



World Arthritis Day 2018



Public Forum in Malacca



Jom ke Taman



Kordel's Family Charity Walk 2018

Welcome to the last issue for the year 2018. Our effort, every issue and every year, is always to bring you the most informative articles and inspiring profiles to support you in your own journey towards managing your arthritis better. In fact, most of the arthritis-related articles are generously written by our doctors themselves or at the very least vetted by them so as to offer you authentic information that you can rely on.

As we contemplate on the best way to live our lives in the New Year, I would like to highlight one line by Dr. Sargunan Sockalingam, President of AFM, in his *Doc Talk* this issue, ***"It is high time we add exercise to our prescriptions directly to our patients and to anyone who seeks our advice for a good and healthy life"***.

So whatever may be your resolutions in the year to come, do make exercise a **PRIORITY** in your lives. "No time" is a phrase I hear a lot! But do remember that exercise is not something you do when you have some time to spare, rather it is an activity you prioritize in the knowledge that everything else can wait! The benefits of exercise are well-documented from better sleep and increased energy to reduced pain, lowered stress levels and a general sense of well-being thanks to serotonin boosts. Speaking of stress, our IFA section focuses on how to deal with stress which is inevitable in daily life and especially with the onset of chronic diseases like arthritis. Do read our Events sections, especially on the World Arthritis Day (WAD) event which was held earlier in October. "Thank You" to Kordel who support us every year by donating the entire proceeds of the Charity Walk.

With exercise on your mind, in the New Year, please resolve to sign up for the PACE exercise classes, especially designed for you and conducted every week by physiotherapists from Physio Plus. Also keep abreast of the many activities conducted by our very active Rheumatoid Arthritis Support Group (RASG) and of course! Do read our Joint Efforts from end to end and recommend it to everyone around you so they may all benefit as well.

Merry Christmas and a very Happy New Year 2019 to all of you. Enjoy the holiday season, don't forget to give thanks! And focus on the blessings as you begin the New Year!

**Shailaja Menon**  
Editor

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Another year has passed by, and we are soon to say goodbye to 2018 and welcome 2019. This has been a great year for us at Arthritis Foundation Malaysia. But first, I offer my congratulations to the people of Malaysia who voted in a new government. Though at first glance, it might seem as déjà vu, seeing the same people who were once in the top positions of government, back in the government! And yet, we are asked to believe that this is a new government. But look closely, and you will see that there is a new central core to Malaysia Baharu. Our cabinet is made up of ministers who work 24/7, hardworking citizens of Malaysia, who sacrifice their personal time so that other Malaysians can live with hope and confidence for a bright future. At Arthritis Foundation Malaysia, we seek to emulate this principle too. There really is no substitute for hard work.

Over the last one year, the executive committee has been working hard and engaging with key players in the industry to create the Advanced Therapies Fund and we have delivered assistance to our first 3 patients. We have also worked closely with Putrajaya Hospital and University Malaya Medical Centre in organizing forums for World Arthritis Day. This year saw record turnouts at all forums organized by AFM. Another milestone for us is the upgrading of our website to a more user-friendly, informative and interactive portal, along with the Facebook, AFM and RASG site. The donate icon has been enhanced, and I can announce that we have an increase in online donations, and this is promising. And finally, the Joint Efforts magazine continues to gain an increasing and loyal readership, with both print and online versions providing information, inspiration and the occasional humorous take on disease and management.

I hope you enjoy this issue of Joint Efforts. It has been our pleasure to bring these issues to you, and we look forward to double the intensity of our Joint Efforts in the coming year. Season's greetings and Happy New Year 2019.

*Dr. Sargunan Sockalingam*  
President, AFM

很快的,我们就要告别2018年,迎来2019年。对大马关节炎基金会而言,这是很棒的一年。且让我先祝贺推选出新政府的马来西亚人民。虽说这新政府看着有一种似曾相识的感觉,那些过去在政府机关身处高职的官员如今重做冯妇!但是,政府要人民相信这是一个崭新的政府。只要仔细看清楚,这新的马来西亚有一个新的中央核心。我们的内阁部长们是一群不分昼夜、努力工作的马来西亚人民,他们不惜牺牲自己的时间,目的是要为其他大马人民建立信心和希望,打造光明未来。大马关节炎基金会也要仿效这个原则。若要成功,除了努力,还是努力,别无他径。

过去一年里,基金会理事们很努力推行会务,也与医疗行业内的主要业者商议合作,从而设立了先进治疗基金,并且已经为首三位受惠患者提供治疗援助。我们也与布城医院及马大医疗中心紧密合作,联手主办了世界关节炎日当天的数场讲座。今年出席聆听讲座的人数,打破了以往大马关节炎基金会讲座出席率纪录。基金会网站也提升了,它比过去更容易使用,能够提供更多资讯和互动,对我们而言,这也是今年的一个新里程碑;除了网站,基金会脸书及类风湿性关节炎网站也是以新面貌示人。网站的捐款图标也换了一个更醒目的设计,而今年网上捐款更有增加之势,令人振奋。最后,我们的会讯JOINT EFFECTS,无论实质印刷版本或电子版本,也都因为提供有用信息、鼓舞患者心情,以及偶尔以幽默手法传达疾病管理信息,而受到人数日增的忠实读者所喜爱。

希望你喜欢本期会讯的内容。能够把一期期的会讯呈献给各位阅读是我们的荣幸,我们期望在来年加倍强化会讯的内涵。祝大家2019 新年快乐!

**沙谷南医生**  
大马关节炎基金会主席



Setahun telah berlalu dan tidak lama lagi kita akan mengucapkan selamat tinggal kepada 2018 dan mengalu-alukan kedatangan 2019. Tahun ini merupakan tahun yang hebat untuk kami di Yayasan Arthritis Malaysia. Pertama sekali, saya mengucapkan tahniah kepada rakyat Malaysia yang telah mengundi kerajaan baharu. Walaupun pada pandangan pertama, ia mungkin kelihatan seperti déjà vu, melihat orang sama yang dahulunya pernah berada di kedudukan tertinggi kerajaan, kembali dalam kerajaan! Namun, kita diminta untuk mempercayai bahawa ini sebuah kerajaan baharu. Tetapi jika diperhatikan dengan teliti, dan anda akan melihat bahawa terdapat teras utama yang baharu dalam Malaysia Baharu. Kabinet kita terdiri daripada menteri yang bekerja 24/7, warga Malaysia yang bekerja keras, yang mengorbankan masa peribadinya supaya rakyat Malaysia yang lain dapat hidup dengan harapan dan keyakinan untuk masa depan yang cerah. Kami di Yayasan Arthritis Malaysia juga berusaha untuk meniru prinsip ini. Tidak ada pengganti untuk usaha yang gigih.

Dalam tempoh satu tahun yang lalu, jawatankuasa eksekutif telah bekerja keras dan terlibat dengan pemain utama industri untuk mewujudkan Dana Terapi Termaju dan kami telah menyampaikan bantuan kepada tiga orang pesakit pertama kami. Kami juga bekerjasama rapat dengan Hospital Putrajaya dan Pusat Perubatan Universiti Malaya dalam menganjurkan forum untuk Hari Arthritis Sedunia. Semua forum yang dianjurkan oleh AFM pada tahun ini mencatatkan rekod. Satu lagi peristiwa penting bagi kami adalah menaiki taraf laman web kami ke portal yang lebih mesra pengguna, bermaklumat dan interaktif, bersama dengan laman Facebook AFM dan RASG. Ikon derma telah dipertingkatkan, dan sukacita saya mengumumkan bahawa kami menyaksikan peningkatan sumbangan dalam talian, dan ini sungguh memberangsangkan. Dan akhir sekali, pembaca majalah Joint Efforts terus meningkat dan setia, dengan versi cetak dan dalam talian memberikan maklumat, inspirasi dan kadang-kala lucu tentang penyakit dan cara menguruskannya.

Saya harap anda seronok membaca terbitan Joint Efforts ini. Sudah menjadi keseronokan kami untuk membawa terbitan ini kepada anda, dan kami berharap dapat menggandakan intensiti Joint Efforts kami pada tahun yang akan datang. Selamat Hari Natal dan Selamat Tahun Baru 2019.

*Dr. Sargunan Sockalingam*  
Pengerusi, AFM

# DIETARY CARBOHYDRATES could lead to osteoarthritis

**August 9, 2018:** Do your knees ache? According to new findings from the Oklahoma Medical Research Foundation, your diet could be a culprit. In a study led by OMRF scientist Tim Griffin, Ph.D., researchers found that the carbohydrate composition of diets increased the risk of osteoarthritis in laboratory mice, even when the animals didn't differ in weight. "We know increased body fat elevates risk, but we haven't appreciated as much how diet itself affects the disease risk," said Griffin. "These findings give us new clues that there can be significant dietary effects linked to increased OA risk even in the absence of obesity."

Several factors can increase the risk of OA including high-impact physical jobs, previous joint injuries, age and genetics, but carrying extra body weight is among the most proven contributors. "Obesity is the one of the most significant factors for developing disease in the knee joint," said Griffin. "However, therapeutic strategies to prevent or treat obesity-associated OA are limited because of the uncertainty about the root cause of the disease."

To study how, exactly, obesity contributes to osteoarthritis, Griffin and his lab placed groups of mice on different high-fat diets. However, over time, they observed that the carbohydrate makeup of the rodents' low-fat control diet was alone sufficient to alter their chances of developing OA.

## The primary culprits: fiber and sugar.

In particular, Griffin's team found that changing the amount of sucrose—table sugar and fiber in the diet altered OA pathology in the rodents. The high-sucrose diet increased signs of joint inflammation, while the high-fiber diet caused changes in cartilage genes and cellular stress-response pathways. While the study involved mice, Griffin said the findings could ultimately have human implications.

"It's important to understand how our diet affects the health of our joints," he said. "We were surprised to see so many OA-related differences between the two high-carb diets even though body weight and body fat were the same."

The new findings were published in the journal *Disease Models & Mechanisms*. OMRF researchers Erika Barboza Prado Lopes, Ph.D., Albert Batushansky, Ph.D., Mike Kinter, Ph.D., and former OMRF scientist Elise Donovan, Ph.D., contributed to the research.

Source: Oklahoma Medical Research Foundation



## Link between autoimmunity, heart disease explained in mice

**November 8, 2018:** People with autoimmune diseases such as psoriasis, lupus and rheumatoid arthritis are at high risk of developing cardiovascular disease, even though none of these conditions seem to target the cardiovascular system directly. Now, researchers at Washington University School of Medicine in St. Louis believe they have begun to understand the link between the two. A new study shows that immune cells that arise during autoimmune disease causes cholesterol to become trapped inside blood vessels.

Researchers studying mice with a psoriasis-like condition found that the mice's blood vessels were stiff. Cholesterol normally circulates freely between the blood and the tissues, but in these mice the inflexible vessel walls trapped cholesterol in their walls, promoting plaques that can cause heart attacks and strokes. "For decades it's been known that the trapping of cholesterol drives disease, and now we have a mechanism for how certain immune responses typical of autoimmune diseases might make that worse," said senior author Gwendalyn Randolph, PhD, the Emil R. Unanue Distinguished Professor of Immunology and a professor of medicine. "In the mouse, the signs of cardiovascular disease scarcely arose when we neutralized these immune components. In people, it's hard to be sure, but we would predict it would be preventable, too."

The findings are published in *Cell Metabolism*.

People with psoriasis and lupus are two to eight times more likely to suffer a heart attack than people without these diseases. For young and middle-aged adults with rheumatoid arthritis, cardiovascular disease is the top cause of death.

Source: Washington University School of Medicine

Please note that the first two studies were done on mice and that we cannot yet conclude what the findings signify in humans.



# TOTAL ANKLE ARTHROPLASTY

## offers patients greater range of motion and less pain

**September 6, 2018:** Surgical reconstruction is a life changer for people with end-stage ankle arthritis, a painful condition that limits patients' abilities to go up and down stairs, get out of a car and even walk. Researchers from The Rothman Orthopedic Institute at Jefferson Health demonstrated that surgical reconstruction boosts patients' range of motion by more than 60 percent and that translates to significantly less pain and better function completing everyday activities with improvement continuing for at least the first two years following surgery.

