



Essential Rheumatology for Allied Health Professionals (ERA) Workshop

RASG Event: Embrace Our Own Garden

Let Exercise Be Your Mantra

Genting Generosity

RASG Chinese New Year Celebration

Media Launch: Charity Run on First World First World Ankylosing Spondylitis Day in Malaysia

Welcome to a new year and a brand new issue of Joint Efforts. A new year presents a fresh opportunity for us to be more well-informed, proactive and adopt positive patterns of living. It could be taking up a new exercise class or even the PACE exercises classes conducted regularly by AFM, join a walking group in your neighbourhood, adopt healthier eating habits; less sugar and refined carbohydrates, more vegetables and fruits, be more active with the RA support group activities or even just a resolution to go out more and have fun!

The focus this issue is Ankylosing Spondylitis. Our President, Dr. Sargunan Sockalingam together with AFM is spearheading the need to raise awareness of this condition in Malaysia. Towards this, AFM has teamed up with Novartis to organise the first World Ankylosing Spondylitis Day in Malaysia with a "Charity Run" on 7th May 2017, the details of which are mentioned inside. Please do come with friends and family and support the cause. The funds go towards supporting patients who require biologics but are unable to have access to this treatment because they cannot afford it. Dr. Sargunan has also written the Centre Stage article on "Ankylosing Spondylitis" by profiling one of his patients, and the remarkable courage it requires to go through this painful experience valiantly for a big part of their lives. So do take the time to read that. Our RA support group has also been very active and we now dedicate a section to their activities. Don't miss that and hopefully you will be motivated to participate in their activities.

Whatever maybe the extent of your condition, it always feels better when you are connected, supported and understood. So do keep in touch with us, participate in all our activities, make new friends, learn something new each day and be inspired from each other to lead happy and fulfilling lives. See you all at the "Charity Run" on 7th May 2017.

Shailaja Menon
EDITOR

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The year 2017 has started with great enthusiasm and determination. I must thank the committee members and fellow colleagues who have been supportive of AFM's new mission; the initiation of a fund to enable people suffering from Rheumatoid Arthritis, Ankylosing Spondylitis or Psoriatic Arthritis access to advanced therapies, such as monoclonal antibodies and small molecules.

While the amount we have gathered is small, efforts are underway to build this. Rest assured we will seek to increase the fund by organizing events and activities. The first of this, I am excited to announce, with the participation of Novartis, is the very first "Charity Run", to commemorate the World Ankylosing Spondylitis Day on the 7th of May this year.

We seek your support. Please help us in making the event a success. Keep a lookout on our website and for further information, click on www.worldASDay.com. Alternatively you can contact our secretariat.

If you are keen to help us, please donate to the Arthritis Foundation Malaysia. Your donations are tax exempt and you will be participating in an historic endeavour to overcome one of the greatest scourge of modern life and economy, the musculoskeletal diseases, in particular, arthritis.

Contrary to common perception, arthritis is not a disease of old people. Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis affects young people. Their ages range from 20 to 45 years. A country's economy depends on her workforce, and this is the age group of prime concern. Their good health ensures productivity. Aching bodies and damaged joints will incur losses. And in these trying economic times, we can ill afford this.

I look forward to meeting all of you on the 7th of May 2017.

Dr. Sargunan Sockalingam
President, AFM



Tahun 2017 bermula dengan penuh semangat dan keazaman. Saya mengucapkan terima kasih kepada ahli jawatankuasa dan rakan-rakan yang telah memberi sokongan kepada misi baru AFM. Satu dana telah dibentuk untuk membolehkan mereka yang menghidapi Arthritis Reumatoid, Ankylosing Spondylitis atau Psoriatic Arthritis mendapat akses kepada terapi terkini, seperti antibodi monoklonal dan molekul kecil.

Walaupun jumlah yang dikumpulkan kecil, usaha sedang dijalankan untuk terus membangunkan dana ini. Kami pasti akan berusaha untuk meningkatkan dana dengan menganjurkan acara dan aktiviti. Pertama sekali, saya begitu teruja untuk mengumumkan bahawa larian amal yang pertama untuk memperingati Hari Ankylosing Spondylitis Sedunia pada 7 Mei tahun ini akan disertai juga oleh Novartis.

Kami mengharapkan sokongan anda. Sila bantu kami menjayakan majlis tersebut. Selalulah lawati laman web kami dan untuk maklumat lanjut, klik www.worldASDay.com atau sebagai alternatif anda boleh hubungi sekretariat kami.

Jika anda berminat untuk membantu kami, sila menderma kepada Yayasan Arthritis Malaysia. Sumbangan anda dikecualikan cukai dan anda akan mengambil bahagian dalam usaha bersejarah untuk mengatasi salah satu daripada musuh besar dalam kehidupan moden dan ekonomi, penyakit muskuloskeletal, khususnya, arthritis.

Berbeza daripada tanggapan umum, arthritis bukanlah penyakit orang-orang tua. Arthritis Reumatoid, Ankylosing Spondylitis dan Psoriatic Arthritis memberi kesan kepada orang muda. Usia mereka adalah antara 20 hingga 45 tahun. Ekonomi sesebuah negara bergantung kepada tenaga kerja, dan kumpulan usia ini adalah kebimbangan utama. Kesihatan yang baik memastikan produktiviti. Badan yang sakit dan sendi yang rosak akan menyebabkan kerugian. Dan dalam keadaan ekonomi yang mencabar ini, kita tidak mampu menghadapi kerugian ini.

Saya berharap untuk bertemu anda semua pada 7 Mei 2017.

Dr. Sargunan Sockalingam
Pengerusi, AFM

我们怀着满腔热忱和坚决意愿，踏入了2017年。我要向理事会的理事们及同事们说声谢谢，感谢他们对大马关节炎基金会新使命的支持。这里所指的使命就是一个新基金的成立，此基金目的是专门协助身患类风湿性关节炎、僵直性脊椎炎或硬性皮性关节炎人士接受先进的治疗法，例如进行单克隆抗体和小分子治疗法。

尽管所筹集到的款额尚不算多，但是为达到目的我们会持续努力，透过主办多种活动来增加基金的数额。这方面的第一个项目，落在5月7日，那是配合宣扬世界僵直性脊椎炎日，而与Novartis携手合办的一场慈善义跑。

我们向您呼吁，祈盼您大力支持这项有意义的活动，共襄盛举。详情敬请浏览我们的网站，点击 www.worldASDay.com 或向我们的秘书处查询。

如果您有意协助我们达成这个目标，请慷慨解囊向大马关节炎基金会捐献，而您的捐款都可扣除所得税。这个善举让您加入了这项历史性的努力，共同克服现代生活与经济所面对的其中一个大祸害——肌肉骨骼疾病，尤其是关节炎。

关节炎普遍都被看着是老年人才会患上的疾病，事实并非如此。年轻人也会患上类风湿性关节炎、僵直性脊椎炎以及硬性皮性关节炎，而且发病年龄介于20至45岁之间。一个国家的经济仰赖她的劳动人力群，上述年龄群正是人力的主要来源。他们需要有健康的体魄才能确保国家有足够生产力，疼痛的身体和损坏的关节换来的只有亏损。在这个讲求经济冲刺的时代，我们确实负担不起生产力低落的情形。

我期待各位踊跃出席参加2017年5月7日的慈善义跑，到时见！

大马关节炎基金会主席
沙谷南医生

Even 45 minutes of exercise per week is beneficial



January 9, 2017: Federal guidelines suggest achieving 150 minutes of moderate activity per week to prevent premature death and serious illness, however only one in 10 older American adults with arthritis in their knees meet these guidelines. Northwestern Medicine researchers wanted to determine a less overwhelming activity goal to get this population up and moving. In a study published in the journal *Arthritis Care & Research*, it was found that performing even a third (45 minutes) of the recommended activity is beneficial, and those who did improved function in their lower arthritic limbs by 80 percent.

Approximately one third of participants improved or had high function after two years. But those participants who achieved this minimum of 45 minutes of moderate activity, such as brisk walking, per week were 80 percent more likely to improve or sustain high future function over two years compared with those doing less. This finding was true for both men and women. “Even a little activity is better than none,” said first author Dorothy Dunlop, professor of rheumatology and preventive medicine at Northwestern University Feinberg School of Medicine. “For those older people suffering from arthritis who are minimally active, a 45-minute minimum might feel more realistic.”

“The federal guidelines are very important because the more you do, the better you’ll feel and the greater the health benefits you’ll receive,” Dunlop said. “But even achieving this less rigorous goal will promote the ability to function and may be a feasible starting point for older adults dealing with discomfort in their joints.”

Source: Materials provided by Northwestern University.

Why do some rheumatoid arthritis patients respond poorly to biologics?

November 13, 2016: A Mayo Clinic study is shedding light on why some rheumatoid arthritis patients respond poorly when treated with tumor necrosis factor inhibitors, part of a class of drugs called biologics. It comes down to proteins: specifically, a protein in the body that drives inflammation in the disease, the research found. The discovery is an important step toward better personalizing rheumatoid arthritis treatment, helping to avoid trial and error when prescribing medications. The Rheumatology Research Foundation funded the study. Mayo rheumatologist Timothy Niewold, M.D., was the study’s senior author. The findings were presented at the American College of Rheumatology annual meeting in San Francisco.



Depression puts psoriasis patients at significantly greater risk of psoriatic arthritis



February 22, 2017: A multidisciplinary team of researchers at the University of Calgary, Canada, have found that psoriasis patients who developed depression were at a 37% greater risk of subsequently developing psoriatic arthritis, compared with psoriasis patients who did not develop depression. Their findings are published in the *Journal of Investigative Dermatology*.

Psoriasis is a long-lasting inflammatory skin disease characterized by red, itchy, and scaly patches of skin. Approximately 8.5% of psoriasis patients have psoriatic arthritis, which is characterized by psoriasis plus inflammation of and around the joints.

“For many years, the rheumatology and dermatology communities have been trying to understand which patients with psoriasis go on to develop psoriatic arthritis and how we might detect it earlier in the disease course,” explained senior investigator Cheryl Barnabe, MD, MSc, of the McCaig Institute for Bone and Joint Health and the O’Brien Institute for Public Health, Cumming School of Medicine, at the University of Calgary, Alberta, Canada.

Depression is common among patients with psoriasis. Based on recent laboratory work demonstrating that major depressive disorder is associated with increased systemic inflammation, the team of researchers hypothesized that psoriasis patients who develop depression are at increased risk of subsequently developing psoriatic arthritis.

The study highlights the need for physicians to manage patients with psoriasis to identify and address depression. “There is a tendency to think of depression as a purely ‘psychological’ or ‘emotional’ issue, but it also has physical effects and changes in inflammatory and immune markers have been reported in depressed people,” commented Scott Patten, MD, PhD, the O’Brien Institute for Public Health, Hotchkiss Brain Institute and Mathison Centre for Mental Health Research and Education, Cumming School of Medicine.

Source: Materials provided by Elsevier Health Sciences.

