

arthritis *matters*

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CEO Jackie Slyp with Caitlin Oates

Are we there yet?

If we asked our Members what they wished for most, with respect to their arthritis, it would be fair to say that the answer would be simple (and resounding): 'A cure.' So how close is science to granting this wish or, if not, then what?

In this edition of *Arthritis Matters*, we examine a few areas of scientific endeavour currently being explored that have the potential to prevent, reduce the burden of arthritis and/or offer next generation treatments so that people who live with these conditions can have an optimal quality of life, even if a cure remains elusive.

Arthritis Matters is available in print or electronic format. Please let us know if you prefer to receive your copy by email.

Young self-advocate in action... Thank you Caitlin Oates

It is a common misconception, even amongst school communities, that only 'old' people are afflicted with arthritis. The truth is one in 800 Australian children has a form of juvenile idiopathic arthritis (JIA).

Congratulations to Caitlin Oates who chose to raise awareness of JIA for her Year 5 project at Snug Primary School. Caitlin felt that it was important to raise awareness and help teachers and children better understand JIA and how it impacts on a person's life and schooling. Not only did she successfully complete this education and advocacy project, she also found time to bake muffins and raise funds for Arthritis & Osteoporosis Tasmania at the same time. Well done Caitlin and thank you so much for your donation which will be put to good use in supporting children and young adults living with JIA.

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MEMBER SURVEY – What you said!



Forty-five (45) responses from around Tasmania were received from the Member Survey inserted in the May 2020 edition of *Arthritis Matters*.

Thank you so much for taking the time to provide your input which is currently helping to inform our strategic planning process and advocacy efforts.

In summary, overwhelmingly the issue of most concern to Members was 'managing my pain effectively,' then next (rated of equal importance) were 'difficulty managing in my home' and 'difficulty using everyday products' (opening jars, medication packets). Managing multiple health conditions was also raised as a high-level concern.

The types of services and programs that people would most like to see in their area were warm water exercises

(72% of responses), strength exercises (46%), support groups (45%), pain management courses (28%) and self-management education programs (28%).

Advocacy for access to hydrotherapy pools for warm water exercise was the strongest message given by survey respondents as was the need for more online services (for example, electronic forms, webinars, support groups).

In terms of what people would like to see more of in the Newsletter, high on the list were articles on specific conditions (such as bursitis, osteoporosis and ankylosing spondylitis), followed by those on management options such as tai chi, remedial massage, gentle and easy exercises at home, joint replacement, personal stories and arthritis relevant

health practitioner interviews. It was also clear that it is important for us to maintain provision of print based in addition to online resources.

There were an array of responses providing guidance on what you want us to continue to do and what you seek in terms of support to help you self-manage your condition. Whilst we can't do much to, as one respondent asked 'make me young again!', we can continue to provide 'someone to talk to on the phone'; healthy lifestyle activities; education; and access to updated, evidence-based information relating to research, treatments and strategies to help you manage your conditions.

A fond farewell to InfoLine Volunteers Jan & Anita

JAN MURPHY 'retired' in March 2021 after ten years of service as an InfoLine volunteer. Like the true 'team player' she is, Jan slotted into our

roster wherever she was needed, eventually holding down our Wednesday morning position.

A true 'people person', callers to our InfoLine and Office were always greeted with a warm, helpful and empathetic ear. Jan's reliability and willingness to pitch in to help with whatever task needed doing was and remains a fine example to us all.

Her presence and sense of humour are greatly missed around the Office. Thank you Jan for an outstanding contribution, supporting Tasmanians to live well with their arthritis.

ANITA RICHARDSON commenced as an InfoLine volunteer in July 2018, ably filling the Tuesday afternoon shift for the next two years.

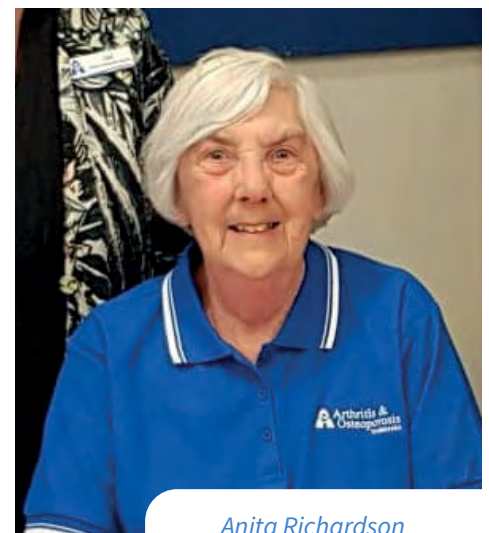
The arrival of COVID-19 restrictions in March 2020 saw our Office join many other community organisations in temporarily suspending its services.

By the time we were ready to reopen in July, Anita had made the decision to 'retire' from her voluntary work with Arthritis & Osteoporosis Tasmania.

Thank you, Anita, for your time and effort over the past two years, we will miss your bright and cheery presence and we wish you all the very best in your retirement.



