

# arthritis *matters*

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For the first time, the 2021 National Census asked us about our health, specifically about the chronic conditions that impact our daily lives.

Now the results are in.

One in three of us indicated having at least one chronic condition - with arthritis coming in as the second most common (prevalent) condition, behind mental health disorders. Some two million, one hundred thousand of us ticked the 'arthritis' box (and this is likely to be an under-estimate, not accounting for millions more who live with back or persistent pain, and/or compromised bone health - all of which come under the more broadly defined/recognised 'umbrella' of arthritis).

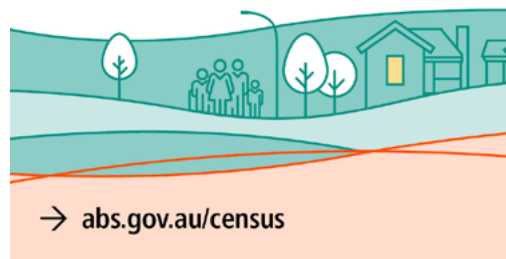
According to the Bureau of Statistics, the Census information is extremely important - "there is high demand for data on long-term health conditions at local levels for health service planning. We hope that service planning translates to service delivery, and that people with chronic conditions start to get the care they require."

In his comments about the Census data, Australia's Chief Statistician, Dr David Gruen acknowledged that "every statistic tells a story." At Arthritis & Osteoporosis Tasmania, sadly, we know that many of these



Census

2021 Census data is **now** available!



stories tell of unmet need. It is health inequities and gaps in service provision that guide many of the activities of our CEO. Jackie always has a number of advocacy issues on her desk, and she touches on just three in her *CEO's Message*, on Page 3. Also, one of our wonderful Members, Diana tells us about how she became an 'Accidental Advocate,' see the *Member Story* on Page 8.

*What's News*, on Page 2, features some of the fundraising initiatives developed by our new Manager of Community Engagement and Marketing. If you are a knitter, would like to support us by buying a raffle ticket or have always wanted to walk the iconic Overland Track (see Page 12), Anita has you covered.

We know that living with one or more chronic musculoskeletal conditions can impact many aspects of your life. It can also increase your risk of developing other health disorders. In this issue of *Arthritis Matters*, we focus on keeping you healthy.

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

 **Arthritis & Osteoporosis**  
TASMANIA

19A Main Road, Moonah TAS 7009

Tel: 03 6228 4824

Email: [info@arthritistas.org.au](mailto:info@arthritistas.org.au)

[www.arthritistas.org.au](http://www.arthritistas.org.au)

ARTHRITIS INFOLINE: 1800 011 041

*\* Disclaimer: The content provided in this newsletter is for information purposes only and should not be used in place of medical advice.*



# What's News?

*Do you realise only about 40% of the work we do is funded?*

We need your support so that we can continue to provide services to Tasmanians living with arthritis, osteoporosis and associated musculoskeletal conditions. With this being our goal, we are excited to present a new way for us to raise funds, through *Play for Purpose*. With a 1 in 380 chance of winning a prize, the odds are in your favour!

*Play For Purpose* is an online not-for-profit raffle that helps hundreds of Australian charities and sporting clubs to fundraise, while giving ticket buyers the chance to win amazing prizes. *Play For Purpose* is operated by the 50-50 Foundation, an ACNC registered charity that has operated hundreds of charity raffles and raised millions of dollars for good causes since 2013. It is partnered with and supported by The Lott, the Australia Sports Foundation and Sport Australia.

You can purchase raffle tickets online, year-round using the link through our website, and set up recurring entries to make sure you don't miss out on future draws. There are new prizes up for grabs every three months - we could never



offer prizes like this alone, so it is a great opportunity for us too. The first prize is always valued at \$250,000 and there are hundreds of other prizes up for grabs each draw. At least 50% of the proceeds of tickets bought through our partner page will go directly to Arthritis & Osteoporosis Tasmania.

Contact us for more details or visit: [www.arthritistas.org.au/support-us/arthrititis-tas-raffles/](http://www.arthritistas.org.au/support-us/arthrititis-tas-raffles/)

## *We need Many Hands to pick up those Knitting Needles!*

We have promoted the benefits of movement in the management of arthritis and related conditions for some time now. The research evidence shows a reduction in pain, an increase in strength and flexibility, and an overall benefit to our general wellbeing when we move our joints. In the past few years, several studies have been conducted looking at one activity in particular - knitting!

Knitting has often been praised for keeping the fingers nimble, the mind active, and creating a sense of purpose for the knitter.

