

RICKETY JOINTS

Volume 2, Issue 2, June 2004

Welcome to the latest edition of *rickety joints*, the NSW Young Adults with Arthritis Newsletter. Copies of all newsletters are available on the website at <http://yawa.arthritisnsw.org.au/newsletter.html>. If you have any suggestions or comments, please email them to yawa@arthritisnsw.org.au.

Comments from the Committee

Hi everyone. We hope you all enjoy this edition of *rickety joints*.

Even though we are only in the first official month of winter, the weather has already turned quite chilly, especially overnight and early morning. The summer clothes have been sent into hibernation and the heaters and electric blankets have been pulled out, dusted off and put into use. Hopefully the colder weather won't cause too many increases in aches and pains.

One benefit of winter is the Blue Mountain's annual Yulefest celebration. Now in its 24th year, Yulefest is a reminder and celebration of the traditions of Christmas in winter. Many venues offer traditional UK Christmas dinners accompanied by some form of entertainment. NSW YAWA will again be organising a Yulefest event and full details can be obtained from our website (<http://yawa.arthritisnsw.org.au/specialevent.html>).

Finally, we hope that all of you are keeping well and our thoughts and best wishes go out to anyone who is struggling with illness or pain, poorly controlled arthritis, about to undergo surgery or recovering from recent surgery. We also want to wish Elaine all the best for the impending birth of her first child. We hope that everything goes smoothly and you are blessed with a happy and healthy baby and no arthritis flare.

Best wishes to all,
NSW YAWA Committee Members

Treatment Updates And PBAC Decisions

As we mentioned in the last issue, the PBAC had approved Humira (Adalimumab) for listing on the PBS. We can now report that this has occurred and Humira was listed on the PBS Schedule released on the 1st May 2004. As with the listings for Enbrel and Remicade, access to Humira through the PBS is restricted to only those patients who meet a strict set of criteria. At this stage, it is only available to adult patients diagnosed with Rheumatoid Arthritis and under the care of a Rheumatologist. The criterion is the same as that for Remicade and as with Remicade, it is only being approved for use in combination with methotrexate.

In general, to qualify for initial treatment with Humira, a patient will need to be over the age of 18 and have severe active rheumatoid arthritis (as shown by ESR / CRP elevated above certain levels and a minimum number of active joints in a joint assessment) with a record of rheumatoid factor positive (RF Positive or sero-positive) status. They will also need to have a documented failure to achieve an adequate response (as defined within the PBS Schedule) to certain treatment regimes. In particular, this includes methotrexate at a minimum dose of 20mg per week AND a minimum 3 months treatment with methotrexate in combination with 2 other DMARDs (prednisone is included as a DMARD for this purpose) AND a minimum 3 months treatment with Arava (either on its own or in combination with methotrexate) or Cyclosporin. Exemptions are available to patients who meet all other criteria but are unable to satisfy the treatment regime criteria due to a documented contraindication or intolerance. However, unlike Enbrel, no exemption exists for the rheumatoid factor positive status regardless of age at diagnosis.

Patients who satisfy the criteria will be granted initial approval for 16 weeks supply. To gain access to Humira beyond this period, they will need to demonstrate an adequate response. Assessment of this should be done after at least 12 weeks treatment. Patients who were using Humira prior to its listing on the PBS and who now want to access it through the PBS will also have to demonstrate an adequate response to it. Full details on all the criteria for new patients and ongoing supply of Humira can be obtained from the Pharmaceutical Benefits Scheme website at <http://www1.health.gov.au/pbs/index.htm>.

Feature Article - Making High Medical Costs Work for You

Part 1 - PBS Safety Net Scheme

The Australian Pharmaceutical Benefits Scheme (PBS) is a federally funded program that subsidises the cost to consumers of many prescription medications. Not all medications are listed under the PBS but for those that are, the federal government subsidises each brand of a particular medication but only up to the cost of the lowest price brand. This means that for general patients, the cost of the cheapest available brand of a PBS listed medication will be no more than \$23.70¹. For concession card holders (such as low income earners, pensioners and veterans), the cost is only \$3.80¹. However, if you elect to purchase a higher priced brand, you will also be charged a brand premium. This is the difference between the costs of that brand and the lowest priced brand² and is usually less than \$3.00.