The findings will enable surgeons to not only best inform patients about what improvements to expect as they recover during the first two years after surgery and but also what the surgical repair can do for them -- namely, provide a superior quality of life. "They're really dramatically better than they were before surgery on average," said Steven Raikin, MD, Director of Foot and Ankle Service at the Rothman Orthopedic Institute at Jefferson Health and professor of Orthopedic Surgery at Jefferson Medical College, who published the work in the *Journal of Bone and Joint Surgery*.

Traumatic injury or repeated sprains wear down cartilage that usually cushions the ankle joint. Bone-on-bone grinding and arthritis can occur as the protective buffer erodes away. As a result, patients with ankle arthritis have limited range of motion in their ankle. Together with debilitating pain, the condition prevents patients from doing everyday activities as simple as getting up from a chair. When non-surgical options such as medications, steroid injections or bracing have failed, surgery becomes the only option.

Total ankle arthroplasty, or a complete surgical replacement of the ankle joint, has only become a viable choice in the last decade. With new methods and updated devices, results from total ankle arthroplasty appear effective, but patients wanted to know more about the recovery period.

"The whole idea was to try to create expectation parameters for patients getting ankle replacements at different time periods in the first two years following surgery," he said. When the team analyzed surgical outcomes, they found that the critical recovery window happened much earlier than they thought. The first six months post-surgery were crucial, according to their data. Patients' range of motion peaked at the 6-month mark with improvement slowing down from there for example. Pain and functionality followed the same trend.

*Source: Thomas Jefferson University*

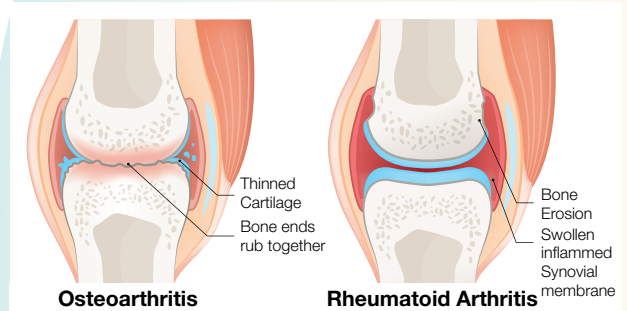


# COMPLICATIONS

# WITH RA

## RHEUMATOID ARTHRITIS

While being diagnosed with Rheumatoid Arthritis (RA) is difficult enough, it is easy to be lulled into a false sense of complacency believing that as long as we are taking our medications, we are all right. In this issue we bring you some complications to watch out for but please don't be alarmed, as the aim is only to educate and inform.



Rheumatoid Arthritis (RA) is considered an autoimmune disorder whereby your immune system mistakenly attacks your own body's tissues. Unlike the wear-and-tear damage of osteoarthritis, RA affects the lining of your joints. This causes a painful swelling which can eventually result in bone erosion and joint deformity. It is also associated with several complications and comorbidities or associated diseases. Some complications that can develop with RA are listed below.

### Inflammation

As it is a chronic inflammatory disorder, there could be damage to a wide variety of body systems, including the skin, eyes, lungs, heart and blood vessels.

## Lungs

Inflammation of the lungs or lung lining can lead to pleurisy or pulmonary fibrosis, which can cause chest pain, a persistent cough and shortness of breath.

## Cardiovascular disease

People with RA have a higher risk of developing cardiovascular disease (CVD) than the population at large. CVD is a general term that describes conditions affecting the heart or blood vessels, and it includes life-threatening problems such as heart attacks and strokes.

## Eyes

Eyes may be affected with inflammation in patients with RA. Sjogren's syndrome leads to dry eyes, lack of tears secretion and dry mouth. The whites of the eyes may be affected with inflammation too, resulting in a condition called scleritis.

## Blood Vessels

Inflammation of the blood vessels, vasculitis, can lead to the thickening, weakening, narrowing and scarring of blood vessel walls. In serious cases, it can affect blood flow to your body's organs and tissues.

## Heart

Inflammation may also affect the heart muscles and the lining of the heart called the pericardium. The latter condition is called pericarditis. This leads to moderate to severe chest pain.

## Osteoporosis

Osteoporosis is a loss of bone density. It makes fractures more likely. According to the Mayo Clinic, RA sufferers are at increased risk of osteoporosis. The reasons include:

- RA and osteoporosis are more common in older women and smokers
- The use of corticosteroids in the treatment of RA
- The potential for RA to directly cause bone loss in affected joints

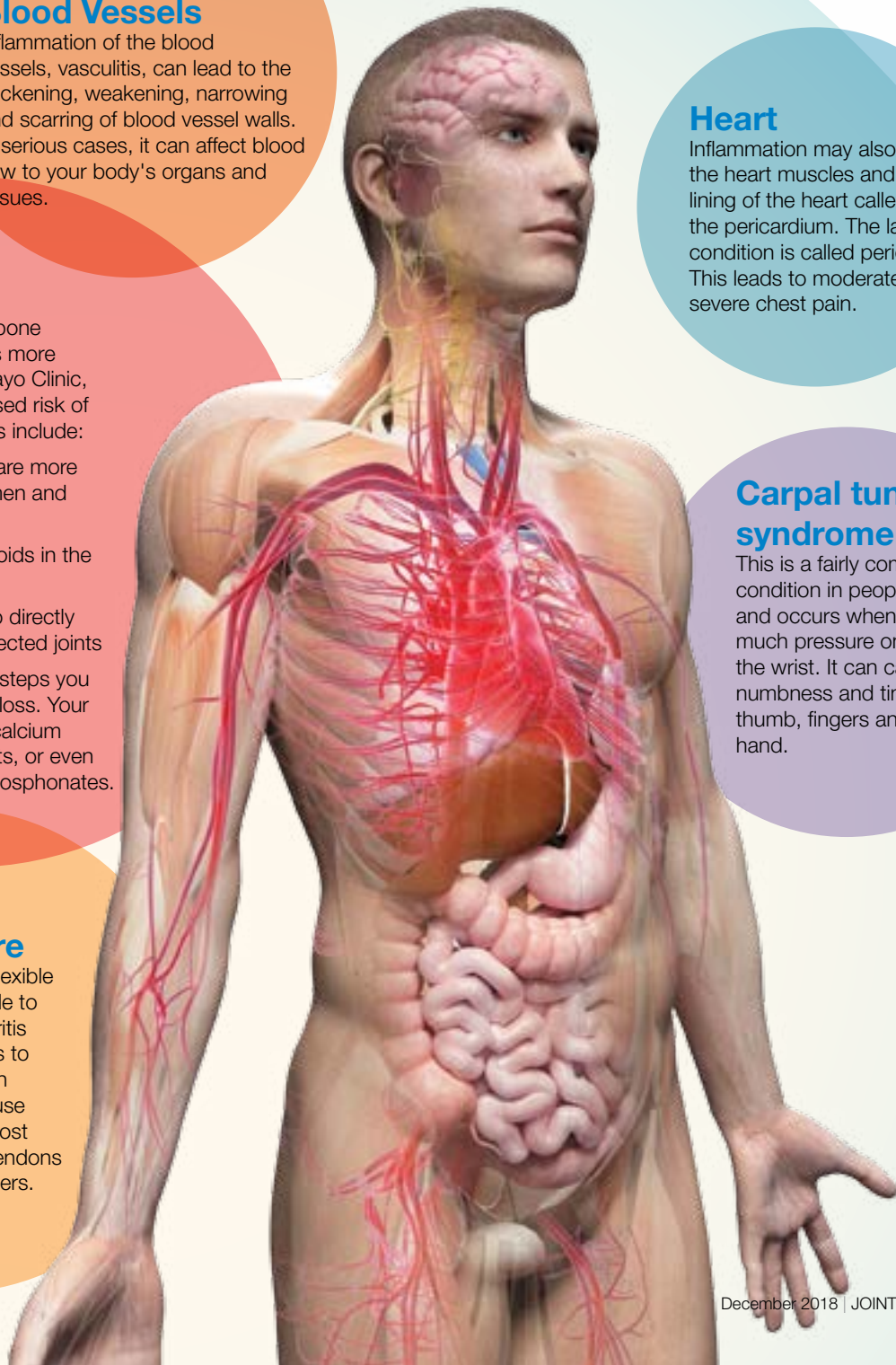
Talk to your doctor about steps you can take to prevent bone loss. Your doctor may recommend calcium and vitamin D supplements, or even medications named bisphosphonates.

## Carpal tunnel syndrome

This is a fairly common condition in people with RA and occurs when there is too much pressure on the nerve in the wrist. It can cause aching, numbness and tingling in your thumb, fingers and part of the hand.

## Tendon rupture

Tendons are pieces of flexible tissue that attach muscle to bone. Rheumatoid arthritis can cause your tendons to become inflamed, which in severe cases can cause them to rupture. This most commonly affects the tendons on the backs of the fingers.



## CENTRE STAGE



### Cervical myelopathy

If you have had rheumatoid arthritis for some time, you are at increased risk of developing cervical myelopathy. As a result, you may need special assessment of your neck before any operation where you are given general anesthetic. This condition is caused by dislocation of joints at the top of the spine, which puts pressure on the spinal cord. Although relatively uncommon, it is a serious condition that can greatly affect your mobility.

### Painful urination

If it is accompanied by fever, it is a sign of infection and could be a side effect of taking DMARD or biologics.



### Easy bruising or bleeding

Having RA and Lupus can lead to a low platelet count, which can cause bruising and bleeding from the gums. Arthritis medications like methotrexate, biologics, corticosteroids, even aspirin and non-steroidal anti-inflammatory drugs (NSAIDs) can contribute to this.

### Changes in appearance of a mole

A mole that changes in size or colour or a skin lesion that doesn't heal could be a sign of skin cancer. RA patients who take advanced therapies may be at greater risk.



### Shortness of breath

If it occurs with a dry cough or little or no exertion, it could signal a potentially serious problem in your lungs, such as blood clots or scarring. If you are taking methotrexate, another possible cause may be methotrexate pneumonitis, which causes shortness of breath accompanied by a dry cough and fever.



### Psychological problems

The stress of RA and the lifestyle changes it causes can lead to:

- loss of self-esteem
- feelings of helplessness
- clinical depression
- anxiety disorders

So if you experience any of these symptoms, please do not wait. Make an appointment with your doctor and get it checked out. Stay informed, stay ahead.

### Lifestyle disruption

Because of pain, patients with RA may wake up several times during the night, preventing restorative sleep. Fibromyalgia too can disturb sleep. Disability from joint damage and pain too can keep you from performing simple tasks such as getting dressed or using a computer mouse.

RA symptoms can also affect your ability to work. The Centers for Disease Control and Prevention (CDC) report that people with RA are substantially more likely to:

- change jobs
- reduce work hours
- retire early
- lose their job

RA especially affects the work life of service workers and people whose jobs are physically demanding.



### Unexplained weight change

Any unexplained weight gain or loss is a cause for concern. While weight gain from medications like corticosteroids and some antidepressants is common, rapid and unexplained weight gain may indicate a problem such as kidney disease or congestive heart failure. Both conditions are common with some forms of arthritis. On the other hand, unexplained weight loss can be a sign of increased inflammatory disease activity, thyroid disease, NSAID-related stomach ulcers, or celiac or Crohn's disease.



# Rediscover Life

## *In Rheumatoid Arthritis, Psoriatic Arthritis & Ankylosing Spondylitis*

It's not only about relieving pain<sup>1</sup>, it's also about preventing further joint damage<sup>1</sup> 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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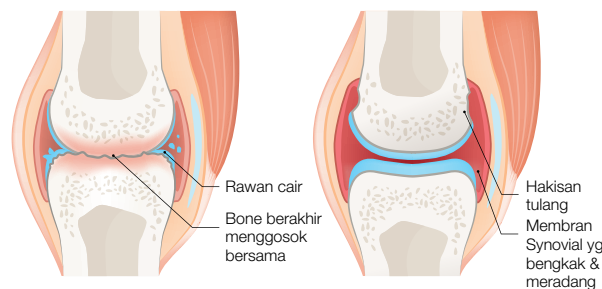


# KOMPLIKASI

# RA

RHEUMATOID ARTRITIS

Walaupun didiagnosis dengan Rheumatoid Arthritis (RA) adalah sukar, kita juga mudah terleka dan selesa dengan perasaan puas hati yang percaya bahawa selagi kita mengambil ubat-ubatan, semuanya baik-baik saja. Dalam penerbitan ini, kami menceritakan beberapa komplikasi yang perlu diberi perhatian, namun jangan takut, kerana matlamatnya hanya untuk mendidik dan sekadar makluman sahaja.



