



World Arthritis Day 2017

National RA Day Public Forum in Penang

World Arthritis Day Public Forum

Walk 2 Inspire

Kordel's Walk 2017

There's a beautiful quote that says "Every end is a new beginning". So as we come to the end of another year, we look forward to the promise of a new year; to try new experiences, incorporate healthy patterns be it with regard to our diet, exercise, sleep or any other relevant aspect of our lifestyle and to take the opportunity to work on our mental attitude towards our health, relationships and life.

With this theme in mind, in our Centre Stage section, we have expert advice by Dr. Shamala Rajalingam, on managing arthritis in a holistic manner by tackling it from many fronts. In our "Myth of the Month" section, Dr. Amir Azlan Zain shares his views on the topic "Weight is not a factor in Arthritis". And for those of you who could not make it to our World Arthritis Day event held in October, the coverage of the event is a must-read. It was a very uplifting and inspiring event and we had brilliant speakers who shared so much information that I have tried my best to incorporate in the article.

This year the National RA Day was held in Penang and you can read the details of the event in our "Events" section. Do read the "Doc Talk" section where Dr. Sargunan Sockalingam shares his views on the "Era of Telemedicine" and his prediction that 2018 and beyond will only see the rise of telemedicine to astounding levels! The annual "Kordel's Charity Fun Walk 2017" was a grand success. AFM is grateful to Kordel and other sponsors for organizing it and to be the sole recipient of the funds. It is through corporate support such as this and others that AFM through the Arthritis Fund is able to help underprivileged arthritis patients obtain the much-needed prosthesis that will enable them to lead as normal lives as possible.

So do read and share the information with your friends and family. Do stay connected to AFM and its many ongoing activities, be it the fun and active PACE exercise classes conducted every week by Dr. Vim and her team or other informative activities organized by Annie Hay and her RA Support Group. Wish you all a wonderful and blessed New Year 2018.

Shailaja Menon
EDITOR

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PRESIDENT'S NOTE

As predicted, the year 2017 rushed by like a Japanese bullet train. Or perhaps I should say, Chinese bullet train, so as to not upset the new masters of the lands. This has been an interesting year for all of us. Arthritis Foundation Malaysia has seen more action and publicity with radio interviews, television appearances, charity events and of course, the World Arthritis Day Forum.

I was given the honour of giving one of the opening speeches at the World Arthritis Day Public Forum organized by Hospital Putrajaya, held at the IOI Mall. This clearly marks the continued collaboration between AFM and Ministry of Health Institutions and I am thrilled for AFM to be associated with the most prestigious of these, the Hospital Putrajaya, under the guidance of Dr. Liza Mohd Isa and her team of doctors, nurses and physiotherapists.

AFM has traditionally been closely associated with University Malaya Medical Centre, as our past presidents can all declare this institution their alma mater. It is indeed refreshing to have MOH Hospitals collaborating with AFM, as this will enable us to spread awareness about the issues affecting our arthritis patients.

The events of the year have been immensely encouraging. At the recently concluded American College of Rheumatology Conference in San Diego, one of the conference sessions highlighted the importance of rheumatologists themselves walking the talk. We advise our patients to exercise. What about us, the learned rheumatologists? Indeed it is heartening to note that many rheumatologists are avid runners, climbers, swimmers and team sport participants. I hear there is one rather intrepid local rheumatologist who is a rugby player.

Commendable as this is, I would advise our patients to avoid high impact sports, and stick to low impact activities, such as swimming, cycling and walking.

We look forward to 2018. There will be more events. Perhaps we can add half marathons and cycling to our list of events too. There will be more forums, more interaction and more dynamism from the part of AFM. We look forward to partnerships with the corporate sector and we hope to raise more money for the Advanced Arthritis Therapy Fund. But more importantly, we look forward to delivering informative and thought provoking articles in our future editions of Joint Efforts. We wish you a Happy, Prosperous and Successful New Year 2018.

Dr. Sargunan Soekalingam
President, AFM

Seperti yang diramalkan, tahun 2017 berlalu begitu pantas sekali. Ini adalah tahun yang menarik untuk kita semua. Yayasan Arthritis Malaysia telah menyaksikan lebih banyak tindakan dan publisiti dengan wawancara radio, penampilan televisyen, acara amal dan semestinya, Forum Hari Arthritis Sedunia.

Saya diberi penghormatan untuk menyampaikan satu ucapan pembukaan pada acara Hari Arthritis Sedunia anjuran Hospital Putrajaya, yang diadakan di IOI Mall. Ini jelas menandakan kerjasama berterusan antara AFM dengan Institusi Kesihatan Kementerian dan saya sangat gembira kerana AFM dikaitkan dengan hospital yang paling berprestij, iaitu Hospital Putrajaya, di bawah bimbingan Dr. Liza Mohd Isa dan pasukan doktor, jururawat dan ahli fisioterapi.

Secara tradisinya, AFM mempunyai kaitan rapat dengan Pusat Perubatan Universiti Malaya, kerana presiden kita yang terdahulu mengisytiharkan institusi ini adalah alma

mater mereka. Kerjasama hospital-hospital KKM dengan AFM adalah sesuatu yang sangat menarik kerana ini membolehkan kita menyebarkan kesedaran tentang isu-isu yang mempengaruhi pesakit artritis di Malaysia.

Peristiwa tahun ini sangat mengujakan. Pada Persidangan American College of Rheumatology yang tamat baru-baru ini di San Diego, salah satu sesi persidangan itu menekankan pentingnya para pesakit reumatologi sendiri yang melakukan senaman. Kami ingin menasihati pesakit kami supaya bersenam. Bagaimana pula dengan kami, pakar reumatologi? Sesungguhnya saya gembira kerana ramai pakar reumatologi merupakan pelari, pendaki, perenang dan peserta sukan berpasukan. Malah, saya juga terdengar ada seorang pakar reumatologi tempatan yang merupakan pemain ragbi. Ini memang hebat tetapi saya ingin nasihatkan pesakit kami supaya elakkan sukan berimpak tinggi, dan hanya amalkan aktiviti berimpak rendah, seperti berenang, berbasikal dan berjalan kaki.

Kami mengalu-alukan tahun 2018. Lebih banyak acara sedang menanti. Mungkin kita boleh menambah acara larian separuh maraton dan berbasikal dalam senarai acara kami. Akan ada lebih banyak forum, lebih banyak interaksi dan lebih dinamisme daripada AFM. Kami mengalu-alukan kerjasama dengan sektor korporat dan berharap dapat mengumpul lebih banyak wang untuk Dana Terapi Lanjutan Arthritis.

Tetapi yang lebih penting, kami berharap dapat menyampaikan rencana yang bermaklumat dan memacu minda dalam edisi Joint Efforts pada masa akan datang. Kami mengucapkan Selamat Tahun Baru 2018 kepada anda semua. Moga tahun yang akan datang ini bakal membawa seribu rahmat dan kejayaan.

Dr. Sargunan Soekalingam
Pengerusi, AFM

正如所料，2017年就像日本子弹火车般飞快的过去了，或者说应该，是有如中国高铁般的飞快过了，免得这新崛起的大哥不高兴。对我们而言，这是有趣的一年。大马关节炎基金会（AFM）的宣传做得比以往多，它们包括电台访谈、在电视上与观众见面、慈善活动项目等，当然还有世界关节炎日。

很荣幸的，当布城医院在IOI商场举办世界关节炎日活动时，我受邀在开幕礼上担任其中一位致辞嘉宾。这显示AFM与卫生部属下机构的合作没有中断过，我也因为AFM有机会跟这些机构当中的佼佼者——布城医院——合作而感到高兴。布城医院的掌舵人为丽莎莫哈默伊萨医生，她带领着旗下的医生、护士及物理治疗师团队为民众尽心服务。

AFM传统上和马来亚医疗中心有着紧密的关系，基金会的几位前任主席都视这所医疗机构为他们的母校。与卫生部的医院展开合作，对基金会而言是一件新颖的事情，我们能够通过这些让更多民众认识到影响着关节炎患者的各项问题。

今年里所经历的事件都非常鼓舞人心，令人充满希望。在圣地亚哥不久前才落幕的美国风湿学院大会的其中一场会议上，讨论重点是风湿专科医师本身对自己所推动的事情要身体力行之重要性。身为医生，我们劝勉患者做运动。那么，满脑子健康知识的风湿专科医师有做运动吗？

当得知不少风湿专科医师其实是跑步、攀山、游泳及团队体育运动方面的健儿时，确实令我感到振奋。我也听闻本地有一位风湿专科医师是作风挺强悍的橄榄球球员。这固然是值得赞扬和鼓励的，但是患者则应避免做高冲击力的运动，选择低冲击力者如游泳、骑脚车和步行比较适当。

我们期待着2018的到来，未来也会有更多活动项目。半程马拉松和骑脚车比赛或许也会成为项目之一呢。我们会举办更多讲座会，展开更多互动以及注入更多力量。我们期待能多多与企业界建立伙伴关系，也希望会为关节炎先进治疗基金募得更多义款。

然而最重要的是，我们期盼在未来的Joint Efforts会讯中刊载更多传达有用信息并启发思考的文章。我们在此谨祝各位读者2018年新年快乐，财源广进，步步高升。

大马关节炎基金会主席
沙谷南医生

Rheumatoid arthritis risk and noxious airborne agents

August 10, 2017: New research indicates that certain occupations may put workers at an elevated risk of developing rheumatoid arthritis. The findings, which appear in *Arthritis Care & Research*, suggest that work-related factors, such as noxious airborne agents, may contribute to the pathogenesis of rheumatoid arthritis.

Environmental factors are thought to play a role in the development of rheumatoid arthritis by triggering autoimmune reactions in susceptible individuals. To examine whether certain occupational hazards and exposures might be involved, Anna Ilar, of the Karolinska Institutet in Sweden, and her colleagues analyzed information from 3522 individuals with rheumatoid arthritis and 5580 controls from the Swedish population-based EIRA (Epidemiological Investigation of Rheumatoid Arthritis) study. The study gathered information on environmental, genetic, and immunological factors collected from blood samples and questionnaires between 1996 and 2014.

The team found that male workers in the manufacturing sector had a higher risk of developing rheumatoid arthritis than workers within the professional, administrative, and technical sectors (the reference group). Within the manufacturing sector, male electrical and electronics workers and material handling operators had a twofold increased risk of rheumatoid arthritis than the reference



group. Bricklayers and concrete workers had a threefold increased risk.

Among women, assistant nurses and attendants had a slightly increased risk of rheumatoid arthritis. Those in the manufacturing sector did not, however. (This finding might be explained by the relatively small number of women who work in this sector compared with men.)

The researchers' analyses took into account participants' smoking habits, alcohol use, educational level, and body mass index, all of which are factors associated with rheumatoid arthritis. "Previous studies have not considered

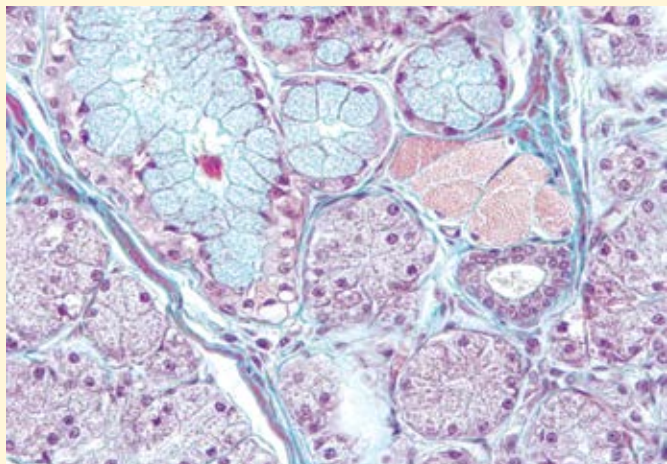
these lifestyle-related risk factors to the same extent. Our findings therefore indicate that work-related factors, such as airborne harmful exposures, may contribute to disease development," said Ilar. "It is important that findings on preventable risk factors are spread to employees, employers, and decision-makers in order to prevent disease by reducing or eliminating known risk factors," she added.