Researchers found that patients with a higher amount or higher proportion of an inflammatory protein called type 1 interferon beta compared with another inflammatory protein, type 1 interferon alpha, does not respond as well to tumor necrosis factor inhibitors as others. They looked at white blood cells called monocytes, a major cell type involved in rheumatoid arthritis, and found that those cells behaved differently in one group than in the other. The discovery paves the way for a more personalized approach to treatment in rheumatoid arthritis based on the biology of a particular patient's disease.

“Investigating these pathways may identify other targets for therapy or other markers that predict treatment response,” says first author Theresa Wampler Muskardin, M.D., a rheumatologist at Mayo Clinic in Rochester, Minn. “It will help rheumatologists find the right drug for each patient and spare patients medications that won’t work for them.”

Source: Materials provided by Mayo Clinic.



Living with Ankylosing Spondylitis



Consultant Rheumatologist Assoc Prof **Dr. Sargunan Sockalingam** weaves in the details of his patient Sean as he explores the symptoms and prognosis of Ankylosing Spondylitis (AS). In the fight against AS, early detection and powerful new drugs are at the forefront. So being aware and informed about the condition are the keys to management and recovery.

Sean's Story

Sean woke up in the hospital one morning. He had been admitted there the previous day by his ophthalmologist who was alarmed on hearing that he had been experiencing blurred vision in his right eye for almost a week before his appointment with her at the University Malaya Medical Centre.

Sean though was more concerned that the throbbing pain in his eye would not subside. His friends and clients had noted that his right eye appeared red. Though he deftly used sunglasses to avoid further questions, this made it difficult for him to carry out simple tasks. When he consulted his ophthalmologist, she wasted no time in peering into his eye with an instrument called slit lamp. She told him that he was suffering from uveitis, an inflammation of the layer of the eye that was in-between the retina and the sclera. The sclera forms the iris, the coloured part of the eye that surrounds the pupil.

But the ophthalmologist also noticed that Sean seemed to have trouble moving his neck forward and back, and he was finding it difficult to place his neck on



the rest. Sensing that there was more to this, she decided to admit him to the ward and ordered X-rays of the cervical spine. The radiologist report indicated that the cervical vertebrae seemed to be fused. That is when she called in the rheumatologists.

Sean, a bright young Chinese sales executive was only 42 years old. He was single and ran his own company. He had been experiencing lower back pain ever since he was a teenager. He had a woody-like appearance about him

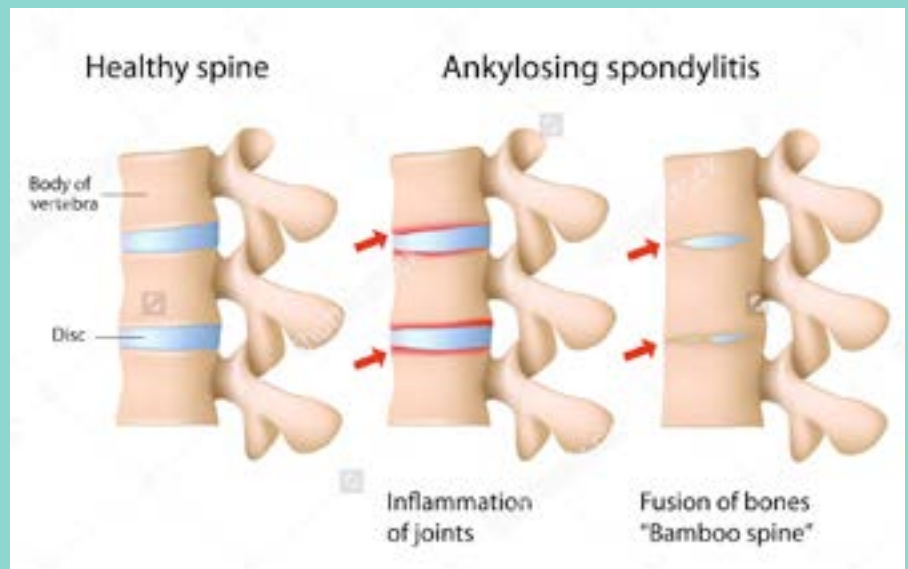
and his movements were limited. He had visited many doctors, who said he just had an abnormally stiff back due to playing sports and carrying heavy loads, though he did not do any of that. He even saw an orthopaedic surgeon who prescribed expensive anti-inflammatory drugs which did work very well. However, the beneficial effects were not sustained and furthermore he was afraid of long term side effects.

By the time he was thirty years old, he was not able to do simple movements, such as bending down to tie his shoelaces and reaching up for high objects. Being a determined young man however, he adjusted his movements, and he was somehow able to manage his day to day activities. The unfortunate part though was the pain. He experienced sharp pain in his spine, moving upwards, that got worse whenever he sat for hours in front of his computer. Occasionally at night too, he would be woken up from sleep by sharp, excruciating pain in his lower back area. He would not be able to sleep after that, and he would get up and walk for a while to ease his anxiety.

About AS

A disease that was once thought to be rare, AS is increasingly being recognized as being a lot commoner than everybody thinks. It has been described very early in history, and has been recorded in the annals of ancient Egypt. Worldwide, it is seen to affect more men than women. It is a disease of young men and affects up to 0.5% of the world population. It is estimated that about 100,000 Malaysians may be suffering from this disease.

Unfortunately AS remains a disease that is not easily detected. It is often missed, mainly because its symptoms are well relieved by anti-inflammatory drugs. Though these drugs work well to reduce the symptoms, unfortunately, they do not retard the progression of the disease. The inability to move the neck to look from side to side, a limited ability to bend forwards and backwards and eventually a completely stiff spine renders the person immobile, to the point where they will eventually qualify as disabled people. The damage could extend to both hip joints, and this will cause the person to stoop forwards, and they then have a high risk of falling forwards.



AS and the Spine

There is a strong genetic link, a marker known as the Human Leukocyte Antigen, specifically the HLA B27, and this is seen in up to 90% of people with Ankylosing Spondylitis. This abnormality causes the immune cells of the body to turn on the edges of the vertebral bones, the ligaments and tendons that are attached closely to the bones of the spine. There are two joints called the sacroiliac joints, one on either side of the lower spinal bone called the sacrum. The inflammation of this joint is characteristic, and this is widely known to be the cause of the lower back pain in the initial stages of the disease.



Ankylosing Spondylitis can only be recognized by an alert physician. Unfortunately for most patients around the world, recognition comes too late. The disease by then has progressed to involve the entire spine, and creates the classical radiological picture known as the bamboo spine.

The bamboo spine might as well be a restrictive lead pipe that makes every movement we take for granted an absolute chore. There are delays and struggles to engage in simple movements, pain becomes a daily occurrence, work and opportunities become distant dreams, and there is a big blow to confidence. As if the damage to the spine is not enough, sufferers will be at risk of associated damage to tissues like the uvea, aortic valve, parts of the lung and kidneys.

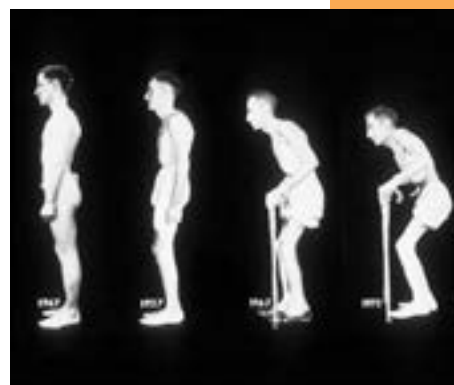
Sean's prognosis

At the UMMC, the rheumatologists did a complete assessment, along with recording a detailed history and immediately began a management plan that involved physiotherapy, occupational therapy, pain relief and therapy to prevent further disease progression. The uveitis had responded to a regime of bed rest, avoidance of bright light, steroid-based eye drops and anti-inflammatory drugs that were taken as oral tablets, on a regular basis. Sean also noticed that his back was less stiff and there was an improvement in pain scores.

Advanced treatment was available, in the form of a class of drugs known as monoclonal antibodies that are injected into the body by specially designed injectors. These medications target the important inflammatory mediators, such as the Tumour Necrosis Factor and the IL-17A. These medications work well and could most certainly prevent most of the damage that Sean has had to endure but it could well be too late for Sean.

As gloomy as it sounds, there is hope in the horizon. With the advent of early recognition techniques and powerful new drugs, it is hoped that we could prevent the extent of damage that Sean has to endure for the rest of his life.

I spoke to Sean, recently. His eye has healed well, and he is optimistic that with his newfound knowledge about his disease, he will be empowered to perform the necessary therapeutic management that will enable him to salvage some spinal mobility. He is not easily defeated, and while there is no turning back, hopefully, the worst is over.



There is hope in the horizon. With the advent of early recognition techniques and powerful new drugs, it is hoped that we could prevent the extent of damage that Sean has to endure for the rest of his life.

Dr. Sargunan Sockalingam

The grave prognosis of AS

The inability to move the neck to look from side to side, a limited ability to bend forwards and backwards and eventually a completely stiff spine renders the person immobile, to the point where they will eventually qualify as disabled people. The damage could extend to both hip joints, and this will cause the person to stoop forwards, and they then have a high risk of falling forwards.



Hidup dengan Ankylosing Spondilitis



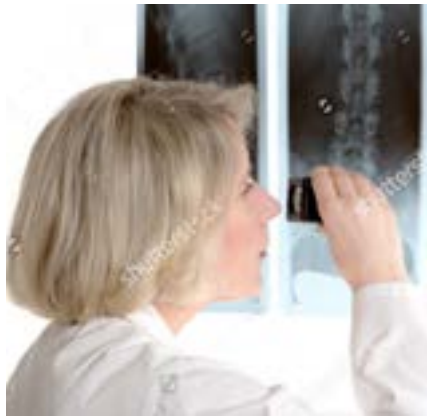
Perunding Reumatologi **Prof Madya Dr. Sargunan Sockalingam** berkongsi kisah seorang pesakit beliau, Sean. Beliau mengkaji tentang gejala dan prognosis Ankylosing Spondilitis (AS). Dalam usaha memerangi AS, pengesanan awal dan ubat-ubatan baharu yang berkesan merupakan cara untuk memeranginya. Maka, kesedaran dan mengetahui tentang keadaan AS adalah kunci kepada pengurusan dan pemulihan penyakit ini.

Kisah Sean

Sean tersedar pada pagi beliau berada di hospital. Dia dimasukkan ke wad pada hari sebelumnya oleh pakar mata yang cemas apabila mendengar bahawa Sean mengalami penglihatan kabur pada mata kanannya selama hampir seminggu sebelum temu janjinya di Pusat Perubatan Universiti Malaya.