Osteoarthritis

Arthritis Reumatoid

Rheumatoid Arthritis (RA) dianggap sebagai gangguan autoimun di mana sistem imun anda tersilap menyerang tisu badan anda sendiri. Tidak seperti kerosakan akibat kemusnahan osteoarthritis, RA mempengaruhi lapisan sendi anda. Ini menyebabkan bengkak yang menyakitkan lalu mengakibatkan hakisan tulang dan kecacatan sendi. RA juga dikaitkan dengan beberapa komplikasi dan komorbiditi atau penyakit yang berkaitan. Beberapa komplikasi yang boleh berkembang dengan RA disenaraikan di bawah.

## Keradangan

Memandangkan ini adalah gangguan keradangan kronik, ia boleh merosakkan pelbagai jenis sistem tubuh, termasuk kulit, mata, paru-paru, jantung dan saluran darah.

## Paru-paru

Keradangan paru-paru atau lapisan paru-paru boleh menyebabkan fibrosis pulmonari pleurisitor, yang boleh menyebabkan sakit dada, batuk berterusan dan sesak nafas.

## Penyakit kardiovaskular

Orang yang menghidapi penyakit RA berisiko tinggi menghidapi penyakit kardiovaskular (CVD) berbanding orang lain secara umumnya. CVD merupakan istilah umum yang menggambarkan keadaan yang mempengaruhi jantung atau saluran darah, dan ini termasuk masalah yang mengancam jiwa seperti serangan jantung dan strok.

## Pembuluh darah

Keradangan pembuluh darah, vasculitis, boleh menyebabkan penebalan, kelemahan, penyempitan dan parut pada dinding pembuluh darah. Dalam kes yang serius, masalah ini boleh menjejaskan aliran darah ke organ dan tisu badan anda.

## Mata

Mata mungkin terjejas dengan keradangan pada pesakit yang menghidapi RA. Sindrom Sjogren menyebabkan mata kering, kekurangan air mata dan mulut kering. Bahagian putih mata juga terjejas akibat keradangan, mengakibatkan keadaan yang digelar scleritis.

## Osteoporosis

Osteoporosis melibatkan kehilangan ketumpatan tulang. Masalah ini menyebabkan tulang mudah patah. Menurut Mayo Clinic, risiko osteoporosis semakin meningkat bagi penghidap RA. Sebabnya termasuklah:

- RA dan osteoporosis lebih biasa dihidapi wanita berusia dan perokok
- Penggunaan kortikosteroid dalam rawatan RA
- Potensi RA untuk secara langsung menyebabkan kehilangan tulang pada sendi yang terjejas

Berbincanglah dengan doktor anda tentang langkah-langkah yang boleh diambil untuk mencegah kehilangan tulang. Doktor anda boleh mengesyorkan suplemen kalsium dan vitamin D, atau ubat-ubatan yang dinamakan bisphosphonates.

## Jantung

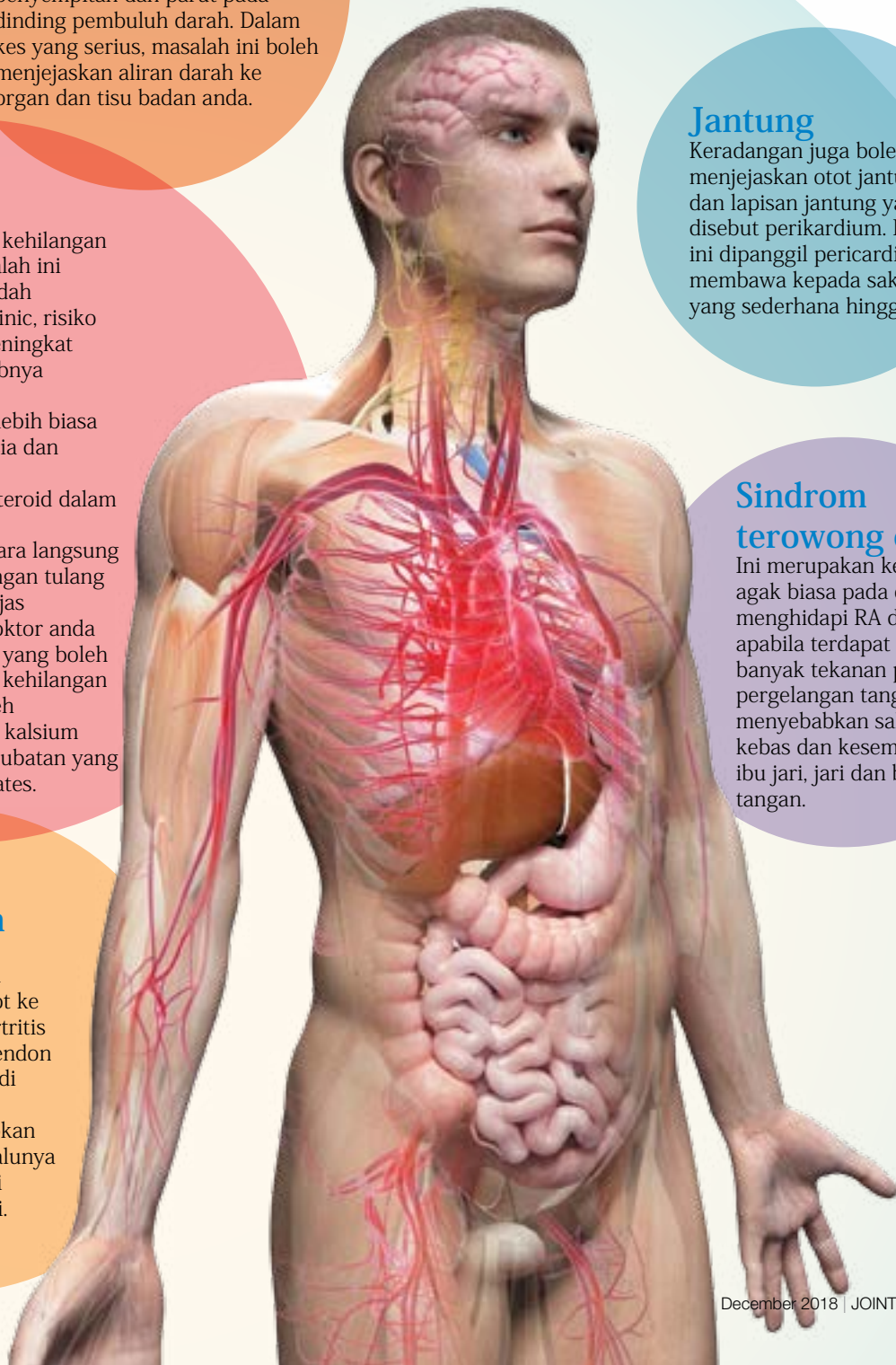
Keradangan juga boleh menjejaskan otot jantung dan lapisan jantung yang disebut perikardium. Keadaan ini dipanggil pericarditis. Ini membawa kepada sakit dada yang sederhana hingga teruk.

## Sindrom terowong carpal

Ini merupakan keadaan yang agak biasa pada orang yang menghidapi RA dan berlaku apabila terdapat terlalu banyak tekanan pada saraf di pergelangan tangan. Ia boleh menyebabkan sakit, rasa kebas dan kesemutan pada ibu jari, jari dan bahagian tangan.

## Tendon pecah

Tendon merupakan kepingan tisu fleksibel yang melekat pada otot ke tulang. Rheumatoid Arthritis boleh menyebabkan tendon anda menjadi radang, di mana, dalam kes yang teruk boleh menyebabkan tendon pecah. RA selalunya menjejaskan tendon di bahagian belakang jari.





## Myelopathy serviks

Jika anda mempunyai arthritis rheumatoid untuk tempoh yang lama, anda menghadapi risiko yang meningkat bagi myelopati serviks. Maka, anda mungkin memerlukan penilaian khas pada leher anda sebelum sebarang pembedahan di mana anda diberi anestetik am. Keadaan ini disebabkan oleh sendi menjadi terkehel di bahagian atas tulang belakang, yang meletakkan tekanan terhadap saraf tunjang. Walaupun keadaan ini bukan biasa, ia adalah keadaan serius yang boleh memberi kesan pada mobiliti anda.

## Rasa sakit ketika kencing

Jika disertai dengan demam, ia adalah tanda jangkitan dan mungkin akibat kesan sampingan pengambil DMARD atau biologi.

## Perubahan dalam penampilan tahi lalat

Satu tahi lalat yang berubah saiz atau warna atau lesi yang tidak sembuh mungkin tanda kanser kulit. Pesakit RA yang mengambil terapi termaju mungkin lebih berisiko.

## Sesak nafas

Jika ia berlaku bersama dengan batuk tak produktif atau sedikit atau tanpa menggunakan tenaga, ini mungkin isyarat bahawa terdapat masalah yang serius pada paru-paru anda, seperti pembekuan darah atau paru. Jika anda mengambil methotrexate, satu lagi kemungkinan adalah methotrexate pneumonitis, yang menyebabkan sesak nafas disertai oleh batuk tak produktif dan demam.

## Mudah lebam atau pendarahan

RA dan Lupus boleh menyebabkan kiraan platelet rendah, yang boleh menyebabkan lebam dan pendarahan gusi. Ubat-ubatan arthritis seperti methotrexate, biologik, kortikosteroid, malah aspirin dan ubat anti-radang bukan steroid (NSAID) boleh menyumbang kepada keadaan ini.

## Masalah psikologi

Tekanan RA dan perubahan gaya hidup akibatnya boleh menyebabkan:

- kehilangan harga diri
- perasaan tidak berdaya
- kemurungan klinikal
- gangguan perasaan cemas

Maka, jika anda mengalami gejala-gejala ini, jangan tunggu. Buat temu janji dengan doktor anda dan dapatkan pemeriksaan. Dapatkan maklumat dan pandang ke hadapan.

## Gangguan gaya hidup

Kerana sakit, pesakit RA boleh terjaga beberapa kali pada waktu malam, dan menghalang mereka daripada mendapat tidur pemulihan. Fibromyalgia juga boleh mengganggu tidur. Ketidakupayaan akibat kerosakan sendi dan kesakitan juga boleh menghalang anda daripada melakukan tugas mudah seperti mengenakan pakaian atau menggunakan tetikus komputer.

Gejala RA juga boleh menjejaskan keupayaan anda untuk bekerja. Laporan Pusat Kawalan dan Pencegahan Penyakit (CDC) melaporkan bahawa orang yang mempunyai RA lebih berkemungkinan:

- menukar pekerjaan
- mengurangkan waktu kerja
- bersara awal
- kehilangan pekerjaan

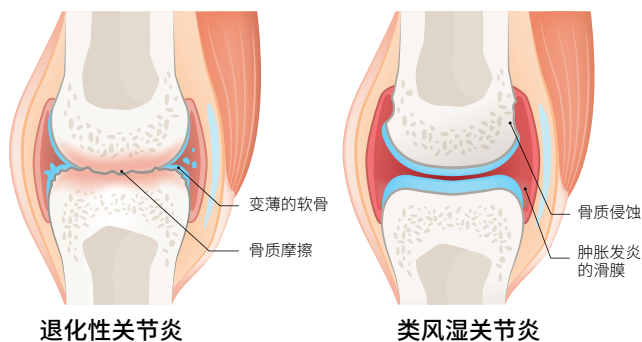
RA terutamanya memberi kesan kepada kehidupan kerja pekerja perkhidmatan dan orang yang bekerja secara fizikal.