*Jan Murphy with
Health Educator Jane Barrett*



Anita Richardson



Rhys Jones with CEO Jackie Slyp

CEO's *message*

Advocacy Update

Arthritis & Osteoporosis Tasmania is committed to raising awareness of issues and matters that affect people with arthritis and related musculoskeletal conditions, and advocating for better access to affordable services. Instrumental in identifying issues of importance to Tasmanians has been the membership and community feedback surveys undertaken in the second half of 2020. Thank you to all of our Members who completed the survey.

Our recent advocacy activities have included:

- ▶ meeting with the Mayor and General Manager of the Glenorchy City Council in relation to accessing affordable hydrotherapy services in Glenorchy, specifically the Council owned KGV hydrotherapy pool;
- ▶ a submission to the Legislative Council Inquiry into Health Outcomes and Access to Community Health and Hospital Services for Tasmanians Living in Rural and Remote Tasmania;
- ▶ addressing recent changes to the Patient Travel Assistance Scheme which impacted on Tasmanians travelling to Hobart for rheumatology services; and
- ▶ supporting an application by Hobart City Council for funding under the Building Better Regions Fund to develop a hydrotherapy pool at the Doone Kennedy Hobart Aquatic Centre.

State Election Priorities

Arthritis & Osteoporosis Tasmania recently finalised its Election Priorities Statement 2021, calling for the next elected Tasmanian Government to immediately act to improve the level of arthritis awareness, education, treatment and support services available to Tasmanians with arthritis and related conditions. In particular, Party Leaders and candidates in Bass and Braddon were asked to give their commitment to:

- ▶ establishing a rheumatology service in Launceston, supported by a multi-disciplinary team, including a rheumatology nurse, to improve access to affordable rheumatology services for those living in the north and north west;
- ▶ developing a musculoskeletal model of care for Tasmania to guide the management of arthritis and related musculoskeletal conditions within a chronic disease model of care rather than the current episodic approach;
- ▶ establishing a centralised system for triage, prioritisation and referral assessment of patients;

The run up to an election is an opportune time to put arthritis on the agenda of your future MP. If you get a chance to speak to a candidate, here are three key tips:

1. Explain why they need to take arthritis seriously
2. Share your story
3. Secure their support

Please join our **SpeakUp4Arthritis** campaign and help us to help you. For more information visit <https://arthritistas.org.au/speakup4arthritis/> or ring Arthritis & Osteoporosis Tasmania 1800 011 041.

Raising the Profile

Our CEO Jackie Slyp and Health & Education Services Manager Jane Barrett recently attended the 2021 Tasmanian Pharmacy Conference held in Hobart, as guests of the Pharmacy Guild.

With over 100 pharmacists attending the event from all over Tasmania it was a great opportunity to showcase our information and resources, and promote the new online professional development course 'Arthritis Essentials for Pharmacy Assistants'.

Our hearty congratulations go to Rhys Jones who received a Lifetime Achievement Award at the Conference Dinner. Rhys owns and operates a community pharmacy in Bellerive and has been actively involved with our organisation for many years, currently serving as Vice President of the Board.

DONATIONS

As a small non-profit association donations are a crucial part of our overall funding, and we sincerely thank the following individuals and organisations for their support:

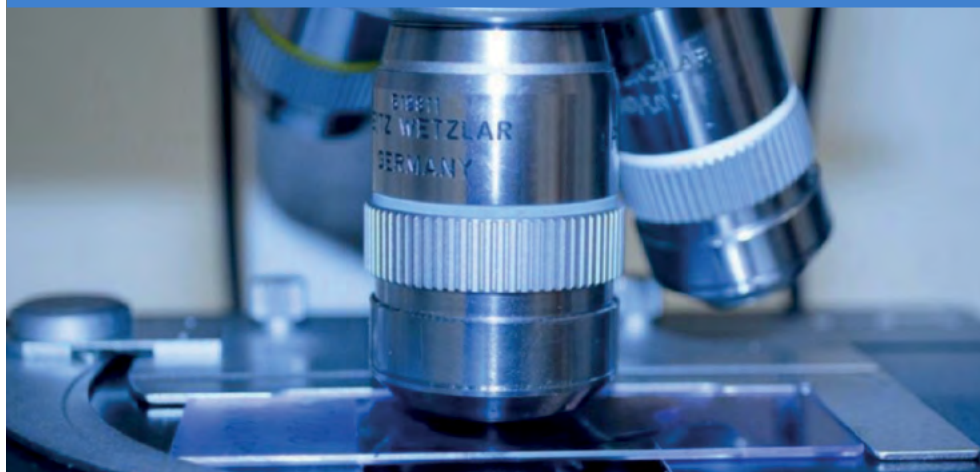
DONATION IN MEMORY –

Peter Robinson (late of Margate); and **Jeannette Grant** (late of Beauty Point)

CORPORATE –

Baldwin Living Vacluse Gardens

COMMUNITY – Magra CWA



Advances in Arthritis

There are some ten thousand diseases that affect humans. Yet, when you research how many diseases have been cured, the sum is very modest – just two, being smallpox (in people) and rinderpest (which kills cows and affects humans by drastically impacting on their livelihood).