Sean lebih risau akan kesakitan yang dirasai dalam matanya, seolah-olah sakit berdenyut itu tidak akan reda. Rakan-rakan dan pelanggannya mendapati bahawa mata kanannya nampak merah. Walaupun dia menggunakan cermin mata hitam untuk mengelakkan daripada ditanya, dia mendapati sukar untuk melaksanakan tugas-tugas mudah. Apabila Sean berjumpa dengan pakar mata, dia tidak membuang masa untuk melihat ke dalam matanya dengan alat yang dinamakan slit lamp. Pakar mata memberitahu Sean bahawa dia mengalami uveitis, iaitu sejenis keradangan pada lapisan mata, di antara retina dan sklera. Sklera membentuk iris, bahagian berwarna mata yang mengelilingi pupil.

Tetapi pakar mata juga menyedari bahawa Sean seolah-olah mempunyai masalah menggerakkan lehernya ke hadapan dan belakang, dan dia mendapati Sean sukar untuk



meletakkan lehernya pada tempat sandar. Menyedari bahawa kemungkinan masalahnya bukan hanya sekadar mata, pakar mata tersebut membuat keputusan supaya Sean dimasukkan ke wad dan menjalani X-ray tulang belakang serviks. Laporan pakar radiologi menunjukkan bahawa vertebra serviks Sean seolah-olah bercantum. Mereka kemudiannya memanggil pakar reumatologi.

Sean, eksekutif jualan muda berbangsa Cina yang bijak hanya berusia 42 tahun. Beliau masih bujang dan mengendalikan syarikatnya sendiri. Beliau mengalami sakit pinggang sejak pada usia remaja lagi. Beliau mempunyai penampilan kaku seperti kayu dan pergerakannya

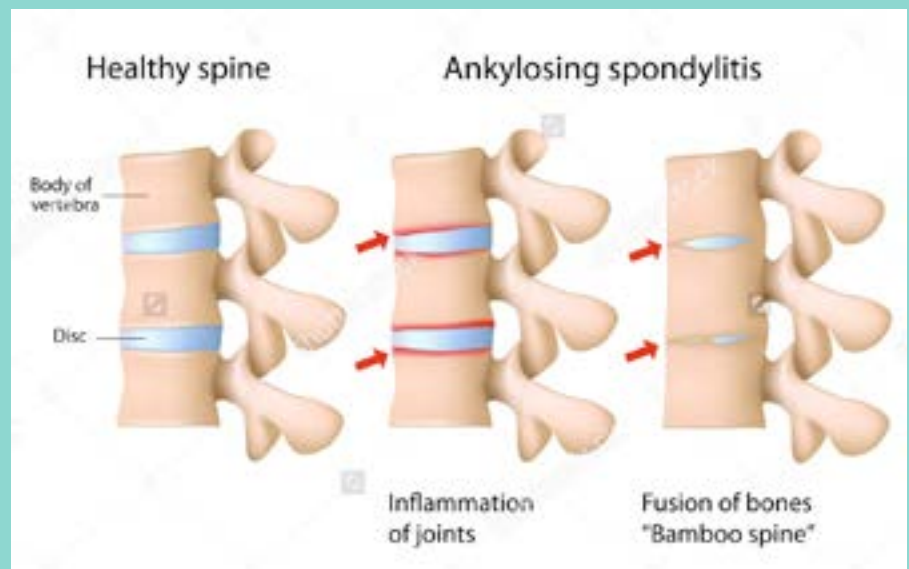
terhad. Dia telah berjumpa ramai doktor yang mengatakan bahawa ketegangan bahagian belakangnya adalah akibat bermain sukan dan membawa beban berat, walaupun dia tidak melakukan perkara-perkara tersebut. Dia juga berjumpa dengan seorang pakar bedah ortopedik yang memberinya ubat anti-radang mahal yang tidak mujarab. Walau bagaimanapun, kesannya tidak berterusan dan tambahan pula Sean takut akan kesan sampingan jangka panjang.

Pada masa Sean berumur tiga puluh tahun, dia tidak dapat melakukan pergerakan yang mudah, seperti membongkok untuk mengikat tali kasut dan mencapai objek yang tinggi. Walau bagaimanapun, sebagai seorang pemuda yang memiliki azam yang tinggi, beliau selaraskan pergerakannya, dan berjaya menguruskan aktiviti hariannya. Malang sekali, kesakitannya masih ada. Beliau mengalami sakit yang mencucuk pada tulang belakang, yang bergerak ke atas, dan semakin teruk apabila dia duduk berjam-jam di hadapan komputer. Kadang-kala, dia akan terjaga daripada tidur kerana kesakitan pada bahagian pinggangnya. Dia tidak akan dapat tidur selepas itu, dan dia akan bangun dan berjalan untuk seketika bagi meredakan keresahannya.

Tentang AS

Satu penyakit yang pernah dianggap jarang berlaku, AS semakin diiktiraf sebagai biasa, melebihi daripada apa yang difikirkan oleh semua orang. Perkara ini ada dinyatakan dalam sejarah awal, dan apa yang telah direkodkan dalam sejarah Mesir. Di seluruh dunia, penyakit ini dilihat menjejaskan lebih ramai lelaki berbanding wanita. Ia adalah penyakit orang dewasa muda dan memberi kesan sehingga 0.5% daripada penduduk dunia. Dianggarkan kira-kira 100,000 rakyat Malaysia mungkin mengalami penyakit ini.

Malangnya AS kekal sebagai penyakit yang tidak mudah dikesan. Ia sering tidak disedari, terutamanya kerana simptomnya hilang dengan ubat-ubat anti-radang. Walaupun ubat-ubatan ini berkesan untuk mengurangkan gejala sakit, malangnya ia tidak membantutkan perkembangan penyakit. Ketidakupayaan untuk menggerakkan leher untuk melihat kiri dan kanan, keupayaan terhad untuk membongkok



badan ke hadapan dan ke belakang dan akhirnya tulang belakang kaku sepenuhnya menyebabkan orang yang menghadapi AS tidak mampu bergerak, sehinggalah mereka akhirnya akan menjadi orang kurang upaya. Kerosakan boleh menjejaskan kedua-dua sendi pinggul, dan ini akan menyebabkan seseorang itu bongkok ke hadapan, dan mereka mempunyai risiko yang tinggi untuk jatuh tersungkur.

AS dan tulang belakang

Terdapat kaitan genetik yang kuat, penanda yang dikenali sebagai Human Leukocyte Antigen, khususnya HLA B27, dan penanda ini boleh dilihat pada sehingga 90% daripada orang-orang yang menghidapi Ankylosing Spondilitis. Keadaan tidak normal ini menyebabkan sel-sel imun badan hidup di tepi tulang vertebra, ligamen dan tendon yang melekat rapat dengan tulang belakang. Terdapat dua sendi dipanggil sendi sakroiliak, terdapat satu di kedua-dua belah tulang belakang yang lebih rendah dipanggil sakrum. Keradangan sendi ini adalah cirinya dan dikenali sebagai punca sakit pinggang pada peringkat awal penyakit.

Ankylosing Spondilitis hanya boleh dikesan oleh doktor yang peka. Malangnya bagi kebanyakan pesakit di seluruh dunia, penemuan tentang penyakit itu agak lambat. Pada masa itu, penyakit tersebut telah berkembang dan melibatkan seluruh tulang belakang, dan menjadi gambar radiologi klasik yang dikenali sebagai tulang belakang buluh.

Tulang belakang buluh juga menjadikan setiap pergerakan biasa begitu sukar. Pergerakan yang mudah akan menjadi perlahan dan menyakitkan, rasa sakit adalah perkara harian, kerja dan peluang menjadi impian yang jauh untuk dicapai, dan menjejaskan keyakinan pesakit. Selain daripada kerosakan tulang belakang, mereka juga akan lebih berisiko terhadap kerosakan berkaitan dengan tisu seperti uvea, injap aortik, bahagian paru-paru dan buah pinggang.

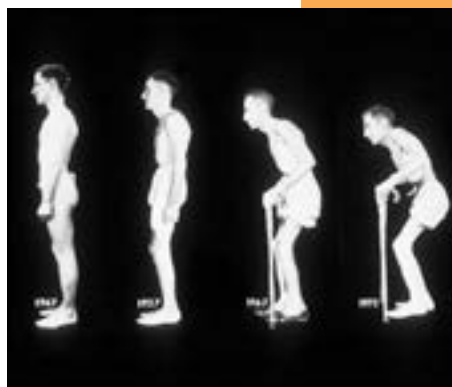
Prognosis Sean

Di PPUM, pakar reumatologi yang menjalankan pemeriksaan penuh serta merekodkan sejarah terperinci segera memulakan pelan pengurusan yang melibatkan fisioterapi, terapi pekerjaan, melegakan kesakitan dan terapi untuk mencegah penyakit daripada terus berkembang. Uveitis bertindak balas kepada rawatan rehat di atas katil, mengelakkan cahaya yang terang, ubat titis mata berasaskan steroid dan ubat-ubatan anti-radang secara oral diambil dengan tetap. Sean juga mendapati bahawa belakangnya kini kurang tegang dan sakitnya pun berkurangan sedikit.

Rawatan lanjutan yang ada, yang diketahui dalam bentuk ubat-ubatan adalah antibodi monoklonal yang disuntik ke dalam badan dengan penyuntik yang direka khas. Ubat-ubatan ini menyasarkan pengantara keradangan penting, seperti Faktor Tumor Nekrosis dan IL-17A. Ubat-ubatan ini berfungsi dengan baik dan pasti boleh menghalang kebanyakan kerosakan yang Sean alami tetapi ia mungkin juga terlalu lewat untuk Sean.

Walaupun teruk bunyinya, masih lagi ada harapan. Dengan adanya teknik pengesanan awal dan ubat-ubatan baharu yang lebih mujarab, adalah diharapkan kita dapat mencegah tahap kerosakan yang Sean perlu hadapi sepanjang hayatnya.

Saya bercakap dengan Sean baru-baru ini. Matanya telah sembuh dengan baik, dan beliau yakin bahawa dengan pengetahuan barunya tentang penyakitnya, dia akan mampu melaksanakan pengurusan terapeutik yang diperlukan untuk membolehkan beliau menyelamatkan sesetengah pergerakan tulang belakangnya. Dia tidak mudah mengalah, dan walaupun tidak boleh berpatah balik, mudah-mudahan yang terburuk sudah berakhir.



Masih ada harapan. Dengan adanya teknik pengesanan awal dan ubat-ubatan baharu yang lebih mujarab, adalah diharapkan kita dapat mencegah tahap kerosakan yang Sean perlu hadapi sepanjang hayatnya.

Dr. Sargunan Sockalingam

Prognosis AS yang merunsingkan

Ketidakupayaan untuk menggerakkan leher untuk melihat kiri dan kanan, keupayaan terhad untuk membengkokkan badan ke hadapan dan ke belakang dan akhirnya tulang belakang kaku sepenuhnya menyebabkan orang yang menghidapi AS tidak mampu bergerak, sehinggalah mereka akhirnya akan menjadi orang kurang upaya. Kerosakan boleh menjejaskan kedua-dua sendi pinggul, dan ini akan menyebabkan seseorang itu bongkok ke hadapan, dan mereka mempunyai risiko yang tinggi untuk jatuh tersungkur.



