Senaman menguatkan:** senaman ini menguatkan otot yang menyokong sendi yang terkesan akibat arthritis. Senaman ini boleh dilakukan dengan pemberat atau gelang senaman untuk menambahkan daya tahan.
- **Aktiviti aerobik:** Senaman seperti berjalan cepat atau aerobik berimpak rendah dapat mengepam jantung anda dan mengekalkan sistem paru-paru dan peredaran darah anda supaya sihat.
- **Aktiviti pelbagai gerakan:** Aktiviti ini mengekalkan sendi anda supaya mudah lentur.
- **Senaman keseimbangan dan ketangkasan:** Senaman ini membantu mengekalkan kemahiran hidup harian.

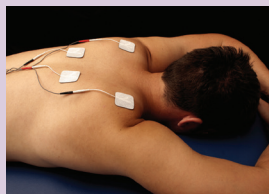
Tanya doktor atau ahli terapi fizikal tentang senaman mana yang terbaik untuk anda. Dapatkan panduan mengenai senaman.

## Melegakan Sakit Tanpa Ubat dan Terapi Alternatif



**Haba dan sejuk:** Panas atau sejuk (atau gabungan keduanya) mungkin berguna untuk sakit sendi. Haba boleh digunakan dalam beberapa cara yang berbeza - dengan tuala hangat, pek panas, atau

mandi air panas - untuk meningkatkan aliran darah dan mengurangkan kesakitan dan kekakuan. Dalam sesetengah kes, pek sejuk (beg ais atau sayur beku dibalut dengan tuala), yang mengurangkan keradangan, dapat melegakan kesakitan atau mengebaskan rasa sakit. (Dapatkan nasihat doktor atau ahli terapi fizikal untuk mengetahui sama ada haba atau sejuk merupakan rawatan yang terbaik.)



**Rangsangan saraf elektrik Transcutaneous (TENS):** TENS adalah teknik yang menggunakan peranti elektronik kecil untuk mengarahkan denyutan elektrik ringan ke hujung

saraf yang terletak di bawah kulit di kawasan yang menyakitkan. TENS boleh melegakan kesakitan arthritis dengan bertindak menyekat mesej sakit ke otak dan mengubah persepsi rasa sakit.



**Urut:** Pakar terapi urut akan mengurut/menguli secara lembut pada otot yang sakit. Ini boleh meningkatkan aliran darah dan membawa kehangatan pada kawasan yang sakit. Walau bagaimanapun, sendi-sendi yang



terjejas akibat arthritis menjadi sensitif, oleh itu ahli terapi mesti biasa dengan masalah penyakit ini.

**Akupunktur:** Sesetengah orang mendapati bahawa rasa sakit dapat dikurangkan menggunakan akupunktur, iaitu amalan di mana jarum halus dimasukkan oleh ahli terapi akupunktur berlesen pada titik tertentu pada kulit. Para

saintis berpendapat bahawa jarum merangsang pembebasan bahan kimia semula jadi yang dapat menghilangkan rasa sakit yang dihasilkan oleh sistem saraf.

**Suplemen pemakanan:** Suplemen pemakanan seperti glukosamina dan chondroitin sulfat dilaporkan dapat memperbaiki gejala pada sesetengah orang yang menghadapi osteoarthritis, seperti juga vitamin tertentu.

Maka, lain kali, sekiranya anda merasa sakit di lutut, jangan mengabaikannya. Rujuklah kepada ahli reumatologi anda. Ketahuilah bahawa banyak perkara yang boleh anda lakukan untuk mengawal keadaan.



# 骨关节炎

花几分钟跟朋友聊天，很多时候话题迟早会聊到膝盖痛或腕部痛这些一再发生的疼痛。这些不时出现的小小疼痛，是骨关节炎的症状，本文将对此作进一步的探讨。

## 何谓骨关节炎？

骨关节炎是最常见的关节炎，全球患者人口以百万计。它也被称为关节退化疾病或退化性关节炎。

关节是两根或更多骨头连接的地方。除了几个例外的情形（比如头颅骨和骨盆），关节的构造设计是为了要让骨头之间能够活动，也为了吸收进行这些活动时发生的震动，例如走路或一些重复性的动作。关节里两根骨头的末端由一片牢固的、质地有如橡胶的，称为软骨的东西覆盖着。这样一来，关节活动的时候就有滑溜的表面来滑动，同时也为骨头提供护垫作用。

在骨关节炎的情形里，因为软骨的损耗，以致引起疼痛、肿胀以及关节活动出现问题。由于骨关节炎会随着时间的流逝而日益严重，骨头可能也会耗损，结果发生骨质增生，形成骨刺。这些耗损的骨头或软骨的碎片会在关节周围漂浮，因此身体机制就会启动发炎程序，细胞因子和酶也就跟着形成，并进一步破坏软骨。当骨关节炎进入末期时，软骨会完全磨损耗尽，两根骨头因而互相摩擦导致关节受损，引起更多痛楚。

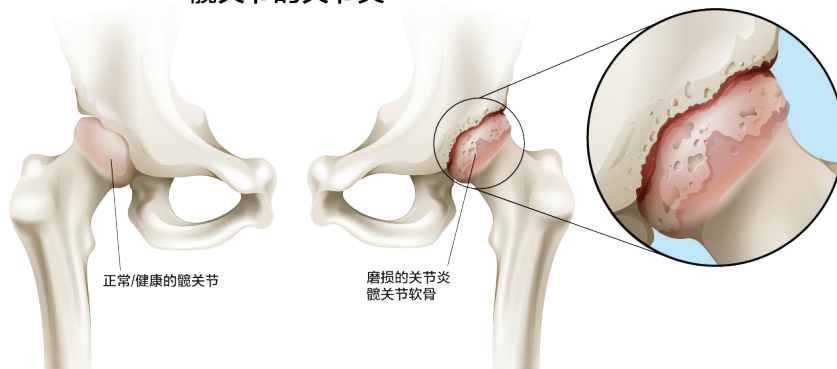


## 骨关节炎的症状

骨关节炎的症状有许多种，要视受影响的是哪个关节以及其严重程度而定。一般上，骨关节炎的形成过程很缓慢。在疾病早期，关节会在体力活动或做完运动之后作痛。再过一些时日，关节痛会越来越常发生。除此之外，也可能出现关节肿痛或僵硬的情形，尤其是早上刚起床，或者保持相同姿势太久的时候。一些常见的症状包括：

- 关节的活动幅度有限，或者关节感觉僵硬，要在稍作活动后才能缓和
- 弯曲关节时会有喀嚓喀嚓的响声
- 关节周围轻微发肿
- 活动之后、或一日下来，疼痛会加剧

## 髌关节的关节炎



## 骨关节炎会影响

- **髌部** 股沟或臀部会感觉到疼痛，有时膝盖内侧或大腿也会感觉到痛楚。
- **膝盖** 活动膝盖时会有刮削的感觉。
- **手指** 关节边增生的骨质（骨刺）会使手指发肿、触痛和发红。拇指底部也可能会感觉疼痛。
- **脚部** 大脚趾根部的大关节会疼痛或有触痛感。脚踝或脚趾也可能会有肿胀的情形。

骨关节炎引起的疼痛、发肿或僵硬会使人难以执行居家生活里或职场上的“平常”任务。当下半身的关节受到影响时，简单如走路、爬楼梯、在椅子上坐着要站起来、要从浴缸中出来，以及提拿物件等，都会显得困难。当手指和手部关节受影响时，那么要抓或拿有如铅笔之类的物件、开启食物罐子或是做些精细的活儿如针线或做手术，都会有困难。

这些症状也会因时而异，且原因不明确，也会时好时坏。有些人的症状是因活动及运动的程度所致，有些则因为天气潮湿气压降低所致。

就因为这些都是常见的症状，所以很多人就觉得骨关节炎的疾病作用是无可避免的事情，而任由他去，不加以管理，这点非常危险。如果不采取措施防止关节受损、进行疼痛管理以及提高关节灵活度，那么骨关节炎的症状将会对工作、社交生活以及家庭生活形成障碍。