## Perubahan berat tidak dapat dijelaskan

Sebarang kenaikan atau penurunan berat badan yang tidak dapat dijelaskan menjadi punca kebimbangan. Walaupun naik berat badan akibat ubat-ubatan seperti kortikosteroid dan beberapa jenis antidepresan adalah biasa, penambahan berat badan yang cepat dan tidak dapat dijelaskan dapat menunjukkan masalah seperti penyakit buah pinggang atau kegagalan jantung kongestif. Kedua-dua keadaan menjadi perkara biasa dengan beberapa bentuk arthritis. Sebaliknya, penurunan berat badan yang tidak dapat dijelaskan boleh menjadi tanda peningkatan aktiviti penyakit keradangan, penyakit tiroid, ulser perut yang berkaitan dengan NSAID, atau penyakit celiac atau Crohn.



# 类风湿性关节炎的并发症



被诊断患上类风湿性关节炎虽然不免会难过，但是却又很容易掉入误区，以为自己服药就会没事。本期要向大家介绍一些与它有关的并发症，但是切勿惊慌，我们的目的只是进行疾病教育，并让各位可以自行关注而已。

类风湿性关节炎是一种自身免疫疾病，是免疫系统误把自己身体的组织当敌人来攻击。退化性关节炎是因关节耗损造成，而类风湿性关节炎却不是，它是关节的垫层发炎。其后果是关节疼痛肿胀，还会导致骨头磨损及关节变形。它也会引起一些并发症以及合并症，或与之相关的其他疾病。以下所列，是类风湿性关节炎有可能会引起的一些并发症：

## 炎症

由于它是一种慢性发炎性疾病，人体系统的多个器官，包括皮肤、眼睛、肺部、心脏和血管，都可能会受到损害。

## 肌腱断裂

肌腱是连接肌肉和骨头的伸缩性组织。类风湿性关节炎会导致肌腱发炎，发炎若严重还甚至会导致肌腱断裂。这种情况最常见于手指背上的肌腱。

## 腕管综合症

对类风湿性关节炎患者来说，这情况也相当常见，它是手腕神经受到过分挤压所致。拇指、手指以及手的某些部位会因此而感觉疼痛、麻痹以及有针扎的感觉。

## 心血管疾病

类风湿性关节炎患者患上心血管疾病的风险，比平常人来得高。心血管疾病一般是指与心脏或血管有关的疾病，它包括会造成生命危险的猝发性心脏病及中风。

## 血管

血管炎会导致血管壁变厚、变弱、变窄以及结疤。情况严重的话，还会影响供应身体器官及组织的血流量。

## 心脏

炎症也会影响心脏肌肉和称为心包的心脏垫层。后者发炎为心包炎，它会引起轻微至严重的胸疼。

## 肺部

肺部或肺部垫层发炎，会导致胸膜肺炎纤维化，并引起胸疼、久咳不愈以及呼吸不顺畅。

## 眼睛

类风湿性关节炎患者的双眼可能会受炎症侵袭。干燥综合症会导致干眼、泪液不足以及口干。眼白部分也可能会受炎症影响，出现巩膜炎。



## 呼吸急促

在稍微使力或者没使力时，呼吸显得急促并伴有干咳，很可能是肺部有严重健康问题，例如血栓或结疤。如果有服用甲氨蝶呤，另一个可能就是甲氨蝶呤肺炎，患上的人会呼吸急促并伴有干咳和发烧。

## 痣的外观变化

痣的大小出现变化，或者颜色改变，或是皮肤病变久久不愈，这都可能是皮肤癌的征兆。使用先进疗法的类风湿性关节炎患者的风险比较大。

## 脊髓型颈椎病

患上类风湿性关节炎已经有一段日子的患者，出现脊髓型颈椎病的风险也随之提高。一旦发生，患者的颈部情况需先经过特殊评估之后，才可以进行一些需要全身麻醉的手术。这种情况是因为脊柱顶部的关节脱位，结果使脊髓受压迫所致。虽然它相对的罕见，可是一旦出现却会严重影响行动能力。

## 不明原因的体重变化

如果体重无故上升或下降，都是值得关注的。我们都知道服用皮质类固醇以及一些抗忧郁药物使人发胖是常见的事，但是急速且不明原因的发胖，可能是在显示身体有问题，例如肾脏病或阻塞性心脏衰竭。这两种情况的患者都会有一些关节炎问题。另一方面，不明缘由暴瘦则可能是炎症病情加剧，或甲状腺疾病、或非类固醇抗炎药引起的胃溃疡、或乳糜泻或克罗恩病。

## 生活方式被扰乱

类风湿性关节炎的患者们，夜里会因为疾病带来的疼痛而无法好好睡眠，身体因而无法好好修复。纤维肌痛也会干扰睡眠。关节受损会使人行动不便和疼痛，就连简单如自己穿衣服或使用电脑滑鼠这类事情也很难做到。

类风湿性关节炎的症状也会影响你的工作能力。疾病控制及防范中心的报告指出，此疾病的患者极大部分在工作上都会经常出现这些情形：

- 转换工作
- 减少工作时间
- 提早退休
- 失去工作

类风湿性关节炎在很大程度上，影响着服务业员工、以及需要用到体力的工作者的工作生涯。

## 骨质疏松

骨质密度降低即为骨质疏松，骨头也因此容易骨折。根据梅奥诊所的数据，类风湿性关节炎患者出现骨质疏松的风险比常人高，原因如下：

- 类风湿性关节炎及骨质疏松症的常见患者是年长女性及吸烟者
- 治疗类风湿性关节炎会用上皮质类固醇
- 类风湿性关节炎有可能会直接导致受侵袭的关节流失骨质

请向医生请教避免骨质流失的方法。医生或许会建议服用钙质及维他命D，甚至服用一种叫双磷酸盐的药物。

## 容易淤伤或出血

类风湿性关节炎和红斑狼疮会使患者的血小板数量变少，结果导致容易淤伤或牙龈出血。某些药物如甲氨蝶呤、生物制剂、皮质类固醇、甚至阿司匹林以及非类固醇抗炎药，都有可能引起这种情况。

## 心理问题

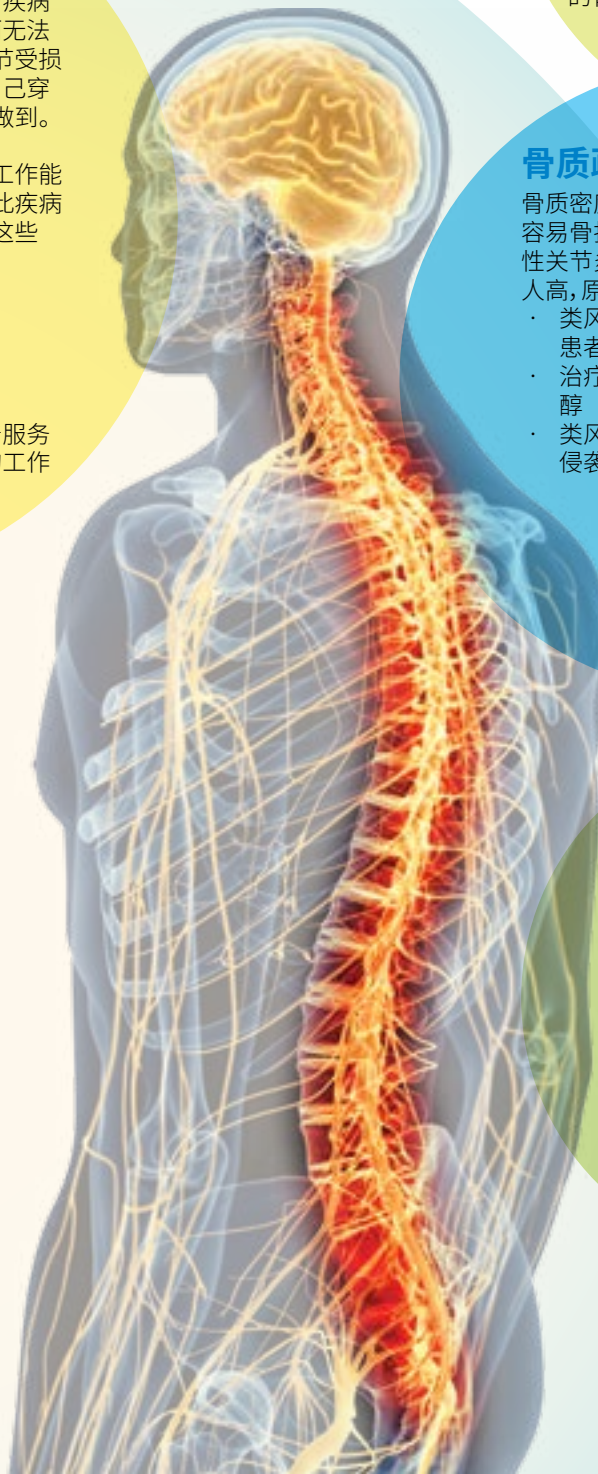
类风湿性关节炎带来的心理压力以及生活上的转变，会导致以下情形：

- 失去自尊
- 感觉无助
- 临床忧郁症
- 焦虑症

总而言之，如果你有以上任何症状，请赶快约见医生做检查，切勿拖延。时刻掌握最新资讯，保健不落人后。

## 排尿疼痛

如果还伴有发烧，这就是发炎的讯号。它可能是服用减缓病程抗风湿药物或者生物制剂的副作用所致。



# STRESS AND ARTHRITIS

“So stressed” is an oft-heard word in everyday life. So we decided to explore stress and its impact on arthritis.



What is stress? Stress is a physical and psychological response to stimuli. Stress is a normal part of life and every change, such as a move to a new town, a change in job, marriage or divorce, the birth of a child or the death of someone close to you, brings with it stress. The difference is only in degrees.

If you have arthritis, you are very prone to increased levels of stress, as life as you know it, shifts. There is worry about the prognosis and the future. Worry can rob you of sleep, cause indigestion etc. You may struggle to put on socks, chop vegetables or do other things that were once routine. You may become more dependent on family members and health care professionals and need to adapt to changes in job status, hobbies, energy level or body image. All these adjustments can be highly stressful. Stress and arthritis are so closely intertwined that some research has even suggested that:

- Stressful events often precede the onset of RA.
- Higher stress is associated with a less positive outlook of RA.
- Individuals with RA may be more sensitive to certain sources of stress, called stressors.

## Reacting to Stress

When you face a threat, the “fight or flight” response is triggered and a burst of hormones; like cortisol and adrenaline are released into the blood stream. This sets into motion a series of physical changes like faster heartbeat and breathing rate, higher blood pressure and increased muscle tension. This muscle tension can increase your pain too.

A vicious cycle of stress, pain and depression may develop. However if you learn to manage stress, you can help break that cycle.

## To manage stress

You have to first identify the things that cause you stress. Keep a “stress diary” to record the events in your life that cause stress. Record any physical symptoms you have.

## Stay active

- Walking and swimming help reduce stiffness that comes with arthritis.
- Exercise also helps control weight, which reduces the stress on joints.
- It also releases “feel-good” endorphin hormones, which can both improve your mood and block pain.
- Yoga, pilates and hot-water therapy are recommended as they foster relaxation and help cope with the stress of arthritis.

## Sleep and laughter

- Get at least seven to eight hours of quality sleep at night. If you have trouble falling asleep or staying asleep, talk to your doctor about it.
- Schedule time for play and become involved in activities that make you laugh. There is almost a magical quality about laughter. No matter how sad your mood, laughter can make the world look brighter.

## Keep pain in check

Talk to your doctor about drugs to help reduce the pain. Being uncomfortable and in pain makes people more emotional and increases stress. So talk to your doctor about drugs like non-steroidal anti-inflammatory drugs (NSAIDs) to help control and reduce pain.

## Change yourself not others

Realize that you can change only yourself not other people. Many people spend too much time and energy trying to reform their spouses, children or doctors. When these changes don’t happen, people tend to feel frustrated, tense and upset.