与僵直性脊椎炎共存， 勇敢生活



风湿专科顾问医师**沙古楠医生副教授**对僵直性脊椎炎之症状和疾病预后进行探讨，他也在文章里穿插了一位名叫尚恩的患者的病情细节。对抗僵直性脊椎炎的第一线防卫是及早发现，再加上药效强的新一代药物的治疗。因此，对病情有所察觉且知情，是管理病情以及康复的关键要点。

尚恩的故事

一天早上，尚恩在医院里醒来。他是前一天入院的，安排他入院的是马来亚大学医疗中心的一位眼科医师。原因是当尚恩到医院寻医时告诉她，自己右眼的视线在差不多一个礼拜之前已经开始模糊。这位医师感觉情况不妙，所以就安排他住院做检查了。

当时最令尚恩担心的是眼睛里的刺痛好像一直在持续，不会消失。朋友和客户们都注意到他的右眼红红的，虽然他戴上黑眼镜避免再被人问起眼睛的事，但是视线模糊使他做起简单的事情来都变得不容易。所以当他向眼科医生道明自己的情况之后，医生马上就使用一个叫狭缝灯的仪器检查他的眼睛。检查后发现他是葡萄膜炎，即介于视网膜和巩膜之间的部分发炎。围绕着我们瞳孔的有色部分叫虹膜，它就是由巩膜所形成。

然而，眼科医师还发现尚恩的颈项前后移动有困难，也很难好好地颈部贴在枕垫上。她意识到病情不简单，所以就决定要他住院，并给他做了颈椎X光检验。检验报告显示他的颈椎似乎已经融合，于是她就找来了风湿专科医师作诊治。



单身的尚恩今年才42岁，是一位年轻有为的营销人员，经营着自己的公司。他打从青少年时期开始就已经有腰痛问题，眼前的他外貌有点硬绷，动作也不是那么自如。他已经见过很多医生，医生们都说他的情形是属于那种不常见的背部僵硬，导因是过度运动和经常拿重物，尽管他根本都没有做过这些。他甚至见过骨外科医师，医师给他开了一些昂贵的抗炎药，药效不错，但是没有维持很久。加上他也担心长期服用会有不良的副作用，也不再继续了。

到了30岁的时候，他已经连弯下腰去绑鞋带、或伸手往高处取物，这类简单的动作都做不了。向来不容易气馁的他于是调整了自己的动作姿势，结果也让他可以做到日常生活中需要做的事情。最让他感到不幸的是身体上的痛楚。他的脊椎有时候会出现强烈刺痛，而且还会往上延伸，尤其是在电脑前坐了一段时间之后，情况会更严重。偶尔在夜里，他会被来自腰部的锥心刺痛痛醒。痛醒之后很难再入睡的他，通常都会起身走动一阵子，让心情平复下来。

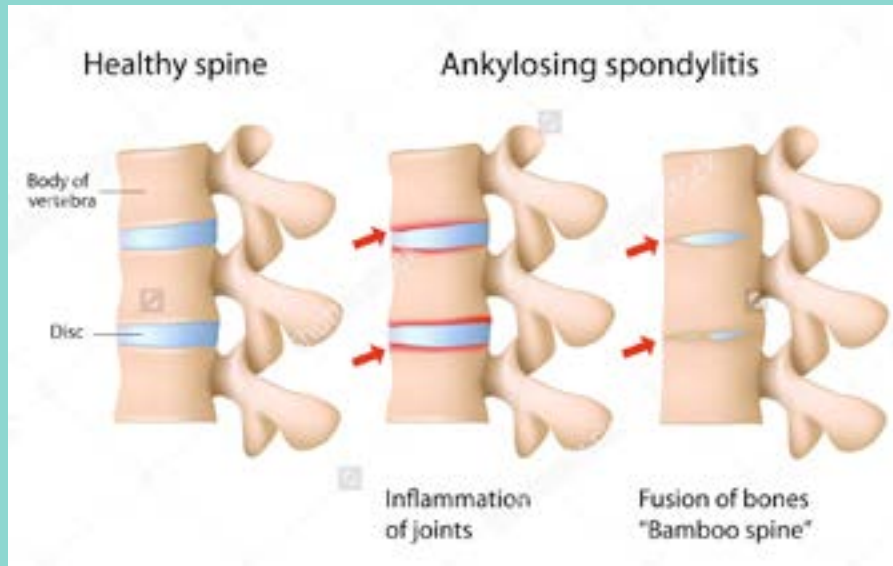
關於僵直性脊椎炎

曾经一度被视为罕见疾病的僵直性脊椎炎，已经越来越被公认为颇常见的疾病了。历史中很早就出现过对它的描述，古埃及的年志里头就已经有关于它的记录。地球上患上这个疾病的患者中，男性比女性多。它是年轻人的疾病，全球有百分之零点五的人口罹患僵直性脊椎炎。至于在我国，患有僵直性脊椎炎的国民估计大概有十万人。

不幸的是，僵直性脊椎炎依然是一个不容易被侦察的疾病。它很多时候都没有被医生发现，主要原因是它的症状在使用抗炎药物之后就能够有效减轻。虽然药物可以减少症状，但是却没有办法延缓疾病的进展。由于无法转动颈项往身体两旁观看，向前或往后弯腰的动作又有所局限，以致到后来脊椎完全僵直，到了这个地步患者就会成了残障。这种损害会延续到两个髋关节，导致患者身体向前弯倾，陷患者于容易向前扑倒的极大危险中。

僵直性脊椎炎与脊柱

一种被称为HLA B27的人体细胞抗原是造成僵直性脊椎炎的主要原因，百分之九十的患者身上都有这个遗传基因。这项缺陷导致免疫细胞攻击椎骨的边缘，也攻击与脊骨紧密相连的韧带和肌腱。人体有两个叫做骶髂的关节，位置是在



脊柱尾骨（骶骨）的两边。发炎的骶髂关节是这个疾病的特性，而且广泛认为这就是造成患病初期腰部疼痛的原因。

只有警觉性高的内科医师才会察觉到僵直性脊椎炎。对世界各地的大多数患者而言，他们被察觉出是患上僵直性脊椎炎时，都很不幸的已经是太迟了。他们的病情已经演进到整个脊柱僵硬的阶段，形成了被称为竹脊的经典X光片影像。

竹脊就有如一根限制活动的铅管，令各种理所当然的日常动作变得很吃力。即使是简单的动作，不但无法即刻做到，而且还需经过一番挣扎才能完成。疼痛是家常便饭，工作和机会是遥远的梦想，自信更是严重受到打击。更甚的是，受损的不只是脊椎而已，患者的身体组织如葡萄膜、主动脉瓣、肺和肾脏的部分，都会有受损的可能。



尚恩的病情预后

马来西亚大学医疗中心的风湿专科医师们对尚恩的病情做了一个全面的评估，详细的记录了病历，并马上着手展开病情管理计划，包括物理复健、职能复健、疼痛消缓、以及防止病情继续恶化的治疗。经过适当卧床休息、避开刺眼强光、使用类固醇类的眼药水，加上定时服用抗炎药物的方案治疗，葡萄膜炎也好起来了。此外，尚恩也感觉到背部已经不再那么僵硬，疼痛也明显减少了。

目前有一种使用特制注射器，将单克隆抗体类级的药物注射入人体的先进治疗法。这类药物所针对的对象是重要的炎症介质，例如肿瘤坏死因子及IL-17A。这类药物效果良好，几乎肯定能够有效避免大部分尚恩所经历的损害。不过，对尚恩的病情而言，现在已经是有点太迟了。

听起来虽然有点愁云惨雾，不过路的尽头还是光明的。凭着早期识别技术，加上强效的新药物，我们希望能够防止病情进一步损害尚恩的身体，好让他在未来的日子里无需再被病情恶化所煎熬。

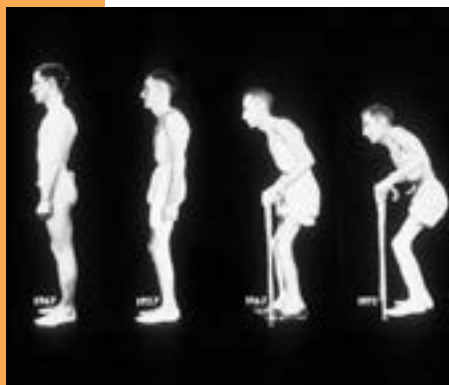
不久前我跟尚恩聊了一下，他的眼睛已经痊愈了。因为对自己的病有了新的认识，他会积极地做应该做的疗程管理，尽可能挽救自己脊椎仅存的活动能力。他并不是那么容易被打倒的人，虽说既有的伤害已经无法复原，但是他希望最痛苦的阶段已经过去了。

路的尽头还是光明的。凭着早期识别技术，加上强效的新药物，我们希望能够防止病情进一步损害尚恩的身体，好让他在未来的日子里无需再被病情恶化所煎熬。

沙古楠医生

僵直性脊椎炎的严重预后

由于无法转动颈项往身体两旁观看，向前或往后弯腰的动作又有所局限，以致到后来脊椎完全僵直，到了这个地步患者就会成了残障。这种损害会延续到两个髋关节，导致患者身体向前弯倾，陷患者于容易向前扑倒的极大危险中。



Are you struggling with sleep?

While many of us might just knock off to sleep the minute our heads touch the pillow, for people with arthritis, getting a good night's sleep may prove to be a real challenge. So here are some tips to help you sleep better.

Poor sleep quality is a common problem for many people with arthritis. Symptoms such as joint pain and stiffness can interfere with a good night's sleep. During sleep, the immune system produces protective chemicals that help fight infection. Without it, your immune system can't perform this important function. So it's especially important to get enough sleep if you have arthritis, because your immune system is already compromised.

A 2010 study published in the Journal of Clinical Sleep Medicine revealed that among 162 participants with rheumatoid arthritis (RA), poor sleep quality had a significant link to worse symptoms of depression, more intense pain, more fatigue, and greater functional disability.

To help you sleep better:

Stick to a sleep schedule. Having set sleep and wake-up times is good for everyone, especially for people with arthritis. This is because the body has a pacemaker that regulates how we use cues, such as light, to establish sleep and wake-up times. Changing your sleep schedule upsets that internal pacemaker.

Establish an evening routine.

- Turn off your computers and other bright screens. Scientists warn that using mobile phones and tablets with a backlit display for more than an hour before bedtime could affect your sleep as it could suppress the production of the body's sleep chemical, melatonin.
- A warm bath or shower before bedtime can relax the joints and muscles to help you get a good night's sleep. Even soaking joints (such as hands and feet) in warm water can help.
- Unwind with soothing music. If thoughts or anxieties keep you awake at night, place a journal by the bed and write down all your thoughts and concerns about the issue.
- Do breathing exercises. Focus on long exhalations as they help activate the relaxation response in the body. Practice meditation too every evening to establish a calm state of mind before bedtime.