## 会导致骨关节炎的风险因素：

- 身体超重
- 进入老年
- 关节损伤
- 关节结构不完善
- 关节软骨有遗传性缺陷
- 做某些工作及体育运动时给关节造成压力



## 有何应对之策？

风湿科顾问医师阿米尔医生指出：“患上骨关节炎的年龄因人而异，有些人很年轻就得病。但我们可以肯定的说，到了八十岁，几乎每个人多多少少都会有点骨关节炎的毛病。”

为了防范骨关节炎，也包括管理早期骨关节炎，最好是保持身体健康、维持标准体重和肌肉力量，但同时也要避免重复做高冲击力的动作。”

## 治疗计划会包括：

- 要经常做运动，包括做物理治疗，以增进体格健康，改善关节功能。
- 奉行健康饮食，达到最佳的体重控制效果。减重有助减少负重关节所承受的压力，限制进一步的损害，提高灵活性、降低有关连的健康风险。饮食营养师可以助你养成健康的饮食习惯。
- 足够的休息和关节保健。
- 采用非药物类方法控制疼痛。
- 药物。
- 辅助类及替代类治疗法。
- 手术。

## 借由做运动抗拒骨关节炎

做运动可以使你健壮和灵活、提高心血管健康、扩大关节的活动幅度、减轻体重。以下介绍的几种运动属周详关节炎治疗方案里的一部分。

- **增强类的运动：**它们能把支撑着受关节炎影响之关节的肌肉锻炼得强壮起来。你也可以在做运动时加上重量或使用体操带来增加阻力。
- **有氧运动：**健走或低冲击力的有氧运动，促使心脏有力跳动，保持心肺功能及循环健康。
- **关节活动幅度运动：**保持关节灵活。
- **促进平衡与敏捷的运动：**有助维持日常生活技能动作熟练。

不妨向医生或物理治疗师请教，让他们告诉你什么运动最适合你。也顺道让他们告诉你做运动时该注意的事项。

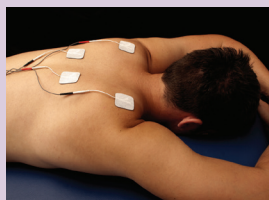


## 非药物类疼痛纾缓法以及替代类疗法



### 热与冷

热和冷（或两者一起）在纾缓关节痛方面都有不错的效果。采用热度进行纾缓时，有多个做法，那包括热毛巾、热袋、热水泡澡或淋浴等，以增进血液循环，达到减缓疼痛和僵硬感的目的。在某些情形下，采用冷敷（冰包或以毛巾包着急冻蔬菜）法可以降低发炎、纾缓疼痛或使痛的部位麻痹。（请咨询医生或物理治疗师，两者之间哪个适合你）



### 经皮电神经刺激(TENS)

这项技术使用小型电子设备，将温和的电脉冲引导到疼痛部位皮下的神经末梢。它有助纾缓一些关节炎的痛楚。它的作用是通过改变疼痛认知以及阻隔疼痛信息，不让它们传送到大脑。



### 按摩

按摩治疗师会轻轻推拿/或揉捏疼痛的肌肉。这会增加血液循环，将温暖带到不适的地带。然而，受关节炎侵害的关节都很敏感，因此治疗师一定要对与疾病有关的问题有所认识。



### 针灸

由合格执业针灸治疗师，将专用的细长针刺入皮肤上某一固定位置的做法称为针灸，有些人的痛楚在针灸之后得以减缓。科学界人士认为，这是因为针刺作用刺激了神经系统释放天然纾缓疼痛的化学物质所致。

### 营养保健品

根据报告，葡萄糖胺和硫酸软骨素之类的营养保健品，以及一些维他命，皆有助纾缓骨关节炎症状。

因此，下次膝盖感觉疼痛时，就别再置之不理了。请向风湿专科医师做医疗咨询。要知道，你是可以通过很多方面阻止这个疾病肆虐的。





# Knee pain while climbing stairs is not arthritis



As we age, knee pain while climbing stairs is quite common. But because our mothers and grandmothers may have/had it, we think it is normal. Worse, we ignore it and write it off as one of those “growing older” pains. Until it gets to a point where the pain is unbearable and we cannot walk! So it is important to know that knee pain while climbing stairs could be an early warning of arthritis. The complex network of bones, ligaments, tendons, and muscles in the knee joint are vulnerable.

Osteoarthritis, known as “wear-and-tear” arthritis, is the most common form of the disease. Arthritis causes degeneration of the cartilage that cushions the knee joint. Without protective cushioning, the act of climbing stairs becomes uncomfortable. Even when people have mild arthritis, it can be discouragingly painful to navigate stairs.

## Early diagnosis

So what happens if we ignore the pain and just keep going? A study done in January 2015 and published in *Arthritis Care & Research*, revealed that using stairs was the first weight-bearing task in which people noticed pain. This was followed by pain emerging during walking, standing, lying, sitting, and then finally when resting.

“People tend to ignore knee pain that occurs while climbing stairs, and miss the opportunity for early diagnosis and treatment”, says Philip Conaghan, professor of musculoskeletal medicine at the University of Leeds. His team looked at 4,673 people who have or are at high risk of osteoarthritis. Participants completed annual surveys to help the researchers track the emergence of pain during different activities over a long-term period. “At present we have little concept of ‘early’ osteoarthritis and often only see people when they have significant longstanding pain and loss of function,” said Professor Conaghan. “Knowing this will help us intervene earlier, perhaps leading to more effective ways of treating this very painful condition.”

## So what can we do about it?

- Strengthen your leg muscles. Leg raises are a simple way to make your muscles stronger. Lie on your back with one leg comfortably bent at the knee. Lift your straight leg about six inches off the ground, tighten your thigh muscle, and hold the lifted leg for a few seconds before lowering it back to the floor. Do it several times. Repeat with your other leg. Your physician or physical therapist can also suggest other exercises to strengthen your leg muscles.
- Avoid prolonged sitting. When you spend hours at your chair in front of a computer, your knees can become stiff. This makes it even more difficult to tackle the stairs.
- Reduce weight. It's important to keep your weight under control to ease the burden on your knees and all your joints.



Dr. Amir Azlan Zain, Consultant Rheumatologist, adds that he also gets a lot of queries on clicking noises from the knee and whether that could be a sign of arthritis. But he says, “they’re not normally due to OA but due to the tendon rubbing onto bone”.





# Sakit lutut ketika naik tangga itu bukannya artritis



Semakin meningkat usia, sakit lutut ketika naik tangga menjadi agak biasa. Tetapi memandangkan ibu dan nenek kita mengalaminya, maka kita menganggap keadaan tersebut suatu kelaziman. Lebih buruk lagi, kita mengabaikannya dan menganggap itu sebagai salah satu masalah “orang tua”; sehinggalah sampai ketika di mana rasa sakit itu tidak dapat ditanggung lagi dan kita tidak boleh berjalan! Maka, penting untuk kita tahu bahawa sakit lutut ketika naik tangga mungkin merupakan amaran awal penyakit artritis. Rangkaian tulang, ligamen, tendon dan otot yang kompleks pada sendi lutut terjejas.

Osteoarthritis, yang dikenali sebagai artritis akibat “haus dan lusuh”, adalah bentuk penyakit yang paling biasa. Arthritis menyebabkan kemerosotan tulang rawan yang menampung sendi lutut. Tanpa lapis pelindung, tindakan menaiki tangga ini menjadi tidak selesa. Walaupun bagi mereka yang mempunyai artritis ringan, aktiviti tersebut masih menyakitkan mereka.

## Diagnosis awal

Jadi apa yang berlaku jika kita mengabaikan rasa sakit dan hanya terus menjalani kehidupan harian seperti biasa? Kajian yang dijalankan pada Januari 2015 dan diterbitkan dalam Arthritis Care & Research, mendedahkan bahawa menaiki tangga adalah tugas menanggung berat yang pertama di mana seseorang akan merasa sakit. Ini diikuti dengan rasa sakit yang muncul semasa berjalan, berdiri, berbaring, duduk, dan akhir sekali semasa berehat.