While the PBS ensures that the cost for each individual listed prescription medication is reduced, for patients that require a lot of these, their yearly prescription bill can still be quite high. To assist these patients and limit their financial burden, the federal government also funds a PBS Safety Net scheme. This scheme runs on a calendar year basis and provides patients with an additional subsidy on all PBS prescriptions purchased once the yearly threshold amount has been reached.

The Safety Net threshold is applied on a family basis. This means that it includes the primary patient, their spouse (including de-facto) and any children under 16 or full time students under 25 in their care. Currently, the Safety Net threshold is \$726.80³ for general patients and \$197.60³ (or 52 scripts) for concession card holders⁴. Once the Safety Net threshold has been reached, the remainder of that year's PBS eligible scripts are provided at a reduced cost⁵. For general patients, this cost is the concessional rate of \$3.80 per script while concession card holders get their eligible scripts free of charge.

While the PBS Safety Net scheme is available for everyone who has a valid Medicare number, it is up to each individual / family group to keep a record of their spending on PBS medications on a Prescription Record Form. These are available from any pharmacy. Each time you get a PBS script filled, you should receive a sticker that lists the date, your name, identification numbers and the cost of the medication that counts towards the Safety Net threshold⁶. These stickers need to be attached to the

Record Form. Alternatively, just hand in your Record Form with each script you have filled and the chemist will update it for you. Once you have reached the relevant threshold, just hand in the Prescription Record Form at any pharmacy and they will process it and supply you with your PBS Safety Net concession card. This card is valid until the end of the calendar year and needs to be shown each time you have a script filled.

Medications that are listed on the PBS but are only available from outpatient pharmacies at public hospitals also count towards the Safety Net threshold. However, you will need to record your spending on these medications on a separate Hospital Prescription Record Form. This is available from the outpatient pharmacy and needs to be handed in each time you get a script filled. Once the combined total on both the Hospital and regular Prescription Record Form reaches the relevant Safety Net threshold, submit them both through your regular pharmacy to obtain your concession card.

Information on and assistance with applying for the PBS Safety Net or keeping a record of your spending on PBS prescription's can be obtained from your local pharmacy or the PBS website (<http://www.health.gov.au/pbs/general/index.html>).

Notes:

1. This charge is called the patient co-payment and is revised annually in line with the Consumer Price Index. The prices quoted in this article are valid from 1st January 2004.
2. For example, if the brand you want costs \$2.30 more than the cheapest brand and the subsidised cost of the cheapest brand is \$23.70 (for general patients), you will pay \$26.00.
3. As with the patient co-payment, the amount of the Safety Net threshold is revised annually in line with the Consumer Price Index. The amounts quoted in this article are valid from 1st January 2004.
4. Some differences in the threshold limit may apply when some members of a family are general patients and others are concessional patients. Your chemist can give you further information if this is the case for your family.
5. Additional allowable charges such as brand premiums will still apply as normal.
6. Only the cost of the cheapest brand or item in the same therapeutic group counts towards the Safety Net threshold. If there is a brand premium or other allowable additional charge, the amount you pay may be more than the amount that counts towards the threshold.

Part 2 - Tax Offset for Out Of Pocket Medical Expenses

Anyone with a chronic illness knows that their yearly medical bills can be quite high. But if your out of pocket (or net) medical expenses for the financial year are greater than \$1500¹, then you can use them to offset some of your taxation bill for that financial year.

Out of pocket or net medical expenses are the medical related costs you have paid less any refunds you have (or could have) received from Medicare or your private health fund. For the 2002-03 financial year, there was a 20% tax offset for all out of pocket medical expenses above the \$1500 threshold. Plus there is no upper limit on the amount you can claim. Thus, if your out of pocket medical expenses for the financial year were \$2000, you could claim a tax offset of \$100 (20% of \$500). And we all know that every little saving helps.

When calculating your out of pocket medical expenses, you can include all allowable expenses for you and your dependants, as long as you are all Australian residents. However, only one of you can claim the tax offset in your tax return. In general, this means that the medical expenses can be for you, your spouse² (including de-facto) and your children who are under the age of 21³. Medical expenses can also be included for a number of other people whom you support as long as they have Separate Net Incomes (SNI) below certain thresholds or you can obtain the relevant tax offset for them⁴.