## Manage depression:

- Take responsibility for how you feel. Then you are more likely to take an active approach in improving your mood.
- Take care of yourself. You’re special, so pamper yourself. Take a leisurely bath or buy something nice for yourself.
- Be a “doer.” Get involved in neighborhood or volunteer organizations. Don’t forget the joy of giving.
- Discover new creative outlets such as hobbies, skills or interests.
- Keep in touch with family and friends by phone if you can’t get out. Don’t let your arthritis set you apart from others.
- Try to discover what set off your depression and learn to avoid those events in the future.
- Be alert for signs of depression that last for more than two weeks. If you continue to have signs such as eating or sleeping too much or too little, or feeling hopeless, forgetful, restless or more tired than usual, tell your doctor. Sometimes this type of depression is caused by a change or an imbalance in the body’s chemistry. Often certain drugs can correct such an imbalance.

# WORLD ARTHRITIS DAY 2018



Amidst a lot of gaiety, fun and informative talks the World Arthritis Day (WAD) 2018 was marked on Sunday, the 7<sup>th</sup> of October at Sunway Medical Centre. Arthritis Foundation Malaysia (AFM) President, Dr. Sargunan Sockalingam welcomed the audience with his trademark humor and shared his dream for arthritis patients, "I dream of a reality where every patient will be able to have access to funds required to receive appropriate treatment for their condition and get back to work!" He updated on the Advance Therapies Fund and its teething difficulties, but acknowledged that the whole process served towards streamlining the individual process. He thanked Sunway Medical Centre for providing the venue and the AFM team for organizing the event successfully year after year.

Dr. Michelle Mah, Director of Business Development and Corporate Communications, Sunway Medical Centre welcomed the gathering saying that this conversation on arthritis was important for its management as it afflicted people across all ages and regardless of race or sex.

**Dr. Sargunan Sockalingam** was the first speaker and his topic was on "**Advancements in the Management of Rheumatoid Arthritis**". He reassured the gathering saying, "do not be sad, alarmed and upset if you are diagnosed with RA as advances in technology has made it possible for life to carry on as smoothly as possible. Where there is a problem, there is always a solution. And while deformity of joints is always a possibility, it is only an extreme case situation if no treatment is taken!" He also said, there was no point asking "Why me?" as in life everyone develops some disease in their life time. So it would be better to seek the solution.

He gave a historical perspective to arthritis saying that it was present even in bones that were dug up from Mt. Vesuvius in Pompei and mummies in Egypt.

**“ But early recognition, within two months of onset of symptoms, is the key to better management, even in terms of needing lesser medication. ”**

New technology, like ultrasound machines too helps in diagnosing the disease earlier. He also gave a run down on how medication has evolved, from the conventional disease modifying anti-rheumatic drugs (DMARDs) in the 20's to the use of biologics in the 80's and 90's to signaling pathways in the 2000's.



The next speaker, Dr. Cheah Tien Eang, presented on "**How to achieve better care in today's world?**" He began his presentation saying that there were several misconceptions patients had, the first being that, "Doctor's remember everything about you!" He said, "We see so many patients a day and we have to look at the notes to review your history and make a decision about your

condition in 10-20 minutes or even less. Also patients cannot recall everything precisely and only relate to the doctor the worst situation that occurred, which is on the top of their heads. So a lot of the times, doctors are making decisions based on that". Healthcare today is also fragmented he added, as many doctors are seen and sometimes in different hospitals too.

The direction should be towards value-based healthcare, he urged. And though over the years technology had grown by leaps and bounds, sadly healthcare delivery hasn't changed much. And as doctors have had to take-on additional screen time, with having to type-in information, review previous notes and test results etc, the doctor-patient connection has suffered, as patients still thrive on the all-important human connection and interaction.



## Technology-The Way Forward

Patients need to take charge of their own health and technology is the way forward, said Dr. Cheah. While there is a lot of information available, the thrust must be on access to reliable information. The need is also to give doctors information as continuously as possible which is lacking now, as patients genuinely cannot remember and give vague answers about their condition in-between visits.

“Utilize the power of your smart phone, as many apps are available in the market today. There are also many features in smart phones and apps that will help you stay on top of your condition.”

“Tele Medicine” via phone ensures that communication is locked in. It also allows patients to remember to take their oral medication, as patients forget! And this stands in the way of achieving desired results. Says Dr. Cheah, “Medication is only as good as you ‘take it’. If the condition appears uncontrolled, the doctor will increase the dosage. But then, patients forget that as well!” He concluded with the reminder, “You are in control of your own health care”.



**Dr. Heselynn Hussein**, gave a presentation, **“Is my back pain serious?”** She talked about the different types of back pain including mechanical and inflammatory. She said, “Mechanical back pain is caused by placing abnormal stress and strain on the muscles of the vertebral column. Some examples

are; degenerative disc diseases, facet joint derangement, osteoarthritis, spinal stenosis etc. Inflammatory back pain on the other hand is caused by inflammation of the sacroiliac joints and lower spine and is frequently seen in patients with Ankylosing Spondylitis (AS). Back pain can also be caused by infections which results in fever and a tender, warm area on the back”. For patients to better understand their back pain, she elaborated on the differences between inflammatory and mechanical back pain.

### Inflammatory back pain:

- Begins generally over the age of 40
- Insidious onset, less likely to be acute
- Pain improves with exercise
- Pain does not improve with rest
- Morning stiffness more than 30 minutes
- Pain at night which may wake patient during second half of the night

### Mechanical back pain:

- Can onset at any age
- It may be acute
- Pain may worsen with movement
- Pain often improves with rest

She also talked about Ankylosing Spondylitis, and said it was characterized by chronic debilitating inflammation of the spine. It was a long-term disease that causes inflammation of joints between spinal bones and joints between the spine and pelvis. It could eventually cause the spinal bones to fuse together.

## Early diagnosis

Delayed diagnosis adversely affects outcomes in AS as irreversible structural damage occurs early in the disease. AS typically begins in the formative years of young adult life and symptoms may interfere with education, professional development and social relationships. Early diagnosis is vital too as response to pharmacotherapy is greater in patients with short disease duration.

ASAS/EULAR recommendations for the management of AS includes education, exercise, physical therapy, rehabilitation, patient associations, self-help groups besides pharmacotherapy.

## Presentation to recipient of ATF

The last event before lunch was the presentation of a mock cheque to the recipient of the Advanced Therapies Fund (ATF). Dr. Sargunan Sockalingam, President AFM, presented Tong Yen Yee, a cheque for RM 8,850.



**Mary Easaw**, Chief Dietician, Institute Jantung Negara (IJN), spoke on **“Mindful Eating despite the Arthritis Challenge”**. She had the audience in splits with her observation of the differences in attitudes of the races towards diet and nutrition. Besides humor, she also interspersed her talk with life philosophy, advising the

audience with lessons lived and learnt, “Ask your kids to live separately! Learn to let go of any situation or person in your life that bothers you and take life easy, one day at a time”.

To lose weight she recommended low-fat cooking techniques like steaming, boiling, baking, roasting, stir-fry or shallow-fry. When eating out, she recommends reducing gravy and soup and sharing food so that we don’t eat more than we need! Some of her dietary recommendations include:

- Take Omega-3 as it is good to reduce inflammation which is a key factor in the management of arthritis. Eat salmon, mackerel, flaxseed, chia seeds, eggs with Omega-3 and canola oil. While choosing a supplement, ensure that the EPA/DHA percentage is higher.
- Adopt dietary cholesterol-lowering strategies by consuming 2-3 gms per day of plant sterols. Plant sterols is a steroid compound found in plants that works like statins.
- Ensure adequate Vitamin D through safe level of sun exposure as well as diet and supplements. Foods high in Vitamin D include fish, egg yolk, meat, fortified beverages, cereals and milk.

## EVENTS

- Increase Vitamin K intake by eating green leafy vegetables as well as asparagus, cauliflower, broccoli etc. Vitamin K is important in cartilage metabolism as an inhibitor of extracellular matrix calcification and a promoter of cell survival/proliferation.
- Studies have also shown that fiber can lower your levels of a chemical called C-reactive protein (CRP), which is a sign of inflammation. 20-30g daily is recommended from vegetables (3 or more servings) fruits (2 servings) whole grains (50% of grains intake from whole grains) and beans, legumes and pulses (1 serving).



The last speaker of the day was **Dr. Chong Chee Seang**, Consultant Orthopedic and Spine Surgeon, who spoke on **“Management of Low Back Pain”**. He began by saying that lower back pain is an epidemic in our population as 80% will have at least one episode of back pain during their lifetime. He added that direct medical cost attributed to evaluate and treat are estimated to exceed

USD33 billion annually in the US. When missed work and decreased productivity are added, the total costs can exceed USD100 billion each year. Usually lower back pain is as a result of frequent bending, lifting, pulling and pushing, repetitive work, static work and awkward posture. Risk factors to developing back pain include physical factors like obesity, old age etc, psychological factors like depression, anxiety, stress as well as social and occupational factors like physically or psychologically strenuous work, sedentary work, whole body vibration, low social support in the workplace etc.

### RASG Session

The 2<sup>nd</sup> half of the event, the RA Support Group session started at 3.40pm with a Welcome address from RASG Chairperson, Ms Annie Hay. She thanked all the participants for choosing to spend their Sunday with Arthritis Foundation Malaysia and the RA Support Group. The first performance was a very special performance by a student choir, the Dá Capo Voice Choir, who rendered 3 beautiful classic songs for all to enjoy. The choir members were students who shared their love for music and thus this choir was formed. There were 22 members in the choir, comprising of 12 males, 8 females and 2 teachers.



The next session was a testimony from Ms Kunamony S. Kandiah, Vice President of AFM, who is also a RA patient. Ms Kunamony, a lawyer by profession, shared how she overcame her fight with her RA by thinking positively and harnessing the power

of her mind to better cope with her pain. But she did go through her share of struggle and revealed that at one low-point in her life, she even considered giving up her practice and going part-time. She also mentioned that her mum was rheumatic but she is very sure that she could not have inherited her RA from her mum because RA is not hereditary.

Ms Kunamony chose to enjoy life by staying active and has continued her law practice instead of staying at home. Currently her RA is under control and she still drives outstation for her legal cases when needed. Lastly, she mentioned, **“if our Prime Minister, aged 93, can govern our country for the 2nd time, then I can’t say much”**. She thanked all the participants for their continuous support towards AFM and the RA Support Group.

Mr. Timmy Cheong, Director of Caregiver Asia Sdn Bhd shared what his company offers to its customers, i.e. online aggregator of health and care giving services. Care seekers can access on-time, trusted and transparent home care services whilst freelance caregivers and healthcare professionals can practice independently, with full control of their schedules and terms of services. For those interested, the website is [www.caregiverasia.com](http://www.caregiverasia.com).

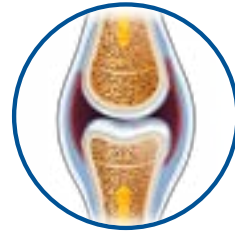


The last session of the day was the exercise and special dance performance by the members of the PACE group, “The Sweet Chicks”, performing the chicken dance. It was performed with lots of energy from the PACE members and elicited a lot of fun and laughter from the crowd. The exercise session was conducted by Ryan from Unitar and he had the entire participants up on their feet to join in the exercises.

At 4.45 pm Ms Annie Hay gave her closing address, thanking all our sponsors and participants for a successful WAD 2018. The participants went back empowered with information from doctors and supported by friends at AFM and RASG to better manage their condition.

**We thank all the sponsors, the doctors, the AFM members and the public for their support to AFM events and the cause of arthritis management.**

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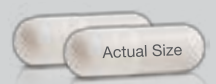
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For further information, please contact Cambert (M) Sdn Bhd (134845-P) at 1300-88-1712 or write to enquiry@cambert.com.my

# It's Our 10<sup>th</sup> Year

Kordel's Family Charity Walk 2018 was held at Padang Merbok for the 10<sup>th</sup> consecutive year on the 21<sup>st</sup> of October 2018 in partnership with Arthritis Foundation Malaysia (AFM). This year also marks a decade of collaboration of Kordel with Arthritis Foundation Malaysia (AFM). Kordel's Charity Walk has raised more than RM200,000 till date, towards helping underprivileged arthritis patients acquire joint replacement therapy as well as in improving the welfare of people living with rheumatic and arthritic-related disorders. The proceeds of the walk RM23,978 were handed to President of AFM, Dr. Sargunan Sockalingam. Dr. Sargunan, in his speech, expressed gratitude for the consistent support to AFM.



