



Public Forum - Klang



RASG Sunfeet Int'l Rehab Centre



AFM Public Forum & AGM



Profile - David Gurupatham



National RA Day Celebrations

We had a very active first half of the year and we take great delight in updating you on the events so far, in this issue of *Joint Efforts*. Besides the “Public Forum and Annual General Meeting”, we also had the “National Rheumatoid Arthritis Day” in Ipoh, a “Public Forum” in Klang and several other events as well. This issue we have highlighted *Psoriatic Arthritis* in our “Centre Stage” article. As always our President, Dr. Sargunan Sockalingam, discusses the latest issues confronting the medical world in his own inimitable style. In the “Doc Talk” section, he discusses the very pertinent topic of, *Funding Healthcare*.

The “Profile” section is certainly a must-read. I had the opportunity to interview Datuk David Gurupatham, who inspired me with his die-hard attitude to his health and his willingness to go the extra-mile; to explore, learn and open his mind, to unconventional ways of dealing with his arthritis.

We have also renamed our “Myth of the Month” (MOM) section to “Interesting Facts about Arthritis” (IFA), so do continue reading it and pick up important information about arthritis contributed by our past President, Dr. Amir Azlan Zain. Do feel free to contact us too about any specific information that you would like to see in forthcoming issues.

While it is very easy to get swept away with the pain and discomfort of the condition, it is very important to NOT take life for granted and to focus on what we DO have and what we are blessed with; like supportive family and friends, access to good medical treatment and information (JE), availability of support groups like our very own RASG as well as safe and suitable exercise sessions conducted by PACE physiotherapists, amongst others.

“The more you praise and celebrate your life, the more there is in life to celebrate”. Oprah Winfrey

Shailaja Menon
Editor

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These are truly exciting times for the country. The recent elections were a watershed moment in the history of the nation and in fact, for democracy all over the world. Malaysians have proven to the world, that people can work together to tackle a government that is mired in controversy and has poor accountability. Arthritis Foundation Malaysia (AFM) celebrates the decision of our fellow citizens and would like to congratulate the new government. However, AFM reiterates the importance of check and balance, and we hope that a fiery and credible opposition will perform this task.

At AFM, we are committed to continuing our efforts to highlight the problems faced by people who suffer from major arthritic diseases and we hope that the new government will be supportive of our efforts. We are encouraged by the positive new direction of the Health Ministry and we are certainly looking forward to working with the Minister and his office. In the coming months, AFM will also be engaging with the Malaysian Society of Rheumatology to see how we can better address the issues that affect us both. As they say, two heads are better than one, and a problem shared is a problem halved.

Have you looked at our web page recently? We are excited with the new pages that complement the existing one. It is more user friendly, and it is certainly easier to make a contribution to AFM's Advanced Therapies in Arthritis Fund. We have also stepped up our efforts in kick-starting the fund and we look forward to welcoming our first two recipients. Joint Efforts has enjoyed a rather sterling run and we do hope to increase our reader base this year. We have a number of new projects coming up, where we hope to initiate corporate engagement and deliver useful information about arthritic diseases.

I would like to thank the committee members who are working tirelessly to get the fund off the ground. My sincere appreciation goes to our office staffs who keep everything in order. I would also like to thank the members of the pharmaceutical industry who have been instrumental in supporting our events and activities. And of course, the ever exuberant support group and associated physiotherapists who are the lifeline of this organization.

Let's all work together to achieve our targets and I wish everyone a wonderful and productive year.

Dr. Sargunan Sockalingam
President, AFM

我国正值令人振奋的时代，刚过去不久的大选对我国，以至全世界奉行民主制度的国家而言，是一个深具意义的历史分水岭。马来西亚向全世界证明了人民力量足以推翻一个令人非议又无法取信于民的政府。大马关节炎基金会与全民共庆这项决定，并祝贺我们的新政府。然而，大马关节炎基金会要重申制衡的重要，且希望会有一个强大又具诚信的反对党能够执行这项工作。

大马关节炎基金会同仁会继续致力把受重大关节炎疾病困扰人们的难题让更多人知道，并希望新政府会支持我们在这方面的努力。我们受卫生部的正面方针所鼓舞，很期待与新任卫生部长及他的部门展开合作。在未来的几个月份里，我们将与大风湿科协会一起探讨如何处理那些影响我们两个组织的课题。有说两个脑袋比一个强，共同分担一个难题的话，那它就只剩下一半了。

近来你有浏览过我们的网站吗？新添的网页和既有的页面相互辉映，读者使用起来也比过去更容易，对于想要向先进疗法基金捐献的热心读者而言，现在是更加方便了。我们已经计划在近期内就拨出基金协助有需要的患者接受这类治疗，很快就会宣布首轮受惠的两位人士。基金会会刊Joint Efforts 出版至今，一直在稳健成长，我们希望能够在今年的提高读者群人数。我们即将推行几项为此目标而设的新计划，希望透过它们寻得企业界的参与，合作把关于关节炎疾病的有用资讯向更多人传播开去。

在此，我要感谢所有为了让先进医疗基金能够早日正式启动而努力不懈的理事们，也衷心感谢基金会办公室职员们把事情办得井井有条。我也要感谢制药界的同仁，他们向来对我们所办的项目和活动都很支持，更提供了不少帮助。当然，我也要感谢一直都那么精力旺盛的互助小组以及与我们合作的物理治疗师们，他们都是这个组织的重要成员。

且让我们齐心协力，共同为达成目标而努力。祝各位有个美好的丰收年。

沙谷南医生
大马关节炎基金会主席

Sekarang adalah masa yang sangat menarik untuk negara kita. Pilihan raya baru-baru ini adalah saat yang bersejarah untuk negara, malah untuk demokrasi di seluruh dunia. Rakyat Malaysia telah membuktikan kepada dunia bahawa kita boleh bekerjasama untuk menangani kerajaan yang terpalit dengan kontroversi serta akauntabiliti yang lemah. Yayasan Arthritis Malaysia (AFM) meraikan keputusan rakyat dan kami mengucapkan tahniah kepada kerajaan baharu. Walau bagaimanapun, AFM menekankan betapa pentingnya semak dan imbang, dan kami berharap pihak pembangkang yang lantang dan boleh dipercayai akan melaksanakan tugas tersebut.

Di AFM, kami komited untuk meneruskan usaha kami dalam membawa masalah-masalah yang dihadapi oleh orang yang menderita penyakit arthritis utama dan kami berharap kerajaan baharu akan menyokong usaha kami ini. Kami teruja dengan hala tuju baharu Kementerian Kesihatan dan kami sememangnya berharap dapat bekerjasama dengan Menteri dan pejabatnya. Dalam beberapa bulan akan datang, AFM juga akan terlibat dengan Persatuan Reumatologi Malaysia untuk melihat bagaimana kita dapat menangani isu-isu yang memberi kesan kepada kami. Seperti yang mereka katakan, berat sama dipikul, ringan sama dijinjing.

Adakah anda sudah melihat laman web kami baru-baru ini? Kami teruja dengan halaman baru yang melengkapi halaman sedia ada. Ia lebih mesra pengguna, dan pastinya lebih mudah

untuk memberi sumbangan kepada Terapi Termaju AFM dalam Dana Arthritis. Kami juga telah meningkatkan usaha kami dalam memulakan dana ini dan kami berharap dapat mengalu-alukan dua penerima pertama kami. Joint Efforts telah menikmati kejayaan yang agak baik dan kami berharap dapat meningkatkan kumpulan pembaca kami tahun ini. Kami mempunyai beberapa projek baharu yang akan datang, di mana kami berharap untuk memulakan penglibatan korporat dan menyampaikan maklumat berguna mengenai penyakit arthritis.

Saya mengucapkan terima kasih kepada ahli jawatankuasa yang bekerja tanpa mengenal penat lelah untuk memulakan usaha mengumpul dana. Saya juga menyampaikan penghargaan ikhlas saya kepada kakitangan pejabat kami yang memastikan semuanya berjalan lancar. Saya juga mengucapkan terima kasih kepada ahli-ahli industri farmaseutikal yang telah memainkan peranan dalam menyokong acara dan aktiviti kami. Tidak lupa juga kepada kumpulan sokongan yang sentiasa member semangat dan ahli fisioterapi yang berkaitan yang merupakan talian hayat kepada organisasi ini.

Marilah kita bekerjasama untuk mencapai sasaran kita dan moga tahun ini menjadi tahun yang indah dan produktif untuk semua.

Dr. Sargunan Sockalingam
Pengerusi, AFM

Do arthritis treatments provide mental health benefits?



June 6, 2018: Drugs used to treat rheumatoid arthritis may impact mental health by improving pain and stiffness and by targeting inflammatory processes common to arthritis and depression; however, a recent review demonstrates that relying on rheumatoid arthritis therapies alone may not meaningfully improve patients' mental health.

The findings, which are published in *Arthritis & Rheumatology*, indicate that providing dedicated mental health care is essential to help arthritis patients with depression and other mental conditions.

"This review summarises the findings from over 70 clinical trials to examine the association between different rheumatoid arthritis treatments and mental health outcomes," said lead author Dr. Faith Matcham, from the Institute of Psychiatry, Psychology and Neuroscience, King's College London.

"Our findings suggest that otherwise effective pharmacotherapy alone is unlikely to have an impact on mental health outcomes for the majority of rheumatoid arthritis patients. Optimal mental health outcomes may be achieved through providing integrated psychological support alongside routine care."

Source: Materials provided by Wiley

Love hurts: Spats with spouse may worsen chronic pain, other symptoms

May 15, 2018: A fight with a spouse may end in hurt feelings, but for those with chronic conditions like arthritis or diabetes, those arguments may have physical repercussions as well, according to researchers. They found that in two groups of older individuals -- one group with arthritis and one with diabetes -- the patients who felt more tension with their spouse also reported worse symptoms on those days.

"It was exciting that we were able to see this association in two different data sets -- two groups of people with two different diseases," said Lynn Martire, professor of human development and family studies, Penn State Center for Healthy Aging. "The findings gave us insight into how marriage might affect health, which is important for people dealing with chronic conditions like arthritis or diabetes." Martire said the results - recently published in the journal *Annals of Behavioral Medicine* - could potentially help create interventions targeted at helping couples with chronic diseases.

Data from two groups of participants were used for the study. One group was comprised of 145 patients with osteoarthritis in the knee and their spouses. The other included 129 patients with type 2 diabetes and their spouses.

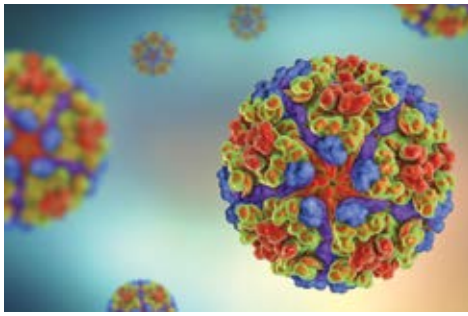
Participants in both groups kept daily diaries about their mood, how severe their symptoms were, and whether their interactions with their spouse were positive or negative. The participants in the arthritis and diabetes groups kept their diaries for 22 and 24 days, respectively.