“Orang ramai cenderung untuk mengabaikan kesakitan lutut yang berlaku semasa menaiki tangga, dan akan kehilangan peluang untuk mendapatkan diagnosis dan rawatan awal,” kata Philip Conaghan, profesor perubatan muskuloskeletal di University of Leeds. Pasukan beliau membuat pemerhatian terhadap 4,673 orang yang menghadapi atau berisiko tinggi untuk menghadapi osteoarthritis. Peserta telah melengkapkan kaji selidik tahunan untuk membantu para penyelidik mengesan kemunculan kesakitan semasa aktiviti-aktiviti yang berlainan dalam tempoh jangka panjang. “Pada masa ini kami mempunyai sedikit konsep tentang osteoarthritis ‘awal’ dan selalunya hanya berjumpa dengan mereka apabila mereka mengalami kesakitan yang ketara dan sudah kehilangan fungsi,” kata Profesor Conaghan. “Pengetahuan daripada kaji selidik ini akan membantu kami untuk campur tangan lebih awal, dan mungkin akan membawa kepada cara yang lebih berkesan untuk merawat keadaan yang sangat menyakitkan ini.”

## Jadi apakah yang boleh kita lakukan?

- Kuatkan otot kaki anda. Menaikkan kaki adalah cara mudah untuk membuat otot anda lebih kuat. Baring dan bengkakkan lutut pada satu kaki, luruskan kaki yang satu lagi dan angkatkan kira-kira enam inci dari lantai, ketatkan otot paha anda, dan kekalkan mengangkat kaki selama beberapa saat sebelum menurunkannya ke lantai. Lakukan ini beberapa kali. Ulang dengan kaki yang satu lagi. Doktor anda atau ahli terapi fizikal juga boleh mencadangkan senaman lain untuk menguatkan otot kaki anda.
- Elakkan duduk untuk tempoh yang lama. Apabila anda duduk berjam-jam di depan komputer, lutut anda boleh menjadi kaku. Ini menjadikannya lebih sukar untuk menaiki tangga.
- Kurangkan berat badan. Adalah penting untuk mengawal berat badan anda bagi melegakan beban pada lutut dan semua sendi anda.



Dr Amir Azlan Zain, Perunding Rheumatologi, menambah bahawa dia menerima banyak soalan tentang bunyi dari lutut dan sama ada itu adalah tanda-tanda artritis. Tetapi menurut beliau, “bunyi itu biasanya bukan disebabkan oleh OA tetapi disebabkan tendon yang bergesel dengan tulang”.



# 爬楼梯时膝盖疼痛非关节炎也

随着年纪的增长，上楼梯时膝盖会作痛是挺平常的事。可是，就因为我们的母辈或祖母辈或许有、或确实有这种情形，我们就视之为平常之事。更糟糕的是，甚至认为人老了就会这样子而不把它当一回事。直到有一天，不但疼痛难耐，连路也走不了！要知道，上楼梯时膝盖会痛很可能是关节炎的早期讯号，这一点很重要。膝盖关节里有骨头、肌腱、韧带和肌肉组成的复杂结构，而它们都很容易受损。

骨关节炎，也称为退化性关节炎，是最常见的关节炎。关节炎会导致垫护膝盖关节的软骨退化。在没有护垫的情形下，上楼梯时就会很不舒服。即使只是患有轻度关节炎，上楼梯时的疼痛也会让人不禁对楼梯退避三舍。

## 早期诊治

若继续置疼痛不理，结果会怎样？根据一项发表在《关节炎的护理与研究》刊物上的2015年研究报告显示，爬楼梯是人们感觉到痛楚的第一个负重动作。接下来会连走路、站立、躺卧、坐下的时候都会痛，最后甚至连睡觉休息时也会痛。

“很多人就是因为不把上楼梯时感觉到的疼痛当一回事，因而错过了及早诊治的好机会。”里士大学肌肉骨骼科教授菲利普格纳罕如是指出。他的研究团队观察了四千六百七十三位患有、以及有很大可能会患上骨关节炎的人士。被研究的人士每年都填写一份年度调查问卷，帮助研究人员追踪在漫长岁月里进行不同活动时候出现的疼痛。“目前，我们对早期骨关节炎没有什么概念，通常所接触到的病例都是已经很痛、痛了很久，关节已经失去功能的患者，”格纳罕教授说。“若对早期症状有所认识，那就可以帮助我们早点介入进行治疗，甚至还可以找出更有效的方法，来治疗这种给人带来极大痛苦的关节炎。”

## 应该怎样纾缓疼痛？

- 增强腿部肌肉。抬腿运动是一项增强肌肉的简单运动。平躺，一边腿保持屈膝的舒服姿态。把伸直的那边腿抬高离地大约六寸，大腿肌肉收紧，保持这个姿势几秒钟，然后把腿放下。这个动作连续做上几次。换边再做这个抬腿的运动。你的医生或物理治疗师也可能会建议你做一些其他增强腿部肌肉的运动。
- 避免久坐。在电脑前面坐得太久，膝盖会僵硬。这样一来，上楼梯就更困难。
- 减重。控制体重很重要，控制好体重才能减轻膝盖以及所有关节的负担。



风湿科顾问医师阿米尔医生补充说，经常有人问他，从膝盖发出的响声会不会是关节炎的讯号？他的回答是：“这些响声一般都不是由骨关节炎引起，而是因为韧带在骨头上摩擦时发出的。”





# MOVE WITH AS

## ANKYLOSING SPONDYLITIS

### Charity Fun Run

Vibrant, enthusiastic and exciting are some of the words to describe the atmosphere of the “Move with AS” Charity Fun Run organized by Novartis Malaysia with Arthritis Foundation Malaysia (AFM). RM55,000 was raised and donated to AFM.

Everyone showed up full of anticipation and excitement for the “Move with AS” Charity Fun Run organized by Novartis Malaysia with Arthritis Foundation Malaysia (AFM). The run was held at Evolve Concept Mall, Petaling Jaya on 7th May 2017. The aim of the run was to spread awareness of the little-known disease, Ankylosing Spondylitis (AS) that generally affects young adults and to raise funds to support patients financially and thus help them gain access to treatment and a better quality of life. It also marked the First World Ankylosing Spondylitis Day in Malaysia. Early detection is vital to prevent irreversible damage to the spine and improve quality of life so awareness of the condition is key to containing it.

The atmosphere was electric with loud thumping music and energetic young DJ's revved up the crowd. A vibrant Zumba session got the crowd moving rhythmically to the beat before setting off for the run! President of AFM, Dr. Sargunan Sockalingam too gamely participated in the session before officially flagging off the run. So it was not just all fun. Inside the mall there were talks by prominent doctors including Dr. Sargunan Sockalingam. He said, “While we wish everyone has a healthy life we have to accept that disease is a part of life”. He also encouraged the setting up of an AS Support Group so that members would have a voice, it would encourage holding activities amongst them and they would be able to plan strategies. He told the audience that events like these were changing healthcare in Malaysia and by just being present they were supporting the process. He also thanked the sponsors who included Novartis, Evolve Concept Mall, Ara Damansara Medical Centre, Ara Dental Studio, Yayasan Sime Darby, Grab, True Fitness and Maxis to name a few, for making it happen.

One of the other speakers, Dr. Ainin Mohd Mokhtar, from Ara Damansara Medical Centre, educated the audience about the HLA B27 gene that is associated with AS and associated diseases. She also talked about the importance of exercise and physiotherapy and considering biologics as an option for AS patients.



Vibrant morning Zumba session



Dr. Sargunan Sockalingam flagging off the run



Dr. Ainin Mohd Mokhtar, consultant rheumatologist



Dr. Sargunan Sockalingam, President AFM





Mini Games booths



Mini Games booth



Photo booth

The atmosphere was one of fun as there were 4 mini games booths and several other activity booths lined up which were a source of a lot of merriment. Besides that, there was also an art exhibition by AS patient and photographer from Penang, Nawfal Johnson. His paintings depicted some of the extreme and sometimes dark emotions; like depression that AS patients go through as they have to deal with the relentless condition day after day. There was also a booth by Ara Damansara Medical Centre that screened for diabetes and blood pressure of the participants. Ara Dental clinic also offered its services. AFM too had its booth that sold t-shirts and provided participants with information on its activities.