More research is needed to pinpoint the exposures that may be involved. Potential suspects include silica, asbestos, organic solvents, and motor exhaust.

Source: Materials provided by Wiley.

Hibernating Control Cells are the Key to Chronic Inflammation

August 10, 2017: Rheumatoid arthritis is the most common autoimmune disease of the joints. It causes a chronic inflammatory response, with the body's own immune cells attacking the joint, including the cartilage and bone. This process does not cease spontaneously. An international research team headed by the rheumatologist Dr Andreas Ramming at Friedrich-Alexander-Universität Erlangen-Nürnberg (FAU) has now managed to identify an immune system cell type that can be used in a targeted attempt to control the inflammatory response in arthritis patients. The results obtained by the research team at Department of Medicine 3 - Rheumatology and Immunology of Universitätsklinikum Erlangen - have been published in *Nature Medicine*.



In Germany some 800,000 people, preliminarily women, suffer from rheumatoid arthritis. However, to date, little has been known about how inflammations clear up and why this process does not work in those suffering from rheumatism. Now a joint

project involving researchers in London, Barcelona, Zurich, Indianapolis and Dublin has enabled researchers in Erlangen to solve this mystery. According to Simon Rauber, an immunologist in Erlangen and primary author of the study, a previously inadequately studied cell population of the immune system called innate lymphoid cells plays a major role in the resolution of inflammations. It seems that innate lymphoid cells go into a kind of 'hibernation' in patients with rheumatism.

"In patients suffering from rheumatoid arthritis, these innate lymphoid cells are in a state of what can be described as hibernation and as a result the inflammation persists. When innate lymphoid cells are 'woken up', this puts a stop to the inflammation and to the damage to the joint," adds principal investigator Dr Ramming. The discovery of this important mechanism could provide the opportunity to develop completely new options for treating chronic inflammatory diseases.

Source: Materials provided by University of Erlangen-Nuremberg.

Retired professional footballers at higher risk of knee osteoarthritis

November 3, 2017: Retired professional footballers are far more prone to develop knee pain and osteoarthritis and face problems with their knees earlier in life than the average person, a study has revealed.

The research was led by academics at The University of Nottingham and funded by the charity Arthritis Research UK with collaborative support from FMARC (FIFA's Medical and Research Centre), the Professional Footballers Association (PFA) and SPIRE Healthcare Group.



The study reported that male ex-footballers were two to three times more likely to suffer from knee pain and knee osteoarthritis and require a total knee replacement, even after adjustment for other risk factors including significant knee injury. Ex-footballers reported more knee pain, structural knee osteoarthritis on x-ray and total knee replacements across all age groups in the study and especially in younger age groups (40-54 years).

Published in the British Journal of Sports Medicine, the research also revealed that although former footballers presented with more musculoskeletal pain, they were less likely to suffer with and report other conditions or diseases such as diabetes, heart attacks and cancer.

The study was led by Dr Gwen Fernandes and Professor Michael Doherty who are part of the Arthritis Research UK Centre for Sport, Exercise and Osteoarthritis and are based in the department of Academic Rheumatology in the University's School of Medicine. This is the largest and most comprehensive study conducted in the UK and internationally on establishing how common knee pain, osteoarthritis and knee replacements are among ex-professional footballers when compared with the general population and to look specifically at whether this was influenced by other factors such as previous knee injury.

More than 1,200 ex-footballers with an average age of 59 years were recruited via the PFA and from individual league clubs and professional football associations in the UK and compared to more than 4,000 general population men from the East Midlands region with an average age of 62.8 years.

The study concludes that the 'repetitive microtrauma' of professional football, regardless of significant injury, is likely to be the main cause of increased risk of knee osteoarthritis. The reported degree of increased adjusted risk (at least doubled) is in the order required by many national bodies to recognise knee osteoarthritis as an industrial disease for professional football.

Source: Materials provided by University of Nottingham.

WORK HARD & PLAY HARD! for better joints



To begin the New Year on an uplifting note, Joint Efforts wanted to bring you information to manage your arthritis and the chronic pain that accompanies it in a more holistic manner. While taking medication is one aspect of management, it is recognized, now more than ever, that disease and pain management should have a multi-dimensional approach for better outcome. And we got some advice from Dr. Shamala Rajalingam, Physician & Rheumatologist, Hospital Putrajaya, who very generously shared her time, as well as her expertise from years of experience to write this article for us.

People with arthritis experience many challenges on many fronts as a consequence of their symptoms, mainly chronic pain. This can lead to a life of being in constant discomfort. Eventually the anger and frustration builds up and spills over into relationships both with oneself and with loved ones.

Tracing the pathways of pain

Pain can start at different parts of your body but it lives in your head. Pain signals are sent from the nerve ending in our muscles, joints and tissues to the brain. The brain is the final organ that perceives pains after interpreting all the information given to it by the nerves together with the environmental, personal and cultural beliefs, old experiences and emotional state. Once the brain interprets all this information, then you will feel pain. This is why no two persons experience pain in the exact same way.

Unlike acute pain which will eventually go away, chronic pain (like arthritis) can really take over your life. Coping with chronic pains requires a combination of strategies as there is no one pill or technique than provides relief from pain effectively. Thus the need for a holistic approach that takes into account social and psychological factors. Studies show that pain, function and negative feelings are distressing and have a major impact on lives, especially if you are female, obese and pessimistic.

The holistic approach

For people with arthritis, making specific holistic life changes that focus on social, functional, psychological and personal factors can substantially contribute to easing of everyday symptoms. Studies show two main benefits in making these holistic lifestyle changes namely; easier to cope with pain, the perception of pain and the easing of depression (that usually co-exists with pains) and the ability to counteract negative thinking. Some changes shown to help ease chronic pain include:



Cultivate a Hobby: Some positive hobbies to cultivate are taking time to listen to music, spending time outdoors or participating in the arts. It is important to choose activities that appeal to one's unique interests and passions. If there is a lack of interest, there will be a lack of motivation. Interest is also important because when we take pleasure in a hobby, the brain releases a selection of chemicals that balance out the pain signals and reduce anxiety.



Outdoors: Time spent outdoors during daylight can help prevent depression. Depression is linked to insufficient Vitamin D levels, which can be boosted by regular exposure to UV light.



Keep occupied: Being occupied with arts, crafting, and home repairs, for example, can stimulate the neurological system and enhance overall health and feelings of well-being. Finding and being engaged in activities that you like keeps the mind occupied and helps to avoid thinking about the pain. You may not be able to avoid the pain, but you can take control of your life.



Exercise: Exercise is a key component to improving health. It is considered the most important non-drug treatment in reducing pain and improving movement in patients with arthritis. Regular exercise especially improves mood, eases pain, improve energy and overall health. Exercise also helps in weight loss, hence reducing stress and pressure on the joints and therefore pain. However it is important to choose an exercise that interests you, and is within your physical capabilities.

Diet: Diet is again another key factor in management of arthritis and overall well-being. A healthy diet which includes vegetables, fruits, olive oil, legumes, fish, whole grain cereals, nuts and seeds and low consumption of processed foods, dairy products, red meat and vegetable oil has shown to improve physical and mental outcomes.



Friends and family: Having supportive friends and family helps especially in coping with pain and low moods. Friends and family provide companionship, support and love. There are few coping principles as effective as; laughter, a positive attitude, faith and inspiration.



Sleep: Sufficient sleep is a minimum of 7 to 8 hours. People who suffer from chronic pain may need a bit more. Studies show people with arthritis have difficulty sleeping which has an overall negative impact on their health. It is most important to avoid naps which can disrupt the natural sleep cycle. A consistent routine must be in place to help sleep longer and improve quality of sleep. Research also shows that people who are active sleep better, so we are back to the importance of exercise again!



Relaxation techniques: Prayer, meditation and yoga seems to boost mood and a sense of well-being.



Massage and some supplements: They may provide similar benefits in terms of dealing with chronic pain, but these therapies have had less research documenting the benefits.



Acupuncture: An ancient Chinese medical treatment that involves inserting thin needles into specific points on your body. This is supposed to reroute energies and restore balance in your body. It is recommended by the World Health Organization for over 100 different conditions. It is thought that acupuncture has the ability to reduce arthritis pain.

OPTIMAL HEALTH

Optimal health is much more than the absence of sickness. Each of us should consciously pursue the highest qualities of physical, mental, emotional, spiritual and social aspects of the human experience in achieving this. What works for one person may not work for another. The goal is to look at and explore each of the different holistic approaches mentioned. Then pick those ideas that appeal to you, using your own knowledge of what does and does not work for you. Create your own perfect way!

Most physicians advocate physical activity- even if you don't lose an ounce, at least you can live longer, feel healthier and be less likely to get chronic diseases. Its closest thing we have to a wonder drug!

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BERUSAHA DAN BERMAIN untuk sendi yang lebih baik



Sebagai memulakan Tahun Baru dengan penuh semangat, Joint Efforts mahu berkongsi maklumat tentang cara merawat artritis dan mengurus kesakitan kronik yang datang bersama penyakit ini dengan cara yang lebih holistik. Walau pun mengambil ubat merupakan salah satu aspek pengurusan, kini pendekatan pelbagai dimensi bagi mendapatkan hasil yang lebih baik untuk mengurus penyakit dan kesakitan kini lebih diiktiraf. Kami mendapat nasihat daripada Dr. Shamala Rajalingam, Pakar Perubatan & Reumatologi, Hospital Putrajaya, yang banyak berkongsi masa, serta kepakarannya bagi menulis artikel ini untuk kami.

Orang yang menghidapi artritis mengalami banyak cabaran dalam banyak perkara akibat gejala yang dihidapi mereka, terutamanya kesakitan kronik. Ini menyebabkan kehidupan yang tidak selesa. Akhirnya kemarahan dan kekecewaan berkumpul dan boleh menjejaskan diri sendiri serta hubungan dengan orang yang tersayang.

Mengesan kesakitan

Sakit boleh bermula di bahagian tubuh yang berlainan tetapi ia wujud di dalam kepala anda. Isyarat kesakitan dihantar dari saraf yang berakhir di otot, sendi dan tisu ke otak kita. Otak adalah organ terakhir yang menerima rasa sakit selepas mentafsirkan semua maklumat yang diberikan kepadanya oleh saraf bersama dengan kepercayaan terhadap alam sekitar, peribadi dan budaya, pengalaman lama dan keadaan emosi. Apabila otak mentafsirkan semua maklumat ini, maka anda akan merasa sakit. Inilah sebabnya tidak ada siapa pun yang akan mengalami kesakitan dengan cara yang sama.

Tidak seperti kesakitan akut yang akhirnya akan hilang, kesakitan kronik (seperti artritis) benar-benar mempengaruhi kehidupan anda. Menghidapi sakit kronik memerlukan gabungan strategi kerana tidak ada sebiji pil atau teknik yang dapat memberikan kelegaan daripada kesakitan dengan berkesan. Oleh itu, pendekatan holistik diperlukan dengan mengambil kira faktor sosial dan psikologi. Kajian menunjukkan bahawa kesakitan, fungsi dan perasaan negatif adalah menyakitkan dan memberi impak besar kepada kehidupan kita, terutamanya jika anda seorang wanita, gemuk dan pesimis.

Pendekatan holistik

Bagi orang yang menghadapi artritis, membuat perubahan hayat holistik khusus yang menumpukan pada faktor sosial, fungsional, psikologi dan peribadi boleh menyumbang kepada pengurangan simptom harian. Kajian menunjukkan dua manfaat utama dalam membuat perubahan gaya hidup holistik iaitu; lebih mudah untuk mengatasi kesakitan dan persepsi kesakitan dan mengurangkan kemurungan (yang lazimnya wujud dengan rasa sakit) dan keupayaan untuk mengatasi pemikiran negatif. Beberapa perubahan yang terbukti meringankan sakit kronik termasuklah:



Mengamalkan Hobi: Antara hobi yang memberi kesan positif termasuklah mendengar muzik, meluangkan masa di luar rumah atau mengambil bahagian dalam seni. Adalah penting untuk memilih aktiviti yang menarik minat unik seseorang. Jika tiada minat, maka motivasi juga kurang. Minat juga penting kerana apabila kita gembira melakukan hobi tersebut, otak mengeluarkan beberapa jenis bahan kimia yang mengimbangi isyarat rasa sakit dan mengurangkan rasa bimbang.