The tax office has set rules outlining what constitutes an allowable out of pocket medical expense. These include⁵:

- Expenses relating to an illness or operation (including cosmetic surgery and IVF procedures) that were paid to legally qualified doctors, nurses, chemists and public or private hospitals.
- Payments made to an approved care provider in a nursing home or hostel (not a retirement home) for care provided to an approved recipient of residential aged care. These include daily fees, income tested daily fees, extra service fees and accommodation charges
- Payments to dentists, orthodontists and registered dental mechanics for dental treatment (including the supply, alteration or repair of artificial teeth).
- Payment to opticians or optometrists for optical treatment. This includes charges for spectacles and contact lenses.
- Payments made to carers of a person who is legally blind or permanently confined to bed or a wheelchair.
- The cost of medical or surgical wigs that are made to measure and have a special type of construction.
- Costs associated with keeping a trained and working guide dog.
- The cost of artificial appliances such as artificial limbs or eyes and hearing aids.
- The cost of therapeutic treatment such as physiotherapy, diathermy, osteopathy, chiropody, acupuncture, speech therapy and treatments for dyslexia. However, you must have a written referral from a qualified doctor. This referral must be to a particular provider of the treatment and for the treatment of a specific ailment or injury.
- The cost of medical aids prescribed by a doctor. These include adhesive plaster and strapping, neoprene bandages, wheelchairs, crutches, spinal and surgical braces, surgical shoes and boots, oxygen equipment, dialysis units, colostomy appliances, invalid chairs and tricycles, car controls for the disabled and tele-typewriters.

There are also a number of costs that may be seen by you as being medical in nature or related specifically to an illness that cannot be included in your calculations of out of pocket medical expenses. These include:

- Chemist type items (like over the counter pain medications) purchased in retail outlets or health food stores
- Items purchased in a pharmacy that are not related to a documented illness or operation.
- Ambulance charges or private insurance fees for Ambulance coverage
- Private Health Insurance contributions
- Cosmetic wigs
- Funeral expenses
- Non-prescribed vitamins and health foods in general
- Payments for life insurance medical examinations
- Travel or accommodation expenses associated with receiving medical treatment
- Vaccinations related to overseas travel
- Other vaccinations
- Miscellaneous items including:
 - Ordinary lifts
 - Wheelchair ramps
 - Swimming pools
 - Spa pools
 - Hydrotherapy pools
 - Air conditioners
 - Musical keyboards, language programs and kits
 - Heavy underclothing
 - Squash balls for hand exercises.

Calculating your tax offset amount for your out of pocket medical expenses is quite easy. Firstly add up the total amount spent on allowable expenses during the financial year (1st July to 30th June). Next,

subtract any refunds that you received from Medicare or your private health fund. This will give you your total out of pocket (net) medical expenses for the financial year. If this amount is \$1500 or less, you cannot claim any tax offset. If the amount is more than \$1500, your tax offset is calculated as follows:

$$\text{Tax offset} = 20\% \times (\text{total net medical expenses} - \$1500)$$

Further information on what can be included and how to calculate your out of pocket medical expenses tax offset, contact the ATO on 13 28 61, visit any ATO office, refer to the ATO website (<http://www.ato.gov.au>) or speak to your tax agent.

Notes:

1. The threshold limit was increased to \$1500 from the start of the 2002-03 financial year.
2. Regardless of their income
3. Including any who were students. Also includes adopted and stepchildren and is regardless of their income.
4. Refer to the ATO or your tax agent for a full list of whose medical expenses can be included in your calculations.
5. This list was valid for the 2002-03 financial year and may not be accurate for any subsequent financial years. As such, you should check what can be included with the ATO or your tax agent before making a claim.

Meeting and Special Events Update

A copy of the minutes for all our meetings will be posted on the website by the end of the week following the meeting. This section of the site is password protected. To obtain the password, please email us at yawa@arthritismsw.org.au.

There have been a number of Special Events held in recent months and the focus of the monthly meetings has been on the organisation of these events.

April Special Event - Family Picnic Day

Arthritis Week in Australia usually falls within April and, in NSW, it traditionally begins with a Family Picnic Day for children with arthritis. For the past two years, NSW YAWA have also attended the Family Picnic Day. In 2004, this event occurred on Sunday, 18th April and was held at Parramatta Park.