Worldwide, these are the areas that research into the benefits of knitting have focussed on, and across which study participants have consistently reported positive results. The studies

included people who had been continually knitting for decades, and a number that had not knitted in years. People who participated and knitted every day reported a reduction in pain, an increase in hand mobility and a general uplift in mood and general wellbeing. One particular group reportedly met daily and worked together to knit blankets for a local children's hospital, an activity that gave them a great sense of purpose.

If you're someone who enjoys knitting, or has done in the past, perhaps you might like to pick up the needles for a good cause - and the potential positive impact it will have on your joint health and mobility.

We're starting a new initiative called 'Many Hands' which focuses on using our hands to keep them nimble, while creating arts and crafts items to sell - raising funds to support the ongoing work of our organisation.

We have some gorgeous Christmas decoration patterns which are available for charities to use free of charge. We are putting a call out to

recruit knitters to *Many Hands* to knit these decorations for us and once they're completed, we will put in the Charity Christmas Shop for sale later this year. **If you would like to take part and put your hands to work for us, give us a call in the office on 6228 4824 and we will organise to get some patterns to you.**

With such a rich member base there are bound to be many crafters among us, so if knitting is not something that interests you, but you have another craft you would like to contribute to *Many Hands*, please let us know.

We hope this will become an initiative that can connect us and the things we like to do with our hands as an addition to our Healthy Lifestyle Programs. As this program creates items that are donated to sell, the income stream will go a long way to support our not-for-profit organisation and provide more information and support to more Tasmanians living with arthritis & osteoporosis. May *Many Hands* make light work for us all and in turn improve your hand joint health and mobility!



## *It's hard to believe that we are already more than halfway through 2022.*

As we grow older, it can often feel like time goes by faster and faster, and according to Google™ there is some truth in this, as how a clock measures time and how you perceive it are apparently quite different. This speeding up of subjective time with age is well documented by psychologists, but there is no consensus on the cause. Whilst we obviously can't slow down real time, practising mindfulness (focussing on the moment) and refreshing your daily routine can all slow down your perception of time.

In the first six months of this year my time has largely been focussing on advocating for the interests of the 1 in 4 Tasmanians living with arthritis. Particularly issues such as increasing access to rheumatology services within the public health system; better access to hydrotherapy pools for warm water programs; and changes to the Patient Travel Assistance Scheme.

### **A Long Wait for Public Rheumatology Services is not Acceptable**

Currently, the only rheumatology services in the public health sector in Tasmania operate out of the Royal Hobart Hospital – predominantly through outpatient clinics. However, as of 31 May 2022, the waiting time for

urgent appointments was 36 days; semi-urgent appointments 295 days; and non-urgent appointments 1050 days. Our call to establish a northern based public rheumatology service would enable local care for those living across the North/North West of Tasmania needing specialist rheumatology care.

*'Why is it important to see a rheumatologist?'* Your GP may recommend referral to a rheumatologist when they have made a diagnosis of or suspect that you have an inflammatory musculoskeletal condition (e.g. rheumatoid arthritis, psoriatic arthritis, or ankylosing spondylitis). Some specialised medications can only be prescribed in Australia by a rheumatologist.

You can find more information at <https://rheumatology.org.au/For-Patients/Your-Rheumatology-Health-care-Team/What-is-a-Rheumatologist>

### **Hydrotherapy Pools for Warm Water Exercise**

Warm water exercise is one of the most comfortable ways to exercise yet accessing hydrotherapy pools (heated to around 32 degrees) can be difficult – they are expensive to develop and operate. Our approach is to make the best use of existing facilities, and I will be advocating for greater community access to hydrotherapy pools located

within public health and residential aged care facilities.

Sadly, the long awaited KGV hydrotherapy pool at Glenorchy (opened in 2013) has been closed for the past two plus years, initially closing due to COVID restrictions, and then remaining closed due to alleged management/operator differences. Despite representations to the Glenorchy City Council, and local MPs, this much needed facility remains closed to the public. It is hoped that some progress will be made shortly when I meet with the Glenorchy Mayor, Alderman Bec Thomas. After supporting the development of a hydrotherapy facility within the Doone Kennedy Aquatic Centre in Hobart, I am pleased to have been invited to meet with the Hobart Lord Mayor, Councillor Anna Reynolds, for a site visit and development update which took place in early July.

### **Review of Patient Travel Assistance Scheme**

In November 2021 I made a submission to the review of the Patient Travel Assistance Scheme (PTAS) after receiving reports of claims being denied for travel and accommodation when needing to access specialist rheumatology care in Hobart. I have been advised that a final report has been prepared but is yet to be released.



### **Vale William Terrence (Terry) Bowes**

Terry was first elected to the Board of Arthritis & Osteoporosis Tasmania in 2000, serving as Hon President from 2001 until retiring from the Board in 2003.