‘Arthritis’ is an ‘umbrella’ term, covering more than one hundred diseases of the joints and soft tissues. Not only is it very crowded under this ‘umbrella,’ it also represents ‘mixed company’ - from osteoarthritis, to inflammatory types (including rheumatoid), gout (which features an accumulation of uric acid crystals in the joints) and chronic pain syndromes. Based on this and the fact that there is still much to learn about arthritis, it is unlikely that it will make ‘cure number 3.’ Thankfully, there is much that can be done to reduce the incidence and the impacts of arthritis, and in this article we will look at a few areas of scientific endeavour that will enhance its management.

Let’s just touch on prevention, an often ignored part of the arthritis puzzle. Developing arthritis is not inevitable, its development is associated with a range of risk factors. Some are modifiable (others not). It is estimated that 70% of osteoarthritis of the knee

could be prevented if obesity and joint injuries were avoided. Knees are major weightbearing joints.

Every kilo of weight we carry over our ‘ideal’ weight, represents four kilos of force through our knees when we move. Being obese is associated with poor outcomes at every stage of this disease. Two in three Australians (one in four of our children) are overweight, but our nation lacks a coherent obesity prevention strategy.

Also, we know that playing sport has many benefits, however, Australia has the highest anterior cruciate ligament injury rate in the world. The rupture of an ACL leads to knee OA in 50 – 70% of cases, yet, our National Sports Plan makes no mention of prevention of these injuries. Lastly, a preventative measure that could reduce the risk of arthritis is smoking. In rheumatoid arthritis, smoking is associated with the incidence of the disease and its progression. These examples demonstrate that the adoption of preventative strategies alone has the potential to significantly reduce the number of Australians who develop arthritis.

Genetics

Six out of ten people will be affected by a condition that has a genetic component. Genetics play a role in

types of arthritis including rheumatoid, Ankylosing Spondylitis, gout and some connective tissue disorders. Genes are associated with immune system dysfunction, interact with environmental and/or lifestyle factors to cause disease, and/or determine disease predisposition and severity.

To date, scientists have identified more than one hundred genetic loci in rheumatoid arthritis that may drive disease development and progression. They are also exploring the possibility of modifying the genetic risk of developing inflammatory arthritis by identifying and mitigating environmental risk/s or trigger/s (a key factor in autoimmune diseases). Recently an additional fifty two new genes have been identified in osteoarthritis. Researchers believe that this work will help in testing existing drugs (used in other conditions), developing new therapies and re-assessing traditional medical responses for the treatment of OA. Genome analysis and genome-wide association studies are also shedding light on how genetic factors determine/influence an individual’s susceptibility to arthritis and offer hope of a personalised response that transforms the traditional ‘one size fits all’ approach.

Other emerging areas of science are those of pharmacogenetics (how a single gene influences response to a drug) and pharmacogenomics (a broader area, which studies how all of the genes/the genome can influence responses to drugs). Using the person’s genetic code to determine their probable response to drugs (what dose, what side effects) could result in a tailored pharmacological regime specifically designed just for them.

Pharmacology

Medicines are used to diagnose, cure, treat and/or prevent diseases. In addition to conventional small-molecule drugs, our ‘arsenal’ now

includes biopharmaceuticals including vaccines, proteins, blood products (used therapeutically), gene therapies, monoclonal antibodies and cell therapies.

Members of the arthritis family of conditions have different causes, underlying disease processes and courses, and symptom profiles. Whilst there are many highly effective medicines used in arthritis (particularly in inflammatory arthritis), some are not as effective as we would like (with data from 74 clinical trials recently finding that paracetamol had ‘at best’ a 4% chance of improving osteoarthritis pain). Also they often require increasingly higher doses and more frequent administration, and/or possess severe side effects.

Promising work has been proceeding in the area of vaccines for RA, now Oxford University researchers have developed a potential vaccine (or active immunisation) that could block/inhibit a protein called nerve growth factor (NGF) produced in osteoarthritis. The drug triggers the immune system to work against the naturally occurring NGF, which activates pain sensations, thus reducing or stopping joint pain in mice. The mice given the vaccine, named CuMVttNGF, had higher levels of antibodies that ‘appeared



to be associated with an analgesic response.’ The team hopes that further research will result in this becoming a viable option for people with OA and low back pain.

Ageing is a key risk factor for the development of OA and age-related changes in joints might potentially represent a target for novel therapies. This could include drugs that target genomic instability, telomere attrition, mitochondrial dysfunction and/or stem cell exhaustion. Pre-clinical studies targeting some age-related factors have produced promising data that may inform future drug development. In the meantime, there are several ‘senolytics’ known. These are a class of small molecules

that may be used to selectively induce the death of senescent (the growth phase from maturity to death) or ‘elderly’ cells and therefore improve joint health in humans.

Surgical advances

Implants date back to Ancient Rome (with dental implants made of wrought iron!). Whilst technology has improved considerably since then, thank goodness, there is still room for improvement. One issue is an implant failing to integrate with bone tissue. Korean researchers have developed a technique that enhances ‘osseointegration’ (connection between the living bone and the implant) by developing an artificial bone coating with triple the adhesive strength of conventional materials. A team in Germany has developed a ‘next generation’ cement to secure a prosthesis into the bone in a joint replacement. Not only is it less likely to become brittle over time, due to the addition of chemically activated carbon fibres, it has self-healing properties with the inclusion of calcium phosphate to the medium.