Berada di luar rumah: Masa yang dihabiskan di luar rumah pada waktu siang hari dapat membantu mencegah kemurungan. Kemurungan dikaitkan dengan tahap Vitamin D yang tidak mencukupi, yang boleh dirangsang oleh pendedahan biasa kepada cahaya UV.



Diet: Diet juga merupakan faktor utama dalam pengurusan artritis dan kesejahteraan keseluruhan. Diet yang sihat yang merangkumi sayur-sayuran, buah-buahan, minyak zaitun, kekacang, ikan, biji-bijirin, kekacang dan biji-bijian. Kurangkan pengambilan makanan yang diproses, produk tenusu, daging merah dan minyak sayuran terbukti akan meningkatkan keadaan fizikal dan mental.



Masa dipenuhi aktiviti: Sibuk dengan aktiviti seni, kraf dan pembaikan rumah, sebagai contoh, dapat merangsang sistem saraf dan meningkatkan kesihatan dan kesejahteraan secara keseluruhan. Melakukan dan melibatkan diri dalam aktiviti yang digemari mengaktifkan minda dan membantu mengelakkan berfikir mengenai kesakitan. Anda mungkin tidak dapat mengelak kesakitan, tetapi anda boleh mengawal kehidupan anda.



Bersenam: Bersenam adalah komponen penting untuk meningkatkan tahap kesihatan. Senaman dianggap sebagai rawatan bukan ubat yang paling penting dalam mengurangkan kesakitan dan meningkatkan pergerakan pada pesakit artritis. Senaman yang kerap dapat meningkatkan mood, mengurangkan kesakitan, meningkatkan tenaga dan kesihatan keseluruhan. Senaman juga membantu menurunkan berat badan, oleh itu mengurangkan stres dan tekanan pada sendi, maka mengurangkan kesakitan. Walau bagaimana pun, pilihlah senaman yang anda minati dan dalam keupayaan fizikal anda.



Kawan dan keluarga: Mempunyai teman dan keluarga yang memberi sokongan dapat membantu terutama dalam menghadapi kesakitan dan ketika rasa mood kurang baik. Rakan dan keluarga dapat menemani, memberi sokongan dan kasih sayang. Terdapat beberapa cara untuk berhadapan dengan penyakit yang berkesan seperti; ketawa, bersikap positif, iman dan inspirasi.



Mengurut dan makanan tambahan: Cara ini mungkin memberi manfaat yang sama daripada segi menangani kesakitan kronik, tetapi terapi ini kurang penyelidikan yang mendokumenkan manfaatnya.



Teknik relaksasi: Doa, meditasi dan yoga dapat meningkatkan mood dan rasa sejahtera.



Akupunktur: Rawatan perubatan Cina purba yang melibatkan memasukkan jarum nipis ke dalam titik-titik tertentu pada badan anda. Ini sepatutnya mengalihkan tenaga dan memulihkan keseimbangan dalam badan anda. Ia disyorkan oleh Pertubuhan Kesihatan Sedunia untuk lebih daripada 100 keadaan yang berbeza. Dipercayai bahawa akupunktur mempunyai keupayaan untuk mengurangkan sakit arthritis.



Tidur: Dapatkan tidur yang mencukupi sekurang-kurangnya 7 hingga 8 jam. Orang yang menderita sakit kronik mungkin memerlukan masa lebih lagi. Kajian terhadap pesakit arthritis yang mengalami kesukaran tidur menunjukkan kesan negatif keseluruhan terhadap kesihatan mereka. Elakkan tidur siang yang boleh mengganggu kitaran tidur semula jadi. Rutin yang konsisten itu penting untuk membantu mendapatkan tidur yang lebih lama dan meningkatkan kualiti tidur. Kajian juga menunjukkan bahawa orang-orang yang aktif tidur lebih baik, maka kita berbalik kepada betapa pentingnya senaman!

KESIHATAN OPTIMUM

Kesihatan optimum bukan sahaja bermaksud tiada penyakit. Kita perlu berusaha mencapai kualiti tertinggi daripada segi fizikal, mental, emosi, rohani dan aspek sosial pengalaman insan untuk mencapainya. Apa yang baik untuk satu orang mungkin tidak sama untuk orang lain. Matlamatnya adalah untuk melihat dan meneroka setiap pendekatan holistik yang berbeza yang disebutkan. Kemudian pilihlah idea-idea yang menarik buat anda, menggunakan pengetahuan anda sendiri tentang apa yang mungkin dan tidak mungkin bermanfaat untuk anda. Carilah cara yang sempurna buat diri anda!

Kebanyakan doktor menggalakkan aktiviti fizikal - walaupun anda tidak akan hilang walau se auns, sekurang-kurangnya anda boleh hidup lebih lama, berasa lebih sihat dan kurang mendapat penyakit kronik. Aktiviti fizikal adalah perkara yang paling dekat dengan ubat mujarab!

做好疼痛管理， 关节更加健康自在



为了让你能以欢愉心情步入新的一年，我们的会讯 Joint Efforts 要向你传达一些透过具体的整体方式，对关节炎和伴随着它的慢性疼痛进行管理的方法。虽然服用药物是管理疾病的方法之一，但日益被认同的是，疾病和疼痛管理应该多管齐下，方可达到更佳效果。在此，布城医院的内科及风湿专科医师莎马拉医生，通过她这篇文章，无私的与读者分享了她在这方面的多年经验。

关节炎患者会因为疾病的症状，主要是慢性疼痛，而使得他们在很多事情上面对不少挑战，以致生活长期处于不舒适的情况里。久而久之，心中的怨怒和挫折感堆积得太多时，会引发对自己甚至对所爱的人有所埋怨和抵触。

追踪疼痛的路径

疼痛或许是从身体不同部位开始，但是它却住在你的脑袋里。疼痛信号透过肌肉、关节和组织里的末梢神经传送到头脑去。头脑是最后一个对疼痛进行感知工作的器官，它接收了所有来自神经的信号之后，再配合着环境、个人的及文化上所相信的、过去的经验以及情绪状态来解读这些信息。头脑将全部信息解读完毕之后，你就会感觉到痛楚。也就是因为这样，每个人所感觉到的疼痛是不会完全一样的。

有别于会消退的急性痛，慢性痛（例如关节炎之痛）会支配着你的生活。承受着慢性痛来过生活，需要综合多项策略来应对，因为世上没有一颗会药到痛除的药丸，也没有即施即除痛的单一技巧。因此，我们需要采取涵盖社会及心理因素的整体方式。研究显示痛楚、功能程度以及消极感觉是很难受的，而且会对人生造成巨大冲击，尤其是对于女性、痴肥或悲观者而言。

整体的处理方式

关节炎患者若将焦点放在社交、功能、心理以及个人因素上，在这些方面进行具体的整体改变，是能够明显消缓日常症状引起之不适的。研究显示在生活上作出整体改变会产生两个主要好处：面对及应付痛楚变得较容易，忧郁（通常伴随着疼痛出现）心情会减少，并且能击退负面想法。几项有助减少慢性痛的变化包括：



培养一种嗜好：可以培养的良好嗜好包括听音乐、户外活动或进行美术活动。选择活动时一定要选那些自己喜欢的、能迎合本身独特喜好且能全心投入的。假如欠缺兴趣，做起来也不会起劲。对事情感兴趣是很重要的，因为当你享受那个嗜好的时候，头脑会释出一些能够中和疼痛信号并减低焦虑感的化学物质。



让生活充实起来：例如借由涉身美术、手工品艺术，或者动手修理家居而让生活充实起来。这可以刺激脑神经系统，能提升整体健康并让身心舒畅起来。探寻并投入于自己喜欢做的事情里，会使脑筋忙碌起来，结果就不会想到疼痛了。你无法避开痛楚，但却可以掌控自己的生活。



走出户外：日间在户外活动有助避免出现忧郁的情形。忧郁症与身体缺少维生素D有关，而经常接触紫外线可以提高体内维生素D水平。



做运动：做运动是增进健康的主要因素。它是为关节炎患者舒缓痛楚，并增进活动能力之最重要的非药物类治疗方法。经常做运动可以令心情变好、舒缓疼痛、增强体力并使身体强壮起来。做运动也可以减重，从而减轻关节所承受的压力，也因此减少疼痛。然而，记得选择自己喜欢的运动，也记得要量力而为才好。



饮食：饮食是管理关节炎及整体健康的另一个关键因素。健康的饮食里应当含有蔬菜、水果、橄榄油、豆类、鱼类、全谷类、坚果与种子，但却极少有精致加工食品、乳类食品、红肉及植物油。这样的健康饮食已经被证明能够改善体质和精神状况。



睡眠：每天至少有七个至八个小时的睡眠，才称得上足够。受慢性疼痛干扰的患者或许还需要比这个更多一点的睡眠时间。研究显示关节炎病人会有难以入睡的问题，以致对健康起了负面作用。重要的是，日间要避免小睡，因为这样会打乱正常的睡眠模式。需养成一个持之以恒的例常睡眠习惯，这有助睡得较久以及改善睡眠质量。研究也显示活跃的人士睡得比较甜，这又再次说明运动是重要的！



朋友和家人：身边朋友以及家人们所给予的扶持和加油打气，对患者心情很有帮助，尤其是在面对疼痛和感到消沉的时候。朋友以及家人会给患者关爱和陪伴。欢笑、乐观的态度、信仰及生活灵感，皆能有效助人度过艰难时刻。

放松身心的技巧：做祷告、静坐和瑜伽似乎皆可以让情绪变好，也让人感觉身心舒畅。

按摩和某些补品：它们或许会在减轻慢性疼痛方面有所帮助，但是能够证实其效益的研究记录却不多。

针灸：这是一种使用细长的针支刺入身体特定穴道的古老中国疗法，其目的是调理及扶正在体内运行的气。世界卫生组织推荐可以使用针灸来纾缓一百多种不适状况，而针灸也被认为能够减少关节炎疼痛。

至佳健康状态

至佳健康状况并非只是没有生病这么简单。要达到至佳健康状态，大家应该要下意识的去追求体能上、精神上、情绪上、心灵以及人际社交层面上的最高品质。虽然方法不是人人适用，不过目标是去试试以上所列的各项整体性对策，选出几项或许有用的来实践一下，再配合本身的所知所觉，整理出一套适合自己的方法。

大多数医生会提倡多多运动身体，即使怎么动也瘦不下来，但是至少会活得久一点，感觉更加健康，也不大会患上慢性疾病。功效最接近仙丹灵药的一种东西，就是运动。

WEIGHT IS NOT A FACTOR in Arthritis

While arthritis is associated with joint pain, most people don't realize that weight can be a major factor in the onset and severity of the condition.

Consultant Rheumatologist Dr. Amir Azlan Zain clarifies, "Weight is most definitely a factor especially in osteoarthritis, but also in common inflammatory arthritis like rheumatoid and psoriatic. Firstly, it is simple mechanics that the higher the load on the joints, the faster it wears out. There have been many epidemiological studies showing that being overweight contributes to OA of the hips and knees. Conversely there is also strong evidence that weight loss reduces the pain from OA of the hips and knees". Besides that he adds, "Being overweight also makes it more difficult for physicians to manage conditions like rheumatoid arthritis as drug doses, concurrent illnesses, as well as the natural course of the disease are significantly more challenging".



Here are a few ways in which weight influences arthritis

Increased load on the joints. Joints in the lower half of the body, particularly the knees and hips, bear most of the load. In Osteoarthritis (OA), the cartilage "cushion" within the joints degenerates. As that happens, bones then rub against each other, causing irritation, pain and swelling. So it goes that the heavier the load on the joint, the greater the wear and tear on the cartilage. That's why years of carrying around excess weight can cause achy, swollen, stiff joints and even full-blown osteoarthritis.