The researchers found that within both groups of participants, patients were in a worse mood on days when they felt more tension than usual with their spouse, which in turn led to greater pain or severity of symptoms.

Additionally, the researchers found that within the group with arthritis, the severity of the patient's pain also had an effect on tensions with their spouse the following day. When they had greater pain, they were in a worse mood and had greater tension with their partner the next day.

Source:
Materials provided by
Penn State.





Why Chikungunya, other arthritis-causing viruses target joints

May 16, 2018: Scientists have understood little about how chikungunya and related viruses cause arthritis. Now, researchers at Washington University School of Medicine in St. Louis have identified the molecular handle that chikungunya grabs to get inside cells. The findings, published May 16 in the journal *Nature*, could lead to ways to prevent or treat disease caused by chikungunya and related viruses. Chikungunya virus is a growing threat to the United States and other regions of the world as the mosquito that carries the virus expands its reach. Telltale symptoms of chikungunya infection are fever and joint pain that last about a week. But in up to half of patients, the virus can cause a debilitating form of arthritis that persists for months or even years. The handle, or receptor, is located on cells that build cartilage, muscle and bone. Joints are filled with such cells, which helps explain patients' painful symptoms.

"The name chikungunya comes from the Makonde language of Tanzania, and it means **'to walk bent over.'** That's how painful the arthritis can be," said senior author Michael S. Diamond, MD, PhD, the Herbert S. Gasser Professor of Medicine at the School of Medicine. Figuring out how the virus gets inside cells is considered a step toward slowing its spread. Diamond, first author and postdoctoral researcher Rong Zhang, PhD, and colleagues identified the protein on cells that chikungunya virus latches onto.

The protein is called Mxra8, and it is needed for chikungunya to invade both human and mouse cells, the researchers found. Additional experiments showed that not just chikungunya but its arthritis-causing relatives - Mayaro, Ross River, O'nyongnyong and Barmah Forest viruses - require the protein to get into cells.



Since chikungunya uses Mxra8 protein as a handle to open a door into cells, the researchers tested whether preventing the virus from grabbing that handle could reduce infection. They deluged the virus with decoy handles, reasoning that chikungunya would grab the decoy and be locked out of cells. Only the few individual viruses that latched onto a true handle could infect cells, so the overall infection rate - and signs of arthritis - would fall.

And that's just what they found. A day after infection, the level of virus in the mice's ankles and calf muscles was between tenfold and a hundredfold lower in the animals that had been treated with Mxra8 proteins or blocking antibodies than those that received placebo, and the numbers remained lower over the next two days. In addition, three days after treatment, the mice that had received the protein exhibited much less swelling in their ankles than those that received the placebo.

The results suggest that a compound that blocks the virus from attaching to Mxra8 on the surface of cells could prevent or reduce arthritis.

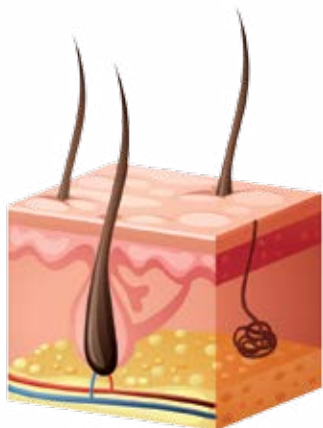
"Not much is known about what Mxra8 does in the human body, so we need more information before developing a drug that targets Mxra8," said Diamond, who also is a professor of molecular microbiology, and of pathology and immunology. "But we could more immediately develop a drug that targets the virus and prevent it from attaching to this protein."

Source: Materials provided by Washington University School of Medicine. Original written by Tamara Bhandari.



PSORIATIC ARTHRITIS

Let's explore psoriatic arthritis to better understand it and learn what we can do to manage the condition.



Normal Skin



Psoriasis

Psoriatic arthritis is a form of arthritis that affects some people who have psoriasis; a condition that features red patches of skin topped with silvery scales. Psoriatic arthritis can cause swelling, stiffness and pain in and around the joints, nail changes and overall fatigue. Though most people develop psoriasis first, some people do experience joint problems before skin lesions appear.

Early diagnosis

Studies show that delaying treatment for psoriatic arthritis for as little as six months can result in permanent joint damage. Early recognition, diagnosis and treatment of psoriatic arthritis are critical to relieve pain and inflammation and help prevent joint damage.

Symptoms

- Foot pain. Psoriatic arthritis can cause pain at the points where tendons and ligaments attach to your bones, especially at the back of your heel (Achilles tendinitis) or in the sole of your foot (plantar fasciitis).
- Swollen fingers and toes that look like sausages. You may also experience swelling and deformities in your hands and feet before having significant joint symptoms.
- Stiffness, pain, throbbing, swelling and tenderness in one or more joints.
- A reduced range of motion.
- Morning stiffness and generalized fatigue.
- Nail changes. For example, the nail separates from the nail bed and/or becomes pitted and mimics fungus infections.
- Redness and pain in the eye, such as uveitis.
- Lower back pain. Some people develop a condition called spondylitis as a result of psoriatic arthritis. This results in inflammation of your joints between the vertebrae of your spine and in the joints between the spine and pelvis (sacroiliitis).

Note that there is little connection between your psoriasis severity and psoriatic arthritis severity. Having a severe case of psoriasis does not necessarily mean a person will have a severe case of psoriatic arthritis. A person could have few skin lesions, but have many joints affected by arthritis.



Causes and risk factors

Psoriatic arthritis occurs when the body's immune system begins to attack healthy cells and tissues. The abnormal immune response causes inflammation in your joints as well as overproduction of skin cells. It is unclear why the immune system turns on healthy tissue, but it is possible that both genetic and environmental factors play a role.

Having psoriasis is the single greatest risk factor for developing psoriatic arthritis. Many people diagnosed with psoriatic arthritis have a family history of either psoriasis or psoriatic arthritis. Physical trauma or something in the environment; such as a viral or bacterial infection, may trigger it in people with an inherited tendency.

Notes on inflammation

So what is inflammation? It is the body's response to outside threats like stress, infection, or toxic chemicals. When the immune system senses one of these dangers, it responds by activating proteins meant to protect cells and tissues. Chemicals from the body's white blood cells are released into the blood or affected tissues to protect your body from foreign substances. This release of chemicals increases the blood flow to the area of injury or infection, and may result in redness and warmth.

However, in some diseases, like arthritis, the body's defense system-the immune system-triggers an inflammatory response when there are no foreign invaders to fight off. In these diseases, called autoimmune diseases, the body's normally protective immune system causes damage to its own tissues. Some types of arthritis associated with inflammation include the following:

- Rheumatoid arthritis
- Psoriatic arthritis
- Gouty arthritis



Diagnosis

There is no definitive test for psoriatic arthritis. The diagnosis is made mostly by your doctor's observations and by a process of elimination. Your doctor will need your medical history, particularly your history with psoriasis, and may perform a physical examination, blood tests, MRIs and X-rays of the joints that have symptoms to diagnose psoriatic arthritis.

The symptoms of psoriatic arthritis are similar to those of three other arthritic diseases: rheumatoid arthritis, gout and reactive arthritis. But it is important to distinguish between the different forms of arthritis, as they may be treated with different medications.



How can I help myself?

Physical activity. Walking, swimming or biking is recommended as it keeps the joints flexible and muscles strong. Movement also improves overall health both at a physical and mental level and improves quality of sleep.

Weigh control. It is important to manage weight well with diet and physical activity as excess weight adds stress on the joints. Keeping weight low also leads to reduced pain and increased energy and mobility.

Pace yourself. Battling pain and inflammation can leave you feeling exhausted. In addition, some arthritis medications can cause fatigue too. The key isn't to stop being active entirely, but to rest before you become too tired. Divide exercise or work activities into short segments. Find time to relax several times throughout the day.

Protect your joints. Finding novel ways to carry out everyday tasks can make a tremendous difference in how you feel. For example, you can avoid straining your finger joints by using gadgets such as jar openers to twist the lids from jars, and by pushing doors open with your whole body instead of just your fingers.



Proper nutrition. Eat a healthy plant based diet that is rich in vegetables, fruits and whole grains. Cut out or reduce sugar, refined carbohydrates, saturated fats and trans fats as much as possible. Processed sugars trigger the release of inflammatory messengers called cytokines. Also look out for fructose, sucrose or any other ingredient ending with "ose". Processed carbohydrates may trump fats as the main driver of escalating rates of obesity and other chronic conditions. These high-glycemic index foods fuel the production of advanced glycation end (AGE) products that stimulate inflammation.

Manage stress. Excessive stress can worsen flares and make it harder to manage daily activities. So build in routines in your life; journaling, breathing practices, meditation, listening to soothing music, walking, doing yoga, tai chi etc, that act as a buffer against stress.



Limit alcohol. Alcohol is a burden to the liver. Excessive use weakens liver function and disrupts other multi-organ interactions and can cause inflammation. Drinking too much alcohol can interfere with medication or increase the side effects of some drugs.

Stop smoking. Smoking is bad for health so now is a good time as ever to stop.



Emotional support. The emotional pain that psoriasis can cause is compounded by joint pain and in some cases, disability. So the support of friends and family can make a tremendous difference when you're facing the physical and psychological challenges of psoriatic arthritis. For some people, support groups can offer the same benefits. But stay connected.

Skin care. Keep the skin moisturized. Regular use of lotions or creams containing aloe vera, jojoba, capsaicin or zinc pyrithione may help lubricate the affected areas. Take short, warm (not hot) baths using oiled oatmeal, bath oil, Dead Sea or Epsom salts, and follow it up with moisturizer. Make a habit of applying moisturizers following daily showers or baths or after swimming.

Wash and dress with care. Choose clothing that is loose-fitting to avoid scratching scaly areas of skin. Clothes made of natural, soft fibers like cotton may be less irritating to skin and cooler in warm months. Use fragrance-free detergent and fabric softeners to reduce risk of skin reactions.

Rediscover Life

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It's not only about relieving pain¹, it's also about preventing further joint damage¹ and doing the things you love once again. Ask your rheumatologist today.



PP-RHU-WY-0027 26th April 2018

Reference: 1. Emery P, Kavanaugh A, Bao Y, et al. Comprehensive disease control (CDC): what does achieving CDC mean for patients with rheumatoid arthritis? *Ann Rheum Dis* 2015; 74:2165-2174

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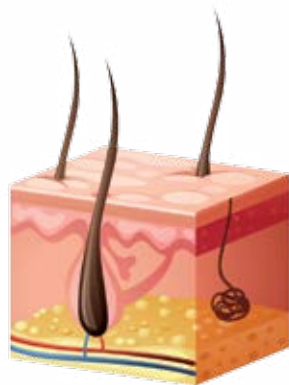
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ARTHRITIS PSORIATIK

Mari kita lihat tentang artritis psoriatik untuk lebih memahami dan mempelajari apa yang boleh kita lakukan untuk menguruskan keadaan dengan lebih baik.