Get regular physical activity. A 2011 study published in the Journal of Aging Research found that exercise significantly improves joint pain, stiffness and fatigue that are classic symptoms of RA, as well as psychological well-being. Besides regular exercise during the day, adding on some gentle stretching with yoga in the evening will help ease tight muscles and relax body and mind.

Coping with depression. People with RA are twice as likely to also experience depression. Living with chronic pain and potential disability, can reduce anyone to feeling helpless and hopeless. But the inflammation itself may contribute to depression as high levels of tumor necrosis factor-alpha (TNF-a) in the blood have been associated with a greater risk of depression in RA patients. Symptoms of depression affect how you perceive pain and cope with the disease, and they can interfere with your ability to sleep too. So talk to your doctor and get some help.

Know your medications. Some medications used to treat RA can increase your risk of sleep problems. For example, corticosteroids prescribed to reduce inflammation in your joints can raise your risk of sleep disorders and interfere with your sleep cycle. On the flip side, some painkillers can leave you feeling drowsy during the day. You might be tempted to nap, but too much daytime snoozing can disturb your sleep pattern at night.

If you suspect that your medications are interfering with your sleep, talk to your doctor. They might prescribe another drug or you might be encouraged to take your drugs at different times of the day.

Tweak your diet. As fatigue is a common symptom of arthritis, you might find yourself reaching for caffeinated beverages to give yourself a boost. But if you struggle with getting a good night's rest it is best to limit stimulating drinks to the morning. Also avoid eating big meals or drinking alcohol too close to bedtime as they can lower the quality of your sleep.

So stay positive and talk to your doctor if you require additional information. Wishing you all a good night's snooooozzzzzze!



Damp Conditions Trigger Arthritis Pain

A line that is often heard from people suffering from arthritis is, “the rain makes my arthritis pain worse!” So people whose arthritis pain seems to flare before or after it rains naturally wonder if the damp weather has anything to do with it.

It should be noted that only symptoms of pain in joints and stiffness seem to be affected by weather and there is no evidence that it leads to joint damage.

The most likely reason could be that changes in temperature or barometric pressure, a measure that refers to the weight of the surrounding air, can sometimes cause your tissues to swell. This lower air pressure pushes less against the body allowing tissues to expand and swell. The expanded tissues can put pressure on the joint and nerve endings causing pain.

But even this explanation can be countered, given that much greater pressure swings are tolerated easily during plane travel or mountain driving in a car.

People also tend to exercise a lot less in the cold damp months. It's well-known that exercise eases the pain associated with arthritis. It increases flexibility, eases the joints, strengthens muscles and improves overall health. When it's cold or wet outside, we tend to make exercise less of a priority, often ignoring it altogether.

Some tips to counter the cold and damp weather

- It's key to maintain an active lifestyle throughout the year. Make the best use of your indoor space. Exercise by walking around your house during the commercials in your favorite television show, jog in place with light hand weights, take the stairs when you can and maybe borrow or invest in a stationary exercise bike or a treadmill.
- Stay well hydrated by drinking plenty of water and juice. This will help flush out toxins and alleviate joint pain. Indulge in hot beverages, such as hot tea, hot chocolate and soup. All are warming and comforting on a cold damp day.
- Start your day with a hot shower. A hot shower can work some of the stiffness out of the joints and warms up your whole body.

Ultimately there could be many factors including people's beliefs about arthritis symptoms and damp weather.

“Many of my arthritis patients are convinced that the cold and rainy weather makes their arthritis worse. Some can even predict rain before the first raindrop falls! Whilst there are many theories as to why this occurs, there is really no strong scientific evidence. Whatever it is, do remember to keep warm, dry and moving!”

Dr. Tang Swee Ping
Consultant Pediatric Rheumatologist



Keadaan lembap mencetuskan sakit arthritis

Kata-kata yang sering kita dengari daripada orang yang mengalami arthritis adalah, “Hujan menjadikan sakit arthritis saya bertambah teruk!” Oleh itu, orang-orang yang mengalami kesakitan akibat arthritis sebelum atau selepas hujan secara semula jadi akan tertanya-tanya jika cuaca lembap mempunyai kesan terhadap penyakitnya. Perlu diingatkan bahawa hanya gejala sakit pada sendi dan kekakuan sahaja dipengaruhi oleh cuaca dan tiada bukti menunjukkan bahawa cuaca menyebabkan kerosakan sendi.

Kemungkinan besar, perubahan suhu atau tekanan barometer, iaitu ukuran yang merujuk kepada berat udara sekeliling, kadang-kala boleh menyebabkan tisu-tisu anda membengkak. Tekanan udara yang lebih rendah ini kurang menolak terhadap badan, membolehkan

湿气会引发关节痛

最常从关节炎病人口中听到的一句话就是：“下雨天令我的关节更加痛！”所以凡经历关节会在下雨之前或之后痛起来的人，一定会想，这到底是不是跟潮湿的天气有关。这里有一点必须注意的，即潮湿天气只会引发关节疼痛及僵硬的症状，没有证据证明天气会导致关节受损。

出现这种情形的最有可能解释就是，气温和气压的变化有时会令人体的组织膨胀。由于环境气压下降，气压挤压人体的力度也降低了，在这情形下人体的组织就会扩大和膨胀。已经胀大的组织会给关节和神经末梢造成压力，结果就引起疼痛了。

即使这样，可是也有人会说反驳，乘搭飞机或是坐车在山区川行时，所经历的气压变化不是更大吗，但是关节却都能轻松应付，不会出现这问题。

在下雨的冷湿月份里，人们的运动量会比平时减少许多。众所周知运动有助减缓关节炎引起的疼痛。运动能使身体更加灵活，纾缓关节的不适、增强肌肉，也改善整体的健康。但是当外边又冷又湿的时候，我们不但做着运动，甚至还会完全忽略它呢。

我的病人之中，很多都相信又冷又湿的下雨天气使他们的关节炎加剧。有者甚至能够在雨滴未下之前就预料到会下雨！虽然有很多关于这方面的说法，但却欠缺有力的科学证明。无论如何，冷天里要注意保暖、保持干燥，同时多多活动筋骨！

邓瑞冰医生
儿童风湿科专科顾问医师

几点提示助你度过冷湿天气

- 一年到头保持着活跃生活方式是最重要的，你可以好好利用户内空间做运动。追看喜爱的电视节目时，可趁广告时间在屋子里走动走动，或者手持小哑铃在原地跑步，又或者日常尽量走楼梯，甚至投资购置或者向他人借用一部固定式运动脚踏车，或是跑步机来做运动。
- 要多喝水或果汁，保持身体水分充足。这样有助身体排出毒素，帮助缓解关节痛。不妨多喝热饮料，例如热茶、热巧克力、热汤等等。这些都是能够在冷湿天气里使身体暖和的暖心饮料。
- 早上起床后洗一个热水澡。热水澡有助减少关节间的僵硬感觉，同时也能使身体暖和起来。

说到底，可能还有很多关于关节炎症状以及潮湿气候的说法，当中甚至包括人们的信念。

tisu mengembangkan dan membengkak. Tisu yang mengembang boleh memberi tekanan kepada sendi dan hujung saraf menyebabkan kesakitan.

Walaupun bagaimanapun penjelasan ini boleh disangkal, memandangkan perubahan tekanan yang lebih besar semasa menaiki kapal terbang atau memandu kereta di gunung tidak memberi kesan yang sama.

Orang juga kurang bersenam semasa cuaca lembap dan sejuk. Memang diketahui bahawa senaman dapat mengurangkan kesakitan yang dikaitkan dengan artritis. Ia meningkatkan fleksibiliti, melegakan sendi, menguatkan otot dan meningkatkan kesihatan secara keseluruhan. Apabila cuaca sejuk atau basah di luar, kita selalunya tidak mengutamakan senaman dan sering mengabaikannya sama sekali.

Beberapa petua untuk melawan cuaca sejuk dan lembap

- Penting untuk mengekalkan gaya hidup aktif sepanjang tahun. Ambil peluang menggunakan ruang dalaman anda. Bersenam dengan berjalan di sekitar rumah anda semasa iklan ketika menonton rancangan televisyen kegemaran anda, berjoging setempat dengan pemberat tangan yang ringan, gunakan tangga jika boleh dan mungkin anda boleh meminjam atau membeli basikal senaman pegun atau treadmill.
- Kekal terhidrat dengan minum air dan jus yang banyak. Ini akan membantu membuang toksin dan mengurangkan sakit sendi. Manjakan diri anda dengan minuman panas seperti teh panas, coklat panas dan sup. Minuman ini meredakan dan melegakan pada hari lembap yang sejuk.
- Mulakan hari anda dengan mandi air panas. Pancuran mandian air panas boleh melegakan kekejangan sendi dan memanaskan seluruh badan anda.

Sebenarnya mungkin ada banyak lagi faktor termasuk kepercayaan orang mengenai gejala artritis dan cuaca lembap.

Ramai pesakit arthritis saya yakin bahawa cuaca sejuk dan hujan menjadikan arthritis mereka lebih teruk. Ada juga yang boleh meramalkan hujan sebelum titisan hujan yang pertama jatuh! Walaupun terdapat banyak teori tentang mengapa ini berlaku, sebenarnya tiada bukti saintifik yang kukuh. Apapun ia, jangan lupa untuk menyimpan panas, kering dan bergerak!

Dr. Tang Swee Ping
Pakar Perunding Pediatrik
Reumatologi

Let Exercise be Your Mantra

Trees, poles, handgrips, thera bands and sticks, Amy used them all in her road to recovery. Her story is a testament of grit, determination and sheer ingenuity to use whatever means available to exercise her way to wellness.



A single mother with three children, Amy Lee enjoyed her life. She held a good job and lead a very active and healthy lifestyle; doing yoga 3-4 times a week, hiking over the weekends, and eating very healthy. So when she noticed that her knees were beginning to swell in June 2014, she didn't think very much of it, and assumed it would pass. But it only got more painful and began to affect her fingers as well.

Knowing that she could not afford to ignore it anymore, she went to her GP who immediately prescribed a blood test. But her RA Factor was negative, so he prescribed some medication and sent her back but cautioned that she should come back if she wasn't feeling better. Amy's symptoms only got worse to the point that she was barely able to function. The pain had spread to her neck and the rest of the spine. She needed to see a specialist immediately and thankfully they had a rheumatologist at Klang Hospital, which was closest to her. Says Amy, "I was diagnosed with rheumatoid arthritis. In the beginning I had no idea what it was and I just did whatever my doctor asked me to, including taking steroid injections."

Amy's condition

Amy describes this difficult period, "For a week I was in a state of collapse. I could not walk as my knees and ankles were very painful and worse, they would even give way as I walked. I could not change my own clothes because my arms and shoulders were so stiff, I could not open a door, or even carry my own bag. I could not even hold a cup of water and could barely even feed myself. Survival was a challenge. I was unable to eat solid food as my jaws were in great pain when I ate or talked so I ate only soft food for a year. I suffered from muscle wastage and my weight dropped from a healthy 54 kgs to a dismal 38 kgs during this period".