Direct relationship between weight and pain. Less body weight often equals less pain. Adults with osteoarthritis who lost weight through a combination of diet and exercise over a period of 18 months reported less knee pain, notes a study in the September 2013 Journal of the American Medical Association (JAMA). The researchers, led by rheumatologist Dr. Richard F. Loeser, Jr., MD found that dropping just 10 percent of your body weight makes a difference.

Better joint function. Weight loss also appears to improve joint function. In his JAMA study, Loeser found that mechanical pressures inside the knee joint improved with weight loss. Although the best results came when both exercise and diet were involved, just losing weight significantly improved knee function.

A 2005 study in *Arthritis & Rheumatism* of overweight and obese adults with knee osteoarthritis found that losing one pound of weight resulted in four pounds of pressure being removed from the knees. In other words, losing just 10 pounds would relieve 40 pounds of pressure from your knees.

WHAT CAN BE DONE?

DO SOME FORM OF EXERCISE DAILY. For best results, combine stretching and strengthening exercises with low-impact cardiovascular exercise like walking or swimming. Walking laps and water aerobics are also beneficial as water provides resistance that allows you to activate muscles without burdening your joints.

Strengthening exercises are particularly important for women with rheumatoid arthritis, as it helps them maintain and even increase lean muscle mass. And the good news is that the more muscle you have, the more calories you burn.

DRINK MORE WATER. Drink six to eight 8-ounce glasses of water a day. Take a water bottle with you when you go out and add some lemon, cucumber or fruit slices to make it more appealing.

WATCH YOUR DIET. Eat more protein as it builds strength and muscle mass and keeps sugar levels up that boosts energy and mood. Ensure you get lots of fiber as it slows digestion and helps you stay full longer. Eat plenty of fruits, vegetables, nuts and whole grains. Sugar is a big No! so stay away from it as much as possible.

Building a new diet and exercise patterns into your life is not easy so give yourself a reasonable time frame to see encouraging results. But most importantly, for continued relief know that these new patterns are a lifelong commitment to your wellbeing.

BERAT BADAN BUKANNYA MASALAH bagi Arthritis

Walaupun arthritis dikaitkan dengan sakit sendi, kebanyakan orang tidak menyedari bahawa berat badan boleh menjadi faktor utama dalam bermulanya dan tahap keterukan arthritis.

Pakar Perunding Reumatologi, Dr. Amir Azlan Zain menjelaskan, "Berat badan merupakan faktor utama, khususnya osteoarthritis, namun biasa juga dalam radang arthritis seperti rheumatoid dan psoriatic. Pertama sekali, secara asasnya, lagi berat beban pada sendi, maka semakin cepat sendi itu akan haus. Terdapat banyak kajian epidemiologi yang menunjukkan bahawa berat badan berlebihan menyumbang kepada OA dari pinggul dan lutut. Sebaliknya terdapat juga bukti kukuh bahawa penurunan berat badan dapat mengurangkan rasa sakit akibat OA pada pinggul dan lutut." Beliau seterusnya menambah, "Berat badan berlebihan juga menyebabkan sukar bagi doktor untuk menguruskan keadaan seperti arthritis rheumatoid kerana dos ubat, penyakit sedia ada, serta keadaan semula jadi penyakit yang semakin mencabar."

Berikut beberapa cara bagaimana berat badan mempengaruhi arthritis

Meningkatkan beban pada sendi. Sendi pada bahagian bawah badan, terutamanya lutut dan pinggul, menanggung sebahagian besar beban. Bagi penyakit Osteoarthritis (OA), tulang rawan yang bertindak seperti kusyen di antara sendi menjadi haus. Apabila ini berlaku, tulang kemudiannya akan bergesel antara satu sama lain, menyebabkan kerengsaan, sakit dan bengkak. Oleh itu, semakin berat beban pada sendi, semakin teruklah tahap haus dan lusuh pada tulang rawan. Itulah sebabnya mengapa berat berlebihan yang ditanggung selama bertahun-tahun boleh menyebabkan sendi sakit, bengkak, kaku dan serta osteoarthritis total.

Hubungan langsung antara berat badan dan kesakitan. Kurangnya berat badan bermaksud kurangnya kesakitan. Menurut catatan dalam Journal of the American Medical Association (JAMA) September 2013, kajian yang diketuai oleh pakar rheumatologi Dr Richard F. Loeser, Jr. MD, menunjukkan bahawa orang dewasa yang menghadapi osteoarthritis yang dapat mengurangkan berat badan mereka melalui kombinasi pemakanan dan senaman selama 18 bulan melaporkan bahawa sakit lutut mereka berkurangan. Beliau juga mendapati kekurangan berat badan sebanyak hanya 10 peratus dapat membawa perubahan.

Fungsi sendi yang lebih baik. Penurunan berat badan juga dapat meningkatkan fungsi sendi. Dalam kajian JAMA, Loeser mendapati tekanan mekanikal di dalam sendi lutut semakin baik dengan penurunan berat badan. Walaupun hasilnya adalah lebih baik jika melibatkan senaman dan diet, namun penurunan berat badan sahaja dapat meningkatkan fungsi lutut dengan ketara.

Satu kajian Arthritis & Reumatisme yang dijalankan pada tahun 2005 dalam kalangan orang dewasa gemuk dan obes yang menghadapi osteoarthritis lutut mendapati bahawa kehilangan satu paun berat badan dapat mengurangkan empat paun tekanan pada lutut. Dalam erti kata lain, kehilangan 10 paun akan membebaskan 40 paun tekanan dari lutut anda.



APAKAH YANG DAPAT DILAKUKAN?

LAKUKAN BEBERAPA BENTUK SENAMAN SETIAP HARI. Untuk hasil yang terbaik, gabungkan senaman regangan dan penguatan dengan senaman kardiovaskular berimpak rendah seperti berjalan atau berenang. Berjalan dan aerobik air juga bermanfaat kerana air memberikan rintangan yang membolehkan anda mengaktifkan otot tanpa membebankan sendi anda.

Senaman penguatan adalah sangat penting bagi wanita yang menghadapi arthritis rheumatoid, kerana ia membantu mereka mengekalkan, bahkan meningkatkan jisim otot tanpa lemak. Yang baiknya pula adalah semakin banyak otot yang ada, lebih banyak kalori yang dibakar.

MINUM BANYAK AIR. Minum enam hingga lapan gelas (saiz 8 auns) air sehari. Bawa botol air bersama apabila anda keluar dan tambah sedikit lemon, timun atau hirisan buah untuk menjadikannya lebih enak.

JAGA DIET ANDA. Makan lebih banyak protein kerana protein membina kekuatan dan jisim otot dan mengekalkan tahap gula yang dapat menghasilkan tenaga dan mood. Pastikan anda mendapat banyak serat kerana ia melambatkan penghadaman dan membantu anda rasa kenyang untuk tempoh lebih lama. Makan banyak buah-buahan, sayur-sayuran, kacang dan biji-bijian. Sebaik-baiknya elakkan gula. Membentuk corak diet baharu dan senaman ke dalam kehidupan anda bukannya mudah, maka berikan diri anda tempoh masa yang sewajarnya untuk melihat hasil yang menggalakkan. Tetapi yang paling penting, untuk kelegaan yang berkekalan, fahamilah bahawa corak diet dan senaman baru ini merupakan komitmen seumur hidup demi kesejahteraan anda.

体重并非造成关节炎的因素



当关节炎与关节痛息息相关之际，大多数人还未曾意识到体重会是引发关节炎以及加剧病情的一个主要因素。

风湿专科顾问医师阿米尔医生解释说：

“体重毫无疑问是一个因素，尤其是对骨关节炎而言，不过它也会引起如类风湿性关节炎及硬皮症关节炎这类常见的炎性关节炎。

首先，它就是很简单的机械性问题，即关节负重越大，其损耗率也越快。不少流行病学方面的研究结果显示，身体超重会造成髌及膝关节退化，形成骨关节炎。相对的，许多有力证据亦证实减重之后，髌与膝方面因为骨关节炎引起的疼痛也减少了。”除此之外，他还补充说：“医生在管理体重超重患者的病情上也比较不容易，就以类风湿性关节炎为例，在药物剂量的拿捏上、同时间出现之疾病的处理上，以及诊查出病症起因上，都明显的更具挑战。”



体重会借由这几个情况影响关节炎

增加关节的负荷。人体下半身的关节，承载着大部分的体重，尤其是膝与髌关节。在骨关节炎的情形里，垫在两根骨头之间的软骨开始退化。一旦软骨退化，两根骨头就开始互相摩擦以致感觉不适、疼痛和肿胀。以此类推，关节承受的重量越大，软骨的耗损就越大。因此，长年累月负载着过多体重会导致关节疼痛、发肿及僵硬，甚至变成一发不可收拾的退化性关节炎，即骨关节炎。

体重与疼痛的直接关系。体重减轻通常就等于疼痛减少。刊登在2013年9月份美国医药协会期刊内的一项研究报告显示，患上骨关节炎的成人患者，以十八个月的时间，透过饮食控制及做运动进行减重之后，膝关节疼痛减少了。这组由罗瑟医生带领的研究人员们也发现，只要减少百分之十的体重就能够让情况有所改变。

促进关节功能。减重也能促进关节功能。在这项美国医药协会期刊所载的研究中，罗瑟医生发现，随着体重减轻，膝关节内部的机械压力也随着降低。虽然结合做运动和控制饮食才能收获最好成果，但是单单减轻体重就已经明显能够改善膝盖功能了。

一项针对超重及痴肥的膝骨关节炎成人患者之关节炎与风湿病进行的研究发现，每减轻一磅体重，双膝承受的压力就消减了四磅。换句话说，若减轻十磅体重，你就为双膝减轻了四十磅的压力。

有何解救方法？

每天都做点运动

若要取得最好成果，要集合着伸展和增强锻炼，加上低冲击力的心血管运动一起进行，例如步行或游泳。重复绕圈步行以及水中有氧操都是有益的运动。在水中运动的好处是，水的阻力可以让关节在没有增加负荷的情况下运动肌肉。

增强类的运动尤其对类风湿性关节炎的女性患者显得重要，因为这类型的运动有助于维持肌肉，甚至增加瘦肌肉的质量。好消息是，身体肌肉越多，所能消耗的热量也越高。

多喝水

每天要喝上六至八杯二百四十毫升容量的水，并养成出门带水罐的习惯。可以在水里加些柠檬片、黄瓜片或水果片来增进风味。

注意饮食

饮食中多吃蛋白质食物，因为它提供力量和促进肌肉质量，同时也维持血糖水平，令人精力充沛，有好心情。也要确保摄取大量纤维质，因为它们能减缓消化速度，让饱足感更能持久。也要多吃水果、蔬菜、坚果和全谷类。糖份是一大禁忌！尽量远离它吧。

在生活中建设一个新的饮食和运动模式并非容易，给自己一个合理的时间期限来达到预期的好成果。然而最重要的是，随着情况得以持续缓和，你会知晓，实行这新的模式是你对自身健康的长远承诺。

WORLD ARTHRITIS DAY

2017



The World Arthritis Day Event 2017 was celebrated with a lot of gaiety and laughter by Arthritis Foundation Malaysia (AFM) on 14th of October 2017 at the Swan Convention Centre, Sunway Medical Centre. People came from different parts of Malaysia to listen, be informed and yes, to be entertained and WAD 2017 certainly lived up to its reputation! Some women I conversed with were not arthritis sufferers or caregivers but just came to gain information and stay abreast of the latest health information. The speakers were all eminent professionals, at the top of their game, and it was a real treat to listen to them relate their professional experiences, share their expertise and regale the audience with their perspective.