Some time ago, NSW YAWA received a generous donation to help publicise the group. Prior to the picnic, it was decided to spend some of this money on having blue polo shirts embroidered with the NSW YAWA logo. The shirts were to be ready in time for the picnic but as they only had short sleeves, we were all hoping for a fairly warm and sunny autumn day. Thankfully our hopes were realised and all of us who attended the picnic were able to wear our new NSW YAWA shirts.

Around 20 members and their families attend the picnic and everyone brought along a dish of food to share amongst our group. We had potato salad, coleslaw, pasta salad, garden salad, pizza, watermelon, drinks and cake. The NSW Arthritis Foundation also generously donated meat and bread and Philip (from the Foundation) took on the role as head chef of the BBQ.

Most of us arrived around the same time and we set ourselves up with picnic blankets and fold-up chairs. Apart from the lunchtime rush to fill our plates (and our stomachs), most of the day was spent relaxing and catching up with each other and the other members of the local arthritis community. One of the best things about the NSW YAWA group is that many of us have become genuine friends and

days like this one help to reinforce those friendships. It also gives us a chance to relax and have some fun in a supportive and non-judgemental environment.

This year's picnic was also an unexpected reunion between the three founding members of NSW YAWA. While two of these members remain active within the group, the third moved to Perth with his family before the group was a year old. He maintains an interest in the group's activities and his attendance is always welcome whenever he is in Sydney.

As the NSW YAWA group was formed from a chance meeting at an Arthritis Week event in 2002, the Family Picnic Day has also become our unofficial birthday celebration. And for those of us who hadn't pigged out too much on the other food, a choice of mud cake or cheesecake was on offer to mark the second birthday of the group.

May Special Event - Social Dinner

On Friday 14th May, 11 members and their partners / family headed into the city for dinner at the Spanish Terrazas restaurant. The restaurant is located on Kent St behind the George St cinema complex and offers traditional Spanish food and a live Salsa band on Friday and Saturday nights.

One of the best things with Spanish food is it is possible to get a good feed fairly cheaply by sharing a number of dishes of Tapas. Tapas are the Spanish equivalent of finger food and are served in entrée sized portions. In Spain, Tapas are traditionally served in bars as an accompaniment to the drinks but for us, Tapas are a good way to sample and enjoy a variety of traditional Spanish food and flavours. And for those who are able to drink alcohol, the best accompaniment is a jug of Sangria (traditional Spanish red wine punch).

Spanish Terrazas offer 18 different Tapas with a good variety of vegetarian, meat and seafood dishes. Given the choice and the size of the group, we decided to start off by ordering one of everything on the Tapas menu. Even though we all have different tastes, everyone found enough dishes that they enjoyed and most were devoured quite quickly. Even the least popular dishes (the Grilled Sardines would probably be the top of this list) were eventually finished off. The only disappointment of the night was when our waitress came and told us that there were only 5 chocolate mouse left and half of us would need to choose a different dessert.

By the end of the night, we were all feeling relaxed and full. And for a total cost of \$25 per person for food and drink, we all agreed that the evening at the Spanish Terrazas was a success.

- **Upcoming Meetings and Events**

- June:** Saturday 5th - NSW YAWA Meeting. Ryde-Eastwood Leagues Club, 10:30am
- July:** Date TBA – Yulefest Event, Blue Mountains (see website for full details).
- July:** Saturday 3rd - NSW YAWA Meeting. Ryde-Eastwood Leagues Club, 10:30am
- August:** Saturday 7th - NSW YAWA Meeting. Ryde-Eastwood Leagues Club, 10:30am

Hints And Tips

Items like dishwashing liquid and shampoo normally come in bottles than need to be squeezed to dispense the contents. Often this is difficult to do if arthritis affects your hands. To overcome this, purchase empty bottles that have a pump dispenser nozzle (the ones you push down on, like on liquid soap bottles – see picture) or save up your old ones as you empty them. Get a kind and caring friend to dispense the product from its normal bottle into the new one with the pump dispenser nozzle on it. The



contents can then be dispensed by simply pushing down on the pump nozzle with your hand or even wrist / lower arm.

If you have trouble removing toothpaste from its tube, lay the tube on the edge of the basin with the nozzle just over the edge (on the inside of the basin). Plash your toothbrush under the nozzle and simply push slowly down on the toothpaste tube. If you push too hard and miss the toothbrush, just wash the spilt toothpaste down the drain.