Kulit biasa



Kulit psoriatik

Artritis psoriatik adalah satu bentuk artritis yang mempengaruhi mereka yang mempunyai psoriasis; iaitu keadaan di mana terdapat tompok merah bersisik pada kulit. Artritis psoriatik boleh menyebabkan bengkak, kekakuan dan kesakitan di dalam dan sekitar sendi, perubahan pada kuku dan keletihan keseluruhan. Walaupun kebanyakan orang mengalami psoriasis terlebih dahulu, sesetengah orang mengalami masalah sendi sebelum luka pada kulit mula muncul.

Diagnosis awal

Kajian menunjukkan bahawa melengahkan rawatan artritis psoriatik walau pun hanya selama enam bulan boleh mengakibatkan kerosakan sendi kekal. Pengesanan awal, diagnosis dan rawatan psoriatik artritis adalah penting untuk melegakan kesakitan dan keradangan dan membantu mencegah kerosakan sendi.

Gejala

- Sakit kaki. Arthritis psoriatik boleh menyebabkan kesakitan di tempat-tempat di mana tendon dan ligamen melekat pada tulang anda, terutamanya di belakang tumit (Achilles tendinitis) atau di tapak kaki anda (plantar fasciitis).
- Bengkak jari dan jari kaki yang kelihatan seperti sosej. Anda juga mungkin mengalami bengkak dan kecacatan pada tangan dan kaki sebelum mengalami gejala sendi yang ketara.
- Kekakuan, sakit, berdenyut, bengkak dan nyeri pada satu atau lebih sendi.
- Tahap jangkauan semakin kurang.
- Kekakuan pada waktu pagi dan keletihan umum.
- Perubahan kuku. Sebagai contoh, kuku terpisah dari dasar kuku dan/atau menjadi berlekuk-lekuk seperti jangkitan kulat.
- Mata merah dan rasa sakit, seperti uveitis.
- Sakit pinggang. Sesetengah orang mengalami keadaan yang disebut spondylitis akibat daripada arthritis psoriatik. Ini mengakibatkan keradangan sendi di antara vertebra tulang belakang dan pada sendi di antara tulang belakang dan pelvis (sacroiliitis).

Walaupun bagaimanapun, kaitan antara keparahan psoriasis dan keparahan psoriatik arthritis hanyalah sedikit sahaja. Kes psoriasis yang teruk tidak semestinya mengakibatkan seseorang akan mengalami kes psoriatik arthritis yang teruk. Seseorang boleh mengalami beberapa luka kulit, tetapi mempunyai banyak sendi yang terjejas akibat arthritis.



Punca dan faktor risiko

Arthritis psoriatik berlaku apabila sistem imun badan mula menyerang sel dan tisu yang sihat. Tindak balas kekebalan yang tidak normal menyebabkan keradangan pada sendi dan kelebihan pengeluaran sel kulit. Tidak dapat diketahui mengapa sistem imun menyerang tisu yang sihat, tetapi mungkin kedua-dua faktor genetik dan alam sekitar memainkan peranan.

Menghidapi psoriasis adalah faktor risiko terbesar tunggal bagi berlakunya arthritis psoriatik. Ramai orang yang didiagnosis dengan arthritis psoriatik mempunyai sejarah keluarga sama ada menghidap psoriasis atau psoriatik arthritis. Trauma fizikal atau sesuatu dalam persekitaran; seperti jangkitan virus atau bakteria, boleh mencetuskannya pada orang yang mempunyai kecenderungan yang diwarisi.

Keradangan

Apakah itu keradangan? Keradangan merupakan tindak balas badan terhadap ancaman luar seperti tekanan, jangkitan, atau bahan kimia toksik. Apabila sistem kekebalan tubuh mengesan salah satu daripada ancaman ini, ia bertindak balas dengan mengaktifkan protein untuk melindungi sel dan tisu. Bahan kimia dari sel darah putih badan dilepaskan ke dalam darah atau tisu-tisu yang terjejas untuk melindungi tubuh anda dari bahan asing. Pembebasan bahan kimia ini meningkatkan aliran darah ke kawasan yang cedera atau dijangkiti, dan boleh menyebabkan kemerahan dan hangat.

Walaupun bagaimanapun, dalam sesetengah penyakit seperti arthritis, sistem pertahanan badan, iaitu sistem imun mencetuskan tindak balas keradangan apabila tiada penyerang asing untuk dilawan. Bagi penyakit autoimun ini, sistem imun yang biasanya melindungi tubuh menyebabkan kerosakan pada tisu sendiri. Beberapa jenis arthritis yang berkaitan dengan keradangan termasuklah yang berikut:

- Arthritis reumatoid
- Arthritis psoriatik
- Arthritis gout



Diagnosis

Tiada ujian muktamad untuk arthritis psoriatik. Diagnosis dibuat kebanyakannya daripada pemerhatian doktor anda dan oleh proses penghapusan. Doktor anda akan memerlukan sejarah perubatan anda, terutamanya sejarah anda dengan psoriasis, dan boleh melakukan pemeriksaan fizikal, ujian darah, MRI dan X-ray sendi yang mempunyai gejala untuk mendiagnosis arthritis psoriatik.

Gejala psoriatik arthritis adalah serupa dengan tiga penyakit arthritis lain: arthritis rheumatoid, gout dan arthritis reaktif. Tetapi, penting untuk membezakan antara bentuk arthritis yang berbeza, kerana ia mungkin dirawat dengan ubat yang berbeza.



Lindungi sendi anda. Mencari cara baharu untuk menjalankan tugas harian boleh memberi perbezaan besar terhadap apa yang akan dirasakan pada tubuh anda. Sebagai contoh, anda boleh mengelakkan daripada merosakkan sendi jari anda dengan menggunakan alat seperti pembuka balang untuk memutar penutup dari balang, dan membuka pintu dengan menolaknya menggunakan seluruh badan anda dan bukannya menggunakan jari.



Menguruskan tekanan. Tekanan yang berlebihan boleh memburukkan lagi keradangan dan menguruskan aktiviti harian akan menjadi lebih sukar. Oleh itu, wujudkan rutin dalam hidup anda; menulis jurnal, amalan pernafasan, meditasi, mendengar muzik yang menenangkan, berjalan, melakukan yoga, tai chi dan sebagainya, yang bertindak sebagai pelindung daripada tekanan.

Sokongan emosi. Kesakitan emosi yang disebabkan oleh psoriasis ditambah lagi dengan sakit sendi dan, dalam beberapa kes, kecacatan. Oleh itu, sokongan rakan-rakan dan keluarga boleh memberi perbezaan luar biasa apabila anda menghadapi cabaran fizikal dan psikologi psoriatik arthritis. Bagi sesetengah orang, kumpulan sokongan boleh menawarkan manfaat yang sama. Maka, kekal berhubung.

Bagaimanakah saya dapat membantu diri saya sendiri?

Aktiviti fizikal. Berjalan, berenang atau berbasikal disyorkan kerana ia dapat mengekalkan sendi supaya fleksibel dan otot kuat. Pergerakan juga meningkatkan kesihatan keseluruhan pada tahap fizikal dan mental serta meningkatkan kualiti tidur.

Kawal berat badan. Adalah penting untuk menguruskan berat badan dengan diet dan aktiviti fizikal kerana berat badan yang berlebihan menambah tekanan pada sendi. Mengurangkan berat badan juga akan mengurangkan kesakitan dan meningkatkan tenaga dan mobiliti.

Lakukan secara teratur. Melawan kesakitan dan keradangan boleh menyebabkan anda berasa letih. Di samping itu, beberapa ubat arthritis boleh juga menyebabkan keletihan. Apa yang penting adalah bukannya berhenti aktif sepenuhnya, tetapi berehat sebelum anda menjadi terlalu letih. Bahagi-bahagikan senaman atau aktiviti kerja menjadi segmen-segmen pendek. Cari masa untuk berehat beberapa kali sepanjang hari.

Pemakanan yang betul. Makan makanan berasaskan tumbuhan yang sihat dan kaya dengan sayur-sayuran, buah-buahan dan bijirin. Berhenti atau kurangkan gula, karbohidrat bertapis, lemak tepu dan lemak trans sebanyak mungkin. Gula yang diproses mencetuskan pembebasan pesanan keradangan yang disebut sitokine. Berwaspada terhadap fruktosa, sukrosa atau bahan lain yang berakhir dengan "ose". Karbohidrat yang diproses mengangkat lemak sebagai pemacu utama peningkatan kadar obesiti dan keadaan kronik yang lain. Makanan dengan indeks glisemik tinggi ini menjana pengeluaran produk akhir glikasi (AGE) yang merangsang keradangan.

Hadkan alkohol. Alkohol membebankan hati. Mengambil alkohol yang banyak melemahkan fungsi hati dan mengganggu interaksi pelbagai organ lain dan boleh menyebabkan keradangan. Selain itu alkohol yang terlalu banyak boleh mengganggu ubat atau meningkatkan kesan sampingan sesetengah jenis ubat.

Berhenti merokok. Merokok tidak baik untuk kesihatan, maka sekarang masa yang terbaik untuk berhenti.



Penjagaan kulit. Pastikan kulit lembap. Kerap menggunakan losyen atau krim yang mengandungi lidah buaya, jojoba, capsaicin atau zinc pyrithione boleh membantu melembapkan bahagian yang terjejas. Mandi dengan air hangat (tidak panas) menggunakan minyak oat, minyak mandi, garam Laut Mati atau Epsom, dan ikuti dengan pelembap. Jadikan kebiasaan melomor pelembap selepas mandi setiap hari atau selepas berenang.

Basuh dan berpakaian dengan berhati-hati. Pilih pakaian yang longgar untuk mengelakkan pakaian daripada bergesel dengan kawasan kulit yang bersisik. Pakaian yang diperbuat daripada serat lembut semula jadi seperti kapas mungkin kurang mengganggu kulit dan lebih nyaman dalam cuaca panas. Gunakan detergen bebas pewangi dan pelembut fabrik untuk mengurangkan risiko tindak balas kulit.