A professional engineer and committed sportsman, Terry is remembered as a much admired community leader who liked to get things done. He is survived by his wife Barbara (also a former volunteer of AOTAS).

### **DONATIONS**

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

#### **DONATION IN MEMORY**

Late Lynette 'Pam' McKnight

**BEQUEST** Late Graeme Cherry





## *Staying Well While Living with Arthritis*

As if living with arthritis is not difficult enough, we now know that types of arthritis are associated with a range of other chronic conditions. In this article, we touch on some of these. Our reason for writing this article is to raise your awareness of the links between arthritis and comorbid ('present as well') diseases, and we strongly encourage you to seek medical advice if you have any unexplained/undiagnosed symptoms and stay current with all routine screening and vaccinations.

### Diabetes

**Type 1 diabetes** is an autoimmune disease, the immune system attacks cells of the pancreas, the organ responsible for producing insulin. A person with one autoimmune disease has an increased risk of developing another. Studies show that having Type 1 diabetes increases the risk of developing rheumatoid arthritis and also osteoporosis (a disease characterised by low bone mineral density and increased risk of fracture).

**Type 2 diabetes** is associated with genetic and lifestyle factors - obesity,

insulin resistance and inactivity. People who have type 2 diabetes have an increased risk of osteoarthritis.

Examples of chronic musculoskeletal conditions associated with diabetes include Charcot joint (neuropathic arthropathy) which occurs when a joint deteriorates due to nerve damage, a complication of diabetes. It primarily affects the feet. Diffuse idiopathic skeletal hyperostosis (DISH) is a hardening of tendons and ligaments that commonly affects the spine. It is associated with type 2 diabetes. And Dupuytren's contracture which is where the fingers are bent toward the palm. It is caused by thickening of connective tissues in the hand and is common in people who have had diabetes for a long time.

For more information visit: Diabetes Australia: <https://www.diabetesaustralia.com.au/>

### Heart disease

Living with arthritis can put you at increased risk of developing heart disease including risk of heart attack, stroke, high blood pressure and atherosclerosis (plaques in the arteries). Inflammation is a risk factor for heart disease, and all forms of arthritis have an inflammatory component. Inflammation is not kind to blood vessels in the body or the brain. And, if your arthritis causes you to be less active and/or carry extra weight, these are also risks for developing heart disease.

Studies show that people living with gout, those with inflammatory arthritides such as rheumatoid or psoriatic are at an increased risk of adverse heart events and/or stroke. We don't want to alarm you, but please take this seriously and talk to

your doctor about your heart health. Also, some medications used to treat arthritis can increase your risk of heart disease. These include non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen and corticosteroids such as prednisolone. Use these medications only when necessary and as directed by your doctor.

Keeping your cardiovascular system healthy involves getting regular exercise, eating healthily, keeping your blood pressure and cholesterol within healthy levels, and not smoking. Sometimes, the link between arthritis and heart disease is overlooked. Discuss your risk factors with your health care practitioner and see what you can do to stay young at heart.

For more information visit: The Heart Foundation: [www.heartfoundation.org.au/heart-health-education/keeping-your-heart-healthy](http://www.heartfoundation.org.au/heart-health-education/keeping-your-heart-healthy)



## Irritable Bowel Disease

Arthritis is a common extra-intestinal (meaning in addition to the intestine) complication of living with Crohn's Disease and Ulcerative Colitis, the conditions collectively referred to as Irritable Bowel Disease (IBD). The term 'IBD associated arthritis' is used to describe arthritis associated with diseases of the gastrointestinal system. Rheumatoid, Psoriatic, Ankylosing Spondylitis and Reactive Arthritis are all known to have an intestinal component.

In people with IBD, 30% will develop pain and/or swelling in their joints. The symptoms can affect the large joints of the arms and/or legs (peripheral arthritis) or the back and sacroiliac joints (axial arthritis). They may last anything from a few days to permanently.

It used to be thought that autoimmunity was the driver in diseases such as Crohn's, now researchers are looking at it as being an autoinflammatory process – not so much a case of the body attacking its own healthy tissues but rather 'making inflammation' in response to an (as yet unknown) environmental threat. This inflammation affects the gastrointestinal tract (and the joints). Genetic predisposition also seems to be in play, with some 20% of people with IBD having a first degree relative with the condition.

For more information visit: Crohn's and Colitis Australia  
<https://www.crohnscolitisfoundation.org/sites/default/files/2020-03/arthritiscomplications.pdf>

## Obesity

Obesity is recognised as disease in its own right. The condition is characterised as 'abnormal or excess fat accumulation that presents a risk to health.' Types of arthritis have a direct association with obesity.