If you find it difficult to hold or use a regular toothbrush, switch to an electric or battery operated one. These have chunky handles that are easier to grip and the movement of the bristles makes it easier to get your teeth clean.

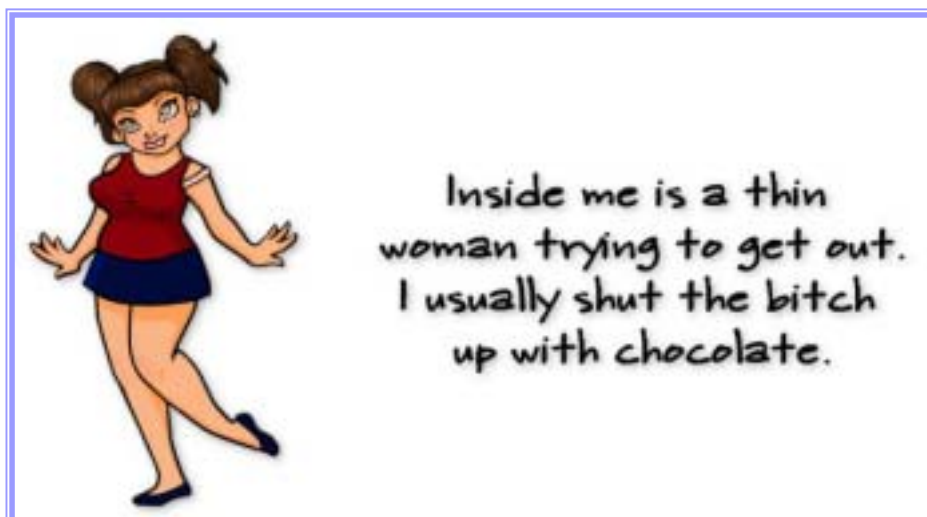
Rather than carrying cleaning supplies around from room to room, get a bucket for each of the main areas (like bathroom and kitchen) and store the relevant cleaning items (including rubber gloves) for that area in the bucket. As well as limiting the amount of carrying for regular cleaning, you will always have the items on hand for those emergency clean up jobs.

Giggles

A passenger jet is sitting at the terminal. Everyone is seated when the pilot and his co-pilot walk up the isle towards the cockpit. The passengers are amazed to see that both the pilots are using seeing eye dogs and have white canes tapping away along the isle. When the plane starts to take off it gathers speed and nears the end of the runway but it's still not lifting off the ground. Everyone in the plane starts to panic and scream and just before the end of the runway the plane lifts into the air safely. The passengers feel a bit embarrassed for being so scared. In the cockpit the co-pilot says to the pilot "Frank, one day they're going to scream too late and we're all going to die".

One morning a husband took a pair of underwear out of the drawer. "What the heck?" he said to himself as a little 'dust' cloud appeared when he shook them out. "Jo Ann," he hollered into the bathroom, "Why did you put talcum powder in my underwear?" She shot back: "It's not talcum powder, dear. It's 'Miracle Grow'."

When I die, I want to die like my grandmother, who died peacefully in her sleep. Not screaming like all the passengers in her car.
-Author Unknown



Cooking Capers

CHICKEN WITH SNOW PEAS AND GINGER – SERVES 4

4 boned and skinned chicken breasts

225gm Snow Peas

45ml / 3 tbsp olive oil

3 garlic cloves, finely chopped OR 10ml / 2 tsp garlic puree

2.5cm piece fresh root ginger, grated OR 10ml / 2 tsp powdered ginger

5 – 6 spring onions, cut into 4cm lengths

10ml / 2 tsp sesame oil

Boiled rice or noodles to serve

Marinade

5ml / 1 tsp corn flour

15ml / 1 tbsp light soy sauce

15ml / 1 tbsp medium dry sherry

15ml / 1 tbsp vegetable oil

Sauce

5ml / 1 tsp corn flour

15ml / 1 tbsp dark soy sauce

120ml / ½ cup chicken stock

30ml / 2 tbsp oyster sauce

Cut the chicken into thick strips. For the marinade, blend together the cornflour and soy sauce. Stir in the sherry and oil. Pour over the chicken, toss lightly and leave for 30 min.

Trim the Snow Peas and plunge into a pan of boiling salted water. Bring back to the boil and then drain and refresh under cold running water.

To make the sauce, mix together the cornflour, soy sauce, stock and oyster sauce. Set aside.