牛皮癣关节炎

让我们进一步探讨牛皮癣关节炎,加深对它的认识并学会如何更有效地管理这个病症。

牛皮癣关节炎(也称作硬皮症关节炎)是一种侵袭一些患有牛皮癣人士的关节炎,病症情况是皮肤上出现红色斑块,斑块表面有一层银色鳞片。牛皮癣关节炎除了会在关节里及关节周围引起肿胀、僵硬和疼痛之外,它也会导致指甲变样和使人感觉疲劳。虽然大多数人是患上牛皮癣在先,但是也有人是先有关节问题才出现皮肤上的病变。

早期诊治

研究显示,一旦患上牛皮癣关节炎,只要延医六个月就足以导致关节永久受损。如果能够及早发现、诊断并治疗,在减缓疼痛和发炎方面是重要的,同时还可以避免关节受损。



正常皮肤



牛皮癣

症状

- 脚痛。牛皮癣关节炎会在肌腱及韧带与骨头连接之处造成疼痛,尤其是在后脚跟(跟腱炎)或者脚底处(足底筋膜炎)。
- 肿得像香肠的手指和脚趾。患者的手脚也可能会出现肿起和变形的情况在先,明显的关节症状则是稍后才出现。
- 单一个关节或多个关节出现僵硬、疼痛、阵阵刺痛、肿起和触痛的情形。
- 关节的活动幅度变小。
- 早上起床后有僵硬感和觉得疲累。
- 指甲变样。例如指甲和指甲床分离及/或凹陷以及貌似受霉菌感染的模样。
- 眼睛痛和有红眼的情形,例子之一是葡萄膜炎。
- 下腰部疼痛。有些人会因为患上牛皮癣关节炎而演变成僵直性脊椎炎。一旦出现这情形,脊骨之间的关节以及脊椎和骨盆之间的关节会发炎(骶髂关节炎)。

需注意的是,牛皮癣关节炎的严重程度跟牛皮癣的严重程度之间的关系并不大。牛皮癣严重并不意味着牛皮癣关节炎也一定会同样严重,有些人或许只有几处牛皮癣,但是却有多个关节被关节炎所累。



起因和危险因素

牛皮癣关节炎之所以会发生,是因为人体免疫系统在攻击健康的细胞和组织。这种不正常的免疫反应将导致关节发炎,人体也过量制造皮肤细胞。免疫系统侵袭健康组织的原因不明,不过遗传和环境因素都可能是其中原因。

已经患有牛皮癣是会患上牛皮癣关节炎的单一最大风险因素,不少被确诊为牛皮癣关节炎患者的人士,家族里都有着患有牛皮癣或牛皮癣关节炎的病史。身体上的创伤或环境里的有害因素例如病毒或细菌感染,都可能会在有家族遗传病史的人身上引发此病。

关于炎症的一点说明

炎症是什么呢?那是人体对外来威胁如压力、感染或有毒化学物的反应。一旦身体感应到有这类危险进入身体,它就会启动一些蛋白质来保护细胞和组织。人体白血球内的化学物会释放到血液里或是到受侵袭的组织里,目的是要保护它们不受这些外来物质伤害。这些被释放出来的化学物质,会导致大量血液流向受伤或受感染部位,结果造成红肿和温热感。

然而,在某些情况中,就如关节炎的情形里,作为人体防卫系统的免疫力竟然在没有外来入侵物的情况下触动发炎反应。在这类被称为自身免疫疾病的病例里,原本应该提供保护功能的免疫系统却在对自己的组织进行破坏。几种跟炎症相关的关节炎如下:

- 类风湿性关节炎
- 牛皮癣关节炎
- 痛风性关节炎



诊断方式

医学上还没有明确检测牛皮癣关节炎的方法。诊断工作大都是靠医生通过排除法来观察病情。有关医生需要了解你的医疗历史,尤其是牛皮癣方面的病史,然后会对你进行体检、验血、给出现症状的关节拍磁共振及X光影像,好让他进行诊断。

牛皮癣关节炎的症状跟其他三种关节炎疾病相同,那是类风湿性关节炎、痛风以及反应性关节炎。所以确切分辨到底是哪一类就显得重要了,因为不同的关节炎,使用的治疗药物是各有不同的。

我能够做些什么来减缓病情?

体力运动。步行、游泳或骑脚踏车,是在维持关节灵活和肌肉强壮方面最为推荐的运动。动动身体不但可以增进身体健康脑袋灵活,还可以改善睡眠质量。

体重控制。通过良好的饮食习惯加上做运动来控制体重是重要的,因为一旦身体过重,关节所承受的压力就增加。保持身体不超重不但有助减少疼痛,它还能增进体力和提高灵活度。

按照体能行事。生活中需要不断与疼痛和炎症抗争会令人感到很累,加上有些关节炎药物也会令人感觉疲累,那就更加不好受了。关键是不要完全停止运动,而是在感到累的时候就要休息,别累坏自己。把运动或者工作活动分成数个段落,好让一天里头可以有几次的歇息时间。



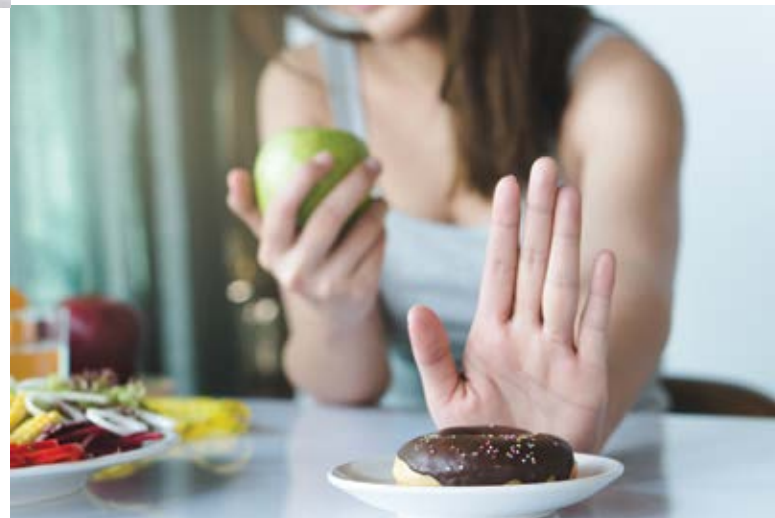
呵护关节。使用替代方法来执行生活中的小事情,会大大改变你的感受,例如使用专门设计的开玻璃罐小工具来打开罐子的盖,可避免手指关节操劳;开门时要用身体的重量来把门推开,而不是只用手指来推。



适当的营养。日常饮食要以植物类食品为主,要含大量蔬菜、水果和全谷类。尽量减少或甚至不摄入糖分、精致淀粉质、饱和脂肪以及反式脂肪。经过加工的糖分会令身体释放一种叫着细胞因子的发炎讯号传达物。也要对果糖、蔗糖或任何英文学名后面有“ose”的食品材料多加小心。经过加工的淀粉质或碳水化合物会在体内转化成脂肪,成为日益严重的肥胖症和其他慢性疾病患病率的主要元凶。这些高血糖指数食品会增进糖化终产物的制造量,而这些糖化终产物跟着就会诱发炎症。

限制酒量。酒精会对肝脏造成负担,饮酒过量会削弱肝脏功能,并干扰其他内脏之间的互动效能,也会引起炎症。酒喝得太多也会妨碍药物功效,甚至或者会增加某些药物的副作用。

戒烟。吸烟危害健康,且趁这个时机把它戒掉吧。



情感、情绪的支援。牛皮癣带来的心理伤痛会因为关节炎引起的疼痛或,甚至行动不便,而加大许多倍。因此,来自家人和朋友的关怀和慰问,在患者面对牛皮癣关节炎带来的生理和心理大挑战的时候,确实起到很大的正面作用。对于一部分人而言,互助组织也是一个很好的精神力量来源。重要的是,一定要与家人、朋友们保持联系,千万不要把自己与人隔离、孤单自处。

压力管理。太大的精神压力会使病情复发程度变得严重,以致影响日常生活作息。在生活中安排一些可以帮助减压的事项,例如写写日志、进行呼吸锻炼法、静坐、听听轻音乐、散步、做瑜伽、练太极等等。

皮肤保养。经常让肌肤得到滋润,抹上含有芦荟、荷荷巴油、辣椒素或吡啶硫酮锌的润肤露或乳霜,使患处保持润滑不粗糙。经常泡短暂的温水(水温不要太热)澡,水里加入专门供泡澡用的燕麦素、浴油以及死海海盐或泻盐(epsom salt),泡完澡擦干身体后抹上一层滋润露。要养成每天在冲凉、洗澡或游泳后涂抹滋润露的习惯。

穿衣及洗衣需注意事项。衣服要挑稍微松宽的合身设计,避免起鳞的皮肤受摩擦。采用天然柔软材料如棉质布料的话,可以减低皮肤受刺激的程度,而且即使在湿热天气里也会比较凉爽。衣物柔软剂要选无香精种类的,以便减少皮肤出现不良反应。



Don't ignore those EYE SYMPTOMS



Did you know that the same arthritic inflammation that causes joint problems might also cause damage in other areas of your body, including your vision. So don't ignore your eye symptoms and always get it checked out by your ophthalmologist and treated immediately to prevent further complications. Some common symptoms that must not be ignored are dryness, redness accompanied by pain, light sensitivity or blurred vision and severe pain with tearing, sensitivity to light or redness.



“ Eye symptoms are often underplayed by patients so it is important to keep a look out for them. I remember a young lady with SLE who seemed stable at review. She just mentioned that she couldn't see some letters within words contained in her textbook. That alerted me and after further investigation it was discovered that she had severe eye inflammation which needed urgent treatment as it was sight threatening. ”

Dr. Amir Azlan Zain
Consultant Rheumatologist

Dry Eyes

One of the most common ways that Rheumatoid Arthritis affects the eyes is by causing or contributing towards dry eyes. Dry eyes are more than a nuisance; when your eyes remain dry, they are more prone to infection. Also, if they are significantly dry for an extended period of time, they can cause damage to the cornea. While eyes that are dry for only a short period can be aided by eye drops as an over-the-counter remedy, more severe or longer-lasting dry eyes need to be seen by a doctor. If you seem to have chronic dry eyes, and RA, another possibility is that you may suffer from Sjogren's syndrome. Like RA, Sjogren's is an autoimmune disease, and according to the Mayo Clinic, the two disorders are often found concurrently.

Inflammation

Inflammation, irritation, and redness are less common than regular “dry eyes,” but it is still a concern for those with RA. Some of the most common types of eye inflammation associated with RA include Scleritis, Iritis, and Uveitis.



Image credit from www.belmarrahealth.com

Scleritis – Scleritis is inflammation of the eye which occurs in the white, outer layer of the eye. This area is called the sclera. Symptoms of this include pain, swelling, irritation, sensitivity to light and possibly diminished sight.

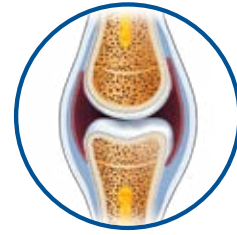


Image credit from optometrist.com.au

Iritis – The iris is the colored portion of your eye. It too can become inflamed and irritated. When irritated, blurred vision is usually a symptom, but you may also experience “floating sensations” or other problems with sight.

Uveitis – The symptoms of Uveitis are very similar to those of Iritis. However, the inflammation is at the very center of your eye, called the uvea. People with psoriatic arthritis develop uveitis, an inflammation of the uvea, the middle layer of the eye, which provides most of the retina's blood supply. Uveitis is also associated with spondyloarthritis and juvenile idiopathic arthritis. Symptoms may include blurred vision, eye pain, redness, light sensitivity and the presence of dark, floating spots in the vision field. Uveitis must be diagnosed by an ophthalmologist and treated appropriately in order to prevent complications such as cataracts, glaucoma, retinal detachment and vision loss.

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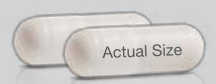


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Climbing Life's Everest

An inspirational must-read story of **Datuk David Gurupatham's** epic journey through arthritis.