We used to think that carrying extra weight caused weight-bearing joints (knees, hips ankles and feet) to develop osteoarthritis (OA). We now know that extra weight causes additional force through these joints which causes pain, but the real culprit is the fat cells (not fat mass). Each fat cell releases chemicals as part of its life cycle. These chemicals cause inflammation which in turn damages cartilage, the gliding surface on the ends of the bones in your joints. So, the more fat cells, the greater risk of OA (and the more weight, the more pain).

These chemicals and the whole-body inflammation they cause are also an issue for people with types of inflammatory arthritis such as rheumatoid, in addition some of the medicines used to treat these conditions work less well in obese people.

For more information visit: The Obesity Collective  
<https://www.obesityaustralia.org/>

## Haemochromatosis

Haemochromatosis is a common genetic condition that causes an accumulation of iron in the body, including within the joints. Researchers, from the Edith Cowan University WA, found that 84% of their study participants with haemochromatosis had arthritis. This is called Haemochromatotic Arthritis.

The body uses iron to make haemoglobin and myoglobin, which help transport oxygen around the body. Ordinarily, the body only absorbs as much iron as it needs. In haemochromatosis, it absorbs too much and can't rid itself of the overload, causing the excess iron to be deposited in the joints (and in some organs including the heart). Early diagnosis, ongoing monitoring and management of iron levels can ensure that joints (and organs) are not affected.

Call Arthritis & Osteoporosis Tasmania on 1800 011 041 for a copy of our Information Sheet:

<https://arthritis.org.au/wp-content/uploads/2020/09/Haemochromatosis.pdf#zoom=100>

Or visit: <https://haemochromatosis.org.au/>

This is just a few of conditions that we can develop if we have arthritis, get older, do less physical activity, put on excess weight and/or have other chronic conditions. Others may present due to a genetic predisposition and/or environmental factors. Being aware of and reducing the risks associated with developing chronic conditions including arthritis, by utilising active management strategies will maximise health, function and quality of life.

Unfortunately, life is not fair - having arthritis does not mean that you are immune from other conditions. Regular health screening (breast, diabetes, cholesterol, vision etc) is extremely important.

Your health care team (including Arthritis & Osteoporosis Tasmania) are available to help you to stay as healthy as possible, while living with arthritis.





## *'Cracking' Good Joints*

Do you 'crack' your joints? If the answer is 'yes,' we bet that you have been told that it would cause arthritis later in life. An article written by Neil Tuttle, a senior lecturer at the University of Tasmania, reports that this is not the case.

The noise that can be heard when we manipulate our joints is called 'crepitus.' From the Latin for 'rattling' or 'creaking,' the term is used to describe sounds that come from within the body. Crepitus is a descriptor rather than a condition and can affect a variety of joints including the knuckles, knees, hips, shoulders,

and the spine. These are all synovial joints, the most movable joints in the body.

The noises are the result of small bubbles of gas bursting within the joint space. Crepitus can start at any age; however, becomes more common in older people. And, in and of itself, it is not an issue. However, if you have pain associated with joint manipulation, it would be prudent to consult your doctor to exclude an underlying condition such as an infection or acute inflammation and/or to stop. If you do crack your joints, just be careful not to do it too violently as there have been rare reports of dislocations caused by over-zealous



manipulation. So, whilst it may not be harmful to crack your joints, it can still be extremely annoying for those of us who can't do it!

**Source:** <https://theconversation.com/cracking-joints-isnt-bad-for-you-and-could-even-serve-a-useful-purpose-162437>

## *The NICEst thing for joints with OA*

If you watch television or read print advertising, you would be forgiven for believing that the thing to do when your joint/s ache is to reach for a 'painkiller' (a misnomer if ever there was one). It is what the pharmaceutical industry may want you to do, but this is not supported by clinical evidence.

In April, the prestigious UK National Institute for Health and Care Excellence (NICE) released their new draft guideline for OA Assessment & Management. It recommended 'tailored therapeutic exercise such as strengthening and aerobic exercise for all patients with osteoarthritis, as a *'first line response'*.

Exercise has been recommended before by this group (and many others including your Arthritis & Osteoporosis Tasmania team) but, according to The Lancet Rheumatology journal, there is definitely no ambiguity that "exercise takes centre stage over oral analgesics including paracetamol, non-steroidal anti-inflammatories and opioids."

Sadly, the article reports on a study conducted in 2021 in the UK where 84% of people who saw a doctor for symptoms consistent with OA reported being prescribed painkillers, with only half being recommended exercise, and an even smaller group (12%) felt confident to follow through and attend an exercise program.

To get people with OA moving, it will take a big shift in mindset (away from medications) for both patients and

their medical teams. Also, people will need access to affordable, appropriate group exercise programs (like the Arthritis & Osteoporosis Tasmania *Smoother Movers* programs) with skilled exercise leaders who understand arthritis and can support their participant's long term.