Heat 15ml / 1 tbsp olive oil in a wok and add the garlic, ginger and spring onion. Stir fry for 30 sec.

Add the chicken with its marinade and cook briskly for a couple of minutes. Lower the heat, cover wok and simmer for 15 min or until the chicken is cooked through. Stir in the sesame oil, the sauce mix and snow peas. Cook for a further couple of minutes. Serve with rice or noodles.

BANANA NUT PANCAKES WITH MAPLE SYRUP YOGHURT

Ingredients

1 cup self raising flour

2 teaspoons cinnamon

2 eggs

2 cups Australian natural yoghurt

2 bananas, mashed

¼ cup chopped pecans

30g Australian butter, melted

1 banana, extra, sliced

250g punnet strawberries, sliced

1 cup Australian natural yoghurt, extra

2 tablespoons maple syrup

maple syrup, extra, for serving

Method

Combine flour and cinnamon. Add egg and gradually mix in yoghurt to form a thick batter. Stir in mashed banana and pecans.

Lightly brush a non stick pan with butter and heat. Pour ¼ cup mixture into the pan to form a thick pancake and cook over low heat for 3 minutes or until golden underneath. Turn over and cook for a further 2 minutes or until golden. Repeat with remaining mixture.

Stack three pancakes, each onto four serving plates. Top with sliced banana and strawberries. Whisk the extra yoghurt and maple syrup together and serve over pancakes. Drizzle with extra maple syrup.

CHICKEN AND CORN SOUP

Ingredients

2 teaspoons peanut oil
2 green onions, sliced thinly
1 clove garlic, crushed
1lt (4 cups) chicken stock
1lt (4 cups) water
170g chicken breast fillets, chopped finely
310g can creamed corn
310g can corn kernels
1 tablespoon cornflour
¼ cup (60ml) water, extra
1 egg, beaten lightly

Method

Heat oil in large saucepan; cook onion and garlic, stirring constantly, until onion softens.

Add stock and the water to onion mixture; bring to a boil. Reduce heat, add chicken; simmer, uncovered, about 5 minutes or until chicken is cooked through.

Add both corns, and cornflour blended with the extra water; cook, stirring, until mixture boils and thickens slightly. Gradually add egg, in a thin stream to simmering soup.

CREAMY PUMPKIN AND GINGER SOUP

Ingredients

1 onion, chopped
1 leek, sliced
1 tbsp finely grated fresh ginger
1 cup / 250ml chicken stock
750gms pumpkin peeled, cut into cubes
1 1/2 cups / 375ml evaporated low fat milk
1 cup / 250ml water
3tbsp chopped fresh coriander
seasoning

Method

Place onion, leek, ginger and 2 tbsp of the chicken stock in a saucepan and cook, stirring, over a medium heat for 3-4 minutes or until tender.

Add pumpkin, cover and cook, stirring once, for 5 minutes.

Stir in evaporated milk, water, coriander and remaining chicken stock and simmer for 10 minutes longer or until pumpkin is tender.

Remove pan from heat and cool slightly. Place soup mixture, in batches, in a food processor or blender and process until smooth. (Or use a stab mixer in the pan)

Return soup to a clean saucepan and heat over a medium heat, stirring, for 4-5 minutes or until hot. Season to taste.

Latest News

There are many sites on the internet that publish articles on recent studies and news related to arthritis. If you want to keep up to date, check out some of the following. Each issue, we will list some of the latest studies and news articles.

<http://www.medscape.com>

<http://www.docguide.com> (use the "Select Channel" option)

<http://arthritis-research.com/start.asp>

http://www.ivanhoe.com/channels/p_channel.cfm?channelid=CHAN-100001

<http://story.news.yahoo.com>

<http://www.news-medical.net/>

<http://www.health.gov.au/pbs/index.htm>

PROLONGED VITAMIN C EXACERBATES OSTEOARTHRITIS IN ANIMAL MODEL

Prolonged exposure to high doses of ascorbic acid increased the severity of osteoarthritis in a guinea pig model of spontaneous knee osteoarthritis, according to a report in the June issue of Arthritis & Rheumatism.

Medscape – June 03 2004

<http://www.medscape.com/viewarticle/479919>

LONG-TERM LEFLUNOMIDE THERAPY MAY PREVENT JOINT DAMAGE IN PATIENTS WITH RHEUMATOID ARTHRITIS

Long-term treatment with leflunomide appears to significantly reduce joint damage and delay disease progression in patients with rheumatoid arthritis (RA).