Dr. Sargunan Sockalingam, President of Arthritis Foundation Malaysia, welcomed the audience in his opening address. In his presentation, "Getting Control of Arthritis", he talked about the pathogenesis of Rheumatoid Arthritis and the approach to its treatment. The first line of treatment generally used in Malaysia is the drug Methotrexate. Other treatment options are a combination of csDMARDs, Biologics, Small molecules, Prednisolone and NSAID's .

He cautioned, ***“If you know how to use your medication it becomes your friend. If you do not know how to use it, it becomes your enemy.”***

He also encouraged the audience to avail of the excellent services offered for free at government hospitals as early as possible. He said, "Most patients present their condition only after 6 months and that is already late. They should try and come within 6 months as that time-frame offers a window of opportunity to achieve remission which is the goal of all therapy". The aim is also to use a single drug to treat the condition. Now the treatment usually begins with Methotrexate as the anchor drug, but if it is found to be nonresponsive then another drug like the conventional synthetic csDMARDs are added on. Biologics too are combined with Methotrexate now. The drugs are administered orally, intravenously or subcutaneously. The ideal situation is to come once a month and have an intravenous infusion therapy. But the cost is high.



At this point, Dr. Sargunan talked about the efforts to raise donations for the Advanced Therapies Arthritis Fund. He said, "The money raised would go towards subsidizing treatment for Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis for Biologics and Small Molecule treatment. I am also proud to announce that so far AFM had collected RM 160,000 from events and forums towards this".

This was followed by a talk on “Non-Drug Treatment Option for Arthritis” by Nanthini Palan, a Senior Physiotherapist at Pilatique who introduced Pilates to the audience. As many people in the audience had never heard of Pilates, it was eye-opening for them. She explained that Pilates is a form of low-impact exercise that strengthens the musculoskeletal system and involves the movement of the entire body. Nanthini explained that, “Pilates for arthritis in particular, helps in restoring full range of motion, builds strength and balance, and allows for postural correction”.



This was followed by a very educative presentation by Consultant Rheumatologist and Internal Medicine Physician Dr. Ramani Arumugam, titled, “Don’t turn your Back on it!” She opened her presentation by informing the audience that musculoskeletal problems represent a large percentage of patient’s visits to primary health care. She shared the astounding statistics that 80% of people will have lower back pain at some point in their lives. She went on to explain that acute back pain could be the result of a fracture, infection or disc herniation while chronic back pain, which is greater than 3 months, could be degenerative or inflammatory in nature.

Need for early diagnosis

Dr. Ramani emphasized the need for early diagnosis as damage from Ankylosing Spondylitis (AS) occurs early in disease and if it is presented late, the structural damage can be irreversible. She said any back pain that lasts more than 3 months must be investigated. AS typically begins in the formative years of young adult life and symptoms may interfere with education, professional development and social relationships. Also the response to pharmacotherapy is greater in patients with short disease duration.

She shared the ASAS/EULAR recommendations for the Management of AS which includes education, exercise, physical therapy, rehabilitation, patient associations and self help groups.

Lifestyle changes

Dr. Ramani added stress at the workplace or home was a great contributor and that stress increased antibody production. So she recommended

“lifestyle changes like the regular practice of meditation, going away on holidays and indulging at Spa’s to reduce stress and maintain equilibrium in the body. In answer to a question from the audience she also recommended taking a hot shower before bed as heat tends to relax muscles and help sleep better. She also recommended taking a Vitamin D3 supplement as a study showed that 80% of the population had Vitamin D deficiency. Vitamin D deficiency is associated with muscle pain and weakness, feelings of depression, fatigue, frequent bone fractures etc.”



The last session before lunch was a very entertaining presentation on “Healthy Ageing” by Dr. Tan Guo Jeng, Medical Lecturer from University Malaya. He began his presentation stating that the United Nations Department of Economic and Social affairs defines older persons as any person aged 60 and above. He provided statistics that the aging population is on the rise and by 2050 there will be 434 million people, who will make up 20% of the world population. So it is very important to consider aging successful. He described “Healthy Aging” as a term to describe individuals who are free from chronic diseases and function well at a physical and cognitive level.

Inspiration

He went on to inspire the audience with slides of legendary marathon runner Fauja Singh who ran the London Marathon even at the age of 101! And mountaineer Yuichiro Miura who at 80, is the oldest man to scale Mount Everest. He joked that for some men though, climbing the stairs of their house was their Everest! He talked about the relationship between socioeconomic status in midlife and healthy aging. He gave the details of a study of 6928 individuals from Alameda County, California which found that those with higher incomes were predictive of being highly functioning. So he enthused the audience to make more money!

“He also informed them that though we have the tendency to dismiss such reports as a matter of good genes, according to twin studies, only 25% of longevity is genetic. The rest 75% is your choice!”

He also explored the virtues of the different diets; the Okinawa diet, the Mediterranean diet and the Malaysian diet and added that Malaysians never stop eating!

Some tips for healthy aging:

- Keep the brain active
- Socioeconomic position at midlife
- Do not smoke
- Exercise
- Listen to your body
- Watch your diet. Avoid fat, refined carbohydrates, sugar, and processed meat.
- Work support which includes support from bosses and colleagues is vital.
- Build a strong social network. Higher community involvement is associated with successful aging.

He had the audience in gales of laughter as he answered a question on the need for supplements, with the quip “it makes for very expensive urine!”

“He encouraged them to grow their own vegetables in their gardens and in the process get the exercise, sunlight and the organic food they need! He also encouraged them to keep their brains active by solving Sudoku or crossword puzzles as it was said to keep Alzheimer’s at bay!”

And he wound up his talk cautioning the audience, to much laughter again, “don’t watch Korean drama all the time!”



Voice for children

The afternoon session commenced with Pediatric Rheumatologist Dr. Cham Weng Tarn drawing on his experiences treating children with arthritis in his presentation titled “Living with Juvenile Arthritis”. What came through was his earnestness in speaking for the plight of children as they have no voice and are dependent on the whims and beliefs of their parents.

Have faith in your doctor

He shared some “horror stories” with the audience of young children reaching the point of having to spend their lives on the wheelchair, completely immobilized, simply because parents don’t have faith in the doctor’s advice, and hence don’t give their children the recommended medication. He recalled an instance where the parents actually took their child to China for treatment only to come back with the child having regressed further. He said with frustration,

“An 11-year old child is bound to the wheelchair not by his choice but by the choice of his parents. Even after being diagnosed, the parents don’t allow the child to be treated”. He urged parents to remember that they are giving their children medication under professional guidance.”

Be truthful

Another point he brought out was that parents were not always truthful with their doctors. They do not tell doctors that they are giving herbs or supplements to the child besides the recommended medication. This would not be in the best interest of the child, he added, as it may interfere with the medication the child was taking. So it is important that parents be open with their doctors! The doctor’s aim is after all “to get the kids to go out and play”. Being one of only three Pediatric Rheumatologists in the country, he should know.



This was followed by a very interesting and informative presentation “The Spiral of Gout” by Dr. Shamala Rajalingam, Physician and Rheumatologist, Hospital Putrajaya. She traced the history of the disease and informed us that Gout is considered the oldest known type of arthritis. The appearance of gout can be traced as far back as 2640 BC when the Egyptians identified podagra.

She also explained that etymologically the word “gout” was derived from the Latin word “guta” meaning a drop, as originally it was believed that arthritis is due to the malevolent humour of evil spirits, drop by drop! Gout was also referred to as the “Disease of kings” thanks to King Henry V111 who was overweight and often pictured holding a chunk of meat or a glass of wine in his hands, all of which increase the risk of gout.

Some facts on gout

- Gout is a kind of arthritis caused by the build-up of uric acid crystals in the joints.
- Uric acid is a breakdown product of purines which is part of many foods that we eat.
- Acute gout attacks are characterized by the rapid onset of pain in the affected joint followed by warmth, swelling, reddish discolouration, and marked tenderness.
- The small joint at the base of the big toe is the most classical site for an attack.
- Other joints that can be affected include the ankles, knees, wrists, elbows and fingers.
- It is more common in men than women though in women gout attacks appear after menopause. Incidences of gout rise with age and peaks at 75.

“What you eat, how you exercise all play a role in triggering it. While there is a genetic link, there is something in the environment that triggers it,” reminds Dr. Shamala.

She ended assuring the audience that gout is treatable and preventable with proper diet and medication.



The RASG scene

The Rheumatoid Arthritis Support Group (RASG) session began with RASG member Mary Chiew sharing her experience as a caregiver to her mother for 5 years, husband for 6 years and brother since 2016. She began saying, “the greatest gift that we can give someone is our time because when we give our time, we are giving a portion of our lives that we will never get back”. The challenges are many, she adds, as caregivers often sacrifice many things in order to give care to someone, especially a loved one. Says Mary, “if the conditions are not improving we question ourselves about whether we are doing the right things. If we are not emotionally strong, even depression can set in. But I believe I am blessed with heavenly grace and it keeps me healthy and strong to give care to my loved ones at a time they need it the most”.

The day ended with a lively active session by the physiotherapists from Hospital Putrajaya who kept the audience moving through a range of steps both standing and seated on the chair, to vibrant upbeat music.

A big shout-out to all the sponsors who supported us in making WAD 2017 a great success.



KORDEL'S WALK 2017

Walk for Health, Walk for Charity, Walk for Fun!

Kordel's CHARITY FÖN WALK 2017

Kordel's Charity Fun Walk 2017, was back for the 9th consecutive year on the 20th of August 2017 in partnership with Arthritis Foundation Malaysia (AFM). Though there was no prize money to be won, or any fancy trophy to be brought home, for the 1,000 over participants who had gathered, Padang Merbok, Kuala Lumpur, was the place to be. The atmosphere was festive and carnival-like with the sponsors setting up their stalls in the wee hours of the morning and inviting the participants to browse through their well-stocked stalls. The participants came as early as 6am and looked co-ordinated in a sea of white t-shirts emblazoned with the Kordel's logo "Kordel's Charity Fun Walk". Best of all, they came with open hearts, wide smiles and innate will. There were groups of all ages; the young, old and very young as they came with friends, families and colleagues. Motivated and enthusiastic, they walked in unison; some chattering with friends and some holding tightly to their children's hands, but on a common mission to raise funds for AFM as well as to strengthen their commitment to improve their own health by staying active.





AFM President's Message

Dr Sargunan Sockalingam, President of Arthritis Foundation Malaysia, flagged off the run. **Dr. Sargunan conveyed his gratitude to the participants as well as the organisers of the event. "To date, the foundation has reached out to more than 100 patients suffering from advanced arthritis who were sponsored for the much-needed joint replacement surgeries. It is with the help of corporations like Kordel's, its sponsors and caring Malaysians, that we are able to keep the Arthritis Fund up and running and reach out to more patients. For that, we are truly grateful".**

The proceeds of the walk, a cheque for RM 38, 798 was presented to Dr. Sargunan. The money raised will be channelled by the foundation towards its continuous efforts to improve the quality of life of those living with arthritis.

The Kordel's Charity Walk is organised to promote physical activity among Malaysians, to manage modifiable risk factors and to raise awareness on osteoarthritis as well as to support needy patients suffering with arthritis. **Mr Ho Swee Lin, General Manager, Cambert (M) Sdn Bhd, in his opening remarks to the participants said, "I'm really happy to see your encouraging participation at this year's Kordel's Charity Fun Walk. Whether you are here with a big heart to contribute to charity or with a determined will to make an active and healthy lifestyle choice, one thing for sure is that you are taking control of your health. We thank you for your attendance and your contributions towards improving the lives of arthritis patients. It is your support that helps make the Kordel's Charity Fun Walk an annual event!"**

Each Kordel's formulation is backed by more than half a century of Dr. Lelord Kordel's experience and expertise in the fields of nutrition and health. His approach to health is still practised today, in Malaysia, where Kordel's has been a trusted name in vitamin, mineral, herbal and food supplements for more than 25 years.