**Source:** [https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913\(22\)00133-3/fulltext](https://www.thelancet.com/journals/lanrhe/article/PIIS2665-9913(22)00133-3/fulltext)





## Advancing a Weighty Issue

In an ideal world, we would all be able to maintain our ‘ideal’ weight or if we needed to lose some, it would be a breeze. Sadly, in the real world many of us carry around too many grams (or a little more!) and it’s not always easy to shift. Researchers from the University of Michigan have made a discovery that, if it could be successfully and safely translated to humans, would allow people to lose fat tissue and significantly improve their metabolic (general and potentially joint) health.

When the body carries an abundance of excess energy, the fat cells release a hormone called leptin. This is a weight-regulating hormone which signals to the brain that it can decrease our appetite and increase burning of calories. Unfortunately, if we carry too many fat cells, the system becomes insensitive to these messages, and our appetite and energy expenditure don’t respond as they should.

The researchers were able to block the activity of an enzyme, called histone deacetylase 6 (or HDAC6), inside the fat cells of mice – effectively improving the brain’s ability to sense and respond to circulating leptin. They treated obese mice with a compound that inhibits HDAC6 and within weeks, the mice lost almost 25% of their fat tissue, not lean muscle mass.

Lead author of the study, metabolism researcher Dr Işin Çakır, noted that the findings were still a long way from translating to obesity treatments for humans. “Obviously, the most important questions are is HDAC6 inhibition going to have the same effect in humans, and is it going to be safe? And a lot more research is needed before we will have answers to those questions.” The study was published in the journal *Nature Metabolism*.

**Source:** <https://www.lsi.umich.edu/news/2022-01/new-research-uncovers-path-lowering-obesity-mice-increasing-effects-key-weight-regulating-hormone>



## Autoimmune Diseases on the Rise

Autoimmune disease such as types of arthritis including rheumatoid and Ankylosing Spondylitis are on the rise, and significantly so. Internationally, it is estimated that cases of autoimmune diseases are rising 3 - 9% a year and are being diagnosed in countries where they had not been detected before. This has clinicians and scientists intrigued and very concerned.

World expert, Dr James Lee from the Francis Crick Institute, London belongs to one such group. He explains, “autoimmune cases began to increase about 40 years ago in the west, however, we are now seeing them emerge in countries that never had such diseases before. Human genetics hasn’t altered over the past few decades,” he adds, “so something must be changing in the outside world, in a way that is increasing our predisposition to autoimmune disease.”

His colleague, Professor Carola Vinuesa, previously of the ANU and now Senior Group Leader at the Crick Institute agrees. Her work includes investigating changes in our diet which indicate that the so-called ‘Western Diet’ is altering our gut. “These changes in our microbiomes are then potentially triggering these diseases” she explains.

As with all autoimmune conditions, a person needs to have an individual genetic susceptibility to develop the disease. Also, understanding potential environmental triggers and the genetic mechanism/s at play is vital to enhancing our understanding of the conditions, developing effective treatments and ultimately, preventing people from developing them in the first place.

**Source:** <https://www.thetimes.co.uk/article/processed-food-in-diet-may-cause-rise-in-autoimmune-diseases-gkn9nxg7h>

*For results of the Tasmanian Menzies Research Institute ‘Parkrun’ study for people with knee osteoarthritis, see page 8.*



## *Saving You and the Planet By Choosing Wisely*

At Arthritis & Osteoporosis Tasmania, we often suggest our consumers be like Goldilocks when it comes to exercise, eating and resting, we advocate a 'not too much, not too little' approach.

Now, the National Prescribing Service, under its Choosing Wisely initiative, is asking consumers to take this approach to their health care. They want us to ask five questions when our health care provider recommends a test, treatment or procedure.

These are:

- ▶ Do I really need the test, treatment or procedure/s?
- ▶ What are the risks?
- ▶ Are there simpler, safer options?
- ▶ What happens if I don't do anything?
- ▶ What are the costs?

The point that they are making is that some tests, treatments, and procedures provide little benefit and, in some cases, can even cause harm. For more information on this important initiative visit: <https://www.choosingwisely.org.au/> The Royal Hobart Hospital is a Choosing Wisely site.

Have you stopped to consider how every medical procedure or medicine impacts the planet in the form of waste and greenhouse gas emissions? This sector is now, itself, under the microscope.

Our health system gives us access to life-saving technologies - imaging, pathology investigations and thousands of medicines; and our pharmacy shelves are groaning with over-the-counter medicines, vitamins, and supplements. Each packet, needle/syringe, pair of gloves, tablet, gel, cream etc takes resources to make, and to transport to you.