Researchers in the UK have developed a plastic hip socket ‘cup’ for use in people who are allergic to chromium, a major constituent in conventional metal implants. The plastic made of polyethylene, the same as that used in high-voltage cable insulation, will be used in hip resurfacing procedures, requiring less bone to be cut away as in a conventional joint replacement. A layer of titanium, applied to the surface of the cup, that is in contact with the bone, supports new bone tissue to ‘weld’ the implant to the skeleton.

A group have been exploring the bioengineering of living cartilage-bone grafts in the lab that could be integrated with a person’s own tissue (using their own cells) and shaped to their individual anatomy to be used reconstruct their temporomandibular joint (a complex joint in the jaw). The multi-institutional research team of eighteen investigators with expertise in bioengineering, surgery, stem cells, imaging, bioreactor design, and mathematical modelling reflects the complexity of this translational project, which has taken four years to complete.

Another breakthrough could see people with inflammatory arthritis fitted with a small electrical stimulator as an alternative to using steroids to control systemic inflammation. The implant, fitted in the chest, activates the vagus nerve (which runs from the brain to the abdomen). Nerve signals travel to the intestine and spleen reducing the activity of overactive immune cells, resulting in a decrease in inflammation. Such bioelectrical devices could be life-changing for people with diseases such as RA, diabetes and MS.

The Greek philosopher Hippocrates wrote “in arthritis, it is incredible how fast the mischief spreads.” Hopefully, some of the advances in arthritis will serve to stop it in its tracks.

A fibromyalgia treatment from the bottom of the garden



What could sofas, sour lollies, lambs and fibromyalgia have in common? Organic compounds from flowering plants of the genus *Fumaria* (of which Fumitory, the bane of some gardener's lives, is a member)!

From preventing the growth of mould in furniture, being an additive in 'delicacies' such as sour worms and an ingredient in stock feed to aid digestion in lambs – these compounds are extremely versatile! They are now the subject of research into a potential treatment for fibromyalgia.

Fumaric acid has been used in herbal medicine and folk traditions since the Middle Ages, treating a multitude of conditions including rheumatism and arthritis. More recently, dimethyl

fumarate is the basis for an immunomodulating therapy approved for the treatment of relapsing remitting multiple sclerosis. It is the mechanisms of this drug, that led researchers from the University of Texas to test it as a treatment for nerve pain.

The team used the dimethyl fumarate's powerful antioxidant properties to remove free radicals and restore oxidative balance in laboratory animals with neuropathic pain. Not only did the animal's pain behaviours decrease but the damage caused by the oxidative stress was reversed and normal mitochondrial activity in the neurons that send pain signals to the brain was restored.

This concurred with previous research study findings that the bioactive constituent of this plant extract may offer a herbal alternative to the treatment of fibromyalgia and also conditions caused by inflammatory processes. It is hoped that clinical trials in humans will start soon.

Source: *The journal Anesthesiology*. 2020 Feb;132(2):343-356.

Is rheumatoid arthritis actually two diseases?

Researchers in the Netherlands have added to the speculation that rheumatoid arthritis (RA) may actually be two diseases.

For decades, clinicians have known that when they examined the blood tests of people with (or suspected of having) rheumatoid arthritis, some were what is called rheumatoid factor (RF) positive (80% of cases) and the others RF negative.

Rheumatoid factor is an antibody that was first discovered in RA and is one of the blood markers that indicate that autoimmune activity is present. It is also known that it can be indicative of other diseases and that a negative result does not rule out the condition.

The team, from the Leiden University Medical Centre, followed 1 285 patients, recruited from an Early Arthritis Clinic cohort, for some 13 years. Of these, 823 were RF positive and 462 RF negative. Over time, the researchers noted that disease activity decreased in both groups but noted that there were also significant differences between the two groups.

In an article reported in *PLOS Medicine*, one of the study authors, Dr. Xanthe Matthijssen said "We propose that it is time to formally divide RA into type 1, with autoantibodies, and type 2, without autoantibodies, in the hope that it leads to stratified treatment in autoantibody-positive and autoantibody-negative RA."

[This correlates with the suspicions of researchers and clinicians working with other autoimmune conditions such as multiple sclerosis where patients all have a definitive diagnosis but have marked differences in their disease course and their response to therapies.]

Source: *Science Daily* - <https://www.sciencedaily.com/releases/2020/09/200922144327.htm>

The most important joint you didn't know you had

Statistically speaking, it is very likely that you have had a sprained ankle, the most common reason for attendance in a Hospital Emergency Department. The damage is mostly seen and felt in the soft tissue as swelling and pain but it is likely that the underlying subtalar joint sustains damage as well.

This key synovial joint sits just below the ankle and above the heel. It is important for mobility as it allows the ankle joint to be flexible whilst holding the foot rigid to support forward

motion. For this reason, it has been referred to as our 'steering-wheel' joint. It has also been called 'the most important joint you didn't know you have' – that is until it starts to cause you pain and impede your mobility. The joint is also susceptible to osteoarthritis (from cumulative wear and tear) and can be affected in gout, RA, lupus and scleroderma, where the synovial membrane becomes inflamed.