Ara Damansara Medical Centre Booth

One of the most attractive booths was the of course! the "Photo Booth" and people lined up with friends and family to have their pictures taken. One of the participants that I spoke to, Sumitra, a human resources business partner with Novartis, said, "We get so busy in our everyday normal lives. Participating in events like this allows us to contribute back to society. We feel fulfilled and emotionally satisfied. We are very happy to be part of this donation drive". Another participant Haslina, who came with her family and friends, said she was there to have fun while improving her awareness on AS at the same time.



AFM Booth



I also met another participant Mastura, 47 who was diagnosed with AS a couple of years ago through a blood test. She said, "I was bedridden for 3 months as I just could not move my body. There was no pain but I was just very very tired to the point that I could not move my little finger even! Though I went to a doctor it was very difficult to diagnose and it was thought that there was something wrong with my bones". Now she has the bamboo spine, a feature seen in AS patients as a result of vertebral body fusion by marginal syndesmophytes. Listening to her story brought home again, the immediate need to spread awareness and detect the condition as early as possible, in order to preserve quality of life. And the importance of efforts such as these!

Dr. Sargunan Sockalingam was presented a cheque for RM55,000 on behalf of Arthritis Foundation Malaysia. Dr. Sargunan hopes that this will be the first of many such mutually productive associations between AFM and pharmaceutical companies so that the public can benefit from increased awareness and have a place to go to for assistance and access to biologic medication if they cannot afford it. Our deepest gratitude to Novartis Malaysia and all the sponsors for making it happen.



Dr. Sargunan Sockalingam receiving the cheque on behalf of AFM



Sumitra and her friends from Novartis



Sumitra, MO and medical student at University Malaysia



The ubiquitous Milo van



Haslina and her family and friends





Nawfal Johnson, Art-Photographer & AS Fighter has been living with Ankylosing Spondylitis (AS) from the age of 17. This is his story.

# AS FIGHTER

Unlike the term “sufferers” generally used in reference to patients with any form of arthritis, Nawfal Johnson begs to differ and refers to himself as an AS fighter! And fighter he certainly is, as he has been fighting the condition from an age when he hadn’t even heard of the term.

## “I felt doomed”

Recalls Nawfal, “The first symptoms were unexplainable joint pain that would affect me whenever I walked. I had always been very active in sports and doctors would just pass it off as sports injury”. This continued right through his undergraduate degree and because of sciatica pain as well, he found himself limping from one lecture hall to another! His ribcage also felt really stiff and he found himself unable to sleep well.

Luckily the student health care centre had a very good general practitioner who actually knew about AS and could diagnose it. The doctor told him blankly that he had AS and handed him a brochure to read about it. At that point there was medication only to treat the pain and the prognosis was severe and hopeless; stiff spine, heart problems, iritis. Says Nawfal, “I felt doomed”.

It has been a long and difficult journey since then. In 1994 he moved from the US to Malaysia with his wife who is from Penang. They had met while in university in the US and had decided to move back together.



## Living with AS

Being diagnosed with AS has deeply affected his life at every level. He says, "I can't sleep at night and I have to deal with constant fatigue. When I wake up in the mornings my fingers are stiff and I have difficulty in getting moving. I also feel horribly guilty about my wife having to take on more responsibility in our marriage, as there are many days when because of the pain, I cannot contribute much. At times, there are also financial problems as there is no support from the government or any foundation and you are pretty much on your own! So it's a vicious cycle".

Because of his condition, he also developed Iritis; inflammation that affects the colored ring around your eye's pupil (iris). It flares up when he is under stress and working on a computer and also from constant focus on a screen at arm's length. Usually, says Nawfal, "One eyeball feels very heavy and the eye starts turning red. It also becomes highly sensitive to light and the whites of the eye turn really painful. What's worse is, if steroid drops don't help, the treatment is an injection in your eyeball!" It is a serious condition he adds, and if untreated could lead to glaucoma or blindness.

In 2004 he had an unfortunate accident and broke his back in 2 places. As a result he was completely laid up and unable to walk. After a 10-hr surgery and one year of rehabilitation he made a complete recovery; from walking with a walker, to using a cane as an aid to walking by himself.

Other AS-related health issues that Nawfal faces include periodontitis, a serious gum infection where certain bacteria attack and eat away at the gum and jaw bone that supports your teeth. As a result, he had to have teeth taken out of his upper jaw. He also suffers from osteoporosis that puts him at a high risk of fractures. Even while walking he says, "I can feel my hip bones moving in the socket as the femoral neck is very thin".

## Fighting the darkness

Nawfal says he is depressed about 70% of the time from dealing with the chronic pain. He explains, "having AS puts you in a really bad place. I tried anti-depressant medications but it only caused me to stay more depressed. I was almost like a zombie! So I stopped taking it. Now I try to deal with it through my work; my passion for art and photography. One of my pieces of work, *Walking the Thin Line Above the Abyss*, expresses the suicidal tendencies and thoughts of death that deep chronic depression brings about. I know all too well the thin line of hope that we walk everyday and something simple could push us off that line and into the abyss.

Having to deal with AS from such a young age has made me immensely stronger. I have been forced to pull out all the reserves to face each new day especially when things are really low. I have also had to be resourceful in finding and holding onto wisps of hope from the pain and despair that surrounds me. *The challenge has been to find sanity in insanity, to create my own happiness. This is what my art and photography represents; the process of taking the experience of pain and depression and converting it into something creative and fulfilling*”

## Turning darkness to light

Nawfal took his creativity one step further and published a book, "Ethereal Dreams & Hope" which is a collection of his art and photography work, and his life experiences with AS and depression. He says, "My book was a way to express how I was feeling, and in the process hopefully, help other people who are feeling chronic pain, hopelessness and depression.

A day with less pain and depression is a good day! When I see other 'seemingly normal' people, I often wonder how would the experience of a day without pain be? I wonder too, are people without pain happy?" Maybe this is a question we should all contemplate on.



## NAWFAL OFFERS SOME ADVICE

- Seek help from a good doctor
- Watch for your physical and emotional health
- Do exercises suitable for you to stay flexible and strong
- It is important to have a good support group
- Educate yourself about AS
- Stay away from triggers such as food, climate and stress as much as possible
- Be cautious about potential accidents- be smart with your activities
- If you are eligible, take advantage of advanced AS medications available in the market today



# AFM Public Forum

AFM held its Public Forum and AGM on 29<sup>th</sup> April 2017 at Crystal Crown Hotel. The afternoon began with an engaging and interesting talk on “Fall Therapy” by Dr. Tan Guo Jeng, a lecturer in General Medicine who is also studying causes and prevention of falls. The talk dealt with issues related to diverse aspects of falls including; how common are falls in older people? Why do older people fall? The consequences of falls and most importantly what can we do to prevent falls?

He also shared that in Malaysia more than 40% of people over the age of 65 suffer from falls. He said one of the most important reasons that people suffer from falls is due to muscle weakness that occurs increasingly with age. But all is not lost as he quoted the example of marathon runner Fauja Singh, born in 1911, who ran his last marathon (42.195 kms) in 2011 at the age of 100. He also talked about gait and balance problems that older people experienced. He explained that cerebral changes that occur in the brain as we age could be a contributing factor to that.

Dr. Tan also brought to light a much needed perspective on medications and their side effects which included drowsiness, urinary frequency, dehydration, blurred vision, confusion and dizziness.

He named particular kinds of drugs as culprits like;

- Sleeping Pills
- Psychiatric Medications
- Blood Pressure Medications
- Diuretics (Lasix)
- Prostate Medications
- Pain killers (Morphine)

Fainting is also another contributor to falls and he mentioned heart disease and low blood pressure as main reasons that people faint. Dementia and arthritis are also other conditions that could lead to falls besides a cluttered environment and poor vision.

## So why are falls bad?

Falls lead to osteoporotic fractures, vertebral fractures as well as fractures of the hip. It could also lead to subdural haematoma; a collection of blood outside the brain usually caused by severe head injuries. The bleeding and increased pressure on the brain from a subdural hematoma can be life-threatening. Some stop and resolve spontaneously while others require surgical drainage.