Datuk David Gurupatham's story is inspirational to say the least. From managing a law firm, racing cars and playing football, he was diagnosed with rheumatoid arthritis, psoriatic arthritis and spondylitis. At his lowest point, he was virtually hunched over, walking with the aid of a cane and not to mention depressed. That was ten years ago. In that wretched condition, in a remarkable display of human resilience, he embarked on an epic journey to reach the base camp of Mount Everest, which he did, complete with raging fever and swollen infected knees. The rest as they say, is history. Today he treks regularly to the remotest parts of the earth, has resumed playing football and hold on!! what is even more amazing is that he is completely off medication.

The early stages

Though he had a family history of arthritis, he still dismissed it as an accident when he woke up to a swollen and painful finger one morning. Few days later he found his left knee swollen and again he simply assumed he had hit his knee somewhere. It was a particularly stressful period in his life where his wife had been diagnosed with cancer and was undergoing chemotherapy and the plight of his family, especially his two very young children, was heavily weighing on him. This continued till his sister-in-law asked him to go to an orthopedic doctor and get it checked out. After a fluid and blood test, his condition was diagnosed as rheumatoid arthritis. He was prescribed the medication "methotrexate" and he naively believed that it would resolve his situation. Little did he realize that this was just the beginning of a life-transforming journey. He later visited a rheumatologist for a second opinion, who not just confirmed that he had rheumatoid arthritis, but that he had psoriatic arthritis and spondylitis as well. Four bones at the base of his spine were fused and this had led to bouts of back pain that he had experienced from time to time.

Though his dosage of methotrexate was increased, he still had flare-ups of the illness and at one point it got out of control. The mornings especially were extremely challenging as he says, "I couldn't walk at all in the mornings as my joints would get extremely stiff and painful. I had to take pain killers and it would take me a few hours to get moving. I went into depression. My life as I knew it was over. I had to virtually give up my law practice even! My joints, especially at the fingers and toes, had started getting deformed too. I was 40 years old and I felt like I had been handed a life sentence of torture, everyday. I asked God, 'Why are you torturing me? What have I done?'"

As his condition worsened he was prescribed biologics. He says, "I had to jab myself ever 5-6 days and it cost me RM 20,000 a month." But eventually that did not help as well. He felt completely hopeless as biologics had been his last resort. Says Datuk David, "At one point I completely broke down. My immune system was haywire. My psoriasis was spreading down my face and just when I thought I had hit rock bottom, I was affected by vitiligo, a disease in which the pigment cells of the skin, melanocytes, are destroyed in certain areas and symptoms include loss of skin color in the form of depigmented, or white, patches of skin in any location on the body. Though I felt defeated by life, something stubborn in my nature would not let me give up. From those moments of utter despair, I found the resolve deep within me to climb Everest Base Camp. Why Everest? Because, it was symbolic of the health challenge that I was facing. My arthritic condition, with no cure in sight, loomed in front of my life as an Everest, and I was determined to climb it. I was 130 kgs and a size 48, and my friends at the club were placing bets on how long I would last".

The fightback

But excruciatingly painful and torturous as the 9-day climb was, he would not give up. He says, "After one day my knees swelled up and an orthopedic doctor who was on his way down took one look at it and said, 'you better go down'. But I had a high threshold for pain and I repeated my mantra, 'keep moving forward' 'one-step at a time'. I also posted videos on Facebook and instagram and the enthusiastic responses that I began to draw from family, friends and the general public boosted my morale and kept me going. On day 9, I reached the summit, the only one wearing a t-shirt, as I had raging fever. I had to be rushed immediately to hospital and have 50cc of fluid removed from my knees. But that trek changed my life. It offered a sliver of hope where there had been none before. I began to believe that I could beat the arthritis too, that it could be done".

When he came back, he began to read everything that he could about his condition from science journals to medical information on the web. What he gathered was that "inflammation" was the immune systems way of dealing with disease. So he decided that he would direct his focus towards finding ways to deal with and reduce inflammation. To minimize inflammation he had to radically change his diet and so over the years, with a step-by-step approach he:

- Cut out sugar**
- Cut out dairy**
- Cut out bread-gluten**
- Cut out carbohydrates**

He shares, *"I began to read, explore, educate myself and experiment with my body. I introduced changes to the diet one by one and it was the wellbeing that I experienced when I made one change that encouraged me to stick with it and make the next. Best of all, I started losing weight and began exercising again twice a week. I also started sleeping much better. I read about the benefit of fasting and began intermittent fasting; where I fast for 18 hours a day with only one meal a day. This also allows me to pick the exact foods that caused the inflammation the next morning. Once in two weeks I also go on a 24-hr fast with only water and green tea to keep me going. I find great benefit in fasting; almost like a turbo boost to my system, as I feel fresher, more energised, and more cheerful and eager when I wake-up in the morning!"*

All these changes came over the last two years. I have stopped alcohol completely. It has taken huge discipline to get me to this point and I do sometimes feel like everything (food) I love is gone. But I have dropped from a size 48 to size 33 and it has allowed me to regain my life with even greater appreciation than ever before. I am so very grateful for the life that I have today. This whole journey has changed my perspective to life completely and not to mention my lifestyle as well. I realize I took so much for granted earlier; health, looks, fitness and especially time. So I cut down on work, and social life and decided to live my life, do whatever I wanted to do NOW! So I trek regularly in different parts of the world, I have also got myself a sky diving and scuba diving license, I go white water rafting and road cycling with my son. As a result of all these lifestyle changes, that include diet, exercise and sleep patterns, I am now completely off medication including pain killers and I don't take any supplements either. I strongly believe that the body can fix our issues and it is our environment that causes a load on the immune system".

"Just take one step and make a change. If that improves, you take the next step and then the next. If it doesn't improve, try something different. Try ONE thing!" Datuk David Gurupatham

His hash tags as he was climbing to Everest base camp; "keep moving forward," "take one-step at a time" have become an embodiment of his courageous attitude and given him the confidence that as long as he keeps moving forward, he will reach his goal.



Public Forum and AGM

The Public Forum was held on the 28th of April 2018 at Swan Convention Centre, Sunway Medical Centre. To an enthusiastic and responsive audience, Dr. Ahmad Rostam Md Zin, Consultant Liaison Psychiatry, Hospital Putrajaya, spoke on "Sex and Arthritis". He explained that, "there were many factors that affected a sexual relationship and that included psychological, social, self-awareness, biological and relationship quality. Arthritis patients in particular, were affected by pain, limited range of movement, worry, fatigue, self esteem, medication, lack of desire etc". One common question that he was always asked was, "Will the drugs affect my sex life?" He says, in general, arthritis medication do not generally cause health problems. But good communication between partners is essential for good sex".



Launch of Advance Therapies in Arthritis Fund

President of Arthritis Foundation Malaysia (AFM) Dr. Sargunan Sockalingam then talked to the audience about the Advanced Therapies in Arthritis Initiative. While AFM has been a source for funds for joints prosthesis since 1994 with over 200 beneficiaries, he added, that AFM would like to extend the success towards treatment of inflammatory arthritis with advanced therapeutic approach. While the government has been providing some support through public institutions, there are many patients from private healthcare centers who are without access to advanced treatment. He explained, "We began funding patients with Ankylosing Spondylitis first as they can get on biologics quite early as opposed to someone with Rheumatoid Arthritis, who has to through the protocol of a specific line of treatment before becoming eligible for biologics. Advanced therapy has been available since 2005 and overall these drugs have improved the lives of patients with RA, AS and PsA. We believe that the fund is vital as the upper middle class will be badly affected upon diagnosis of the disease".

So far, AFM has raised at least RM50,000 towards the ATF through the combined efforts of the committee members and by working with the industry. The aim is to raise RM 3 million and Dr. Sargunan reiterates that he welcomes participation from corporate sponsors for events. "In association with Novartis, we held the World AS Run last year and every year Kordel holds a Charity Walk, and donates the entire proceeds to AFM. Other pharmaceutical companies too have been very supportive including Pfizer, Novartis, Abbvie, Roche and Johnson & Johnson".

Importance of a good sexual relationship

Dr. Ahmad reiterated the importance of a good sexual relationship with your partner, "Sexual problems were one of the main reasons of divorce. From a health perspective, it is good for men to ejaculate as it could protect them against prostate cancer. Doing it twice a week protects them against other health problems and improves psychological well-being as well". Other great benefits to health included:

- Increased satisfaction with your mental health.
- Increased levels of trust, intimacy and love in your relationships. Studies have shown that women in general tend to open up more after sexual intimacy.
- Less likely to feel depressed and lonely.
- Frequent sexual activity can make you look younger.
- It is good exercise. It especially helps improve the muscle tone of the pelvic floor and thus achieve better bladder control.
- It secretes several hormones, including prolactin which helps to regulate sleep. Men generally don't secrete it on their own and need the stimulation of sex to release it. Oxytocin is a love hormone and it helps the individual feel more settled, communicate better with the partner and in general, regulates social behaviour. You may find that consistent, mutual sexual pleasure helps bonding within a relationship. Endorphin is another hormone produced during sex that helps the brain to produce morphine which in turn helps to reduce pain.
- Coupled partners often experience increased relationship satisfaction when they fulfill one another's sexual desires.
- It reduces the risk of heart attacks.

Finally he advised, "Exercise regularly as it keeps up muscle strength and tone and improves range of movement. Plan ahead and time your analgesics. Talk openly about your struggle, concern or emotional issues. Learn also how to massage your partner and where not to, because of pain! Take warm baths, take time to caress and enjoy each other and vary positions to explore what feels comfortable and what positions are painful. And try different things; sensate focus, replay, mutual masturbation and oral sex!"



My Journey to Advanced Therapy

Datin Seri Nagula Thambidurai gave the audience a moving personal account of her many decades struggle with Rheumatoid Arthritis (RA) and the breakthrough she finally experienced with biologics.

She was only 45 years old when she was diagnosed with RA. She was under Dr. Kiran Veerapan and was put on Methotrexate for about 10 years. One day, she found that she was simply unable to walk and was breathless too! After undergoing several tests in hospital, she was diagnosed with the condition; fibrosis. Her medication was changed to Hydrochloroquine. Says Datin Seri Nagula, "This new medication too, didn't help much. I experienced a lot of pain in my fingers and wrists and needed to take pain killers to function. I was frustrated and depressed. It affected my ability to perform at work too as I found it difficult to write on the board and climb stairs. And sadly, I had to give up my high heels that I cherished too. All this deeply affected the quality of my life". Then again her medication was changed to Arava. In the beginning she did well but as the medication wore off, she had to get regular steroid injections and deal with the side effects of that too.

From there she went onto Biologics, Humera. She says, "It was an injection that needed to be stored in the refrigerator. But I began having allergy and rashes. Last year, Dr. Sargunan put me on this new drug, Tofacitinib, another biologic drug and it is the only biologic drug in oral formulation available at this moment. Ever since I started taking it, I have seen tremendous improvement in terms of joint pain and swelling. It has certainly improved the quality of my life too. I have been able to taper off steroids and other pain medication. It is so convenient too as an oral formulation and I do not have to constantly worry about storage. I am now in clinical remission in terms of blood test readings and clinical assessment by my doctor". The only caution is if you are going in for surgery, you have to stop taking the drug for two weeks before and after the surgery.