Until now, it has been difficult for doctors to examine the joint, particularly its three articulating surfaces, because it is hidden within the structures of the foot and conventional imaging could not 'tell the whole picture.'

Researchers, from the University of Plymouth UK, have developed a technique using a 3D CT Scan that allows them to see the joint 'in action.' They believe that this will greatly assist in diagnosis of problems with the joint and allow doctors to offer targeted treatments.

The study was led by Dr Gianluca Tozzi, Reader in Bioengineering, who said "This is the first time this technique has been used in humans. It is non-invasive and gives clinicians a perfect view of a patient's subtalar joint in motion under full weight-bearing."

Consultant Orthopaedic Surgeon, Mr Goldberg concurs saying "No one has ever been able to replace this complex joint. This new research helps us to better understand the complex biomechanics of the foot and could pave the way for new treatments that just aren't currently available."

Source: *Nature's Scientific Reports* <https://www.nature.com/articles/s41598-020-57912-z>



A compassionate approach to treating chronic pain

We all know that feeling cared for makes us feel good. Now researchers from the University of Derby have been the first to 'harness' the power of what is referred to as compassionate-focussed imagery to a range of serious health disorders.

According to the university's website, the team commenced their important work in response to a request by the World Health Organisation for the development of effective treatment modalities for people living with anxiety and depression, a problem estimated to cost the global economy \$1 trillion per year. The research is the first of its kind in the world to monitor physiological responses to "affiliative" imagery - which is intended to make people feel loved or cared for.

One of the principal researchers, Dr. Maratos, Associate Professor and Reader in Emotion Science explained "Compassion-based interventions are now demonstrated as an efficacious treatment for over 15 psychological disorders, ranging from depression and anxiety to psychosis and body dysmorphia, with a rapidly growing evidence base. In moving research and practice forward, we are now beginning to explore the effectiveness

of compassion interventions for coping with physical and physiological disorders, including chronic pain."

The team do this by asking study participants to imagine being the recipient of acts of compassion, such as kindness and wisdom. Interestingly, this compassion could be in the form of self-love. Using exposure to painful stimuli (immersing their hand in ice cold water) as a measure, participants who listened to an audio narrative that asks them to imagine being the recipient of compassion, showed no increase in the body's stress response to pain.

Professor Sheffield, a psychology fellow added "that engaging in compassion-focused imagery can dampen the body's physiological stress response to pain, potentially allows for new therapeutic avenues, not only in the treatment of pain disorders, but also when individuals must undergo painful procedures. We hope our research now encourages others to also investigate the utility of compassion-based interventions in pain coping, including both the psychological and physiological aspects of this coping." The findings have been published in the international journal *Mindfulness*.

Source: <https://www.derby.ac.uk/research/showcase/compassion-mental-health-wellbeing/>



Beating stress, fatigue & pain, one forest at a time

Living in a constant state of stress is known to contribute to chronic pain and fatigue. In Japan, politicians were alarmed at the proportion of the population who reported being chronically stressed, fatigued and in pain to the point where some were literally dying of overwork (their concern was about the impact that this was having on the economy!) So, they charged health workers with the task of ‘de-stressing and de-fatiguing’ the population, the result has been that those affected are prescribed ‘shinrin-yoku’ or ‘forest bathing.’

The name shinrin yoku (forest bath) was coined in 1982 by Tomohide Akiyama of the Japanese Ministry of Agriculture, Forestry and Fisheries. A symbol was developed, which comprises three kanji characters – one of three trees (for forest), then two trees (representing inter-connectedness) and the third is the symbol for luxury (being fully engulfed in abundance). He was aware of the studies into the health benefits of being in nature including the effects of phytoncides, the essential oils exuded by certain trees and plants.

Since then, studies have shown this practice to have stress-busting and immune enhancing benefits. Practitioners also believe that it makes them more creative, generous and compassionate! Research conducted by The National Centre for Biotechnology Information found that a stroll in the forest resulted in a lowered heart rate, lowered blood pressure, decreased inflammation and lowered levels of the stress hormone, cortisol – dropping 16% more than walking in an urban environment.

These results led the medical profession to declare a new area of medical science, forest medicine, offering a therapeutic, evidence-based antidote for modern life and for Psychoterratica, the negative mental health effects of being disconnected from nature.

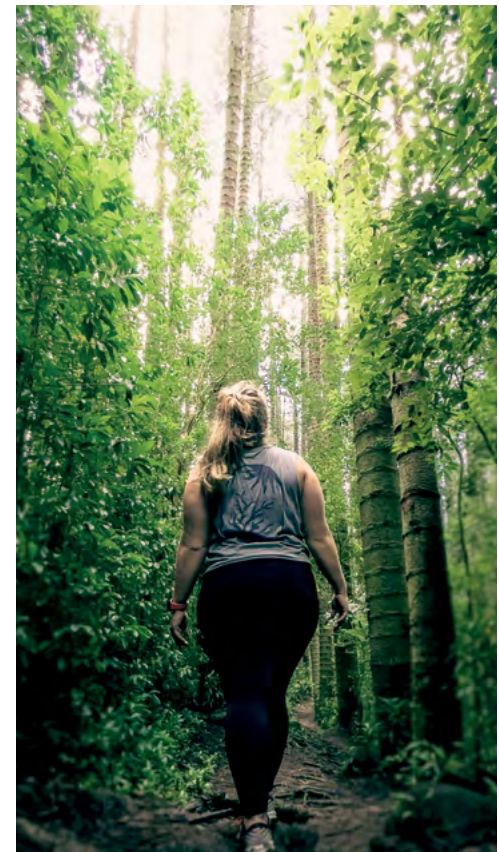
Patients are told not to hike or do vigorous exercise but just to take in the serenity and atmosphere of being outdoors (even in the park or in their garden), to fully open their senses, and intentionally connect with Nature, with the emphasis being on healing. Some claim that forest bathing also lessens the probability of developing chronic illnesses.