## So what can be done to prevent falls?

The doctor recommended exercises like Tai-chi which studies have shown helps improve balance. He also talked about Otago exercises developed by the New Zealand Falls Prevention Research Group in the late 1990. The Otago Exercise Program improves strength and balance for patients, and it has proven to be effective especially for older people. There are also many other aspects that can be looked into like the use of home intervention safety devices, regular visual assessment, review of medication as well as cardiovascular assessment.

Some questions from the members of the audience included:

**Q: According to advertisements a lot of drugs are laced with chemicals, so can exercise replace medication?**

A: A lot depends on individual's discipline to maintain a regular exercise schedule and the nature of the problem.

**Q: Why is there a clicking sound on the leg and how can I treat it?**

A: It could be due to degeneration as part of aging process. Weight loss and exercise can help.

He summed up his talk saying that while falls are common and due to lots of reasons, they can be prevented. The mantra was exercise. So EXERCISE! EXERCISE! EXERCISE!







This was followed by another exciting session by Shalini Velayutham, Senior physiotherapist, Physio Plus who explored the benefits of water therapy; “Why Water Brings Magic to Therapy”. She explained that, “Hydrotherapy is basically a term applied to exercises performed in water to aid in the restoration, maintenance and quality of movement. In adults and children with painful restriction of activities or stiffness that restricts movements, hydrotherapy is beneficial in decreasing pain, increasing strength and improving physical function”. She also reassured the audience that swimming skills were not necessary to benefit from water therapy, and that clients could use a floatation belt in water to work on a higher level of strengthening and conditioning without additional stress on the joints.

## Benefits of water therapy:

- Warm water helps in relaxation and improving circulation.
- It is also helpful in reducing spasticity of muscles, which eases pain and improves range of motion of a joint.
- Resistance/viscosity of water improves strength and conditioning.
- Buoyancy of the water helps with improved mobility and less weight-bearing and strain on the joints.
- Hydrostatic pressure helps reduces edema and swelling and increases vital capacity.

## Other benefits include:

- Increasing flexibility, strength and movement of painful joints
- Increasing cardiovascular endurance
- Increasing balance, trunk alignment and stability
- Decreasing abnormal tone and rigidity of muscles
- Gait training
- Increasing peripheral circulation

Shalini also explained about some of the different methods used in therapy like:



### Bad Ragaz Ring Method:

A therapist-assisted strengthening and mobilizing method that uses rings, noodles/floats around arms, legs, neck and pelvis to support the patient.



**Halliwick:** A system that teaches a physically disabled person to swim in water.



**Watsu:** A complementary therapy that comprises passive stretches and massage techniques administered in 35 °C warm water.



**Ai Chi:** Modified Tai Chi in water that enables range of motion, mobility, centering and relaxation.



### Aquatic trunk stabilization:

Core strengthening and stabilization exercises. It focuses on erector spinae, rectus abdominus, obliques, abdominals and gluteus muscles.



# ANNUAL GENERAL MEETING

The public forum was followed by the AGM at 3.30 pm. President of AFM, Dr. Sargunan Sockalingam welcomed everyone. The Minutes, Report of the Executive Committee and the Financial statements for the year ending 31 December 2016 were duly approved and adopted. The new executive committee for 2017-2019 is as follows: -

President	: Dr. Sargunan Sockalingam
Vice-President	: Ms. Kunamony S. Kandiah
Hon. Secretary	: Ms. Annie Hay Seow Ping
Asst. Hon Secretary	: Ms. Patricia Ho Guat Choo
Hon. Treasurer	: Ms. Doris Chua Yay Lim
Committee members	: Dr. Amir Azlan Zain Puan Sri Samaladevi Navaratnam Dr. Tang Swee Ping Ms. Ding Mee Hong Dr. Cheah Tien Eang Datin Seri Nagula Thambidurai Dr. Shamala Rajalingam Dr. Cham Weng Tarn Dr. Vimala Marimuthu Ms. Amy Lee Ka Siem

The two elected internal auditors are Puan Aminah Abdullah and Mr. Yeo Soon Chuan. Hals & Associates were re-elected as the external auditors. There were no matters tabled for discussion where due notice was given. The President closed the AGM. The meeting ended at 4.20 pm. This was followed by refreshments. Thus the public forum and AGM came to a close.



## Kordel's CHARITY FON WALK 2017

### ANNOUNCING WORLD ARTHRITIS DAY

14<sup>th</sup> October 2017  
Swan Convention Centre,  
Sunway Medical Centre  
9.00am-4.00pm

For further details contact AFM at  
**03-7960 6177**

**Date: 20 August 2017 (Sunday)**

**Time: 6.00am onwards (Flag off: 7.15am)**

**Venue: Padang Merbok, Kuala Lumpur**

**Entry Fees: RM38 per person (All donated to AFM)**

#### EACH PARTICIPANT WILL RECEIVE A:

- T-Shirt and Bib
- Finisher medal
- Goodie bags worth over RM100
- Light breakfast (1 food item + 1 drink)
- Chance to win prizes and lucky draws

#### REGISTRATION / PAYMENT

- To participate, please log on to **www.kordels.com.my/charitywalk** OR sent in the entry form together with a cheque or bank draft payable to: **CAMBERT (M) SDN. BHD.**
- To donate to AFM log on to: **www.kordels.com.my/charitywalk**
- Mail or hand in entries to:  
Cambert (M) Sdn Bhd (134845-P)  
8th Floor, Central Wing, Wisma Consplant 1,  
No. 2, Jalan SS16/4, 47500 Subang Jaya,  
Selangor Darul Ehsan.

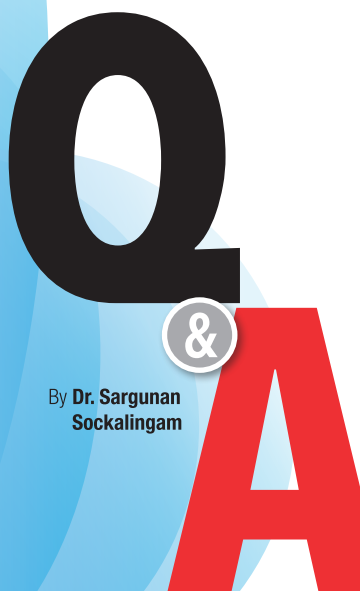
#### For Information and enquiries, please contact:

Tel : 03-5638 3660  
Email : ask-kordelscharitywalk@cambert.com.my



## QUIZ

**How much do you know about arthritis? Take this quiz and challenge yourself.**



By Dr. Sargunan Sockalingam

- Multi-level marketing usually uses one of these products in treating arthritis EXCEPT**
  - Herbal tea
  - Goat placenta
  - Methotrexate
  - Stem Cell
  - Reverse Osmosis Water
- The advice to drink plenty of water helps in**
  - Kidney stones
  - Gall stones
  - Joint swelling
  - Heart failure
  - Water toxicity
- Acetaminophen is more commonly known as**
  - Brufen
  - Minyak Gamat
  - Minyak Cap Kapak
  - Panadol
  - Emthexate
- Which one of these exercises is important in arthritis?**
  - Weightlifting
  - Kickboxing
  - Somersaulting
  - High octave singing
  - Quadriceps strengthening
- Which ethnic race of people is protected from rheumatoid arthritis?**
  - None
  - Caucasian
  - Chinese
  - Native American
  - Orang Asli
- This blood test is done to diagnose Lupus**
  - Creatinine
  - Antinuclear antibody
  - Uric acid
  - White cell count
  - Platelet count
- Treatment of arthritis by an orthopaedic surgeon**
  - Is the first line of management
  - Involves the use of DMARDs
  - Is usually by joint replacement surgery in the late stages
  - Injection of stem cell or platelet rich plasma is proven
  - Usually with oral steroids
- Best outcome for management of rheumatoid arthritis is with**
  - Fully equipped tertiary centre with latest technology
  - New drugs that are constantly being introduced
  - Doctors who advertise on inflight magazines
  - General practitioners who detect the disease early
  - Ayurvedic therapy
- The damage caused by Rheumatoid Arthritis is due to**
  - Excessive weight gain
  - Change in blood counts
  - Rheumatoid Factor persist despite treatment
  - Erosion
  - Weak bones
- Carpal tunnel syndrome**
  - Pain of the elbow due to Rheumatoid Arthritis
  - Numbness of hand due to median nerve compression
  - Requires a neck brace
  - Has no cure
  - Has nothing to do with Rheumatoid Arthritis