The tremendous support of numerous sponsors caused even more excitement for the walk. On top of an exclusive Kordel's Charity Fun Walk T-shirt and a finisher medal, all participants took advantage of the opportunity to purchase nutritional products at great prices. The participants also received goodie bags with products sponsored by 100 Plus, Bio-Oil, Chekhup, Comfort, Hemoclin, Lipidol, MBG Fruit Shop, Milo, Nuvaforme, Orex Travel, Perskindol, Salonpas, Telekom Malaysia, Watsons, Webe. Winners of the lucky draw also took home attractive prizes including Kordel's products worth RM3,000 and 2 travel vouchers worth RM500 each sponsored by Orex Travel.

ARTHRITIS FOUNDATION MALAYSIA (AFM)

Arthritis Foundation Malaysia (AFM) was founded by a group of doctors and patients who were interested in doing more for arthritis sufferers. Since then, AFM has been the only voice for arthritis patients. The foundation aims to continuously educate patients about arthritis-related conditions as well as proactively support patients who need assistance. In March 2003, AFM set up an Arthritis Fund to help financially challenged patients purchase artificial joints (prosthesis) and undergo surgeries. AFM is also responsible for recommending, promoting and assisting in the formulation of legislature on improving the services and facilities for people living with rheumatism, arthritis and related diseases. As a non-governmental organisation, the foundation is supported mainly through membership fees and donations from the public.

Thank you Kordel, all the sponsors and the Malaysian public for your generous contribution of time, effort and money towards organising the Kordel's Charity Fun Walk year after year to support the cause of underprivileged arthritis patients in Malaysia.



Wellness through EXERCISES

The dawn of a New Year brings with it the question, "How can we adopt a better, more informed approach to wellness?" And the answer is through exercise. Read on for another interesting article with valuable advice written especially for JE readers by Dr. Vim from Physio Plus.

Arthritis impacts our health in many ways, besides placing a strain on relationships and resources. There are many types of arthritis and arthritic pains that may not want to make you move a muscle, get out of bed, and get going anywhere! A lot of people have to deal with fibromyalgia pain, rheumatoid and osteoarthritic aches and pains every single day. "Let me be" is probably what they feel on most days. But yet the world calls; there are people to meet, family to be with and chores to be done. And for many, there is work too. It takes a lot of inner strength and perseverance to try and rise above it. But rise above it we must.

So how do we get on with daily living activities? The importance of regular physical activity cannot be emphasised enough. Moderate physical activity can help prevent the progression of arthritis and improve overall function. Movement enhances circulation and lubrication, providing joints and muscles with nutrition.

THINGS TO KEEP IN MIND:

If there is mild to moderate pain in a specific joint area before you start exercises:

Some mild pain or discomfort is typical when you first start to move, but after a few minutes you'll usually start to feel better, says A. Lynn Millar, PhD, a professor of physical therapy at Winston Salem State University in Winston-Salem, N.C. Start with some gentle, active range of motion movements and if that feels OK, progress to some low-impact activity like walking. Take one day at a time and make exercise a part of your daily routine. On days with more pain cut back rather than stop and exercise more on good days.

If you have moderate to severe pain in a specific joint area before you work out:

You may need to focus on a different area for a day or two. For example, if your knees hurt, you should decrease the intensity of the leg workout. If the pain becomes worse, then stop the lower body moves and work your upper body instead. Continuing to put pressure on a joint, especially when it's sore, could contribute to joint damage. So it's best to ease up for a while.

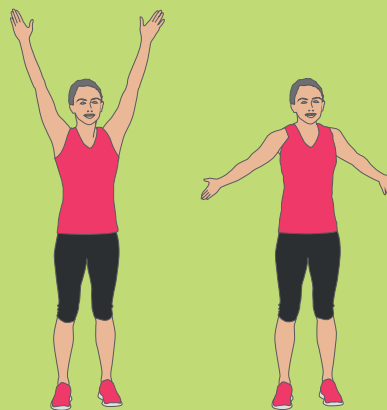
In this issue, we share a set of exercises you can use as a daily routine in maintaining wellness of your spine, upper and lower body and enhance overall fitness.



Daily Routine Flexibility Stretches

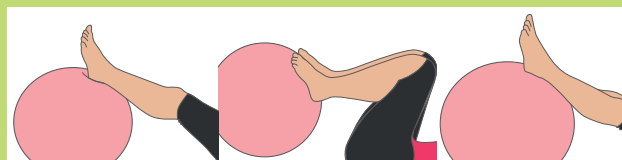
1. Cheshire Cat Stretch (feel good stretch)

- Sit at the edge of the chair. Arch the spine as you stretch up.
- Then round your spine creating a curve. You can also straighten your knees and slide your hands down towards your toes as you continue to round the spine. This deepens the stretch.
- Hold for 10 seconds. Repeat the stretch 3-5 times.



2. Wall Flower!

- Stretch the length of your body against the wall or cupboard.
- Place hands overhead on the wall and stretch as high as you can while keeping the feet firmly planted on ground.
- Maintain for 30 seconds. Then slowly disengage yourself from the wall by sliding your hands down, palms to shoulders and then down.
- Repeat this stretch 3-5 times. You can do this stretch facing the wall or facing outwards.

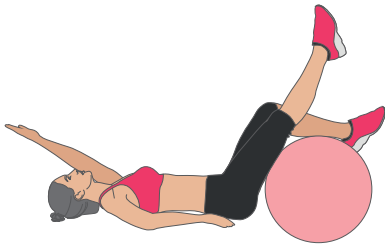


Stretches with Exercise Ball.

Pick a colour you resonate with!

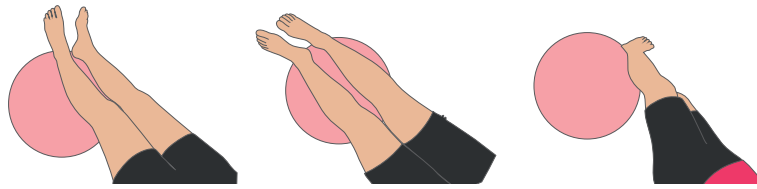
3. Ball Pumps (Hip, Knee and Ankle mobiliser)

- Lie on a mat on the floor. Place both feet over the ball.
- Draw the ball towards you with your feet. Then move the ball away with your feet till the knees are straight.
- Repeat 10 -15 times.



4. The Lying Ballerina

- Lie on a mat on the floor. Place both feet over the ball.
- Draw ball towards you with your feet, then rest one leg on the ball.
- Stretch the other leg up with the toes pointing towards the ceiling. Also stretch the opposite hand overhead as you do this.
- Count to 10. Then place leg back on the ball. Repeat with the other leg.
- Repeat stretch 3- 6 times.



5. Side to Side Spine Stretch

- Lie on a mat on the floor. Place both feet over a ball.
- Stretch to your right, maintain for 15 seconds.
- Then stretch to your left, maintain for 15 seconds.
- Return to Starting Position.
- Repeat stretch 3-6 times.

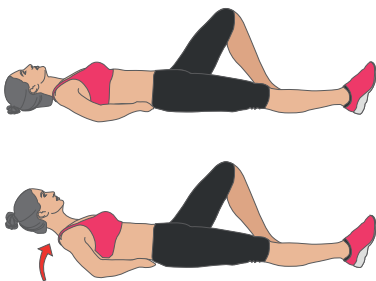
6. V - Stretch

- Lie on a mat on the floor placed close to the wall.
- Keep your hips close to the wall and straighten both legs on the wall. Slowly stretch both the legs away from each other as far down as it will go towards the floor.
- Maintain position for 15 seconds.
- Repeat stretch 3-5 times.
- This stretch is very good in preventing tightness of the muscles of the inner thighs and buttocks.



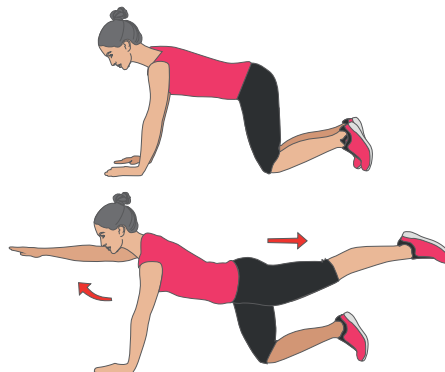
Daily Routine for Enhancing Low Back health

The following exercises have been chosen to spare the spine, enhance muscle challenge and motor control system to ensure that spine stability is maintained in all other activities. These are simply examples to challenge the muscles of your torso. The initial challenge may or may not be appropriate for every individual nor will the graded progressions be same for all. Breathing in and out should occur continuously, and not be trained to a specific exertion effort. This helps to maintain constant abdominal muscle activation and ensures spine stability during all possible situations.



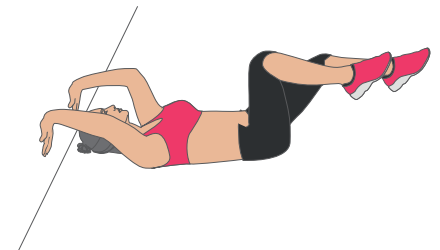
7. Curl Up!

- Lie on a mat on the floor.
- Keep one leg bent, and the other leg straight. Place your hands or a rolled towel under the lumbar spine to preserve a neutral spine posture. Do not flatten the back to the floor. Flattening the back curves the lumbar spine, clashing with the neutral spine principles. It also increases the load on the disc and ligaments.
- Attempt to lift your neck and shoulders off the floor, keeping your head level with the neck. Maintain for 5 seconds. Then return to the starting position.
- You can repeat this 5 times, slowly building up to 10-15 times.



8. Bird Dog

- Place your mat on the floor.
- Get into the 4 point kneeling position with your arms and knees at 90 degrees. Tuck your tummy in, lift one leg up straight backwards and the opposite hand up forward.
- Maintain the position for 5-10 seconds, repeat 10-15 times.
- The isometric holds should last no longer than 7-8 seconds given recent evidence from near infrared spectroscopy indicating rapid loss of available oxygen in the torso muscles when contracting at these levels. Short relaxation of the muscles restores oxygen. The evidence supports building endurance with increased repetitions rather than extended hold time.



9. Beetle Dance!

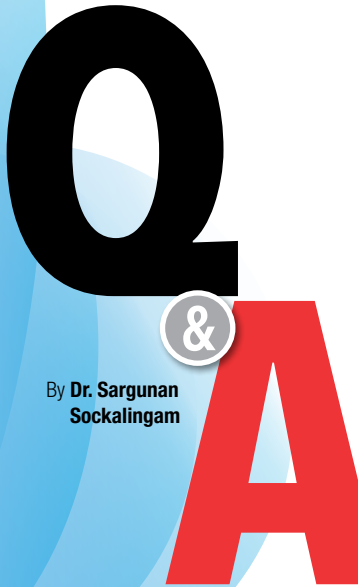
- Lie on a mat on the floor placed close to a wall.
- Rest both palms overhead, while bringing your hip, knees and feet to 90 deg.
- Tuck in your abdomen and straighten the knee alternately.

ACCESS TO YOUR PHYSIOTHERAPIST

Get in touch with your regular physiotherapist at least once a month. They can advise and support you on your program and keep track of your progress.

Take good care and enjoy the wellness you will most certainly feel as you regularly practice these routines!