She advises all RA patients;

- Be positive.
- If you have swelling in your ankles, wrists or knees visit your nearest RA doctor.
- Use walking shoes so that you have good balance and will not fall.
- Keep active and exercise daily.
- Enjoy the company of good friends and relax.

Annual General Meeting (AGM)

The public forum was followed by the AGM at 3.35pm. President of AFM, Dr. Sargunan Sockalingam welcomed everyone. The Minutes, Report of the Executive Committee and the financial statements for the year ending 31 December 2017 together with the Statement of the Executive Committee and the Auditors' Reports thereon were duly approved and adopted. The executive committee for 2017-2019 remains: -

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

1. Hals & Associates were re-elected as Independent Auditors.
2. Suggestions from members
 - Include a session by the physiotherapist for every event. More appropriate exercises for people with arthritis aged 60 and above
 - Pilates to be introduced
 - Members are encouraged to become life members
3. President concluded by saying AFM is a fun organization - always events are being organized. He asked members to check the AFM website for information and upcoming events. He thanked everyone for their attendance.

The meeting ended at 4.05pm. This was followed by refreshments. Thus the public forum and AGM came to a close.

AFM CALENDAR OF EVENTS

- | | |
|------------|---|
| 7 October | World Arthritis Day
<i>Organised by AFM at SWAN Convention Centre, Sunway Medical Centre, Petaling Jaya, Selangor</i> |
| 20 October | "Jom Ke Taman"
<i>Organised by Hospital Selayang at Taman Metropolitan Batu, Jalan Ipoh, Kuala Lumpur</i> |
| 21 October | Kordel's Charity Fun Walk
<i>Organised by Kordel's at Padang Merbok, Kuala Lumpur</i> |
| 25 October | Public Forum
<i>Organised by Hospital Putrajaya at Kompleks Perbadanan Putrajaya, Putrajaya</i> |
| 27 October | Public Forum
<i>Organised by Mahkota Medical Centre & AFM at Mahkota Medical Centre, Malacca</i> |

PHYSIOTHERAPY IN Psoriatic Arthritis



This issue **Dr. Vim from Physio Plus** shares her expertise with specific exercises for patients with Psoriatic arthritis.

Psoriatic arthritis causes inflammation, pain, stiffness, and swelling in joints as well as ligaments and tendons at their insertion sites. Stiff joints and muscle weakness can occur in patients with psoriatic arthritis due to lack of use. Exercises are an important intervention that can prevent or reduce these impairments from occurring.

WHAT KIND OF EXERCISES ARE SUITABLE?

1. Therapeutic Exercises

Therapeutic exercises are designed to maintain mobility and improve muscle strength.

Range of motion (ROM) exercises help to maintain joint movement, relieve stiffness and restore flexibility. This will require you to take your joints through their normal range of movement available. It would be best to do them daily.

Strengthening exercises help maintain or increase muscle strength. To strengthen a muscle you need to apply resistance to the movement. This can be done using your own body weight, weights or resistance bands. Strengthening exercises can be performed on alternate days, but not when a joint is warm and painful unless supervised by a physiotherapist.

2. Recreational Exercises

Recreational exercises or activities improve your fitness and help with cardiovascular fitness and overall well being.

Hydrotherapy has been shown to improve physical function, energy, sleep and relaxation, cognitive function, work, and participation in patients with psoriatic arthritis. *Lindqvist MH, Gard GE. Hydrotherapy treatment for patients with psoriatic arthritis-A qualitative study. Open Journal of Therapy and Rehab.*

Swimming is a good all-round exercise as water buoyancy helps reduce stress on your joints. Psoriasis is not generally affected by the chlorine in swimming pool water, but if your skin becomes itchy and dry, apply some barrier cream before you swim and after your shower, at the end.

Walking is another good way of exercising. If arthritis affects your feet, make sure you wear a well-fitting, comfortable pair of shoes, and insoles if they have been prescribed for you.

Cycling is an alternative to walking and often more comfortable on the feet.

Going to the gym is popular, but it is important to know your limitations and needs. A physiotherapist should be able

to advise you on appropriate activities. Usually a mixture of cardiovascular (bike, cross trainer etc) and specific exercises (floor, machine, ball etc) according to your particular condition and fitness levels.

Activities such as yoga, tai chi, pilates and other complementary therapies may be beneficial for people with arthritis.

PHYSIOTHERAPY IN PAIN RELIEF

Physical therapists may provide UV therapy and modalities to decrease pain. Cryotherapy may help to reduce swelling and tenderness in affected joints. Heat may be used to relieve joint pain. Paraffin baths tend to be soothing for the hands and feet. Splinting may be of benefit to prevent deformity.

Neck Side to Side Stretch

For this exercise; sit up straight in a supportive chair, ie one with back support.

- Tilt your head towards one shoulder until you feel the stretch on the opposite side of the neck.
- Hold for ten seconds and repeat it 5 times.
- Repeat it on the other side.



Neck Side Rotation Stretch

- Turn your head to one side until you feel the stretch.
- Hold for ten seconds. Repeat to the other side.
- Repeat five times on each side.



Arms Overhead Stretch

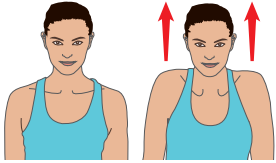
- Clasp hands together above the head, stretching upward.
- Hold the stretch for 10 seconds and repeat it 5 times.





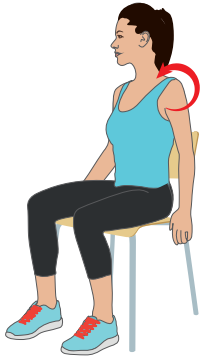
Arms Forward Stretch

- Clasp hands together in front of the chest, stretching forward.
- Hold the stretch for 10 seconds and repeat it 5 times.



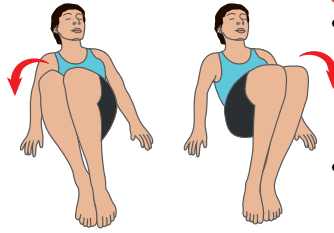
Shoulder Shrugs

- Shrug your shoulders up toward your ears and drop them down.
- Repeat 10 times.



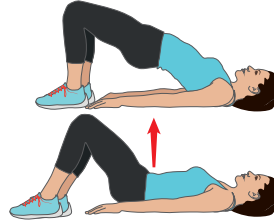
Shoulder Rolls

- Sit or stand with your arms at your side.
- Circle the shoulders backwards.
- Repeat it 10 times.
- Repeat the exercise by circling forward.



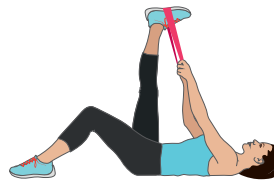
Side To Side Rolling

- Lie on your back with your legs together, knees bent, and feet flat on the floor. Try to keep both arms and shoulders flat on the floor throughout the stretch.
- Keeping knees bent and together, slowly lower both legs to one side as far as you comfortably can.
- Hold position for 10-30 seconds.
- Bring legs back up slowly and repeat toward other side.



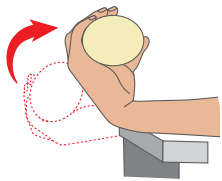
Pelvic bridging/Hip Lift

- Lie on your back flat against the ground and keep your knees bent at right angle; while keeping your arms resting at your sides.
- Raise the buttock up while keeping your tummy tucked in.



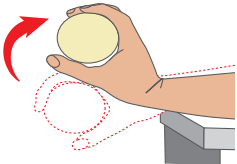
Hamstring Stretch

- Lie on your back flat against the ground. Bend the knee and place the band around the sole of the foot of one leg.
- While gently pulling band towards you, straighten the leg until you feel a stretch in the back of the thigh.
- Hold the stretch for 10 seconds and repeat 5 times on each leg.



Wrist Flexion With Weight

- Begin seated at a table with forearm supported, hand grasping a weight, palm facing up.
- Flex wrist with palm coming up towards elbow.
- Return to starting position and repeat 10 times on each hand.



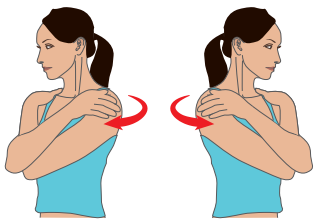
Wrist Extension With Weight

- Begin seated at a table with forearm supported, hand grasping a weight, palm facing down.
- Pull back wrist toward elbow.
- Return to starting position and repeat 10 times on each hand.



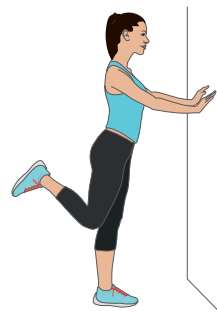
Straight Leg Raise

- Lie on your back flat against the ground and keep your one knee bent at right angle; while keeping your arms resting at your sides.
- Raise up the other leg while keeping your tummy tucked in.
- Repeat it for 10 times on each leg.



Trunk Rotation

- Sitting; cross your arms and place each hand on the opposite shoulder.
- Turn to the side until you feel the stretch and hold for 10 seconds.
- Repeat 5 times.
- Repeat again on the other side.



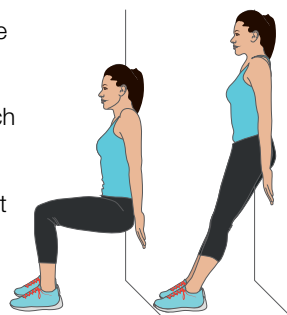
Supported Knee Bending

- Stand straight, hands on the wall.
- Lift one foot backward, until buttocks tighten.
- Hold the contraction for 10 seconds. Lower the foot to the floor and repeat 5 times.
- Repeat with other leg.



Single Knee To Chest

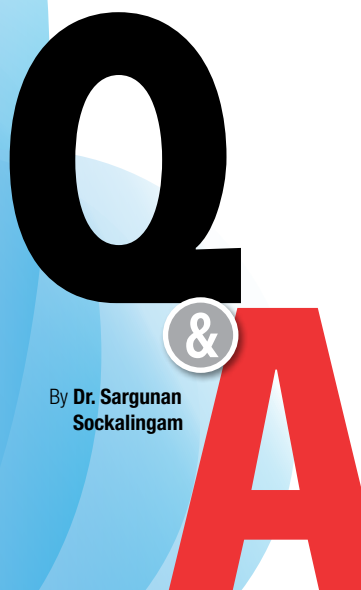
- Lie on your back and gently pull one knee toward your chest while using your hands to hold this stretch for 5-10 seconds.
- Do about 5-10 repetitions on each side.
- You can also do this exercise by bringing both knees to your chest and hold the stretch for 5-10 seconds.



Wall Slide

- Stand with back against a wall and heels one step away from the wall.
- Bend knees and hips to squat as you slide your back down the wall.
- Hold the position for 5 seconds and repeat 5- 8 times.