What kept Amy going?

This was one of the most physically painful and emotionally challenging times in Amy's life. So what kept Amy going? Where did she find the inspiration from? Amy says, "I was even driven to thoughts of suicide during this harrowing period. It was only the thought of my youngest son, who had just entered university in Taiwan to do medicine that kept me going. I knew he needed me to see him through college and that inspired me to keep going. Being a responsible mother, I could not fail him at this crucial point in his life. Also my daughter who had graduated from the US a year earlier in 2013 had informed me that she had decided to come back and work in Malaysia and would be back in July 2014. I was diagnosed in June 2014. So I knew I just had to hold on till she got back. But I still had to deal with being alone for 4 weeks of intense pain".

Amy's path to recovery

Amy's daughter's return home was a huge source of emotional and physical support for her. She practically did everything for her; from preparing meals for her, to helping her change her clothes and put on her shoes, to driving her around and ensuring she exercised. Her daughter devoted the next 10 months of her life to taking care of her and found a job only after that.

Amy also worked closely with her rheumatologist, physiotherapist and occupational therapist and followed their instructions with faith and discipline. She took her medication regularly, and engaged in low-impact exercises twice a day. Says Amy, "During the early stages, I was in extreme pain but I continued to persevere and push through the pain. At first, I used a 2 ½ feet long stick to push my arms up and down. I also used equipment in the playground to build back muscle strength in my body. Initially I used to be a bit disheartened, as the results were not immediate. But my physiotherapist had told me that it would take time, and the more frequently I exercised, the faster my recovery would be.

After 4 months of painful non-stop exercising, I started to feel like my hands could move the stick higher and that encouraged me to keep going! I also used thera bands of different strengths to help me. In fact, I used anything that would serve to move my hands up including; walking my hands up a wall, tree or a pole to a height that I could tolerate the pain. Then I would relax and start the process all over again. When I got stronger, I used a soft ball to throw and catch so I could maintain the flexibility of my wrists and fingers. I also used handgrips to work on my fingers. And I want to emphasize that I was still in great pain as I was doing these exercises".



Amy's advice

- Listen to your doctor and take your medication regularly. A lot of patients once they begin to feel a little better will taper off the medication on their own and get worse!
- Work closely with your physiotherapist and occupational therapist. Follow their instructions and tips.
- Even if there is pain, keep exercising. Do not give up. It is very important to know this as especially in the early days, there is a lot of pain.
- Talk about your condition to people around you; your family, your colleagues at work, your boss, your friends etc and do not withdraw into a shell. You will feel encouraged by the support that you receive. My bosses were very supportive and I would sleep whenever I was tired, even in office.



Media Launch:

Charity Run on First World Ankylosing Spondylitis Day in Malaysia

The Media Launch for the “Charity Run” in conjunction with the First World Ankylosing Spondylitis Day in Malaysia was held on 9th March 2017 at The Gardens, Kuala Lumpur. Arthritis Foundation Malaysia (AFM) is working with Novartis Malaysia to organize a Charity Run at Evolve Concept Mall, Petaling Jaya on 7th May 2017 to spread awareness of the disease and raise funds to support patients financially to gain access to treatment and have a better quality of life.

According to President of AFM, Consultant Rheumatologist (UMSC), Associate Professor Dr. Sargunan Sockalingam, “Ankylosing Spondylitis (AS) is a serious disease that few know about. Many of my patients experience their first symptoms at a very young age, as some of them have just graduated from universities and are starting their careers. This condition makes it difficult for them to carry out day-to-day activities and even hold onto their jobs as they might have to constantly take time off to manage their pain. Sometimes the pain is so excruciating that it keeps them up at night. The condition also impacts the patient’s social interaction with others as it limits their movement”. World over, Dr. Sargunan added, AS affects between 0.5% to 1.5% of the population and that today in Malaysia there are about 4,000-5,000 patients diagnosed with AS but probably 10,000-30,000 people who are not recognized and suffering.



MOVE WITH AS
ANKYLOSING SPONDYLITIS

7.5.2017
EVOLVE CONCEPT MALL

3 KM | 6 OBSTACLES | 4 MINI GAMES

FUN RUN

<https://www.facebook.com/ThisASLifeMY/>
[instagram.com/thisaslifeMY/](https://www.instagram.com/thisaslifeMY/)

Partner: Grab, Evolve, Novartis

Dr. Sargunan also talked about the importance of early detection. He said, *“It is important to detect the early signs of AS and receive treatment to prevent irreversible damage to their spine. Hence, it is advisable that patients who experience the symptoms should seek help from specialists immediately. Most biologics are beyond affordability even though they are the current standard of care. So there is a large section of patients who do not have access to this treatment which is one of the factors that stops patients from getting early and appropriate treatment. This is where Arthritis Foundation Malaysia aims to step in and close the gap by setting up a system; to disburse funds from the Arthritis Fund to patients who have their disease and staging confirmed by rheumatologists and to monitor their progress as well”.*

Immediate Past President of AFM and Consultant Physician and Rheumatologist Dr. Amir Azlan Zain shared information about symptoms as well as current treatment for AS in Malaysia. Dr. Amir said, “AS is a chronic condition as a result of inflammation of ligaments between the vertebrae as well as inflammation of insertion of tendon into bone. If unchecked it may lead to stiffening of the spine which is an irreversible process. Most patients are diagnosed before the age of 30 when they are in the prime of their active and working lives.

Diagnosis of AS

- Physical examination—check for inflammation sites, mobility and restriction
- Blood work and HLA-B27 test—Check for inflammation and genetic marker
- X-ray and/or MRI—Check for erosion and/or inflammation of sacroiliac joint

<http://www.spondylitis.org/Ankylosing-Spondylitis/Diagnosis>

He also talked about the difference between mechanical back pain rising from maybe a sports injury and inflammatory back pain for example from ankylosing spondylitis.

Inflammatory Back Pain

- Age of onset: young to below 40 years of age
- Gradual onset
- Improvement with exercise
- Pain at night and worsens with rest
- Morning stiffness

Mechanical Back Pain

- Age of onset: at any age
- Mostly sudden onset
- Worsens with movement
- Improves with rest

Harris, Claire et al "Differentiating Inflammatory and Mechanical Back Pain" Physiotherapist module 1. August 2015

Common questionnaire

- Have you had any discomfort in your back, buttocks or hips in the last 3 months?
- Do you experience stiffness in your back and/or hips?
- How long does it usually take from when you get out of bed until your back and/or hips are moving as well as they are going to move all day.
- Have you been woken up by back and/or hip pain or stiffness?
- How does exercise affect your back and/or hip pain or stiffness?
- What effect does lying down and taking rest have on your back and/or hip pain or stiffness?

<https://www.carearthritis.com>

Dr. Amir also quoted statistics on the comorbidities associated with AS.

- Almost half (42.5%) of patients are effected by cardiovascular or heart function complications.¹
- More than 3 out of 10 (32.4%) of AS patients are affected by osteoporosis and other skeletal problems.
- Over 4 out of 10 patients (41.7%) experience reduced pulmonary function.²
- About 1 out of 10 (6.3%) of AS patients also have gastrointestinal problems leading to death.⁵
- Over one third (36.9%) of AS patients show signs of depression and 1 out of 5 (18.4%) are at high risk of anxiety.⁶

1. Lautermann D et al., *Clin Exp Rheumatol* 2002; 20 (Suppl. 28) S11-S15 (Page 1 Bottom Right) 2. Dincer U et al., *Tohoku J. Exp. Med.*, 2007, 212, 423-430 (Abstract) 3. Ghazlani M et al., *Bone* 44 (2009) 772-776 (Abstract osteoporosis) 4. Montala N et al., *J Rheumatol* 2011; 38: 893 – 7 (Abstract results) 5. Braun J et al., *Rheumatol* 2002; 20 (suppl. 28): S16-S22 (page 1 right column) 6. Shen B et al., *Rheumatol Int* (2013) 33; 1429-1435 (Page 4)



The registration link for the run is open at My Race Online platform:
<https://mro.myraceonline.com/asfr17/registrations>

Alternatively, please Google search **My Race Online**, and MOVE with AS run is registered in the platform.

He also said that diagnosis is often delayed by 5-10 years from the first symptom onset by which stage irreversible disease progression may have occurred. So the need for early detection and treatment is paramount.

At the launch, Novartis also announced a new treatment—Cosentyx (secukinumab) a fully human anti-interleukin-17A monoclonal antibody that binds selectively to interleukin-17A (IL-17A) that plays a role in inflammatory and immune responses in diseases, such as ankylosing spondylitis. This is a new treatment advance in 18 years since the development of the current standard of care; anti-tumor necrosis factor (anti-TNF) therapy. As some patients are unable to respond well to existing treatments, this new treatment offers them hope. The good news is also that Cosentyx is competitively priced and thus relatively more affordable.

So mark the date, 7th May 2017, and do come with your family and friends to participate in our “Charity Run” in conjunction with the first World Ankylosing Spondylitis Day in Malaysia and support our efforts to make it a success. See you all there.

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



1. **The most common type of autoimmune disease**
 A. Osteoarthritis
 B. Rheumatoid arthritis
 C. Fibromyalgia
 D. Gout
 E. Thyroiditis
2. **Rheumatoid arthritis is diagnosed using**
 A. MRI
 B. X-ray
 C. Blood test
 D. Physical exam
 E. All of the above
3. **This affects more men than women**
 A. Rheumatoid arthritis
 B. Osteoarthritis
 C. Ankylosing arthritis
 D. Lupus
 E. Osteoporosis
4. **Mechanical wear and tear on the joints causes**
 A. Rheumatoid arthritis
 B. Psoriatic arthritis
 C. Fibromyalgia
 D. Osteoarthritis
 E. Gout
5. **Food to avoid to reduce inflammation**
 A. Rice
 B. Noodles
 C. Fried and processed food
 D. Vegetables
 E. Chicken
6. **Exercise helps to**
 A. Strengthen muscles, ligaments and tendons surrounding your joint
 B. Maintain bone strength
 C. Remove cellular waste
 D. Increases blood circulation throughout the body
 E. Circulate nutrients to the joint
7. **Some symptoms of Juvenile Arthritis could include**
 A. Joint pain, swelling, stiffness and fatigue
 B. Fever
 C. Rashes
 D. Eye problems
 E. Weight loss
8. **Biologics are**
 A. Engineered proteins, specifically monoclonal antibodies
 B. A drink
 C. A form of exercise
 D. A holiday destination
 E. A diet
9. **Biosimilars are**
 A. A book
 B. A company
 C. Similar to a biologic drug
 D. A fruit
 E. A person
10. **Gout is caused due to**
 A. Lack of exercise
 B. Heat
 C. High levels of urate
 D. Dehydration
 E. Medication side-effect

ANSWERS

1. **B. Rheumatoid Arthritis** is the most common form of autoimmune arthritis and it is triggered by a faulty immune system that starts attacking the joints.
2. **E. All of the above.** The doctor makes a diagnosis by carefully examining the symptoms and the results of all of the above.
3. **C. Ankylosing spondylitis.** Ankylosing spondylitis affects men more often than women.