We would never suggest that you should do without the tests, imaging and medicines that assist you and your health care team to manage your condition. However, it is always a good time to ask, "do I really need that?" It is all about "not too much, not too little, but health care that is just right."



## *Tasmanian Research Leading the Way*

New research from the UTAS Menzies Institute for Medical Research has found that the community event parkrun can be safe, fun and enjoyable for people with knee osteoarthritis.

This pilot study is the first to investigate the feasibility of parkrun for people with a specific chronic disease. These results present an exciting opportunity to promote parkrun for people with knee osteoarthritis - the most common form of arthritis which causes pain and reduced function in the joint. This can impact on people's ability and willingness to participate in physical activity and exercise. However, exercise is known to be one of the best treatments.

Associate Professor Dawn Aitken, leader of the Musculoskeletal Health and Disease Theme at the Menzies Institute, said this was where the idea for involving parkrun in her research came from. "It's a global phenomenon of free, 5km walk or run events held once per week in public green spaces. There are over 400 sites in Australia and 2,200 worldwide. We asked 17 people with knee osteoarthritis and low physical activity levels to walk in four weekly ParkRuns at the Queens Domain in Hobart."

"We found that people with knee osteoarthritis can participate in parkrun and find it enjoyable. Attending one parkrun event per week for four weeks resulted in large improvements in symptoms and an increase in overall physical activity levels."

PhD Candidate Laura Sutton said the research supported the participants every step of the way. "While some volunteers with knee osteoarthritis were apprehensive about participating, with support from our study staff, many of them were able to do so and enjoyed themselves."

Distinguished Professor Alison Venn, Director of the Menzies Institute, said the research provided evidence of a fun, easily accessible and community-based way to improve knee pain and physical activity levels.

"There is great potential for community activities such as parkrun to promote physical activity in people with chronic diseases like osteoarthritis. The 'parkrun Practice' initiative has recently been launched in Australia, encouraging GPs to refer their patients to parkrun. Our study supports the opportunity for GPs to recommend parkrun to people with knee pain."

**MENZIES**   
Institute for Medical Research



# Member's *story* — *The Accidental Advocate*



*This is how our wonderful Member, Diana started (and continues) to navigate the health system and to lobby for rheumatology and other health services in [N & NW] Tasmania. This is Diana's story:*

My 'rheumatology' story starts in October 2015, whilst in hospital with pneumonia, I met Dr X (a General Physician\*), who engaged in conversation and stated, "I don't think all your arthritis is osteoarthritis." To this point, I had had pain and swelling in a number of joints over time, with my GP treating them individually as the symptoms arose.

In November that year I had a fusion (arthrodesis) in an ankle following several injuries, so my follow-up appointments with Dr X were conducted at a sedate pace, as I recovered from surgery. In the first half of 2016, Dr X continued to monitor my joint related symptoms - referring me to a colleague who ordered a whole-body bone scan which would prove handy in providing a (better late than never) 'baseline' for what was going on.



In July 2016, I drove from Bridport for a doctor's appointment. Fifteen days later, I drove home - this after being admitted to LGH, apparently, very unwell. Multiple tests were conducted with the 'clinchier' being another bone scan, to which, after comparison with the earlier scan, the comment was made "like looking at two different people; it's all over the place" – I was diagnosed with inflammatory polyarthritis (inflammatory arthritis affecting five or more joints).

For the remainder of August 2016, I phoned all [private sector] rheumatology practices in Tasmania. This was an education as, in my naivety, I assumed an appointment would be forthcoming. Two offices were closed and not opening until a date in September; two not accepting further referrals a.k.a. 'books closed;' and finally, was offered an appointment in April 2017. Luckily, I secured a cancellation with that practice in November 2016. If not for this, it would have been a wait of eight months, for a condition where urgent consultation with a rheumatologist and commencement of treatment is key to disease remission. With my multiple joint replacements, I am testament to the other.

This journey exposed me to the dire straits of rheumatology services in Tasmania. In summary, at that time, one rheumatologist practicing (privately) in N and NW Tasmania, and perhaps ten in Hobart. In the public system in North and North-West Tasmania, rheumatology is supported by General Physicians - unfortunately, these practitioners cannot prescribe all of the necessary disease-modifying medications.