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



1. **Which of the following is not found in Malaysia?**
 - A. Healthcare insurance
 - B. Government ministry of health hospital
 - C. NHS
 - D. Klinik Kesihatan
 - E. Medical Tourism
2. **One of this is a lucrative business**
 - A. Health supplements
 - B. Village medicine
 - C. Medical tourism
 - D. Acupuncture
 - E. Doctor shopping
3. **One of the following is a simple and cheap investigation method for arthritis**
 - A. X-ray
 - B. PET scan
 - C. CT scan
 - D. Ultrasound
 - E. MRI
4. **One of the following medications is given as oral tablet in Rheumatoid Arthritis**
 - A. Enbrel
 - B. Methotrexate
 - C. Actemra
 - D. Methyl Prednisolone
 - E. Humira
5. **A swollen joint can be found in one of these diseases**
 - A. Pneumonia
 - B. Cholera
 - C. Arrhythmia
 - D. Cervical spondylosis
 - E. Gout
6. **One of this is a latest medication in Rheumatoid Arthritis**
 - A. Sulfasalazine
 - B. Methotrexate
 - C. Aspirin
 - D. Small molecules
 - E. Doxycycline
7. **One of this is recommended as treatment in arthritis**
 - A. Aniseed
 - B. Curry leaf
 - C. Turmeric
 - D. Cinnamon
 - E. Blue cheese
8. **One of the following is recommended because of low impact**
 - A. Hydrotherapy
 - B. Kick boxing
 - C. Muai thay
 - D. Running
 - E. Skipping
9. **An inflammatory condition affecting elderly people**
 - A. SLE
 - B. Juvenile Idiopathic Arthritis
 - C. Epilepsy
 - D. Stroke
 - E. Polymyalgia Rheumatica
10. **The latest fund raising initiative by AFM is called**
 - A. Bijan Fund
 - B. Kazakhstan Economic Fund
 - C. Tabung Harapan Malaysia
 - D. Advanced Therapy in Arthritis Initiative
 - E. Bursa Saham

ANSWERS

1. **C. NHS.** The National Health Service (NHS) is the name used for public health services in the United Kingdom.
2. **C. Medical Tourism.** Medical tourism refers to people travelling to a country other than their own to obtain medical treatment because of affordability, better access to care or a higher level of quality of care.
3. **A. X- ray.** An x-ray (radiograph) is a non-invasive medical test that helps physicians diagnose and treat medical conditions. X-ray imaging creates pictures of the inside of your body. The images show the parts of your body in different shades of black and white.
4. **B. Methotrexate.** Methotrexate is a medicine used to treat rheumatoid arthritis as well as other rheumatic conditions. It is an immunosuppressive medicine and it works by reducing the activity of several enzymes involved in the immune system.
5. **E. Gout.** Gout is a type of arthritis that causes inflammation, usually in one joint, and it begins suddenly. Gouty arthritis is caused by the deposition of crystals of uric acid in a joint.
6. **D. Small Molecules.** Within the fields of molecular biology and pharmacology, a small molecule is a low molecular weight (< 900 daltons[1]) organic compound that may regulate a biological process, with a size on the order of 1 nm. Pharmacology usually restricts the term “small molecule” to molecules that bind specific biological macromolecules and acts as an effector, altering the activity or function of the target.
7. **C. Turmeric.** Turmeric, also known as Curcuma longa, is an ancient spice that has remained popular in India and Asia since 2,000 BC. Curcumin is the active ingredient in turmeric, and it has powerful biological properties. Several studies have shown that turmeric reduces inflammation and pain.
8. **A. Hydrotherapy.** Hydrotherapy is the use of water in the treatment of different conditions, including arthritis and related rheumatic complaints. It is different from swimming as it involves special exercises that you do in a warm-water pool.
9. **E. Polymyalgia Rheumatica.** Polymyalgia rheumatica is an inflammatory disorder that causes flu-like symptoms, widespread aching, and stiffness, especially in the shoulders. It is typically seen in older adults.
10. **D. Advanced Therapy in Arthritis Initiative.**

Osteoarthritis & Knee Pain

Talk at Sunfeet International Rehab Centre

Our Story

Sunfeet was established by Mr. Lee Joo Wee to fulfill the wish of the late Mr. Lee Yin, to establish an orthotics and prosthetics rehabilitation center to help more patients with musculoskeletal conditions and physical impairment. Mr. Lee Yin, father of Mr. Lee Joo Wee, was the founder and director of Lee Prosthetic and Orthotic Center which has a long history of establishment since 1978.

Mr. Lee Joo Wee, founder of MyORTHQ, a brand of footcare specialist in 2010, decided to work hand-in-hand with his father, Mr. Lee Joo Wee to continue the family business, Sunfeet.

Sunfeet is a leading orthotics and prosthetics center in Malaysia.

Our mission is to provide quality orthotic and prosthetic care.



On Sunday, 8 July 2018, Sunfeet International Rehabilitation Centre in Petaling Jaya held a talk on "Osteoarthritis and Knee Pain". The speaker was Dato Dr. Edmund Lee, Orthotist & Prosthetist Specialist/Podiatric Biomechanics Specialist. The objective of the talk was to understand:

1. How to keep knee pain away and home prevention tips
2. Corrective knee bracing and orthotics insole solution
3. Special corrective knee exercises by movement specialists

Dato Dr. Edmund Lee began his talk by introducing Sunfeet International Rehab Centre and said they offer to fix feet problems with no surgery and no medication either, with Foot Mobilisation and Manipulation Therapy. He also highlighted that osteoarthritis (OA) and osteoporosis are entirely different. Osteoarthritis (OA) is a disease of the joint cartilage associated with secondary changes in the underlying bone which may cause pain and compromise the function of the affected joint. That it is the result of aging and general wear and tear. He shared that, besides providing exclusive cutting edge orthotic precise, they have physiotherapy services, custom-fit insole items for complex bracing systems to spinal orthotics, diabetic shoes, etc. He emphasized, "Taking care of our feet is important and constant knee pain must be treated early. Prevention is better than cure. As we grow older, our feet and knees will degenerate and severe pain will damage our knees further".

Wear and tear will cause more damage to our OA knees. OA knees can be treated by weight loss, exercise, pain relievers,

anti-inflammatory drugs, injections of hyaluronic acid (serves as a type of lubricating fluid) into the knees, using devices such as braces as well as resorting to physical and occupational therapy. Surgery is usually the last option when other treatments don't work.

He also said that people with rheumatoid arthritis, the second most common type of arthritis, are also more likely to develop osteoarthritis. Regular moderate exercise should be part of the treatment for OA as strengthening the muscles around the knee makes the joint more stable and decreases pain. Stretching exercises helps keep the knee joint mobile and flexible.

Devices such as braces will take the weight away from the side of the knee affected by arthritis while "support" braces provides support for the entire knee. While there are lots of braces out in the market, not all braces help support the entire knee. Doing feet analysis will indicate what type of feet we have.

After the talk, there was half an hour of special corrective knee exercises led by Mr. Low Kang Seng and Ms. Josephine Yeong, movement specialists of Sunfeet International Rehab Centre. The session ended at 4.30 pm with lucky draw and special prizes for the exercise challenge. 45 participants attended, comprising of 32 AFM members & 13 Sunfeet members.

Dr Edmund appreciated the positive energy shown by members of Arthritis Foundation Malaysia and said he would encourage his arthritis patients to join AFM and adopt the positive attitude necessary to aid the healing process.

National RA Day Celebrations



The 12th National RA Day was held on the 14th of July 2018 at the Excelsior Hotel, Ipoh. 26 enthusiastic AFM members from Kuala Lumpur gathered at Crystal Crown Hotel on 13th July at 8.00am to board the coach to Ipoh to join the celebration. A welcome dinner was organised at the Royal Perak Golf Club on their arrival with the assistance of Mrs Tan, AFM member, Ipoh.

On the day of the event, the place was buzzing with excitement as old friends caught up with each other and new friendships were forged. The welcome address was delivered by Ms. Annie Hay, chairman, RA Support Group. The speaker, Dr. Noraini Mat Husin, general physician and rheumatologist, Hospital Raja Permaisuri Bainun, Ipoh spoke on the topic **“Living with Arthritis”**. The talk was very well received by the audience. She covered every aspect of the topic including, signs and symptoms, modes of diagnosis, treatment options, medications, associated conditions as well as additional treatments which includes exercises and other lifestyle modifications. She encouraged the audience to, **“manage fatigue, get enough rest during the day, plan time effectively and make time for medication and exercise”**. She asked them to get feelings of depression checked out, to enlist social support and adopt a positive attitude. She also educated the audience about the risk of related conditions so that they could keep a watch out for it including Sjogren’s Syndrome, Hashimoto’s Thyroiditis, osteoarthritis, osteoporosis, fibromyalgia, heart disease as well as increased risk of infection.



This was followed by the “**Falls Assessment Workshop**” conducted by Dr. Vimala Marimuthu and her very enthusiastic team of physiotherapy student volunteers from Kuala Lumpur, Ipoh and Penang. The 30 volunteers comprised of physiotherapists and physiotherapy students from Physio Plus, NASAM, UTAR and UNIKL and their involvement and support made this event a success.

It was an interactive workshop, with 18- falls screening stations as well as physical therapy exercises and techniques imparted to improve balance, strength and flexibility in older adults. The aim of this workshop was to ensure the independence, safety, and well-being of older persons through falls prevention testing and training. Standardised tests were undertaken to create an awareness of the importance of visual, vestibular and somatosensory inputs in maintaining balance. Muscle strength, muscle power, joint mobility and response time in dynamic walking training was provided as well, in an effort to create good balance and prevent falls.

Dr. Vimala with the assistance of Ms. Shalini conducted the final analysis of the workshop and this was followed by an enjoyable dance exercise session that brought the workshop to close.

A certificate of participation was given out to all the volunteers by Ms. Annie Hay. A group photo with all the participants was also taken before they left home with a goody bag.

The feedback gathered from some of the participants was that they had enjoyed the workshop and had gathered much information from Dr. Noraini’s talk. There was even a suggestion that AFM consider starting up a Support Group in Ipoh. The event was well-attended with 83 participants.



“I was so excited when my neighbor Irene asked me to join her on the trip to Ipoh. The doctor’s talk was very informative and enlightening and we were taught relevant exercises too. I enjoyed every minute and had a wonderful time with them, especially with Annie and Jennie. Thank you very much all of you. I am going to be a member very soon. Arigato!” Yasuko Saito

“I joined PACE in September 2017. In just a matter of few months, my knee pain and mobility has improved a lot. I did not have any problem walking and hiking during my recent trip to New Zealand. I am now able to walk up and down the staircase easily.

The therapists provided by PACE are well-trained, professional and helpful. Besides that, I also had the chance to meet with a group of supportive friends; sharing and encouraging each other. We know ‘we are not alone’, is so apt with our theme ‘We Stand With You, You Are not Alone’. Irene Low



LIVING WITH ARTHRITIS

Everyday Counts & Be Joint Friendly



A Public Forum in collaboration with Arthritis Foundation Malaysia (AFM) was held on the 30th of June 2018, at Columbia Asia Hospital, Klang, to create awareness among Klang AFM members and other arthritis patients in the Klang region. The speakers were Dr. Ang Hock Leong, consultant orthopaedic & joint replacement surgeon and Ms. Tina Darsini, physiotherapy manager. The response was very encouraging with 97 participants. The forum was conducted in both mandarin and English as the majority of the participants were Chinese.