Enthusiasm and excitement flooded the air as participants in a sea of white Kordel-sponsored t-shirts gathered early in groups with family and friends, complete with babies and young kids in strollers as well! The atmosphere was festive with stalls including Kordel's, AFM and others serving coffee, chocolate drinks, buns, herbal tea's etc. Dr. Sargunan flagged off the run amidst much fan fare. The participants walked together, family members holding young children's hands and lending a hand to older parents as well, cherishing the moments of togetherness outdoors and supporting the cause of AFM.

Mr. Ho Swee Lin, General Manager, Cambert (M) Sdn Bhd, said that,

**“ We have about 800 participants this year, and the theme is about ‘family’. So we have coined the phrase ‘Kordel’s Family Charity Walk’. To encourage the concept we gave discounts to people who signed in together as a family. Every year we hold the walk to educate and spread awareness among the public on arthritis and its management. ”**



*Dr. Sargunan Sockalingam with the General Manager of Cambert SL Ho*



Zuriawati came along with her friends and also brought along her daughter Irnazuhaira, 2. It was Zuriawati's fourth time at the Kordel's walk and she enjoyed having her daughter beside her to appreciate the outdoors.



He added that, "This year we are also taking the opportunity to launch **J Flexi**, our latest product that affects the immune system by reducing inflammation. It requires smaller dosage and works faster so you can begin to feel the effects within a month. We have done case studies with real people, who we have closely followed in the age group of 50, 60 and 70 and they have all got good results".

Debbie 53, was diagnosed with stage 3 Osteoarthritis. She was house-bound as she experienced a lot of pain in her knees which affected her ability to walk and be active. As she found it difficult to move around, she even began home tuition, just so that she could still work and be productive. All this affected her mental wellbeing too and she was frustrated and depressed. She was also on many medications and supplements including gabapentin, Lyrica, calcium, Vitamin D, glucosamine etc. She started on J Flexi, twice daily. Says Debbie, "After a month, my inflammation settled. After two months, I could actually bend my knees and squat. And after three months, I was able to complete the Kordel's 5 km walk! I am off all medication including pain medication. I am very happy with the product as it has made a huge difference to my life".



Prof. Dr. Jayati Roy, 71 was also bothered by knee pain. As she is very busy the whole day, she didn't pay much attention to it. But every night when she went to bed, it bothered her as she could feel twinges and tingling pain. She initially tried to manage it with ointments and painkillers. She started taking J Flexi 3 months ago and felt tremendous relief from pain. She says, "Earlier my knees felt rickety but after taking the product they feel more solid and I don't have any pain. It allows me to maintain my active schedule as a wellness and NLP certified coach".

There were so many interesting sights. One little girl who elicited a lot of ooh's and aah's as she crossed the finishing line was 4-year old Idhika. Her father Rajinder from Delhi says, "Idhika likes the outdoors and so I make it a point to take her to as many of these walks as I can".

Boon Chin Yih and her husband came with their son Reyleo, 2 and other good friends. It was Reyleo's first walk and his mother attested that he had a good time viewing the world passing by from his vantage point on the stroller.

AFM says **“ Thank you Kordel, all the sponsors and the Malaysian public for your support towards the cause of underprivileged arthritis patients and contribution of time, effort, money and enthusiasm towards organizing and making the Kordel's walk a huge success. ”**

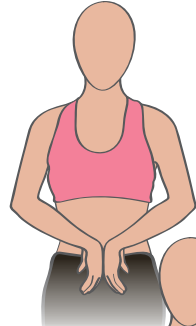
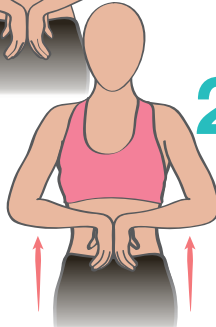



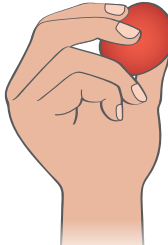
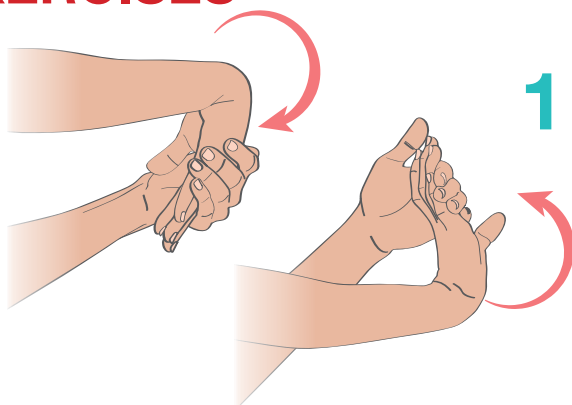
# During the HOLIDAY SEASON

It is getting close to Christmas and there will be many of us with aching hands and feet as the days get cooler and rains are forecast almost daily. Here are a few “Do not Miss” exercises you can perform, be it on your year-end holidaying or stay home activities to reduce stiffness and pain and make daily tasks easier.

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




## HAND EXERCISES

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**1 Wrist stretches**

    - Begin gently grasping effected hand with opposite hand.
    - Move palm toward elbow using opposite hand to provide additional stretch at the end of the motion.
    - Hold the stretch for 15- 20 seconds and repeat 5 times.
    - Return to start position and repeat the steps by moving the back of palm up toward elbow.
  - 2 Reverse Prayer Stretch**

    - While standing, bring the backs of your palm together in front of you.
    - Press them together as you bring your forearms to a horizontal position.
    - Hold for 15-20 seconds and return to start position.
    - Repeat 5-8 times.
  - 

**3 All Finger Spreading**

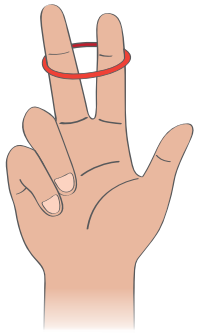
    - Take a band and place it around all fingers including the thumb.
    - Spread fingers against the resistance and hold 10 seconds.
    - Relax and repeat the exercise 10 to 15 times.
  - 4 Wrist Extension with Weights**

    - Begin seated with forearm supported on a table, hand grasping a weight, palm down.
    - Lift back of palm toward elbow.
    - Return to start position and repeat 30 times.
  - 5 Wrist Flexion with Weights**

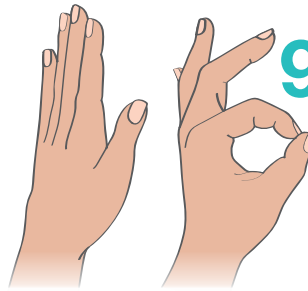
    - Begin seated at a table with forearm supported, hand grasping a weight, palm facing up.
    - Move palm up toward elbow.
    - Return to start position and repeat 30 times.
  - 6 Power Grip**

    - Place ball of putty in the palm of your hand.
    - Using all fingers (excluding thumb) squeeze the putty in your palm, hold 10 seconds.
    - Release pressure and repeat 10-20 times.
  - 7 Pinch Grip**

    - Place putty between tips of involved fingers and thumb.
    - Squeeze putty between the tips of fingers and thumb, holding as prescribed.
    - Release pressure and repeat 10-20 times.



- 8 Finger Spreading**
- Place band around desired fingers.
  - Push fingers apart against the band and hold 5-8 seconds.
  - Relax and repeat 10-20 times.

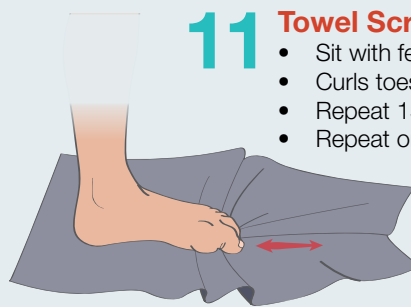


- 9 Finger Opposition**
- Touch pad of thumb to pad of your index finger, making a circle with the fingers.
  - Repeat with the middle finger, then ring finger, then little finger.
  - Once you have reached the little finger work backwards to the index finger.
  - Repeat 10 times.

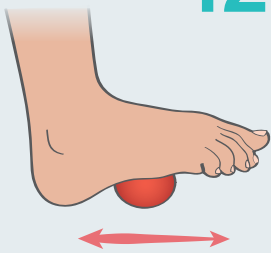
## FOOT EXERCISES



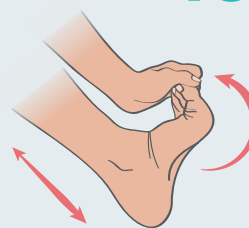
- 10 Toe Extension with Band**
- Sit with affected leg crossed on top of unaffected leg, and place band around toes.
  - Extend toes against resistance of band and toward knee.
  - Repeat 10-15 times and repeat the same on the other leg.



- 11 Towel Scrunch**
- Sit with feet on towel on floor.
  - Curls toes to wrinkle towel.
  - Repeat 15-30 times.
  - Repeat on the other foot.



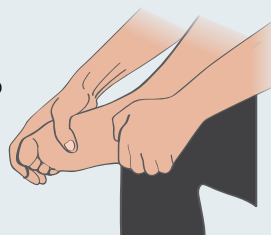
- 12 Plantar Fascia Self mobilization**
- Begin sitting on a chair or standing with ball placed beneath your affected foot.
  - Apply a slight downward pressure as you roll back and forth over the ball along the length of your foot.
  - Repeat 20-30 times on each leg.



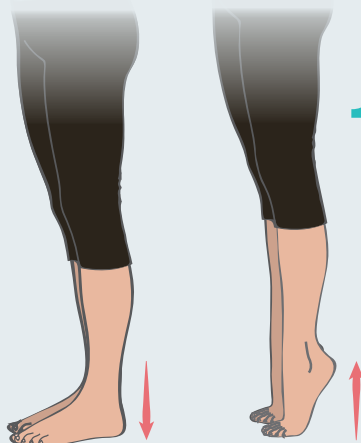
- 13 Plantar Fascia Stretch**
- Begin sitting in a chair with the affected leg crossed over your other leg.
  - Grasp the toes and pull them toward your shin to initiate a stretch.
  - Hold 10-15 seconds and return to start position.
  - Repeat 8-10 times.



- 14 Toe Stretches**
- Stand barefoot with toes against wall or chair. Heel on the floor.
  - Keeping heel down, move knee forward towards toes.
  - Hold 10-15 seconds and return to start position.
  - Repeat 8-10 times.

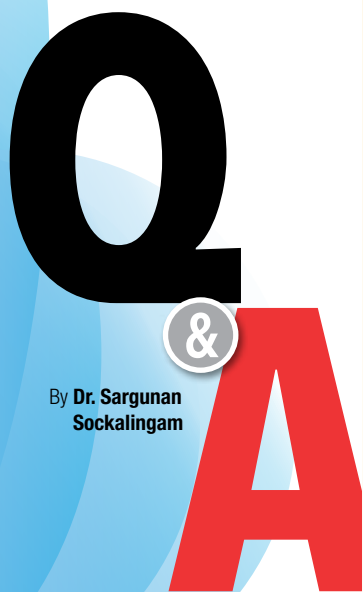


- 15 Toe Bends**
- Sit with affected leg crossed on top of unaffected leg.
  - Using your hands to assist, as you bend toes in toward bottom of foot.
  - Hold 10-15 seconds and return to start position.
  - Repeat 8-10 times.



- 16 Heel Raise**
- Stand with both feet about hip width apart.
  - Lift the heels and raise on the balls of your feet slowly.
  - Slowly return to start position and repeat 20-30 times.