As a result, in Japan there has been a resurgence of activity in rural areas as tired city workers seek a forest experience. Businesses involved in nature-focussed healing have sprung up, offering immersive walks, nature yoga, relaxation and meditation. They report results as being the restoration of energy, vitality and mood, and increased productivity (which would no doubt make the politicians happy!)

The forest bathing trend has spread around the world, even to Australia, with the following text taken from the Visit Victoria website - “forest bathing is about taking time to slowly and mindfully appreciate our incredible natural surrounds. Unplug from your devices and de-stress by reconnecting with nature. Wander beneath ancient forest canopy with lush ferns at your ankles. Place a palm against a majestic tree trunk and breathe in deeply. Listen to birdsong, inhale the scent of ti tree and eucalypt, and witness nature’s vivid colours change with the seasons.” Sessions are also available

in the Royal Botanical Gardens, Melbourne where guides encourage patrons to be present in the gardens, to sit under a tree, touch its bark, smell the herbaceous plants, walk barefoot on the lawns, and to breathe mindfully, with the session finishing with a traditional Japanese tea ceremony picnic.

In Tasmania, you can have “a unique sensory experience in a stunning setting just outside of Hobart, engaging your senses with a series of activities, including sampling fresh bush tea and local produce.” One of the domestic airlines was promoting a quick trip to Tasmania simply to partake in a touch of forest bathing. Maybe in the time of COVID19, getting back to nature, even if it just your garden or a park, could be just the medicine to reduce stress, pain and fatigue.



Where would researchers be without participants?



Our Member Margaret was 57 years old and working full-time in 2004 when she was randomly selected from the electoral roll in Southern Tasmania to receive an invitation from the Menzies Institute for Medical Research to take part in their Tasmanian Older Adult Cohort (TASOAC) study.

This was a prospective, population-based study aimed at identifying the environmental, genetic, and biochemical factors associated with the development and progression of osteoarthritis at multiple sites (hand, knee, hip, and spine). It was a longitudinal study requiring participants to be followed up three, five and ten years later.

Having family members studying to be researchers was a prime motivator for Margaret to accept the invitation to participate in this long-term study. She wanted to provide moral support for researchers and was also attracted to the opportunity to gain feedback on the state of her health over time.

At that time, Margaret's main form of exercise was walking. She recalls the range of activities and measurements undertaken at her initial TASOAC study session as being comprehensive: a blood test to measure her Vitamin D levels; a bone density scan; activities to measure her hand grip, leg and arm strength; leg swings to assess her range of movement; tests of her balance and an MRI and ultrasound of her hand. She was recalled in 2006 and 2008 and finally in 2014, ten years after she started in this study. With each visit the same suite of tests, scans and measurements were repeated.

Margaret retired late in 2007, during the study period, and changed her main form of exercise in 2008 because walking had become painful due to the foot condition plantar fasciitis. Knowing that it is important to stay physically active as we age, she decided to join a gym to attend strength, balance and physical activity classes, activities she still participates in today.

In looking back at her involvement in the TASOAC study, Margaret reports that "when I received the results of my tests each time I was recalled, I had increased strength, balance and other factors in all activities even though I had grown older". Participating in the TASOAC research helped Margaret maintain a focus on her health and wellbeing and was a factor in motivating her to seek other ways to move, and stay flexible and strong when she could no longer use walking as her main fitness activity. Margaret said she enjoyed the variety of activities in both the study and when she joined the gym, finding classes stimulating and socially enjoyable.

"I was glad for the opportunity to receive feedback as to the state of my health from the TASOAC researchers and was really happy to see my progress as I moved through the years".

Since the study concluded, she has gone on to be involved in other Menzies research projects.

And Margaret's advice to others about participating in research? "It is really important to be involved and help researchers progress the body of knowledge of arthritis conditions, treatments and management strategies which in turn will help benefit all of us. If researchers can't get participants, how can they test their theories and work out solutions?"

We thank Margaret for taking the time to share her story.

The Joint Movement Program is a light-moderate strength training exercise program made especially for people with arthritis-related symptoms.

The Program is suitable for beginners, and is open to people of all abilities and fitness levels.

For details and locations of classes, see Page 10.