Signs and symptoms typically begin in early adulthood.

4. **D. Osteoarthritis.** The surface of the joint becomes damaged through wear and tear so the joint doesn't move as smoothly as it should.
5. **C. Fried and processed food.** Researchers at the Mount Sinai School of Medicine examined disease prevention through diet. Findings showed that "cutting back on the consumption of fried and processed foods, such as fried meats and prepared

frozen meals can reduce inflammation and actually help restore the body's natural defences. It is also recommended to cut down on white flour, sugar, dairy and salt to reduce inflammation".

6. **All of the above**
7. **All of the above**
8. **A. Engineered proteins** derived from human genes that are designed to inhibit specific components of the immune system that play a major role in fuelling inflammation which is a central feature in rheumatoid arthritis.

9. C. Similar to a biologic drug already approved by the FDA. According to US Law, a biosimilar is approved based on a showing that it is "highly similar" to a FDA-approved biological product known as a reference product.

10. C. High levels of urate which leads to sodium urate crystals being formed in and around the joint. This can trigger sudden and painful inflammation in the joint lining. The base of the big toe is a very common site for a painful gout attack.

Focus on Ankylosing Spondylitis



In this issue, Dr. Vim at Physio Plus addresses the specific issues of patients suffering from Ankylosing Spondylitis.

Hello Everyone! In this issue, we give you some specific recommendations for a condition that has often been overlooked, Ankylosing Spondylitis, to aid patients in their self-management process.

In this era of biologics, physiotherapy and rehabilitation of patients with AS is still an integral part of the management of AS. Rehabilitation programs have documented synergistic effects when they are used in combination with NSAIDs and anti-TNF treatments. Patient education and regular exercise are stated as the major non-pharmacological therapies. Cochrane review suggests exercise had beneficial effect on spinal mobility measures, pain, physical function and patient global assessment.

Physical therapy is an essential part in the treatment of ankylosing spondylitis. It aims to alleviate pain, increase spinal mobility and respiratory functional capacity, reduce morning stiffness, correct postural deformities, increase mobility and improve the psychosocial status of patients. In fact, it can be said that exercise is the single most important thing that you can do for yourself.

In your self management process, we have to keep in mind the following:

- Primary consequences of AS (dealing with the musculoskeletal system; stiffness of the spine, hips, tightness, pain etc). In this context, we focus on pain relief methods and stretching exercises.
- Secondary consequences of AS (impaired cardio-respiratory function, poor balance, osteoporosis). Breathing and inspiratory muscles exercises, balance retraining, resistance training with weights to increase bone density are some aspects to keep in mind.

- Facilitation of physical activity according to national guidelines, with modification for AS symptoms, severity, activity and duration as required. We think of different types of environments for exercises according to severity for eg. Spa therapy, hydrotherapy.
- Patients with AS are generally young and of working age, therefore, home-based exercises are practical and time efficient. Home-based exercises consist of back and recreational exercises. Regular home-based exercises not only reduce pain, but also improve spinal stiffness, chest expansion and quality of life.

Deep breathing

Deep breathing helps you to increase your lung capacity and keeps your rib cage flexible. To start, sit or lie down and observe your normal breath. Take a slow, deep breath. You should feel air enter through your nose and move toward your lower belly. Allow your abdomen to expand fully. Breathe out through your nose. You can place one hand on your abdomen to feel it rise as you inhale and fall as you exhale. Alternate between normal and deep breaths.

Getting started

To make exercise part of your daily routine, choose a time of day that works for you. Create a comfortable exercise space and wear loose-fitting clothing. Begin with the easiest exercises and warm up slowly. Don't overdo it. If your pain level increases, end your session. Always consult with your doctor before beginning a new exercise program.

Spine Stretches

Begin the exercise by sitting comfortably facing forward on a therapy ball or a chair, feet flat, slightly apart.

1 Neck Rotation

Rotate your neck to the Right, using your hands to stretch to look over your right shoulder. Hold to a count of ten.

Then rotate to the Left and repeat.



GET MOVING

2 Seated Spinal Rotation

Rotate your spine to the Right bringing your hands back to rest on ball. Hold to a count of ten.

Then rotate to the Left and repeat.



Stretching over the ball

Stretching with the help of 2 vertical poles

3 Lower Spine Stretch

Lie with knees bent on the yoga mat, cross your right leg over your left. Stretch down to the right. Hold for a count of ten, repeat 3 times on each side.



4 Whole Spine Stretch

Begin the exercise on your hands and knees. Slowly sit back on to your heels gently, with your hands outstretched. Maintain position to a count of twenty. Take deep inspiratory breaths and exhale through your nose.



Strengthening the upper Back Muscles

1 With the support of your forearms, lift your head and shoulders up



2 Place your arms by the side of your body and lift your head and shoulders up



3 From an all fours position, stretch out one hand and hold to a count of 10



Thigh and hip stretch, with spine stretch



Swimming

Swimming in general is a great way to increase flexibility in your spine without jarring it. It also helps to increase flexibility in your neck, shoulders, and hips. You may find it easier to perform aerobic exercises while in the pool. Inflammation due to ankylosing spondylitis can cause decreased chest expansion. The breaststroke specifically can help build and maintain chest expansion.

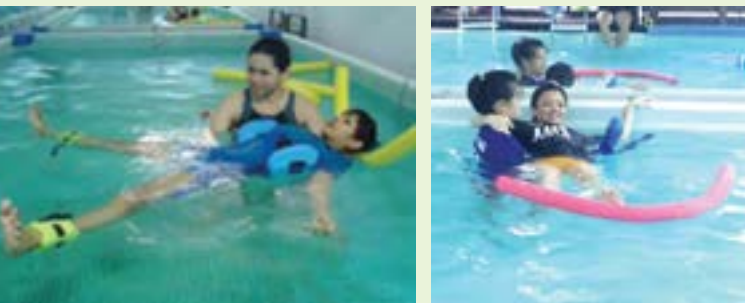
HYDROTHERAPY (exercises in water)

Hydrotherapy provides an ideal environment for patients to exercise because the buoyant force of water counteracts the downward pull of gravity, thus reducing the weight placed on the joints. Studies have shown that up to 50% of body weight is supported in waist-deep water, while 90% of body weight is supported in neck-deep water.

The focus is on relieving pain and inflammation, increasing mobility of neural and myofascial tissues, increasing joint range of movement, regaining movement, and improving posture.

1 Bad ragaz ring method (brm)

This method was developed by physios in the famous Bad Ragaz natural spring & wellness spa Switzerland, hence the name! Based on neuromuscular facilitation techniques, it is Therapist-assisted strengthening and mobilizing exercises with patient horizontal in water. Supports are provided using rings, noodles and floats around neck, arms, pelvis, and legs.



2 Resistance training with weights in water.

In addition to the reduction of symptoms, water therapy also has important effects on the cardiovascular system. Patients have demonstrated improved heart function and improved circulation to the muscles and joints, which helps build strength and facilitate any healing processes.



Pain Relieving Methods

- Thermo/heat therapy application to reduce stiffness of spinal musculature e.g. Infra Red Ray, Interferential therapy, Heat pads.
- Cold therapy with frozen peas bag, ice packs etc for periods of inflammation.
- Transcutaneous Electrical Nerve Stimulation (TENS) is quite effective in controlling pain.
- Dry Needling Techniques.
- Massage and Tissue Release Techniques.
- Taping for painful joints and muscles.

Self management is a prerequisite to success

- Exercise on your schedules and at your own pace.
- Adhere to your exercise program on a daily basis. It may be regimented and time consuming but it has the best outcomes. For those of us who enjoy exercising, ensure that you don't overdo things.
- Do not give up if you have pain. Use pain relief methods like hotpacks to relief stiffness and pain before you begin.

The key to the success of a patient in managing his condition depends firstly on the physician who, convinced of the need to refer the patient to the physiotherapist, does so and secondly, on the physiotherapist in motivating, inspiring and empowering the patient to adhere to his/her regimented exercise program.

Physiotherapy and rehabilitation are important to reduce pain, preserve spinal flexibility, prevent postural deformities, improve muscle strength and maintain endurance in patients with AS.

ANNOUNCEMENTS MARK YOUR DATES

1. 29 April 2017

24th Annual General Meeting/Public Forum at Crystal Crown Hotel, Petaling Jaya, Selangor at 2.00PM

2. 07 May 2017

Charity Run to mark 1st World Ankylosing Spondylitis day in Malaysia at Evolve Concept mall, Ara Damansara, Petaling Jaya, Selangor at 6.30AM

3. 20 August 2017

Kordel's Fun Walk at Taman Merbok, Kuala Lumpur

4. 07-09 July 2017

National RA Day

Rheumatoid Arthritis Support Group (RASG)



by Annie Hay, Chairman, RASG

For further information please contact
AFM at 03-7960 6177

Arthritis is a chronic painful condition and it can be a very hard disorder to come to terms with. Many patients who suffer from arthritis feel alone and confused. Thus the RASG was formed in 2005 to offer a platform for members to meet, share and engage with others who also suffer from arthritic conditions. By reaching out a little and being part of RASG and its activities, members are able to better cope with their condition and have a more optimistic outlook on life. We currently have about 85 members who are mostly from the Klang Valley and a few from Ipoh as well.

Objectives

- Reach out and actively support RA patients who are suffering in silence
- Provide emotional support and the opportunity for them to share their experiences with one another
- Reach out to caregivers and provide them with information



Talk 1, 2015



National RA Day, Titi Eco Farm, 2014



National RA Day, Sekinchan, 2015



National RA Day, Taiping, 2013



National RA Day, Ipoh, 2012



Talk 2, 2015

We play the role of an extended family to a group of people who have to cope with struggles they could never have imagined. Yet by coming together, it is as if those struggles are left behind, if even for just a moment. There is a glow and a positive energy that radiates amongst the members from the support and understanding they lend each other.

Take home message

The RASG wants their members to remember that though at times they may feel like they are the only person who is affected by this disease, they are not alone in their suffering. There are others who feel the same way.

Activities

- Forums where speakers are invited to speak on medical issues, health and wellness, diet, exercises for RA patients etc.
- Share members' experiences on joint replacement and ways by which they coped with RA.
- Hold joint events; such as World Arthritis Day, charity walkathon, medical congress, public forums etc, with other pharmaceutical partners.
- Organize annual trips, outings and other events catered especially for RA patients and their care-givers.
- Conduct weekly exercise sessions for the members to help strengthen joints, as well as improve flexibility and range of motion.
- Hydrotherapy exercises are set to start in 2017.

We welcome you all to be part of our group and participate in its many activities. Together we face the many challenges that we will confront from time to time with information and support.