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



1. **Every year, the World Arthritis Day is held in the month of**  
 A. January  
 B. March  
 C. October  
 D. September  
 E. December
2. **The drugs Allopurinol and Colchicine are used in treatment of**  
 A. Rheumatoid Arthritis  
 B. Gout  
 C. Psoriasis  
 D. Cholera  
 E. Typhoid
3. **Travel to space is associated with**  
 A. Arthritis  
 B. Skin rash  
 C. Obesity  
 D. Osteoporosis  
 E. Psychosis
4. **Activity of Rheumatoid Arthritis can be assessed by**  
 A. HAQ score  
 B. DAS 28  
 C. SLEDAI score  
 D. EPL Score  
 E. Skin score
5. **Disability card in Malaysia is called**  
 A. ASN  
 B. ASB  
 C. Socso  
 D. LGBT  
 E. OKU
6. **The most expensive treatment among the following is**  
 A. Sulfasalazine  
 B. Hydroxychloroquine  
 C. Small molecules  
 D. Methotrexate  
 E. Leflunamide
7. **One of these disciplines help people with arthritis get back to work**  
 A. Billion Dollar Whale  
 B. Occupational Therapy  
 C. Makhlukhalus  
 D. Acupuncture  
 E. Cupping
8. **When the arthritis is under good control we refer to it as**  
 A. remission  
 B. remittance  
 C. recollection  
 D. reservation  
 E. retribution
9. **One of these diseases causes a very severe form of arthritis**  
 A. LeschNyhan syndrome  
 B. Rabies  
 C. Lyme's disease  
 D. 1MDB  
 E. Cholera
10. **One of these is a common presenting symptom of Ankylosing Spondylitis**  
 A. skin rash  
 B. difficulty in urination  
 C. hair loss  
 D. loss of taste  
 E. low back pain

**ANSWERS**

1. **C. October.** It is global awareness-raising day as rheumatic and musculoskeletal diseases (RMDs) often receive delayed or no diagnosis reducing peoples' quality of life and affecting physical abilities.
2. **B. Gout.** They are used to prevent or treat high uric acid levels in the blood. Gout or gouty arthritis (inflammation and pain in a joint) is caused by high uric acid levels.
3. **D. Osteoporosis.** Osteoporosis results from gradual loss of bone density, so that the skeleton becomes weaker and more susceptible to fractures. Like patients with osteoporosis, astronauts who spend longer periods of time in space also experience bone loss, but at a much faster rate.
4. **B. DAS 28.** The DAS28 is a measure of disease activity in rheumatoid arthritis (RA). DAS stands for 'disease activity score' and the number 28 refers to the 28 joints that are examined in this assessment.
5. **E. OKU.** Orang Kurang Upaya
6. **C. Small Molecules.** A small molecule is a low molecular weight organic compound that may regulate a biological process. Most drugs are small molecules.
7. **B. Occupational Therapy.** It helps people with arthritis maximize their ability to participate in everyday activities; like turning a key or using a kitchen knife safely and thus enhance their quality of life.
8. **A. Remission.** If your arthritis is under remission, you may experience a decrease in or disappearance of signs and symptoms and you and your doctor can weigh the benefits and risks of taking a drug-free holiday.
9. **C. Lyme's disease.** Lyme arthritis can be defined as painful, swollen joints that cause stiffness similar to osteoarthritis, and occur most commonly in the late stages of Lyme disease, usually several months after the onset of the disease.
10. **E. Low back pain.** Lower back pain is the most common symptom of ankylosing spondylitis (AS), and it can be much more intense — and debilitating — than the back aches that affect about one quarter of all adults.



# The Art of Surrendering

The moment the diagnosis was delivered, tears rolled down my face uncontrollably. Multiple hospital visits, a surgery, myriad tests done for my unexplained intense joint and body pain added up to the stress and emotional wreck that I was.

*By Dr. Fatimah Liyaqat Ali @ Rayeesah*



I was hoping the diagnosis would be “a temporary pain” that could be relieved with injections and I would be pronounced good to go. So when the doctor pronounced that I have Rheumatoid Arthritis, it came as a great shock to me. As a doctor myself, I knew how debilitating it could be and the thought of managing it for a lifetime with multiple toxic drugs devastated me.

As I loved thrill and adventure, I saw before my eyes, my dreams being shattered and started over-thinking my future. I was only 26 years old, and I had the dreams of any typical girl. I wanted to excel in my career as a specialist, travel high and low and get married with a handsome husband and kids. Probably it is my immaturity, or probably it is the medical knowledge ingrained in me that I saw all of this as impossible to achieve. My disease was rather aggressive and needed high dosages of medicine to control it. Every joint in my body ached, and the two most important joints, my knees, were the ones most affected, to the point that I needed help to walk and do my daily chores. Being stubborn and enthusiastically misplaced, despite the RA flare and having three painful swollen joints, I decided to persist and finish my housemanship, which I did. However, the consequences were grave as my disease was not controlled and my knee joints worsened. One day I heard cracks in my knees and that was the moment I knew I had to do something. I was told that I needed a knee replacement but due to my relatively young age, the doctors were hesitant and preferred I should somehow live with it and hope the pain would ease off with medication and exercise. However, exercising only made it worse, as the more I exercised, the more swollen it got!

## Surrender

I was trying so much to control everything that eventually I had no option but to surrender. All this while, despite praying, I realised I never once did surrender to God and was trying to be in control of everything; the medicines I had to take, the surgery I had to do, the exercises etc. I questioned everything and only agreed to go on it if I was convinced after thorough reading. The moment I got tired and fully surrendered to Him, miraculous paths began to open. I became less fearful and more at ease, and decided to go with the flow even if it meant putting my job on the line. As a person who rarely takes medical leave, I learnt to let go, took extended leave, and went off on a voyage of alternative treatment and came across Ayurveda.

## Listen to the body

That’s when I came to learn about healing internally. It is a rather beautiful healing process. Our body is inherently designed to heal itself if only we listened to it. It has a right over us and it has its own limitation and we have the responsibility to not overuse it. **The little pains here and there are not something to put off, but are little screams from your body telling you to take a break. And when it does, I urge you, please listen.** For instance, a simple headache may seem like something trivial and be ignored because of other seemingly important tasks. But, if only we heed to its signal and lie down for a 10 mins power nap, the headache will vanish and our body would be thankful and last for another few hours. Following this simple rule of listening to the body, it will not then be a miracle that we live long and healthy lives.

I am currently in the midst of healing. However, it has not been an easy task as people around me do not understand and I myself am unsure of the process. I know that I am guilty of abusing my knees due to people and circumstances at one point in my life. But since then, I have learned to slow down and pay heed to my ever-so-loyal companion, my body. I have learned to say No! more often and have put my health as my utmost priority now. Since my diagnosis, it has been a roller coaster ride. I have been on and off the wheelchair and in and out of hospitals countless times. But I know that should not stop me. I had to put everything I learned at the back of my mind and start surrendering to the process and of course to God. I am convinced that my condition can be healed by tapering down my medications and I will eventually be weaned off it. I am eagerly waiting for my dreams to be fulfilled and having my health back on track.

To the readers out there, no matter which stage of life you are at right now, healthy or not, always remember there is a solution for every problem and healing for every disease except death. Do not give up and learn to let go. May God Bless us with His wondrous bounties and may we all be blessed with the wisdom of listening and paying attention to our wonderful companion, the body, the temple we all live in.

An Enthusiast, a Lover of Life

# TOGETHER We are Stronger

Have you checked your Facebook recently? Next time do check out the Rheumatoid Arthritis Support Group (RASG) Malaysia as it was created to spread awareness and support all those who are diagnosed with Rheumatoid Arthritis (RA) including their family and caregivers.

I do visit the group chat frequently and I am encouraged that there are many new members who have joined the group and want to learn all they can to manage their chronic condition. It is natural to be unsettled and upset after being diagnosed with arthritis or a related condition. But those who live successfully with chronic illness accept that their diagnosis is here to stay, adapt their lives to its challenges on many fronts and become fearless warriors against the illness. They explore what they can do and what they may need to change; with regard to their diet, activities, exercise patterns or stress levels. Their doctor is their partner in care, as they discuss treatment options, ways to improve joint functioning and keep their chronic condition under control. Talking openly to family and friends about the changes they will need to make is important too, as each day's activities can present many challenges physically and emotionally.

But I firmly believe that with the right treatment, most RA sufferers today can lead full lives with their symptoms under control. Remember,

**“ You are Not Alone, We are Here with YOU. ”**



## Support for AS Fund

Universal Music Malaysia hosted a donation campaign to launch Alvin Chong and Dea Dalila's single, *Mencintai Mu 99%*. Edelman printed t-shirts which were designed by Dea. Alvin and Dea donated 100% of the sale proceeds to the AS Fund.



The event was held at a cafe called Amigos at Kota Damansara between 4-6pm on 11 August. There were about 40 attendees and most of them were Alvin Chong's fans. Edelman sold 25 T-shirts for RM50 each. Alvin and Dea signed the t-shirts for the fans and also performed 3 songs. Everyone present enjoyed the afternoon that came with entertainment and refreshments.

AFM was given a table to display our information leaflets and Joint Efforts (JE). Thank you Alvin and Dea, for your generosity and for agreeing to support fund-raising events for AFM in the future.



2018 was an eventful year for Arthritis Foundation Malaysia and the RASG as we managed to touch base and partner with Columbia Asia Hospital, Klang and Makota Medical Centre, Malacca in their public forums. These two events have helped to create awareness of the existence of Arthritis Foundation Malaysia as well as the RA Support Group.

With the year coming to a close, I would like to thank all of you for your continuous support to Arthritis Foundation Malaysia and the Rheumatoid Arthritis Support Group and I look forward to a great year 2019 where together we can accomplish more to help the new members.

Ending with a quote I deeply cherish;

**“ Health does not always come from medicine. Most of the time it comes from peace of mind, peace in the heart, peace in the soul. It comes from laughter and love. ”**



## Public Forum

# Understanding Arthritis

A Public Forum was held at Mahkota Medical Centre, Malacca, in collaboration with Arthritis Foundation Malaysia, on the 27<sup>th</sup> of October 2018 in conjunction with World Arthritis Day. The first speaker was Dr. Shalinie Ramanujam, Consultant Physician and Rheumatologist and her topic was "The Many Faces of Arthritis".

Ms Annie Hay, the MC of the event, welcomed all the participants and gave a brief introduction of Arthritis Foundation Malaysia, its objectives & activities and the existence of the Rheumatoid Arthritis Support Group. She also introduced Dr. Shalinie who began her talk with the most common questions asked by her patients; Is Arthritis Gout? What does a Rheumatologist do?

She explained that her job as a rheumatologist is to ask a lot of questions and find out things that are hidden, relevant or not relevant to her patients, before she can proceed with treatment for joint problems. She emphasized that, "pain and swelling in the joints needs to be treated early and there must be no delay in seeking proper treatment with a rheumatologist."

Dr. Shalinie explained about the different types of arthritis:

### Osteoarthritis (OA)

is also called degenerative joint disease and wear-and-tear arthritis. It can occur in any joint. However, the most commonly affected areas of the body are the hands, fingers, knees and hips. OA is due to the aging wear-and-tear of the joints process, obesity and overuse of the joints. Symptoms of OA include pain, tenderness, stiffness and inflammation of the joints when the cartilage or cushion between them breaks down. Pain killers, ointments, plasters and injections of hyaluronic acid may offer pain relief in treating OA.

### Rheumatoid Arthritis (RA)

is a long-term autoimmune disorder that primarily affects joints. Our body's immune system mistakenly starts attacking our own joints in a very unnatural way.

- The early warning signs of RA include fatigue, where the patient may feel extremely tired and lack energy, weight loss, stiffness, joint tenderness, joint pain, joint swelling, joint redness and warmth.
- RA is a complex disease and must be treated early instead of waiting till joint deformity. Aggressive RA can be treated with biologic therapy (new generation of Disease-modifying antirheumatic drugs) that may be effective for patients who do not respond to treatment with more traditional DMARDs.

### Gout

(commonly known as Rich Man's Disease or Disease of the Kings) affects men more than women. Gout is caused by excess uric acid in the bloodstream. It mostly affects the joint in the base of the big toe.

- Risk factors for gout are obesity, excessive weight gain, especially in youth, moderate to heavy alcohol intake.
- Dietary changes can help reduce uric acid levels in the blood. Foods rich in purines include shellfish and organ meats, such as liver, brain and kidneys should be avoided. Meat and seafood consumption increases the risk of gout attacks.