Programs & *services*

WEST COAST

Taking the first step ... help to get yourself moving

Workshop for community Members

QUEENSTOWN

Wed 19th May – Queenstown Library

To book your place, contact

Arthritis InfoLine: 1800 011 041

NORTH WEST

Tai Chi for Arthritis

WYNYARD Senior Citizens Centre

Contact: Maxine – M: 0419 870 471

Persistent Pain Self-Management Programs 6 weeks, 2.5hrs per week

SMITHTON, WYNYARD, ONLINE AND OTHER LOCATIONS

Contact: THS NW Health Promotion Team – Julie on 0419 521 320 or Michelle on 6477 7350

Get the Most out of Life – Chronic disease self-management program

6 weeks, 2.5hrs per week, Courses run in various locations.

Contact: Michelle on 6477 7350 or your local Community Health Centre

Our Health Educator will be back in the north west this Spring so look out for promotion of the following events and more that will be added in the coming months:

BURNIE

Take Charge of Pain

2 x half day workshops for Carers.

To attend you will need to register with the Carer Gateway:

events@care2serve.com.au or

Tel: 03 6144 3707 / 03 6144 3700

SMITHTON

Taking the first step ... help get yourself moving

Workshop for community Members.

To book your place, contact

Arthritis InfoLine: 1800 011 041

NORTHERN TASMANIA

The Joint Movement®

Provided by Martin O'Toole,
Licensed Joint Movement Leader

- Land Based Group Strength Training Classes
- Group Warm Water Exercise Classes

For details and/or bookings contact:

Martin O'Toole – M: 0412 296 694

Live Well Live Long

FREE 10 week program of activities and information at the Launceston Community Health Centres in

KINGS MEADOWS & RAVENSWOOD.

Bookings required.

Contact: Tina Walker to find out more on 6777 4589

EAST COAST

Ways to keep moving and fit in Break O'Day

ST. HELENS

Yoga Various classes including an 'Easy does it' class on a Tuesday morning – Tel. 0448 770 790.

Also classes at The Neighbourhood House – **Beginners and free chair yoga**
Tel. Chrissie – M: 0438 338 289

Active4Life Gym

Exercise classes at the Tennis Club Rooms - Mondays and Thursdays
Tel. 6376 2971

Gentle Tai Chi for Seniors

Tennis Club Rooms on Tuesdays
Tel. 6372 5211

Keep Fit & Dance Fit classes

St. Helens Neighbourhood House
Tel. 6376 1134

Pilates

Tel. Julie – M: 0417 380 225

Tai Chi at Tidal Waters, Quail St.
Enquire at the Neighbourhood House.

ST. MARYS

Yoga – Tuesdays 5:15 - 6:30pm
St. Marys District School Hall
Tel. Katrin – M: 0402 315 564

Active4Life Gym

Run over 10 different classes including: 'Chronic illness & management support', 'Strength & Fitness' and 'Senior Get Active'. Tel. 6376 2971
Transport available to and from the gym from: Fingal Valley Neighbourhood House on Tuesdays
Tel. 6374 2344 and also
St. Helens Tel. 6376 2971

SCAMANDER

Blue Seas Pool – Tel. 6372 5211

BICHENO

Swim Centre – Private 15m heated indoor pool Tel. 0427 501 301

SOUTHERN TASMANIA

The Joint Movement® Land Based Group Strength Training

CLARENCE, LINDISFARNE, GLENORCHY, SOUTH HOBART, OLD BEACH, KINGSTON, MARGATE AND ONLINE LIVE-STREAMED CLASSES.

A light to moderate exercise program designed for anyone wanting to improve balance, strength and functional capacity.
1hr per week for 12 weeks (and opportunity for ongoing classes).

For a free information pack ring the Arthritis InfoLine: 1800 011 041.

Take Charge of Pain Course

2 x half day workshops specifically for Carers: 2nd & 9th June
COVID restrictions apply, places are limited.

To attend you will need to register with the Carer Gateway:

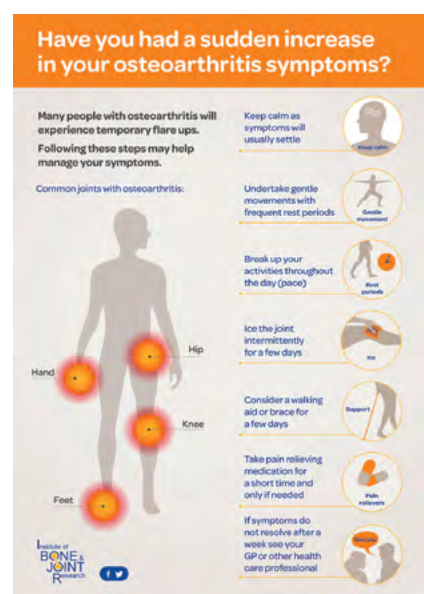
events@care2serve.com.au or
Tel. 03 6144 3703 / 03 6144 3700.

Steps to deal with Osteoarthritis (OA) 'flare ups'

Many people living with OA will experience temporary flare ups. The Institute of Bone & Joint Research have developed a pictorial guide of steps you can take to help manage your symptoms. You can access the poster at:

www.jointaction.info/managing-pain

Or listen to Dr Martin Thomas' Joint Action podcast (22/2/21) to learn more about OA flares and how to manage them at www.jointaction.info/podcast



Taking the first step: A new free booklet to help you get moving

Want to be able to move more with less pain? Not sure how to start?