Ms Annie Hay, chairman of Rheumatoid Arthritis Support Group (RASG) gave the welcome address and introduced AFM to all the Klang participants. Dr. Ang Hock Leong spoke in dual languages, mandarin and English, throughout his presentation. He first asked all participants what they understand by osteoarthritis (OA) and rheumatoid arthritis (RA). He then went on to share the causes of knee OA; athletics, age, heredity, weight, repetitive stress injuries and other illnesses. He also stressed that OA or RA patients should get help early when symptoms arises, such as prolonged pain, stiffness of joints, hard and soft swellings caused by extra fluid in the joints as well as grinding sensation when you move the joint. He advised:

1. Patients need to reduce weight, keep active through regular low-impact exercises that are knee friendly, maintain physical fitness and lower the risk of injury.
2. Treat pain and bad days by resting. Also apply anti-inflammatory analgesic plasters or seek intra-articular injections of hyaluronic acid (serves as a type of lubricating fluid) into the knees.
3. Use assistive devices such as rotating reacher for reaching items placed up or down around the home.

Demystifying Joint Replacement Surgery

Dr. Ang performs mainly joint replacement surgeries like cartilage repair and partial or total knee replacements and said that there were various designs and materials to choose for total knee replacement. He then shared a video on how a knee replacement surgery is performed for the interest of all present. He explained what to expect after total knee replacement; duration of the surgery 1 to 1.5 hours, total stay in hospital is 3-4 days and getting up to walk using the walking frame the very next day. Physiotherapy sessions include climbing a few steps on day 2/3, bending the knee 90 degrees before going home and the ability to walk without aid after 1 week.

He assured that patients can expect improved quality of life and pain relief and that the implant can survive 20 years or more. He encouraged them to exercise, especially do stretching and mobility exercises, low impact aerobics and hydrotherapy. He also reminded patients to control their weight, avoid injuries or get them treated early.

This was followed by a short Q & A session. The exercise session that followed was conducted by Ms. Tina Darsini, physiotherapy manager and assisted by Ms. Thiviya Panircherbam.

The participants were treated to light refreshments after the exercise session and went home with lots of information and a goody bag.

Osteoarthritis & Knee Pain

AFM members recently attended a talk on "Osteoarthritis & Knee Pain" at Sunfeet International Rehab Centre. The talk was very enlightening and served as a wake-up call to participants to take care of our feet and prevent serious problems. Here's how:

- a) Make healthy lifestyle choices to help keep blood sugar under good control.
- b) Check your feet every day: you may have serious problems but feel no pain. Look out for cuts, sores, red spots, swelling and infected toenails.
- c) Wash your feet every day in warm, not hot water. Dry your feet well – be sure to dry between your toes. Use talcum powder to keep the skin between your toes dry.
- d) Keep the skin soft and smooth by rubbing a thin coat of skin lotion, cream or petroleum jelly on the top and bottom of your feet.
- e) Smooth corns and calluses gently: after showering, use a pumice stone to smooth corns and calluses. Do not cut corns and calluses by using razor blades, corn plasters or liquid corn and calluses removers as they can damage your skin.
- f) Trim your toenails each week or when needed with clippers after you wash and dry your feet. Trim toenails straight across and smooth them with an emery board or nail file. Do not cut into the corners of the toenail.
- g) Wear shoes and socks at all times – do not walk barefoot, not even indoors because it is easy to step on something and hurt your feet.
- h) Always wear socks, stockings or nylons with your shoes to help avoid blisters and sores. Choose socks made of cotton or wool as they help keep your feet dry.
- i) Check the insides of your shoes before you put them on to be sure that the lining is smooth and there are no objects in them. Wear shoes that fit well and protect your feet.
- j) Protect your feet from hot or cold – wear shoes at the beach or on hot pavement. Apply sun screen on the tops of your feet to prevent sunburn. Also, keep your feet away from open fires.
- k) Wear socks at night if your feet are cold.
- l) Allow blood to flow to your feet by putting your feet up when you are sitting. Wiggle your toes for 5 minutes, 2 or 3 times a day. Move your ankles up and down and in and out to improve blood flow in your feet and legs.
- m) Do not wear tight socks, elastic or rubber bands, or garters around your legs. Do not cross your legs for long periods of time.
- n) Be more active: walking, dancing, swimming and bicycling are good forms of exercise that are easy on the feet. Avoid activities that are hard on the feet such as running and jumping. Always include a short warm-up and cool down period.
- o) Wear athletic shoes that fit well and provide good support. Be sure to ask your doctor to check the sense of feeling and pulse in your feet at least once a year.

Let us get started and take care of our feet from today, as our feet are probably the last part of our body we think about, until they start hurting!



Ms Annie Hay,
Chairman, RASG



It's OUR 10 anniversary!

This year mark a decade of Kordel's collaboration with Arthritis Foundation Malaysia. Since 2009, Kordel's Charity Walk have been raising more than RM200,000 in helping the underprivileged arthritis patients acquire joint replacement therapy as well as improve the welfare of people living with rheumatic and arthritic-related disorders. Join us now for a good cause.

Location: Padang Merbok, Kuala Lumpur

Date: 21 October 2018 (Sunday)

Entry Fee: RM45 per person



Proceeds of Charity Walk will be donated to AFM. Please register at www.kordels.com.my/charitywalk

FUNDING Healthcare

Funding for healthcare has always been a rather difficult issue. The rising cost of healthcare is disproportionate to the problem of the increase in the number of sufferers and diagnoses that seem to pop out of nowhere. Seemingly healthy families, overnight, find themselves pacing the corridors of hospitals, anxiously awaiting results of CT scans or surgery. Make no mistake; the laws of probability do not swing in our favour. Disease, like disappointments, will come knocking at our doors, sooner or later.

I remember working 3 months each time at the Haematology Ward in the year 2000 and 2003 respectively, a total of 6 months. We had rounds that would cover 12 out of the 24 beds. The other 12 beds were empty. We could place all our effort and concentration on these cases. Today, however, there is a waiting list for chemotherapy. Clearly, the number of cases of leukaemia and lymphoma has increased. No doubt, there have been tremendous breakthroughs in therapy. But, with the exponential rise of diseases and correspondingly, new agents that approach closer to a cure than ever, the cost of healthcare delivery has risen high enough to propagate bankruptcy!

One may argue that the cost of research and development alone is enough to justify the high prices that burden the consumer. Having been involved in clinical research myself, I understand the costs involved and I personally believe that this is justified. But what is unacceptable is the mark-up that is being forced down the throats of patients and families.

Recently, the nation was stunned by the revelation that dodgy and dubious, purely for profit companies, have been taking massive advantage of the healthcare delivery situation by monopolising the market, and giving healthcare professionals and pharmacists very few options but to obey their rules where pricing is concerned. Malaysia prides itself on being home to a worldwide consortium of medical centres that are publicly listed. All this means nothing to the patient who has been diagnosed with seropositive rheumatoid arthritis, plaque psoriasis, ankylosing spondylitis or lupus. All they can do is sit back and read about political donations from Middle East royal families and branded handbags used by C-grade movie actors that cost millions.

We at AFM have decided that enough is enough. The past year, we have been working hard to find a solution to this. The first approach is to raise funds. We have achieved a modest amount and we are now in the process of disbursing a small amount of these funds to two patients. The process is still ongoing and by the time you are reading this, we would have achieved our objective. There are many challenges, but we are ironing them out one by one. The next step is to increase the amount that we have in the Advanced Therapies in Arthritis Fund (ATAF), with a number of projects in the pipeline. Subsequently we will engage healthcare centres, both government and private, and finally we will speak to insurance companies. They can choose to work with us, or ignore us completely. Either way, we are looking forward to describing the encounter in future issues of *Joint Efforts*.

With this in mind, I would like to thank University Malaya Medical Centre (UMMC), especially the pharmacy department and the social workers who have been constantly supporting us in our efforts to deliver assistance to the two needy patients. The dialogue has been beneficial and new ideas have been forthcoming. At every level, we have received friendly support, and while no doubt, we have had our disagreements, we have managed to come to a consensus and much has been learnt. The fund is definitely a great idea and we are encouraged.

Dr. Sargunan Sockalingam, President AFM, shares his thoughts on the delicate but pressing issue of funding healthcare.



Advanced Therapies in Arthritis Fund (ATAF)

Many of you will be asking about the Advanced Therapies in Arthritis Fund. Rheumatoid Arthritis, Psoriatic Arthritis and Ankylosing Spondylitis are debilitating diseases no doubt, but they can be well-controlled by drugs such as biologics and small molecules. These medicines are expensive but, the costs are still manageable with assistance from insurance companies, government and NGO's such as AFM. On our part we would like to help patients who are willing to cover up to 10% of the cost. AFM will negotiate the rest of the cost of the drug with the industry, and eventually cover the remainder cost for a period of 6 months, and gradually move up to one year. Currently we are working with UMMC and we hope to extend this to both public and private hospitals. We are in the process of working on our guidelines that will be presented in the next issue of *Joint Efforts*. Once this is ready, we hope that we can provide hope for families who are burdened by these diseases. We will do our best to speak to all parties concerned, to reduce the unfair profiteering by unscrupulous middle men who take advantage of the situation while they get support from powerful corporate and ex-government supported bodies.

In closing, I am happy to report that AFM is entirely transparent and we are open to comments. We welcome any criticism that helps develop our efforts to benefit people who suffer from arthritic diseases.

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
- Assunta Hospital, Petaling Jaya
- KPJ Rawang Specialist Hospital

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*
- Mahkota Medical Centre

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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NAME: _____ I/C NO.: _____

OCCUPATION: _____ MARITAL STATUS: _____ GENDER: _____

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HOME ADDRESS: _____

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

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I enclose herewith payment of RM _____ Cheque/Money order no. _____
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- Life Member (RM200)
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(Registration fee: RM 1,000, Annual Subscription: RM500)

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16, Jalan Utara, 46200 Petaling Jaya, Selangor Darul Ehsan.

Signature of applicant

Date:

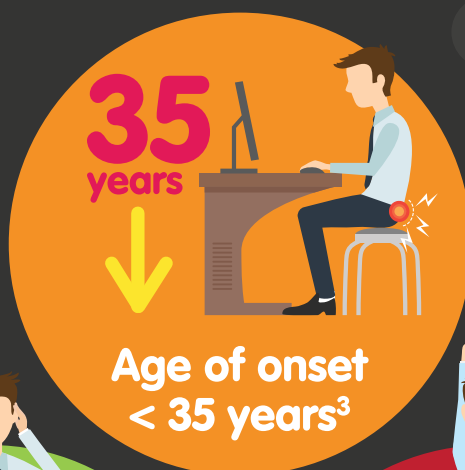
Dangerous Curves Ahead

If you are experiencing these symptoms, it could be **Ankylosing Spondylitis**. Please consult your GP or rheumatologist immediately.



What is Ankylosing Spondylitis?

- A chronic inflammatory disease that affects the joints in the spine.¹
- AS generally affects young adults, with the average age of diagnosis being 20s.²
- If left untreated it could lead to spinal bone fusion, which results in a **curved** spine and immobility.¹



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