### Psoriatic Arthritis

(PsA) looks like RA but it breaks out in red inflamed patches of skin topped with silvery scales or dry skin that may crack and bleed. It is a chronic condition and it affects the nails, skin and joints but does not affect the vital organs.

This was followed by a presentation by Dr. Chan Chee Ken, Consultant Orthopaedic & Trauma Surgeon. He spoke on "Surgical Management of Osteoarthritis". Dr. Chan explained that there are 4 stages of osteoarthritis: Stage 1 - Minor, Stage 2 - Mild, Stage 3 - Moderate and Stage 4 - Severe.

He said that, "Once you're diagnosed with OA, your doctor may tell you to try lifestyle changes like exercise, weight loss, physical therapy, pain medicine or natural remedies. But, if these don't work, he may suggest surgery. There are several different types of surgeries a patient could have depending on where the injury is and how much pain the patient is experiencing. Some of the procedures are; Arthroscopy, Total joint replacement (Arthroplasty), Osteotomy and Joint Fusion".

Dr. Chan shared success stories of his patients after their knee or hip replacement surgeries. He stressed that a patient needs to take care of their health before surgery. Total knee replacement can increase mobility and decrease pain in patients who have an injured or arthritic knee joint. More than 90 percent of patients who have knee replacement surgeries experience less pain and greater mobility in their knee after the procedure.

### Process

During a hip or knee replacement, the surgeon removes the damaged surfaces of the joint and replaces them with plastic or metal implants. This gets rid of the pain because the diseased cartilage and bone are no longer there.

### Risks

Joint replacement carries the same dangers as other major surgeries, like a chance of infections or blood clots. A patient is most at risk if he or she has heart disease, diabetes that is not well controlled, or a weak immune system.

### Lupus

is an autoimmune disease in which the body's immune system mistakenly attacks healthy tissue in many parts of the body. Common symptoms include a rash on the cheeks and nose, which is called a "butterfly rash", joint pain, severe fatigue, joint swelling and hair loss.

### DR. SHALINE'S

#### take home message:

- Exercise must be part of daily routine. Live a healthy lifestyle, use a walking aid and seek treatment early for conditions that are taking too long to heal.
- While there is no RA diet, it is important to have a good understanding of what foods to avoid when you have arthritis.

### Other major risk

is that the new joint may not work as well as you hoped. It might feel weak or stiff, particularly the knee. Patients who don't actively rehabilitate will not regain the maximum range of motion. To get the best results from knee surgery, stick carefully to your rehab schedule of exercise, rest and medicines.

Dr. Chan advised that joint replacement may be the right choice if the patient is in a lot of pain and other treatments don't help. Dr. Chan also advised that taking supplements instead of opting for surgery is a waste of money as surgery is much better at improving pain and joint replacement can last a decade or longer before failing.

As to the question of what activities should one avoid after knee replacement, Dr Chan advised that the patient should avoid doing things that place excessive stress on their "New" knee, such as participating in high-impact sports like jogging. The patient should continue to watch their weight to avoid putting more stress on the joint.

### DR. CHAN'S

#### take home message:

- Surgery is typically a last resort for knee osteoarthritis (OA)
- Exercise helps ease the symptoms of knee OA, builds up the muscles surrounding the knee joint and improves knee strength and function.
- Exercise may decrease the dosage of other treatments such as medications.

### MR. MATHAN'S (Physiotherapist) Exercise Session

Mr Mathan, physiotherapist from Makota Medical Centre began his session with breathing exercises. He said that;

- Exercise is crucial for people with arthritis as it increases strength and flexibility, reduces joint pain and combats fatigue.
- The simple chair exercises can be done daily at home but high-impact activities like running is not encouraged. Inactivity worsens arthritis and patients need to keep moving and stay active despite the pain.

All participants were treated to light refreshments at the end of the forum.



# World Arthritis Day marked by Hospital Selayang



Hospital Selayang celebrated World Arthritis Day on Saturday, 20<sup>th</sup> October 2018, by organizing a fun day out at the park for the whole family, with the theme '**Jom ke Taman**'. The event, which was held at Taman Metropolitan Batu, a beautiful shady park with a lake, attracted a crowd of over 300 people. The activities started with an exhilarating warm-up zumba session, led by the physiotherapy team of Hospital Selayang. After this, the event was officially opened by Yang Bahagia Dato' Dr Hj Bahari bin Dato' Tok Muda Hj Awang Ngah, Director of 'Bahagian Perkembangan Perubatan', Ministry of Health Malaysia.

This year's event included a 'Fancy Dress Walk Competition'. So some participants came in fancy dress and the best 6 were given prizes. Participants started the walk enthusiastically. Those with mobility or health issues did the 1km walk but most participants completed the 3km walk. It was truly a family affair, with young kids and babies in strollers joining in the walk. Happy participants posed with their medals after the event.

Besides the walk, there were also health talks by the dietician, pharmacist and sports medicine physician. We are grateful to our 2 patients, one with rheumatoid arthritis and another with gout, who shared their journey with us; how they were diagnosed, their progress with treatment etc. There was also an exhibition of booths by various pharmaceutical companies (Roche, Abbvie, Novartis, Pfizer, Johnson & Johnson and Sanofi), as well as the Pharmacy, Occupational Therapy and Physiotherapy Units of Hospital Selayang. AFM and PSLEM were also invited to participate in the booth exhibition.

The team from Paediatrics Rheumatology with the aid of the 'Sekolah Dalam Hospital' teachers organised various activities for kids. There were also health and fitness screen areas, manned by staff from PKD Kepong and PKD Gombak.

The booths were very well received and we thank everyone for their effort and active participation. The much anticipated event was the prize-giving ceremony with many lucky draw prizes for the participants. One particularly happy participant cycled away with the grand prize, a foldable bicycle.

A very big 'thank you' to all the committee members who worked extremely hard to make this event a success.

## Putrajaya Arthritis Awareness Day

*By Dr. Sargunan Sockalingam*



The Putrajaya Arthritis Awareness Day 2018 celebration was held on the 25<sup>th</sup> of October at the Dewan Seri Melati located in Precinct 3 of Putrajaya, the administrative capital of Malaysia. The event was attended primarily by government staff and was officiated by His Excellency Dato' Dr. Hj Azman Hj Abu Bakar,

the Deputy Director General of Health. The event was organised by the Putrajaya Hospital's Rheumatology unit headed by the able Dr. Liza Mohd Isa.

There were many display booths that had many different themes in arthritis, such as diet, weight management, gout, mental health and exercise. Participants were treated to exercise sessions and informative talks, and had the opportunity to participate in many activities related to arthritis awareness.

This event also saw for the first time, a coming together of key players involved in the fight against arthritis; Arthritis Foundation Malaysia, The Rheumatology Unit of Putrajaya Hospital, Ministry of Health officials, Public Health along with representatives from the ever-supportive pharmaceutical industry.

AFM is proud of its association with the Ministry of Health doctors and I am ever delighted to represent the Rheumatology Unit of University Malaya Medical Centre to help disseminate awareness regarding arthritis. We hope to come together again and organise a much larger, nationwide event next year.

# Exercise as Prescription



As the year draws to a close, I looked back at the list of activities organized by Arthritis Foundation Malaysia. It is indeed heartening to note that we had a number of forums and at least one charity walk this year. Last year was better, as we organized an obstacle run as well, and along with the charity walk, that made it 2 exercise-based activities. The excellent news is that AFM conducts an on-going PACE program, where dedicated members take part in a weekly exercise program conducted by physiotherapists. You can always tell these AFM-ers apart, as they are always active and full of energy!

## Need of the hour

There is no doubt, we Malaysians have completely ignored the value of exercise, and the important part it plays in our daily lives. There are few achievements in badminton, squash, Moto GP and our Paralympics team is world class. But sadly, Malaysia's miserably unsuccessful push towards achieving developed nation status by the year 2020, has seen attention and resources diverted towards economic and academic achievements, superseding everything else. Sports and exercise has been the casualty. Malaysia has "impressive" obesity data, and if anything we have only gained the sad moniker of being one of the "fattest" nations in Asia.

**The call to exercise is urgent, and we must do a right here, right now approach, and be persistently consistent about it.**

As a rheumatologist, I am interested in the role of exercise and its positive effects on immunity. The spectre of autoimmunity has become impossible to ignore, with the rising number of people suffering from autoimmune diseases such as type 1 diabetes, rheumatoid arthritis, thyroid disease, multiple sclerosis, lupus etc. How does exercise protect us from autoimmune disease, and better still, act as a therapeutic agent?

## Conclusion

The role of exercise in positively boosting immunity to perform in our favour, instead of being against us, is clearly gaining ground. It is only a matter of time before solid evidence is obtained. But we all instinctively know that exercise is of great benefit to us. The longer we delay, the more the detriment. **The postulate is that transient boost of inflammatory mediators trigger a protective response that keeps all systems working correctly, and creates a powerful defence against pathogens both from within and without.**

The studies quoted in the paper "Clinical implication of exercise immunology" by David C Nieman published in *The Journal of Sport and Health Science* (vol 1, issue 1,

May 2012 pages 12-17) describes sustained high cytokine levels in obese and non-exercising individuals. The key is *sustained*, and this is bad news. What we are looking for is transient.

**And exercise is that transient boost that we are looking for.**

**It is high time we add exercise to our prescriptions directly to our patients, and anyone who seeks our advice for a good and healthy life.** And once we have established consistency, and begin to demonstrate positive results in each individual, perhaps, then we have the moral high ground to talk about being a developed nation.

AFM will organize at least 4 events that feature exercise in 2019.

## What do we know?

What we do know, is that after a sustained period of exercise, many inflammatory markers' level rise in our blood. These include total white cell count, interleukin (IL) 6, IL 8, IL 10, IL 1 receptor antagonist (IL1-ra), granulocyte stimulating factor (GCSF), monocyte chemoattractant protein 1 (MCP 1), tumour necrosis factor (TNF) and C reactive protein (CRP). You may ask, so what is the big deal, sounds like exercise increases inflammatory mediators. Isn't that like asking for trouble?

Here is the deal. These inflammatory mediator rise induced by exercise is *transient*. And it serves to reduce visceral fat. And more importantly triggers the anti-inflammatory switch of our body, that when repeatedly done, creates a *chronic anti-inflammatory state*. This is made possible by muscle derived peptides, called myokines. This is still a postulate, but researchers are fairly confident, that these IL 6, IL 8 and IL 15 linked peptides, will eventually be demonstrated convincingly.



Dr. Sargunan Sockalingam, President AFM, shares his thoughts as he reflects on the new year.

# 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
- Thomson Hospital, Kota Damansara, Petaling Jaya

\* 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.

## 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
- Johor Specialist Hospital, Johor Bahru

## Negeri Sembilan

- Hospital Tuanku Jaafar, Seremban\*

## Perak

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

## Kelantan

- Hospital Raja Perempuan Zainabll, Kota Bahru\*

## Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu\*

## Sabah

- Hospital Queen Elizabeth, Kota Kinabalu\*

## Sarawak

- Hospital Kuching, Kuching\*

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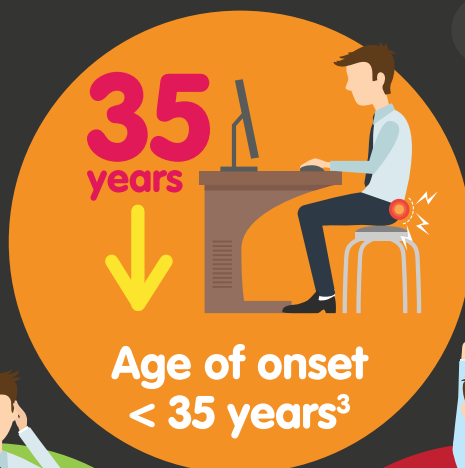
# Dangerous Curves Ahead

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.<sup>1</sup>
- AS generally affects young adults, with the average age of diagnosis being 20s.<sup>2</sup>
- If left untreated it could lead to spinal bone fusion, which results in a **curved** spine and immobility.<sup>1</sup>



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