## ANSWERS

- C. Methotrexate.** Methotrexate is one of the most effective and widely used medications for treating rheumatoid arthritis (RA) and other inflammatory types of arthritis. It is a type of drug known as a disease-modifying anti-rheumatic drug (DMARD).
- A. Kidney stones.** Drinking extra water dilutes the substances in urine that lead to stones.
- D. Panadol.** Paracetamol, also known as acetaminophen or APAP, is a medication used to treat pain and fever. Paracetamol is available as a generic medication with trade names including Tylenol and Panadol among others.
- E. Quadriceps strengthening.** Quadriceps is a large group of muscles that run down the front of your thigh. "Knee strengthening" which is a big part of the knee rehabilitation process in arthritis focuses a lot on quadriceps strengthening.
- A. None.**
- B. Antinuclear antibody.** The ANA test is a simple blood test that finds the presence of antibodies that mistakenly attack healthy proteins in the body. It is used to help determine whether someone has an autoimmune disorder, such as lupus or rheumatoid arthritis.
- C. Is usually by joint replacement surgery in the late stages.** Surgery is one of the last options to relieve severe pain that has not responded to other treatments. Severe deformities that lead to loss of joint function may need joint replacement surgery.
- D. General practitioners who detect the disease early.**
- D. Erosion.** Bone erosion is a central feature of rheumatoid arthritis and is associated with disease severity and poor functional outcome.
- B. Numbness of hand due to median nerve compression.** Carpal tunnel syndrome (CTS) is a medical condition due to compression of the median nerve as it travels through the wrist at the carpal tunnel. The main symptoms are pain, numbness, and tingling, in the thumb, index finger, middle finger, and the thumb side of the ring fingers.

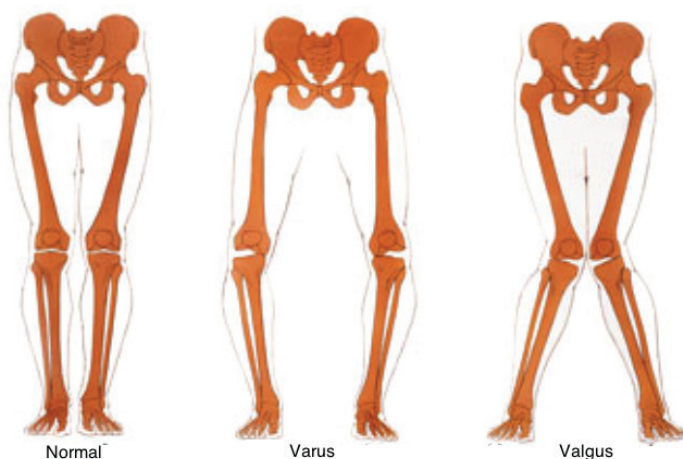
# Knee Malalignment & Osteoarthritis



Osteoarthritis is the most common articular disease of the developed world and a leading cause of chronic disability, mostly as a consequence of knee OA and/or hip OA. (Grazio S, Balen DLijec Vjesn. 2009, Pub Med). Did you know that the knee is the most common joint affected in osteoarthritis?

According to statistics, up to 41% of limb arthritis is located in the knee, compared to 30% in hands and 19% in hips. Obesity, previous knee injury, malalignment and rigorous sports activity have all been shown to be risk factors for the incidence of osteoarthritis. (J. Niu, Y. Q. Zhang, J. Torner et al. 2009).

Lower limb malalignment is frequently seen in very young children and it usually corrects naturally with growth and physical maturation. In adults, malalignment may present in one or both legs and may persist from childhood as a congenital disorder or develop as a result of a hip/knee injury, muscular weakness or obesity.



A knee that is perfectly aligned has its load-bearing axis on a line that runs down the middle of the leg; through the hip, knee, and ankle. When the knee is not perfectly aligned, it is referred to as either varus (bowlegs) or valgus alignment (knock-knees).

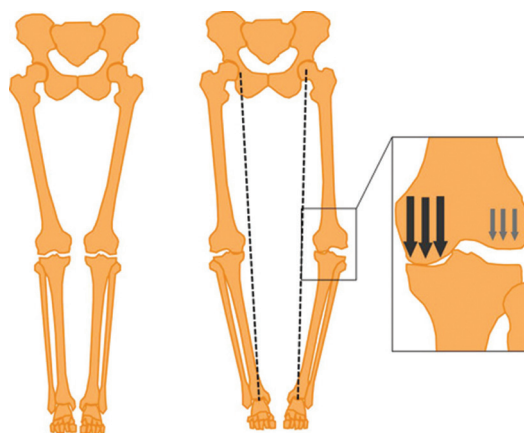


In this issue **Dr. Vim, Physio Plus**, explores osteoarthritis in the knees through the perspective of malalignment of the knees. So put on your reading glasses and continue reading to understand and manage your knee pain better.

In the instance of a varus knee alignment, with a C like curve, stresses over the upper thigh bone and lower calf and shin bones appear on the inner side of the knee joint, and contribute to osteoarthritis (illustrated in pic 2). Weakness of the vastus medialis muscle that does the last few degrees of extension will be present, alongside weakness of the quadriceps.

The person has a valgus alignment, when the knees seem to be closer to each other (knock knees); knees bent inwards in the middle part. In this case, the feet become more pronated or turned inwards. Stresses between the bones appear typically at the outer border of the knee joint and contribute to knee osteoarthritis (illustrated in pic 3).

Knee symptoms and pain may be worsened with obesity or overuse of the knee joint, and may become more serious if the medial meniscus (cartilage) or anterior cruciate ligament tears or has existing injuries.



An analogy to explain this is if you compare the knee joint to a car tyre. If the alignment is not right, you will notice that the tyre would be worn out on one particular side, thus shortening its lifespan.



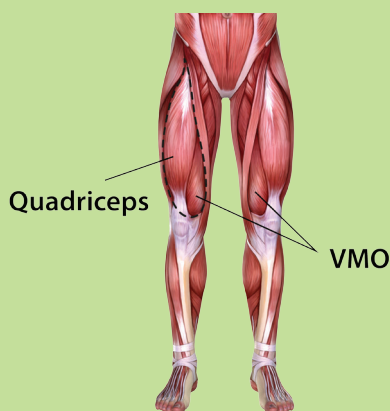
## PATELLOFEMORAL OSTEOARTHRITIS

Patellofemoral osteoarthritis and pain can result from excessive patellofemoral joint pressure due to poor knee cap alignment.

- The patella or knee cap is located anterior to the knee joint and is partially encased by the quadriceps tendon as it inserts into the tibia. The quadriceps is responsible for extending the knee, often against an extremely large weight-bearing load.
- The patella retinaculum is fascia which attaches to the medial and lateral surfaces of the patella and assists in its proper tracking or movement. Medial laxity or lateral tightness of the patella retinaculum will cause an abnormal shift of the patella against the lateral femoral condyles during knee extension.
- Also tightness of the iliotibial band, and/or weakness of the vastus medialis muscle can cause this lateral shift of patella. If the patella has an abnormal tilt, it causes an increase in the pressure on the lateral portion of the patellofemoral surface. In time, this affects the joint surface behind the kneecap.
- Poor foot posture (eg flat feet) and weak hip control muscles can both allow your knee to sit abnormally and result in a lateral deviation of your patella.
- Generalized joint laxity can also be a causative factor in the patella malalignment syndrome. This may allow the patella to move abnormally during knee extension.

When poor biomechanics are repeated with each step of your walking or running, it repeatedly traumatises your patellofemoral joint. Regardless of the specific cause of patella malalignment syndrome, the end result is excessive pressure on the lateral aspect of the patellofemoral articulation and damage to the hyaline cartilage. Your physiotherapist will be able to reduce the lateral pressure by stretching appropriate soft tissues and facilitate proper cartilage metabolism.

## PHYSIOTHERAPEUTIC INTERVENTIONS



**Quadriceps muscle strengthening is a common goal in the management of knee osteoarthritis.**

The quadriceps muscle is a principal contributor to knee joint stability and provides shock absorption for the knee during ambulation. Clinically, weakness of the quadriceps muscle is consistently found in patients with knee OA. Research has shown

that higher quadriceps muscle strength is associated with a reduced risk for incident symptomatic knee OA. In healthy knees, strength protects against new osteoarthritis. In arthritic knees, greater strength may protect joints and thereby delay osteoarthritis progression.