Diana's recommendations for others living with arthritis and/or chronic pain include:

- ▶ At every opportunity raise the issue of lack of rheumatology services in Tasmania, particularly in the N & NW.
- ▶ Write to MPs – yours, health ministers, shadow health ministers; let Canberra parliamentarians know – they fund some rheumatology in Tasmania.
- ▶ Ask questions and talk about service quality and gaps at every opportunity: to social workers, other allied health personnel, at outpatient and other appointments, to your GP – think 'spreading the word'.
- ▶ Write submissions to, or appear in person at any inquiries, e.g. Tasmanian Government conducted Health access and outcomes in rural and remote Tasmania.
- ▶ Get informed – ask/tell Arthritis & Osteoporosis Tasmania, a great resource.
- ▶ Speak up/speak out – for yourself and others.
- ▶ Do not suffer in silence/be a voice for those without, and whatever you do, don't be a 'patient' – be an informed health consumer.

Currently, I've distilled my question to the relevant Ministers/Shadow Minister to this: "*What is your succession plan when Dr Graham retires?*" [sole rheumatologist practicing in N and NW Tasmania].

\* General Physicians are medical specialists who provide a range of non-surgical health care. They diagnose and care for difficult, serious or unusual medical problems and continue to see the patient until these problems have resolved, or the person has been referred on.

# Programs & *services*



## SMOOTHER MOVERS EXERCISE PROGRAMS

*Smoother Movers* Land-Based Strength Training and Warm Water Exercise Programs offer group-based, light-moderate exercise sessions specifically designed for people with or at risk of developing arthritis, and/or those who live with chronic musculoskeletal pain.

These Programs are suitable for beginners and are open to people of all abilities and fitness levels.

Classes are held weekly and are led by trained fitness professionals, so you can be sure that you are exercising safely, correctly and for the most benefit! All participants are expected to participate in the group activities to the best of their ability - within the bounds of their condition/s and physical capacity.

### ***Smoother Movers* Land Based Strength Training classes are currently offered in:**

CLARENCE, LINDISFARNE, GLENORCHY, SOUTH HOBART, OLD BEACH, LENA VALLEY and BLACKMANS BAY.

There are currently vacancies in most of these locations.

### ***Smoother Movers* Warm Water classes are only offered in CLARENCE.**

We currently have no vacancies in our Warm Water Exercise program due to lack of access to hydrotherapy facilities, but you can contact us, and we will place your name on the waiting list for when places become available.

**For a free *Smoother Movers* information pack call the Arthritis InfoLine on: 1800 011 041**

## **Warm Water Exercise Launceston**

Provided by Martin O'Toole  
Group Warm Water Exercise Classes

For details and/or bookings  
contact: Martin O'Toole  
**M: 0412 296 694**

## **Hitting the Park for your arthritis**

As reported on Page 8, new research from the Menzies Institute for Medical Research has found that the community event parkrun is safe, fun and enjoyable for people with knee osteoarthritis.

Park runs are free, weekly (Saturday morning), community events that are conducted in parks and open spaces. Participants complete a 5km course, and according to their website 'parkrun is a positive, welcoming, and inclusive experience where there is no time limit, and no one finishes last.' Everyone is welcome to go along, whether they walk, jog, run, volunteer or spectate.

Events are conducted around the world, with 447 events Australia-wide, including 18 sites across Tasmania, being:

- Whitemark Wharf, Flinders Island
- Burnie Foreshore
- East Wynyard Foreshore
- Mersey Bluff, Devonport
- Railton Lions Park
- Westbury Town Common
- Port Sorell Surf Life Saving Club
- George Town Kanamaluka Trail
- Riverside Windsor Precinct
- Launceston - Inveresk Precinct and Kate Reed Recreation Area
- Orford Our Park

- Risdon Brook Park
- Bellerive Beach Park
- Montrose Foreshore Park
- Queens Domain - Upper Domain Road
- Kingston Park - Goshawk Way
- Geeveston - Heritage Park.

Registration is free and only has to be completed once, then you can attend any event around the corner, when you travel interstate or around the world. For more information on specific locations, event times, and how to get involved, visit: <https://www.parkrun.com.au>

## ***Ten Steps to Live Well with Arthritis* Community Information Sessions**

Our Arthritis & Osteoporosis Tasmania Health Educator is currently finalising dates for some information sessions in regional areas in the north and northwest of the state.

We will be visiting the municipalities of Dorset and Wynyard/Waratah in the next few months and adding more sessions in other areas in the future. So, look out for advertising of these events, and come out hear about the Ten Steps that you can take to live well with arthritis - we look forward to seeing you soon!





## Teen Talk

Our friends at Musculoskeletal Australia have a new online chatroom for teens called Teen Talk. It offers young people, aged 13 – 20 years, living with a musculoskeletal condition or chronic pain a space where they can jump online and chat with others who “get it.”

The great thing about *Teen Talk* is that it is for young people, run by young people!

The chatroom is anonymous and connects young people from all around Australia who are living with the same challenges.

The chatroom server is administered by a number of MSKA's young ambassadors and is overseen by MSK Australia staff, so parents can be assured that it is safe and secure.