We understand that when you live with persistent pain, arthritis and/or other health problems for a long time, it can be really hard to move more. That's why Arthritis & Osteoporosis Tasmania has produced this new resource booklet to help you to get started.

When we don't move much, our muscles and the other parts of our body that support our joints get weaker, lose condition and then our joints can't function properly. This can lead to even more pain, make us want to move even less and lead us spiraling down a path toward eventually not being able to do the basic tasks of looking after ourselves and maintaining our independence.

This booklet has been developed by a team of health professionals and importantly, people who have been 'in the same boat' as you may be now. They have learned ways to become more physically active and, in doing so,



have been able to take control of their pain rather than their pain controlling them. It contains information, tips and practical strategies to help you to gain confidence to start safely on a path to moving more. It also highlights who else might be able to help support you and how you can connect with them.

Contact Arthritis & Osteoporosis Tasmania for your copy **1800 011 041** or email: info@arthritistas.org.au

This project was funded by the Healthy Tasmania Fund through the Tasmanian Government

Live Yes Podcasts

The US Arthritis Foundation has created a one-of-a-kind podcast; hosted by consumers, for consumers. Tune in and listen to hosts Rebecca and Julie as they interview a range of speakers on topics related to nutrition, pain management, emotional wellbeing and relationships, physical activity, condition management and juvenile arthritis.

The podcasts are free to access at www.arthritis.org/liveyes/podcast or subscribe on a range of platforms including Apple Podcasts, Google Podcasts and Spotify.

FREE COMMUNITY WEBINARS

Musculoskeletal Australia's FREE community webinars are a great way to hear from experts about conditions and how to manage them.

You'll get practical, up-to-date information and skills to help you manage your condition effectively.

Book for one session or the entire 2021 series. Coming soon:

26 May - 7pm

Diet and musculoskeletal conditions

23 June - 7pm

The doctor told me to exercise more to help my osteoarthritis. What does that mean and how can it help?

10 August - 7pm

Pain management and musculoskeletal conditions

Visit their website to register and/or watch recordings of past sessions:

www.msk.org.au/community-webinars

Making safe and wise decisions for bDMARDs and other specialised medicines

Biological disease-modifying antirheumatic drugs (bDMARDs) and other specialised medicines have made a significant improvement in the management of chronic diseases like inflammatory arthritis, inflammatory bowel disease and dermatological conditions. These medicines are part of the fastest growing sector of the pharmaceutical market yet are complex for consumers, specialists and pharmacists to navigate. With funding from the Australian Government Department of Health, NPS MedicineWise and a range of organisations representing specialists, pharmacists, consumers and research experts formed the Targeted Therapies Alliance. The Targeted Therapies Alliance has developed resources, tools

and interventions in line with the latest evidence to empower consumers, specialists, pharmacists, nurses, hospitals, and drug and therapeutics committees to make safe and wise therapeutic decisions about bDMARDs and other specialised medicines. The new resources support both health professionals and consumers to make safe and wise decisions about bDMARDs and other specialised medicines for inflammatory arthritis.

The new resources (detailed below) are available online at www.nps.org.au/bdmards/rheumatology-conditions-for-consumers or for a copy to be posted to you, ring the Arthritis InfoLine: 1800 011 041.

- ▶ Your roadmap for rheumatoid arthritis.
- ▶ Your roadmap for psoriatic arthritis
- ▶ Your roadmap for ankylosing spondylitis
- ▶ My rheumatoid arthritis is under control: What should I do about my medicine?
- ▶ My rheumatoid arthritis is well controlled with a biological or targeted medicine: Can I take less medicine?
- ▶ Low-dose methotrexate for rheumatoid arthritis and psoriatic arthritis.
- ▶ Managing your arthritis flare.

Alison Park, Arthritis & Osteoporosis Tasmania Board Member and Arthritis Australia National Consumer Advisory Council Member, made a significant contribution to this national project, providing valuable consumer input.

Clinical Trials



Do you suffer from knee pain?

The Menzies Institute for Medical Research is recruiting for **two new studies** to evaluate different treatments for knee osteoarthritis.

Study 1 A clinical trial to test the effectiveness of a new anti-inflammatory medication (diacerein)

Study 2 A study where participants will get to participate in a free supervised **YOGA** or **STRENGTHENING EXERCISE** programme

Both studies are looking for people aged 40 years and over who can attend study visits at Menzies in Hobart.



If you are interested in taking part or would like more information, please **contact:** Kathy Buttigieg on 03 6226 6909 or Kathy.Buttigieg@utas.edu.au

The studies are approved by the Human Research Ethics Committee (Tas) Network (ref. H0017151 and H0021080).

Lived Experience Community

Funded by: *Pain Revolution*

Pain Revolution facilitates a monthly virtual community space, bringing together people with a lived experience of persistent pain.

The group meets via teleconference and explores pain education concepts together. Community members have a space where they can share their journey to recovery and support each other in applying the information to make a positive change in their pain care journey.

Each meeting includes an exploration of information and peer exchange focused around a practical application. These meetings allow a safe and accessible way for geographically isolated people to come together.

The group meet on the last Thursday of every month at 6pm (AEDT). This is a free event.

Community facilitator: Sinan Tejani
Email: community@painrevolution.org