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



1. **How many forms of arthritis are there?**
 - A. 25
 - B. 50
 - C. 100
 - D. 5
 - E. More than 1000
2. **What is the result of the habitual act of cracking knuckles?**
 - A. Persistent cracking sound every time the hands are moved
 - B. Severest form of arthritis imaginable
 - C. Paralysis
 - D. Nothing apart from an occasional weak grip
 - E. Fixed deformity of joints
3. **The longest bone in the human body is**
 - A. The metacarpal
 - B. The radius
 - C. The phalanx
 - D. The oesophagus
 - E. The femur
4. **The special fund for medical assistance by Ministry of Health is called**
 - A. Tabung Bantuan Perubatan
 - B. 1MBD
 - C. Khazanah Nasional
 - D. CREAM
 - E. Amanah Saham Bumiputera
5. **One of the following is a health organization**
 - A. Uranium Suppliers Union
 - B. NASA
 - C. Zakir Naik Fan Club
 - D. World Health Organization
 - E. Academy of Medicine
6. **Which of the following is the branch of medicine that is concerned with finding the source of an infectious disease outbreak?**
 - A. Oncology
 - B. Epidemiology
 - C. Nephrology
 - D. Endocrinology
 - E. Zoology
7. **Occasionally people suffering from Rheumatoid Arthritis may have difficulty opening their mouth in the morning. This is due to inflammation of which joint?**
 - A. Distal interphalangeal joint
 - B. Proximal interphalangeal joint
 - C. Temporomandibular joint
 - D. Tarso-metatarsal joint
 - E. Acromio-clavicular joint
8. **Frequently an allergic reaction is also called**
 - A. Haemolysis
 - B. Hypersensitivity
 - C. Inflammation
 - D. Infection
 - E. Neoplasm
9. **Apitherapy refers to a peculiar form of therapy for arthritis using**
 - A. Massage
 - B. Acupuncture
 - C. Cupping
 - D. Hot oil
 - E. Bee sting
10. **Long term steroid therapy can cause one of the following**
 - A. Osteoporosis
 - B. Weight loss
 - C. Hypoglycaemia
 - D. Stiff joints
 - E. Thick skin

ANSWERS

1. **C. There are more than 100 different forms of arthritis** and related diseases. The most common types include osteoarthritis (OA), rheumatoid arthritis (RA), psoriatic arthritis (PsA), fibromyalgia and gout.
2. **D. Nothing apart from an occasional weak grip.** To date, research has not shown a correlation between knuckle cracking and osteoarthritis in your hands.
3. **E. The femur is considered not just the longest but the strongest bone in the body as well.**
4. **A. Tabung Bantuan Perubatan**
5. **D. World Health Organisation (WHO)** is a specialized agency of the United Nations, headquartered in Geneva, Switzerland, that is concerned with international public health.
6. **B. Epidemiology.** It is the study of the distribution and determinants of health-related states or events (including diseases), and the application of this study to the control of diseases and other health problems.
7. **C. Temporomandibular joint connects your jaw to your skull.** It lets you move your jaw up and down and side to side, so you can talk, chew, and yawn.
8. **B. Hypersensitivity** is when an otherwise healthy immune system has an undesirable exaggerated response to a foreign substance (or perceived foreign substance) that damages the body's own cells.
9. **E. Bee sting.** Apitherapy is a branch of alternative medicine that uses honey bee products including honey, pollen, propolis, royal jelly and bee venom.
10. **A. Osteoporosis is a condition of fragile bone** with an increased susceptibility to fracture.



Mind over body

On being introduced to Aminah, from her vibrancy and zest for life, I would never have guessed that she has been suffering from arthritis for the last 46 years! Meet Aminah.

Thiang Lian Thea, or Aminah as she prefers to be known, was diagnosed with arthritis at the age of 27. Her first symptoms appeared during pregnancy when she woke up one morning and found herself unable to get out of bed because of stiffness in her hips. In fact, her husband had to push her up to get her to sit on the bed. After a while though, she managed to walk slowly and the stiffness went off. She did go to see a doctor but as she was pregnant, she could only be given some mild pain killers. After another 2-3 months, she had a second episode. 3-4 months after her delivery she found her wrist swollen with pain. The doctor recommended that she consult a doctor at the University Hospital. He gave her aspirin to help deal with the pain. Two years later she was transferred to work in Penang and with the help of painkillers continued to manage her pain.

Diet plan

There in Penang, when the pain recurred, she did a blood test that confirmed she had arthritis. In her effort to help herself, as she browsed through a bookshop, she came across a book on Vitamins that help arthritis and overall health. Says Aminah, "The book recommended that it was better to consume more fresh fruits and vegetables and cut down on meat. So now every morning I take fruit juice or a smoothie combining fruits and vegetables; pineapple, celery, apple, carrot, cucumber, mint, green salad etc. I don't take milk as I realized it affects my joint pain so I consume a lot of yoghurt instead. I eat fish and chicken but red meat only very occasionally. I found that when I let-go of my diet, my pain levels increased as well! This definitely encouraged me to stay with the diet plan.

I believe our diet has an important role to play in the management of arthritis so I am careful about what I eat. I don't eat out much and prefer to cook my own meals at home. Though I love Kuai, I stay away from those that have too much additives and colouring. I avoid fried foods. I love durians too but over the years, I have found sugar to be a trigger for increased pain in the joints so now I break it down to smaller portions. Once I had sugarcane juice and immediately my arm got swollen and painful. I couldn't even raise it! I believe that when there is more than a certain level of sugar in your blood, it triggers pain. I remember my doctor, Dr. Kiran Veerapan once telling me that 'during the durian season, all my patients complain of pain!'"

Challenges

When Aminah came back to Kuala Lumpur, she was prescribed the medicine, chloroquine. But unfortunately she developed side effects. Says Aminah, "It was the most difficult time when because of the medication, my eyes got very dry until the cornea cracked and I couldn't see! They also changed my medication to Methotrexate. Since 1993 I have been on it. I had to use gel to heal my eyes and I continue to take Evening Primrose Oil as a supplement till today. In 2007, my arthritis flared up and other medications were added on to help bring it under control. Towards the end of the year the doctor recommended the use of biologics.

Consult your doctor

I consult my doctor every time I have a problem and would advise others to do so as well. In the beginning I too tried many alternative therapies and even consulted the Chinese doctor etc but it only made my condition worse. I even heard that herbs found in the market actually contain steroids and I concluded that it was true after seeing friends take it and develop the "moon face" generally associated with steroid use. So I strongly recommend that you please follow your doctor's medications. Consult with your doctor when you have increased symptoms as they may have to adjust your dosage or could offer alternative solutions like injections to help achieve faster results.

I met a doctor from Australia who recommended that I take Vitamin B5, Pantothenic Acid, as a supplement everyday to reduce arthritis pain. I have taken it for almost 20 years now and I believe that it has been very beneficial as I use painkillers only very occasionally.

When you are on biologics, your skin tends to become very dry and thin and I jokingly call it 'chicken skin'. One day I went to a pharmacy and my arm bumped into a shelf. There was internal bleeding and my arm was red like blood. I asked the pharmacist how to deal with it and he recommended taking collagen power. So for the past 4-5 years I mix one tablespoon of collagen powder in my juice every morning and that has helped my skin a lot".

Well-being

So isn't all this expensive I ask. Says Aminah, "All my medications and supplements cost a lot of money but I prefer to spend my money on my wellbeing rather than on expensive handbags or clothes. For me, the state of my health is more important than anything else".

Mind over body

Aminah believes the most important thing is to be happy! She says, "I would like all my friends to be positive in their thinking as this will help reduce the pain. I have a very joyful temperament. I once had an operation to restore my broken leg. When I went back home after 3 days in hospital, I stood on one leg and cooked laksa for my friends when they came to visit me. I am always inviting my neighbors and friends over to have tea together or share a meal as I believe that good company and positive vibrations helps reduce pain and heal faster. When I have pain, I just try to relax myself watching a "happy" show on TV, reading or by just listening to music and that helps me to forget the pain. A 'sour face' only increases pain".

Well said Aminah! Mind over body it is and it certainly pays for all of us to consciously cultivate positive and happy patterns in our lives.

Why join a SUPPORT GROUP?



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



When we are diagnosed with a chronic condition, feelings of loneliness, sadness and isolation become constant companions. Members of a support group usually share their personal experiences, as well as offer practical advice and tips that they have learnt along the way to cope with the condition. They also offer each other emotional comfort and moral support besides being a source of inspiration to one another.

Need for a support group

- One of the biggest advantages of a support group is that a patient no longer feels alone and knows other people who share similar problems. This can bring huge feelings of relief and empowerment.
- Members learn from each other new ways of coping with the same problem or open their minds to different perspectives to the issue. They can also compare notes about resources such as doctors, treatment options, alternative options, sourcing medication etc.
- If a member is going through a complication or has to take a decision with regard to proceeding with treatment, they can always talk to other members who may have gone through a similar situation to develop a clearer understanding of what to expect in the situation.
- Sometimes people feel uncomfortable about discussing problems in front of strangers. But when they realize that others are facing similar situations, it helps them to open up and discuss emotions honestly.
- There is also a sense of safety as everything that takes place within the support group is usually kept confidential.
- A support group shouldn't replace your standard medical care, but it can be a valuable resource to help you cope.
- With strong commitment to friendship and mutual respectful support, people are able to expand their base of support and weather the storms of change that come with having a chronic condition. It helps them cope with setbacks and hurdles that are bound to come up.
- The hardest step is going the very first time. Know that everyone has a hard time going to a support group for the first time. If you have a friend in the support group, go with them, otherwise take a leap of faith and simply go with an open mind.



With the year coming to a close, I would like to express my gratitude to the members of the EXCO and the RASG sub-committee for their support, encouragement and participation. I am also thankful to all those who have volunteered at all the events and activities organised over the year and carried them out with huge success. We invite more members to come forward to join the RASG sub-committee. We need more capable and enthusiastic people so that we can have more ideas and activities to share.

For the RA Support Group to be effective, it would require :

- (a) Commitment to a high quality of teamwork
- (b) Clear objectives
- (c) Higher team participation

For 2018, I would like to encourage the RA sub-committee members to work together to deliver better support to our members as we share goals and are held mutually accountable for meeting them. I also look forward to venturing out together to organize public forums, hold talks by invited speakers to the RA Support Group members, have joint exercise sessions with members of the Klang RA Support Group, conduct sharing sessions with RA patients and their caregivers and many more events. A very happy New Year to all of you.

If anyone wishes to join the RASG please email: info@afm.org.my or

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

National RA Day

Public Forum in Penang

By Annie Hay



The 11th National RA Day was celebrated 21-23 July 2017 in Penang. The event was a 3 days 2 nights stay in Cititel Hotel, Penang with interesting workshops lined-up for the 150 registered participants. 24 excited participants from Kuala Lumpur boarded the coach on Friday, 21 July at 8.30 am and arrived in Penang at 2.30 pm. The members checked into their rooms with their respective roommates for a well-deserved rest before the welcome dinner at 6.30 pm. Dinner was organised at a Chinese restaurant next to Cititel Hotel. Dr. Alan Ch'ng and Dr. Tan Bee Eng were our guests for dinner and we had the opportunity to get to know them both before the main event on Saturday, 22 July.

On Saturday morning, the participants from Penang came in early to register and there was an air of excitement at the registration counters. The program started at 9.30 am and Annie Hay, as chairperson of the RA Support Group, gave the Welcome Address. She introduced Arthritis Foundation Malaysia to the participants and spoke on the objectives of the workshop and the RA Support Group.

Dr. Alan Ch'ng spoke on "Falls in Older People". He helped us understand the impact of falls in older persons and described some of the contributing factors for falls. He touched on fall prevention and intervention programs too. He explained that the impact of falls results in a decline of activity level and functional independence. It also increases fear and depression as well as social isolation. He also spoke on medications associated with falls and fractures. After the talk, he patiently answered questions from the participants. The participants responded well to Dr. Alan Ch'ng and there was good interaction. Coffee break was at 10.30 am and it gave the participants a chance to get to know their new friends as well as catch up with Dr. Alan with more questions.

Dr. Vimala's workshop, "Introduction on the Falls Assessment" started at 11.00 am. The participants were divided into 8 groups and they had to complete 8 station screenings before they could be evaluated by Dr. Vimala. The 1st half of the workshop ended well with lunch at 1.00 pm. The enthusiasm of all the 150 participants was contagious with chatter and laughter heard throughout the ballroom.

The 2nd part of the workshop started promptly at 2.00 pm with Dr. Vimala and her team of volunteers assisting the participants to complete the remainder of the 8 stations screening. Dr. Vimala also shared breathing techniques and talked about its close association with balance and posture.

The second coffee break was at 3.30 pm. In the session that followed, Dr. Vimala talked about exercises to improve balance and muscle strength. She also gave tips on identifying and eliminating fall hazards as well as employing "fall-proofing" behaviors in and around the home.