For more information go to: <https://msk.org.au/msk-kids-teen-talk> or get in touch with Buffy at [buffy@msk.org.au](mailto:buffy@msk.org.au)

## MindSpot

MindSpot is a free service for Australian adults who are experiencing difficulties with anxiety, stress, depression and low mood. The service provides assessment and treatment courses or can help you find local services that can help.

The MindSpot team comprises experienced and AHPRA-registered mental health professionals including psychologists, clinical psychologists and psychiatrists who are passionate about providing an effective service to people all over Australia. Services are free, online and personalised to your needs.

For more information call 1800 614 434 or visit: <https://www.mindspot.org.au/> To watch a short video about what they do go to <https://www.mindspot.org.au/about-mindspot>

## Staying Safe and Up to Date with COVID

Keeping up to date with COVID-19 vaccination information is important for children and adults with inflammatory arthritis who are on Disease Modifying Anti-Rheumatic Drugs (DMARDs). To do this, you can ask your GP and/or rheumatologist or visit the website of the Australian Rheumatology Association (ARA).

The ARA update their information on this ever-evolving topic as new evidence informs our understanding of the virus and its variants. For the latest information (update 8 July 2022) go to: <https://rheumatology.org.au/For-Patients/COVID-Information/COVID-Vaccination-Information>

Arthritis Australia and the ARA recently hosted a community webinar titled: Arthritis, COVID-19 and you. The webinar provided information on vaccines, boosters and medicines for kids and adults (with a rheumatologist and a paediatric rheumatologist as speakers).

The webinar is still available at: <https://arthritisaustralia.com.au/consumer-webinar-arthritis-covid-19-and-you-answering-your-questions-on-vaccines-boosters-and-medicines-for-kids-and-adults/>

PS: Did you know that the Australian Rheumatology Association website also has a range of consumer resources? The ‘For Patients’ tab at the top of their website has a dropdown menu with sections including *Your Rheumatology Team* (explaining what different disciplines do), *Condition Specific Information*, *Paediatric Conditions*, *Pregnancy Information*, *Medicines* and *Where to Find a Rheumatologist* (by geographic location and areas of speciality). Visit: <https://rheumatology.org.au/For-Patients>

## Thriving While Aching – Creaky Joints

This is a podcast, presented by Laurie Ferguson (a clinical psychologist and health coach), that inspires and teaches you to live a full life while safely managing pain.

Aimed at people who have a few miles on the clock, find details at <https://creakyjoints.org/thriving-while-aching/> or where you listen to your podcasts.

## FREE COMMUNITY WEBINARS

### BJC Health – Connected Care:

The BJC rheumatology team from Sydney, who collaborate with our colleagues at Arthritis NSW, have a calendar of community events for people living with arthritis and other chronic musculoskeletal conditions. Offerings from their upcoming free webinar series include:

**Sept 14 at 8pm:** How does anxiety influence pain? And strategies to manage it.

**Sept 17 at 8pm:** Lupus – diagnosis and management

**Sept 28 at 8pm:** Low Back Pain – get the low down.

For more information on types of arthritis, visit: <https://www.bjchealth.com.au/conditions>

To activate a free account and watch the community webinars (and past content) visit: <https://www.bjcconnect.com.au/>

# Fundraising *Initiatives*

## ONE STEP CLOSER



*Have you always wanted to walk the iconic Overland Track but thought it was beyond your reach?*

**Now is the time to do it.** Sign up to join us on our fundraising walk and we will support you every step of the way.

We have partnered with the Tasmanian Walking Company who will be taking a team of 12 people from Cradle Mountain to Lake St Clair, along the Overland Track next April.

**Would you like to be one of them?**

**The walk departs Cradle Mountain 29 April 2023** – a magnificent time to be in the Tasmanian wilderness.

You will see the fagus turn right before your eyes and there could even be snow during the 6 days walking. Your guides will carry the heavy load, leaving you with a light weight pack, the time and energy to enjoy the journey.

Each night you can enjoy private accommodation, a hot shower, delicious food and wine prepared just for you.

You will be in good hands with experienced guides and with a full preparation plan you'll feel ready and supported every step of the way.

There is a cost to participate, but with the support of Tasmanian Walking Company there's been a significant reduction in the fee to undertake the guided walk - ***all we ask in return is you raise \$1000 that will go a long way to increasing the support and services we can provide.***

With one year to prepare and fundraise, this is well within your reach and you will bring Tasmanian's **One Step Closer** to the support and information they need to *live well with arthritis.*

Visit our website to learn more and sign up: <https://arthritistas.org.au/fundraisers-onestepcloser/> or call us on 6228 4824.