### A word of caution

Greater quadriceps strength is associated with greater probability of tibiofemoral osteoarthritis progression in knees that are malaligned, for example in persons with a valgus (knock knee) or with highly lax knees. In such joint environments, greater strength of the quadriceps may translate into damaging joint reaction forces, unless joint-protective muscle activity is enhanced. This can be carried out with the aid of your physical therapist after a thorough assessment of the angulation and alignment of the knee, and the muscle strength of the major muscles surrounding the hip, knee and ankle.

### What can be done?

Taping the patella to prevent its tilt either medially or laterally helps in distributing the forces acting around the patellofemoral joint (joint between the knee cap and thigh bone). This kinesiotaping method commences the patellofemoral joint realignment phase and is normally immediately effective in providing pain relief. Once taping is done, quadriceps strengthening can be carried out. You can learn how to tape your patella correctly from the physiotherapist before you begin exercises on a home program.

## CORRECTING MUSCLE IMBALANCES

### Weak hip abductors and external rotators

Inadequate gluteal/hip muscle strength (gluteus minimus, gluteus medius, gluteus maximus, hip external rotators), possibly cohabiting with overactive hip adductors, prevents proper stabilization of the femur. The hips then move into adduction and internal rotation. And when the adductors are overactive in comparison to the glutes/hip external rotators, the knee is similarly pulled into a valgus position.

### Tight calf muscles (gastrocnemius, soleus)

This can cause limitation in ankle dorsiflexion (movement of the foot up towards you). This can restrict mobility and prevent the tibia/knee from migrating forward sufficiently, which would in turn, cause the foot to compensate by pronating (turning inwards) allowing for more forward knee migration.

### Impaired Hamstring Function

Inadequate medial hamstrings (semimembranosus and semitendinosus) strength will prevent proper stabilization of the knee which will lead to some medial knee displacement.

### Inadequate VMO (vastus medialis obliques) strength will fail to allow for proper knee stabilization

Training of the vastus medialis muscle and the obliques can be done with the use of electrical muscle stimulation and corrective exercises.

### Other Risk Factors for Osteoarthritis

Obesity, previous knee injury, and rigorous sports activity have been shown to be risk factors for the incidence of osteoarthritis. (J. Niu, Y. Q. Zhang, J. Torner *et al.* 2009). Relationship between body mass index (BMI) and OA of the knee is mainly linear, and duration of increased joint loading with weight gain is also significant.

Obesity represents one of the most important risk factors and it is also a predictor for progression of OA, especially of a knee joint and less of the hip joint. Keeping your weight in check goes a long way in preventing and reducing the pain of OA.



# Wait no more, Come Join Us

The RASG conducts PACE (People With Arthritis Can Exercise) exercise classes every Wednesday from 11-12 am. The classes are conducted by professionally qualified physiotherapists from Physio Plus, by Dr. Vimala Marimuthu. The history of PACE classes goes back to 2000, when it was started under the aegis of Dr. Kiran Veerapen, consultant rheumatologist and then President of AFM.

For further details contact AFM at  
**03-79606177**

The participants were all regulars who knew each other very well and the atmosphere was about fun and camaraderie. They were mostly in their 60's and 70's though one woman was in her 80's!

Kheng Cheong, 83, has been attending the PACE classes for 2 years. She says at the end of class, "My mind feels relaxed, my muscles stretched out and my body light. Amazingly my body has improved progressively with time and I can now stretch deeper and feel stronger. I also find that if I don't exercise regularly, my muscles get very stiff. So these classes are very beneficial for me to stay on track".

Another participant Yoong Chew Hing, 77, has been coming in regularly for a year now. She says, "I find it beneficial for me as I don't exercise during the rest of the week. So I feel that I owe it to myself to have a good exercise session at least once a week. The stretching exercises have helped my body become more flexible and I don't feel so stiff anymore". She adds that a lot of people think they do house-work and that is enough. But she says, "While doing house-work is good, it is not an exercise regime like these classes where you consciously work with your body under the expert supervision of the physiotherapists. I really look forward to and enjoy attending my fitness classes".



According to Dr. Vimala, "The exercises are designed to increase flexibility, joint stability, muscular strength and cardiovascular endurance. The routine also introduces a fair mix of balance, coordination and circuit training. The classes also provide an avenue for social interaction and mood elevation for the participants".



Another enthusiastic participant Lim Peck Chan, 73, has been attending classes for the last two years. She says she enjoys the classes and tries to come whenever she can. She says, "Though we all suffer while we are doing the class, the reward is great. At the end of class, the body feels so light, it's almost like magic! I also believe that my body has aged well because of regular exercise". But it's not just all about sweat and hard work! Chan says she enjoys sharing laughter in class and catching up with her friends, so the benefits are emotional as well as physical. "For me, it is very therapeutic to come here" she adds.

So wait no more. Take the plunge and sign up for the classes for a healthier body and mind! And for loads of laughter too!





# Benefits of a Support Group

If you have a chronic illness such as arthritis, you know that dealing with chronic pain and other symptoms can often feel like an uphill battle. You may find that your friends and family don't fully understand what you're going through, or you may not feel comfortable talking openly to them. It can be tempting to shut yourself off and stay inside, and some days you may not even want to get out of bed. Unfortunately that kind of thinking only adds to your pain.

Finding a group of people who understand what you're experiencing, who understand what it's like to live with chronic illness and chronic pain, can be a great way to find the inner strength to face the challenge of your condition and live a fuller life.

Joining a chronic illness or arthritis support group can be very beneficial to your physical and mental health. Support groups can offer a safe environment where you can share painful experiences that you might be too embarrassed to tell a friend or loved one. It also is a great way to get out of the house, meet new people and interact with others. In talking to them, you will see that you're not alone in your struggle. You can get emotional support as well as learn new strategies for managing daily challenges-not just from your symptoms but also from any underlying anxiety or depression you may have, as these are common in people with chronic diseases.

"Studies show arthritis support groups can improve mood, provide better coping skills, decrease pain and provide relief from negative emotions, such as fear, resentment and hopelessness", according to Vicki Helgeson, PhD, of Carnegie-Mellon University, Pittsburgh, who has studied the impact of support groups for more than a decade.



**Ms Annie Hay,  
Chairman, RASG**  
shares with you the  
benefits of belonging  
to a Support Group.



For further details contact AFM at

**03-79606177**

## Benefits of local RA support groups:

Meeting other people with similar experiences is always helpful. However, with a disease like RA, it is even more valuable. Imagine not having to explain how much it hurts or why you can't do something or why you're not better yet. Meeting members of a local RA support group is almost like meeting relatives at a family reunion.

The RA Support Group offers an avenue to talk about how RA sufferers are dealing with their condition. The organising committee occasionally bring in local nutritionists or physicians to give members additional strategies for managing their condition. In addition to the group sessions, we often organize informal social events and outings to interact with new RA sufferers.

So come and join us at our next session. There is nothing to lose. On the contrary, you will only become more informed about your condition, gain new friends and feel supported!

# Spreading awareness of Ankylosing Spondylitis (AS) at Taylor's

Taylor's University Lakeside Campus, Subang Jaya, Selangor held an event, "Age like wine, Mind the spine" on the 6-7 June 2017. The purpose of the event was to create awareness about AS among the younger generation. Arthritis Foundation Malaysia (AFM) was invited as a partner to create awareness of arthritis as well as its many activities. Students and lecturers visited the booth to take away information on arthritis. Any donation received was channeled to AFM. For the audience to understand better the struggles that went with being diagnosed with the condition, they were encouraged to try out the 3 sets of simulation suits from Novartis. These suits are designed to show the effects of AS and how AS affects mobility and movement. Many of the students gamely tried on the suits and did their best to do the designated exercises. And unsurprisingly, most of them found it difficult to bend, squat, do pushups, etc. It was certainly an eye-opener for them. Items such as eye drops and pens were given away to the visitors.