The workshop ended at 5.30 pm with participants returning home with tons of knowledge and fond memories of new friends. In the evening, the RASG members from Kuala Lumpur had a free and easy time to do their own shopping or have dinner. The last day in Penang was spent at the Heritage Centre in Georgetown after breakfast at the hotel. Members got a chance to do more shopping of Penang's popular snacks, enjoy a bowl of cendol or a plate of Penang's ever-favorite char kway teow.

We finally left Penang at 2.00 pm and arrived back in Kuala Lumpur by 7.00 pm. Overall the event was successful and well-attended so kudos to the Organising Committee, not forgetting the enormous support from the Executive Committee, RASG Sub-Committee members, Dr. Vimala & her team of volunteers from Penang, our invited speakers and all the enthusiastic participants from Penang.

We look forward to another great National RA Day in 2018.



EVENTS



By Annie Hay



Take a Step, Be Inspired,
Stay Healthy

This year, the non-profit organization PeopleGiving decided to do something different to inspire a healthy lifestyle among the community and to promote the benefits of walking. So they organised a charity fundraising walk on 13 August 2017 for individuals in collaboration with Manulife and KLCC Runners Group. Held at Lake Gardens, Kuala Lumpur, the charity walk saw over 450 participants, all geared up at 7 am in the morning, enthusiastic and ready to take their first step towards living a healthier lifestyle.



The idea was driven by the World Health Organization (WHO) recommendation for all to walk 10,000 steps daily to improve health and reduce the risks of diseases. So the participants of Walk2Inspire were challenged to walk 10,000 steps as a starting point towards their journey to better health. The walk was not a competition, and participants were only required to complete the 10,000 steps, which equates to about 8km, depending on the stride length.



Seven of PeopleGiving's charity partners invited as beneficiaries to the event were:

1. Breast Cancer Welfare Association Malaysia (BCWA)
2. National Kidney Foundation of Malaysia (NKF)
3. National Stroke Association of Malaysia (NASAM)
4. PRIDE Foundation Malaysia
5. National Cancer Society of Malaysia (NCSM)
6. MajlisKanser Nasional (MAKNA)
7. Arthritis Foundation Malaysia (AFM)



This event would not have been a success without its many sponsors who supported the initiative. Its Gold and Silver sponsors included M101 Group and Ipserverone Solutions. Not forgetting its official apparel sponsor Brooks, as well as supportive sponsors like Nivea, Ebizu, Premia, Manulife, Guardian, Dequadin, and LifeJuice.

Together, Walk2Inspire has raised a total of RM80,000 and RM44,000 will be distributed equally amongst the seven beneficiaries to help survivors of their respective health causes in their journey to recovery.



It was also a very meaningful event for me personally. My own journey with arthritis over the last 18 years was highlighted in a write-up as an inspiration in the run-up to the event. As a "courageous fighter" representing Arthritis Foundation Malaysia, people were also encouraged to walk the 10K steps beside me.



World By Dr. Shamala Rajalingam Arthritis Day PUBLIC FORUM



This year Hospital Putrajaya in conjunction with Arthritis Foundation Malaysia (AFM) celebrated World Arthritis Day in style! A Public Forum was held at IOI Mall, Putrajaya on 9th September 2017 entitled "Sakit Sendi?? Jangan berlelah bertindak sekarang"

The forum was an initiative aimed at raising awareness and educating the general public on common joint issues that they struggled with. It also aimed to foster closer ties with our patients to help them better understand and manage their disease. So it was very heartening that we had a good turnout for the event not just from the general public but from our own patients as well.

The forum was opened by Dr. Liza Mohd Isa, Consultant Rheumatologist and Head of Rheumatology Unit, Hospital Putrajaya. This was followed by a warm welcome speech by Associate Professor Dr. Sargunan Sockalingam, President of AFM. A short but a very engaging talk on "Joint pains" was given by Dr. Maleha Mohd Noor, a trainee rheumatologist.

There were educational booths by both pharmacists and occupational therapists from our hospital, as well as a booth by AFM. The pharmacists were at hand to answer any questions and soothe worries related to medications. They brought along sample medications and counseled the public on their appropriate usage. Two senior occupational therapists were at hand to help identify major difficulties that arthritis patients faced and demonstrated skills to improve day-to-day activities and well-being.

The highlight of the day was definitely the bubbly and enthusiastic exercise sessions led by the Physiotherapy Unit of Hospital Putrajaya. Two separate 1-hour exercise sessions were conducted both standing as well as sitting on chairs, thereby making it accessible to all patients. The sessions were so vibrant and fun that not just doctors and committee members participated but even the young crowd passing by joined in and showed support to our event. This forum was a tremendous success and we aim to conduct more such forums in the future. I personally thank AFM and Roche for their support in terms of time and effort.

The era of TELEMEDICINE



President
of AFM and
Consultant
Rheumatologist

**Dr. Sargunan
Sockalingam** speaks
his mind on current
issues that confront
him in the medical
profession.

A quick search on the internet will reveal the definition of telemedicine. It is the remote diagnosis and treatment of patients by means of telecommunications technology. This is a fascinating topic and it is a field that is fast developing into reality. Telemedicine seems to be a topic that is close to the heart of many tech-entrepreneurs, venture capitalists, software (and hardware engineers) and even many doctors too. To understand this emerging platform, I think a good first step is to imagine the ultimate goal of telemedicine.

Perhaps, one could imagine a 44 year old woman, a mother of 2 children, who has been experiencing early morning stiffness of the joints for two months, one day wakes up to find her wrist swollen. She takes a photo of her swollen wrist with her smartphone and loads it into an app. This gets her in touch with a rheumatologist who then makes a video call. They have a conversation and the rheumatologist makes a clinical diagnosis of rheumatoid arthritis. An appointment with the medical centre is arranged, blood tests are performed and radiographs are obtained. With technology, this step could also be performed in the comfort of the woman's home.

Once the results are obtained, the software initiates the inflammatory arthritis protocol, where all appointments with the rheumatologist, physiotherapist, occupational therapist, arthritis management nurse and pharmacist are organized and medications prescribed. Every step is explained either via telephone communication, personal appointment, downloadable reading files or audio books that act as a full time, always available resource that provides



advice. And comfort. This is only a small example.

If we could place entire libraries into a small chip, then, health management will only need a slightly larger chip. This technology is expanding every day, with the rapid improvement in diagnostics and healthcare delivery. Hospitals equipped with telemedicine facilities are now the norm in many countries, and China is a leader in this field.

To a small extent, we are practising telemedicine. I have a dear friend, Dr. Mycroft Arputathevan, who gives out his phone number to his patients, and they communicate with him via WhatsApp. Mike told me that his patients are able to tell him when they have a fever and cough. He asks them to cough out the sputum into a cup, and take a photo. The colour, such as yellow, will prompt him to advise a course of antibiotics that his patient can get from the nearby pharmacy through a prior agreement (e-mails are used as prescriptions).

Similarly, if another patient's child has a rash, a photo could be sent via the same app, and prescription for topical ointment sent via e-mail. Isn't this all similar to

the way we pay all our bills, buy our travel tickets and hotel accommodations over the internet? There is no need for harrowing long queues, deathly parking charges and hernia inducing traffic-jams!

There are many questions raised though. What if there is a mistake in the diagnosis? What happens when the wrong drug is prescribed? If someone, who is not related, stumbles upon such personal information, will this place the patient at risk? How do we tackle diseases like rapidly spreading air or insect borne viral infections? How sure are we that this is not a lurking malignancy that has to be biopsied as early as possible? More importantly, what is the cost of this technology? How do we prevent, the middle man vulture looking for a privileged mark up in profits from the delivery of services such as hospital equipment and medications? Already we have to deal with their treacherous fees that are imposed upon hospital pharmacies. They are not going to be too happy when they find out that their rice bowl has been bypassed. We saw what happened with Uber and Grab in Malaysia.

I for one believe that these are creases that will be ironed out in the near future. 2018 and beyond, will see the rise of telemedicine to levels that will astound us.

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*

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 Zainab, Kota Bharu*

Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu*

Sabah

- Hospital Queen Elizabeth, Kota Kinabalu*

Sarawak

- Hospital Kuching, Kuching*

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

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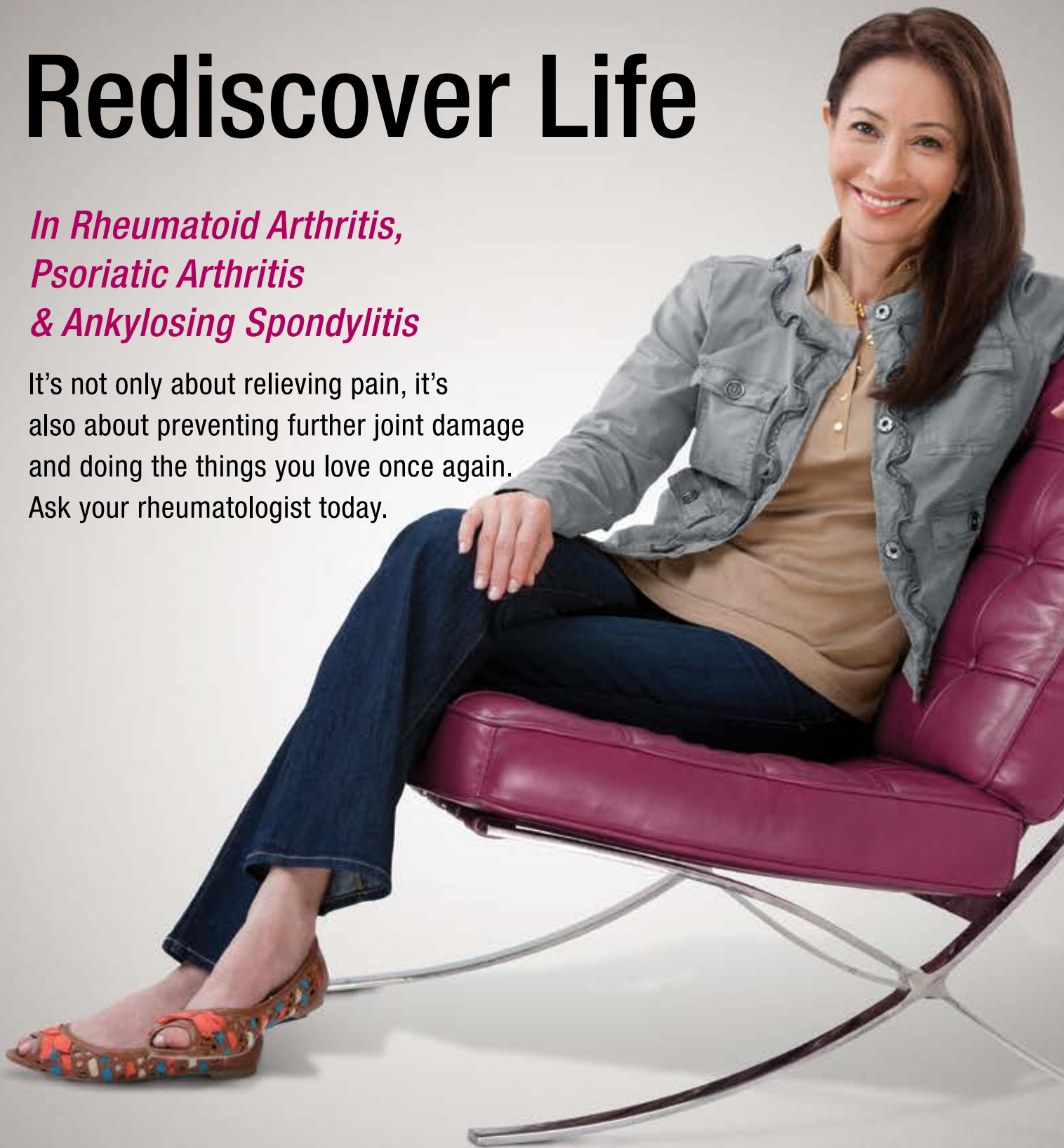
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