RASG Event

Embrace Our Own Garden

The Rheumatoid Arthritis Support Group (RASG) held a talk, “Embracing Our Own Garden” on 3rd December 2016. The speaker was Ms Low Mi Yen, a clinical psychologist and trained teacher of Mindful Self-compassion (MSC).

Ms Low shared that embracing ourselves needs conscious effort as we unconsciously harm ourselves by engaging in self-blame, self-criticism, self-pity etc. Ms Low taught us skills on embracing ourselves, especially in managing challenging emotions and relationships, based on scientific research in mindfulness. She offered a different perspective of enhancing self-care and emotional resiliency. She highlighted, “what we resist will persist” and “what we can feel heals”.

Compassion Vs Self-Compassion

Ms Low distinguished compassion from self-compassion. Compassion as explained by Dr. Paul Gilbert, is the deep awareness of the suffering of oneself and other living beings, coupled with the wish and effort to alleviate it. While self-compassion, is the ability to care for ourselves as we would care for someone we truly love in times of suffering.

She explained that there were 3 elements of self-compassion; self kindness, common humanity and mindfulness. Self kindness is the ability to love others without losing ourselves, common humanity is the reality of human conditions that we will encounter e.g. frustrations, make mistakes, fall short of our ideas in our lives.

Mindfulness is the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally, to the unfolding of experience, moment by moment.
Dr. Jon Kabat-Zinn

The process:

- Be aware and acknowledge non-judgmentally, “this is difficult right now” (Mindfulness)
- Recognize the reality of shared human conditions, “I’m not alone” (Common Humanity)
- Kindness to self, “how can I comfort and care for myself this moment?,” “I’m not perfect, I accept my humanness” (Self Kindness)

Ms Low also went on to explain that self-compassion is NOT:

- Selfish (care for self-disregard others)
- Self pity (immersed in self-forget about others)
- Self indulgence (let self get away with anything-unhealthy behaviour)

Self-Compassion in daily life:

- **Physically:** Soften your body. How do you care for yourself physically?
- **Mentally:** Allow your thoughts. How do you care for your mind, especially when you are under stress?
- **Emotionally:** Befriend your feelings. How do you care for yourself emotionally?
- **Relationally:** Relate to others. How or when do you relate to others who brings you genuine happiness?
- **Spiritually:** Nourish your Spirit. What do you do to care for yourself spiritually?

Ms Low also taught the members deep breathing exercises and meditation. The members enjoyed the session and found it to be very relaxing and eye-opening. They have suggested that Ms Low be invited again in 2017 to share further information with them. The meeting ended with lunch. There were 30 participants.



RASG Chinese New Year Celebration

Our *Physio Plus* physiotherapists created an exciting agenda for the RASG CNY gathering this year. Their activities were based on socialising and fun to improve balance and flexibility without it seeming like regular exercise. The focus was also on enhancing memory and visual skills, non-verbal articulation and coordination skills. There was a lot of interaction and merriment amongst the participants and various talents came to the fore!

Cultural dance event

The theme for the event was dances of various nationalities. A “VVIP” chosen from among the crowd to make an honorary visit completed the setting. Participants were divided into three teams, representing the 3 major races. The Malay team was complete with shawls. The Chinese team carried fans, while the Indian team wore tilaks and bangles and carried lamps. The teams, led by a team leader, were given individual pieces of music and asked to choreograph to it. This activity enhanced movement and flexibility, playacting skills and individual ability to choreograph a dance in such a short period of time. Probably the shortest on record so far:)

Charade

For this game, volunteers had to come forward as charade masters. The master was shown an index card with an object. She or he then had to demonstrate to the crowd, without vocalising but by symbolising, gesturing and inviting responses from the team members to identify the object.

Group aerobic dance in a circle to music

While the dance was going on, individuals came into the circle to show off their talents before rejoining the team. Absolute fun!

Discussion on hydrotherapy

Annie informed all present that the RA Support Group Committee has done a check on the venue for hydrotherapy which will commence in May. She brought out the following points:

- a. Pool in Subang Jaya – Cost is cheaper than the private pool mentioned earlier.
- b. Members must commit to attend every exercise session as AFM has to bear the cost of the trainer.
- c. Further details will be communicated to interested members once all outstanding matters are attended to.
- d. Members are urged to give those members with RA/OA first choice for registration for the sessions.
- e. Each hydrotherapy session will accommodate a maximum of 15 participants.

Other Matters

1. As usual, the donation box was placed for members to give freewill donation to help the RASG in their activities.
2. Members were informed of the forthcoming AFM AGM which is scheduled in April. Members were asked to be present as this is an election year.
3. Members were also asked to volunteer and join the RASG Committee.
4. Annie invited suggestions from the members on activities they would like the RASG Committee to organise for the next 3Q of 2017.

Annie presented tokens of appreciation to Dr. Vimala and Ms Shalini for organising the wonderful session.

Luncheon!

Genting Generosity

In what has become an annual gesture, in the spirit of the lunar festival, at a grand ceremony and luncheon hosted at Resorts World Genting, by chairman and chief executive officer of Genting Group Tan Sri Lim Kok Thay, Genting Malaysia Berhad donated a very generous amount of RM250,000 to the less fortunate and disabled. Representatives of 25 welfare homes and charitable organizations received RM10,000 each from Transport Minister Dato' Sri Liow Tiong Lai, who was the guest of honour at the function.

We are very happy to share that AFM was one of the chosen organizations to receive a donation of RM10,000. AFM was represented by Hon. Treasurer Mr. Shivanandha and President of AFM Dr. Sargunan Sockalingam who received the cheque on behalf of AFM.

AFM expresses its deepest gratitude to Genting Malaysia Berhad for acknowledging AFM's consistent work in reaching out to spread awareness and support for people with arthritis through this valuable donation. We do hope AFM will continue to receive support in the years to come. Thank you Genting!



Essential Rheumatology for Allied Health Professionals (ERA) Workshop

AFM was invited to participate in the ERA Workshop under RA patient's story held at KIP Hotel, Kuala Lumpur, 25th-27th November 2016. Ms. Annie Hay from AFM shared her story with all the participants comprising of rheumatologists and allied health professionals (AHP) dealing with patients in rheumatology services, pharmacists, physiotherapists, occupational therapists etc. Also present were social workers from private and government hospitals and clinical nurses assisting rheumatologists in the private and government hospitals.

The workshop was jointly organised by Hospital Selayang rheumatology unit, MSR (Malaysian Society of Rheumatology) and participative speakers from the Ministry of Health. There was a good turnout of participants with some of them travelling from as far as Ipoh and Seremban.

Aims and objectives:

1. To identify the areas of competence required for allied health professionals dealing with patients in a rheumatology service
2. To provide essential knowledge of common rheumatic diseases



3. To equip AHPs with the skills and confidence to counsel and manage rheumatology patients within their scope of expertise and to provide high quality multi-disciplinary care

Dr Shereen Ch'ng, Organising Chairperson of the ERA Workshop sincerely hopes that this workshop will motivate and educate our paramedics. She is positive that AFM'S contribution to this event will enhance the program and is grateful for all the support from AFM.

Ms Annie Hay also shared with participants the role of AFM and the various activities and services available through AFM for patients with chronic rheumatic diseases. She also informed them of the RA Support Group & the newly formed RA Support Group in Klang. AFM was given a booth to display medical brochures and sell AFM t-shirts to the participants. Some of the participants gave donations to support AFM and registered as members as well. Overall it was a productive workshop for all participants and Arthritis Foundation Malaysia.

Don't ignore your back pain

Consultant Rheumatologist Dr. Sargunan Sockalingam, President of AFM, shares his expertise and views on the probable causes of lower back pain and why it should be investigated.



Acute back pain is one of the common reasons that patients visit outpatient clinics. There are many conditions that could cause back pain. Back pain has led to days off work and loss of revenue. Unfortunately it is difficult to pinpoint the cause in a single visit.

While most complaints do not seem to indicate a serious cause such as vertebral fracture, spinal tumours or compression, pain can be severe enough to cause inability to move. Usually rest will be the best option, especially after a clear history of stress or trauma is determined. It is important to remind ourselves of the so-called “red flags” symptoms and signs of back pain.

Any pain that is associated with neurological symptoms such as limb weakness and numbness must be investigated in detail. Lower limbs could be affected by spinal compression and depending on the site, either a sensory or motor deficit may indicate a sinister problem, such as tumour, compression fracture or even a spinal inflammatory disease. Bowel and bladder disturbances are also important to consider, since if this is left untreated, the damage could be permanent.

Any swelling in the region requires urgent investigation. Spinal abscesses and tuberculosis have been known to cause untold damage. If there is fever, there will likely be a need for urgent surgical intervention. Lastly any pain that lasts longer than 2 weeks and seems to get worse with time will require urgent imaging, such as Computed Tomography or Magnetic Resonance Imaging.

Ankylosing Spondylitis presents with inflammatory form of back pain. This is pain that is made worse by rest and immobility and gets better with exercise. Patients may complain of alternating buttock pain and there are occasions that the pain is of shooting nature that awakens the sufferer from deep sleep. Ankylosing spondylitis has no known specific cause, though genetic factors seem to be involved. In particular, people who have a gene called HLA B27 are at greatly increased risk of developing ankylosing spondylitis. However, it must be mentioned that only some people with the gene develop the condition.

Low back pain could well be a part of sacroiliitis. Sacroiliitis results from an inflammation of one or both of your sacroiliac joints; which are situated where your lower spine and pelvis connect. This can cause pain in your buttocks or lower back, and can extend down one or both legs. Prolonged standing or stair climbing can worsen the pain.

Frequently, diseases such as psoriatic arthropathy too could begin initially as low back pain due to the inflammation of the sacroiliac joints. Some centres offer the HLA B27 testing and in the setting of a positive result, the criteria for seronegative spondyloarthropathy must be considered.

It is important to attempt to identify the cause of low back pain. Early intervention will bring rapid results and improvements. In the case of seronegative spondyloarthropathy, monoclonal antibodies against TNF and IL 16 have been clearly shown to provide good relief and control, of an otherwise rapidly progressive disease process.

Dr. Sargunan Sockalingam

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**

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 ukit Rimau, Shah Alam
- Ara Damansara Medical Centre, Shah Alam

Kedah

- Hospital Sultanah Bahiyah, Alor Setar*

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

** The hospital also has a private wing, University Malaya Specialist Centre

Pulau Pinang

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

Melaka

- Hospital Melaka*

Johor

- Hospital Sultan Ismail, Pandan, Johor Bahru*
- Columbia Asia Hospital Nusajaya, Johor
- Hospital Pakar Sultanah Fatimah, Muar

Negeri Sembilan

- Hospital Tuanku Jaafar, Seremban*

Perak

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

Kelantan

- Hospital Raja Perempuan Zainab, Kota Bharu*

Terengganu

- Hospital Sultanah Nur Zahirah, Kuala Terengganu

Sabah

- Hospital Queen Elizabeth, Kota Kinabalu*

Sarawak

- Hospital Kuching, Kuching*

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NAME: _____ I/C NO.: _____

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