President of AFM and Consultant Rheumatologist  
**Dr. Sargunan Sockalingam**  
 speaks his mind on current issues that confront him in the medical profession.



This summer, many rheumatologists from Malaysia had the opportunity to attend the European Union League of Association of Rheumatologists' (EULAR) Scientific Congress held in Madrid. The journey was long and almost all of us had to endure stopovers and literally chase after the next flight to get to our destination (Malaysia Airlines does not fly direct to Madrid). It was also scorching hot and dry once we got there. What's more, we had to take many days off our routine work and spend time away from our families. Attending these conferences also involves quite a bit of expenditure, especially with the weakened ringgit. It is really difficult to self-finance such trips, and we are indeed fortunate that pharmaceutical companies (industry) have been heroically supporting the practicing physicians' quest to improve themselves.

This has triggered the ire of certain bodies. The issue being that pharmaceutical companies are exploiting this important element in the development of the physician to their benefit, presumably, to increase sales of their products. Nothing could be farther than the truth when it comes to industry sponsorship of doctors' participation in international medical conferences. I have no idea about profits or losses made by the pharmaceutical industry. What I am familiar with, is the commitment made by both medical professionals and the industry to improve on their performance, such as diagnostic skills and to optimize bespoke treatment principles.

These conferences are intense. There are an astounding array of lectures, forums, networking opportunities and audio-visual information that can at times be overwhelming. This is medical school, all over again, but here, with the constraint of time. Doesn't medical education cost an exorbitant sum of money? So much so that governments spend a sizable amount of their budget sending students overseas to become doctors. Many regulatory bodies insist on CME points. Hence, the importance of international medical conferences, which provides high intensity information and generates hydra-like discussion forums. I cannot see any other platform that offers this opportunity. So why the discouragement?

At least, let us get the opportunity to improve and challenge ourselves so we can serve our patients better. We, of all people, know well enough, that money can't buy you life.

**Dr. Sargunan Sockalingam**

## The EULAR congress

Personally, I found this EULAR congress to be very informative and I have learnt enough to tweak my practice to better suit my patients. I frequently lecture, and every time I receive praise, it is only because I reproduce the facts I learnt from these meetings. I found that in order to look at every entry of the poster exhibition, I would have to forego lectures that I wanted to attend. There was that much information to absorb. Very often, we at the University, compete with doctors from the Ministry of Health in presenting posters from our research.

The lectures I attended were very good and I learnt among other things, that even the best researchers had their reservations about common principles in the treatment of disease. New patterns of disease appear with every novel therapy, such as the revelation of immune related adverse events in immunotherapy for cancers. I wish I could write more about this, but then, I wonder if the detractors of industry sponsored visits would become even more distraught.

## In our defence

It seems that anything doctors do these days is subject to scrutiny and criticism by regulatory bodies. We welcome criticism and take everything as a learning experience. But the discouragement of industry sponsored visits to conferences (back to school experience, no less), seems to be just one part of this strange practice. Demonizing doctors' hard earned income is another one. Perhaps the powers that be should remember, that at times, blood is spilled along with tears, time and mind-numbing effort in the making of a doctor. It seems strange that you want to put a price on that, when conglomerates and corporates are more than happy to profit on the day-to-day management of large private medical centres. Listing on the stock market, no less. Is there a cap on administrative fees, suite rental, disposables fee, mark up of important medication, middle man fees and service provider fees that are gleefully passed on to the doctors and paying patients? I heard on radio recently a lot of hard work goes into ensuring the smooth running of medical centres. So the costs are justified. I guess in their minds, the effort that goes into the making of a doctor and their struggle to stay up to date, is considered a walk in the park!



# 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 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 Tawakal Specialist Hospital, Kuala Lumpur
- Pusat Perubatan Universiti Malaya, Kuala Lumpur\*
- University Malaya Specialist Centre, Kuala Lumpur

## Selangor

- KPJ Ampang Putri Specialist Hospital, Selangor
- Hospital Selayang, Batu Caves\*
- Hospital Serdang, Serdang \*
- Sime Darby Medical Centre, 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\*

\* 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.

## Pulau Pinang

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

## 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\*

## Perak

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

## Kelantan

- Hospital Raja Perempuan Zainabll, Kota Bharu\*

## Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu\*

## Sabah

- Hospital Queen Elizabeth, Kota Kinabalu\*

## Sarawak

- Hospital Kuching, Kuching\*

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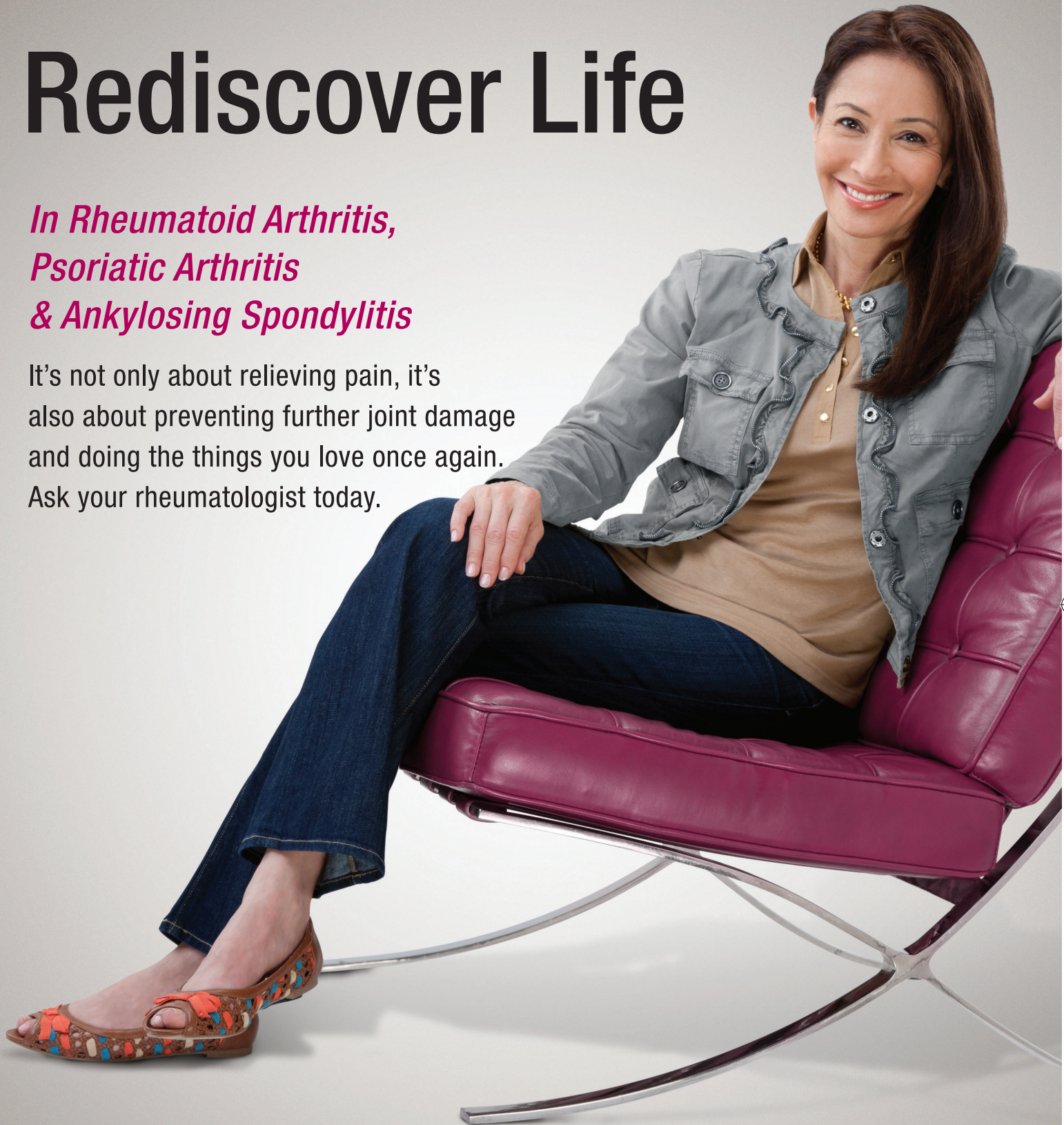
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