Doctor's Guide – May 28 2004

<http://www.docguide.com/news/content.nsf/news/8525697700573E1885256E9500266E0E?OpenDocument&id=52E582A6F70D4D3385256EA6000F3640&c=Rheumatoid%20Arthritis&count=10>

GAINS IN FUNCTIONAL ABILITY IMPROVE EMPLOYABILITY IN RA PATIENTS

Results of a study provide more evidence that functional status and radiographic joint damage correlate with employment status in patients with rheumatoid arthritis (RA).

This study "underscores the importance of early intervention in order to maintain long term functioning, employability, and quality of life in patients with RA," Dr. Arthur Kavanaugh and colleagues from the University of California San Diego in La Jolla write in the Journal of Rheumatology for May.

Medscape – May 26 2004

<http://www.medscape.com/viewarticle/478989>

USING GENE THERAPY TO FIGHT RHEUMATOID ARTHRITIS

Every driver knows two cars can't occupy the same parking space. Guided by a similar principle, arthritis researchers at the University of Florida and Harvard University hope to use gene therapy to help joint cells pump out a harmless protein that parks in receptor sites, leaving a notorious inflammatory agent "circling the lot" and unable to cause pain, swelling and possible joint damage.

News Medical Net - May 20 2004

http://www.news-medical.net/view_article.asp?id=1775

PHYSIOTHERAPY IN RHEUMATOID ARTHRITIS

Rheumatoid arthritis (RA) is a chronic and painful clinical condition that leads to progressive joint damage, disability, deterioration in quality of life, and shortened life expectancy. Even mild inflammation may result in irreversible damage and permanent disability. The clinical course according to symptoms may be either intermittent or progressive in patients with RA. In most patients, the clinical course is progressive, and structural damage develops in the first 2 years. The aim of RA

management is to achieve pain relief and prevent joint damage and functional loss. Physiotherapy and rehabilitation applications significantly augment medical therapy by improving the management of RA and reducing handicaps in daily living for patients with RA. In this review, the application of physiotherapy modalities is examined, including the use of cold/heat applications, electrical stimulation, and hydrotherapy.

Medscape - May 17 2004

<http://www.medscape.com/viewarticle/474880>

PREDICTORS OF ARTHRITIS REMISSION IDENTIFIED

In a new study, French researchers have identified markers of disease activity and scores on X-ray imaging that predict remission in patients with early rheumatoid arthritis.

Reuters - May 14 2004

<http://www.reuters.com/newsArticle.jhtml?type=healthNews&storyID=5151234>

FATTY ACID CREAM IMPROVES KNEE ARTHRITIS

People with the wear-and-tear kind of arthritis of the knee may benefit from a proprietary cream containing a blend of cetylated fatty acids. Pain relief and improved functional performance may be experienced as early as half an hour after the cream is applied to the affected joint.

Reuters - May 4 2004

http://story.news.yahoo.com/news?tmpl=story&cid=594&ncid=594&e=17&u=/nm/20040504/hl_nm/knee_cream_dc

ADALIMUMAB MAY BE USEFUL IN RHEUMATOID ARTHRITIS AFTER FAILURE OF DISEASE MODIFYING ANTIRHEUMATIC AGENTS

Patients with rheumatoid arthritis (RA), who had previously been treated unsuccessfully with traditional disease-modifying antirheumatic drugs (DMARDs), improved significantly on adalimumab, according to a multicentre trial.

Doctor's Guide – April 27 2004

<http://www.docguide.com/news/content.nsf/news/8525697700573E1885256E78002B351C?OpenDocument&id=48DDE4A73E09A969852568880078C249&c=Rheumatoid%20Arthritis&count=10>

Points to Ponder

What The Rules of Life Really Are

- Never give yourself a haircut after three margaritas.
- You need only two tools - WD-40 and duct tape. If it doesn't move and it should, use WD-40. If it moves and shouldn't, use the tape.
- The five most essential words for a healthy, vital relationship are: "I apologize" and "You are right" Everyone seems normal until you get to know them.
- When you make a mistake, make amends immediately. It's easier to eat crow while it's still warm. The best advice that your mother ever gave you was. "Go! You might meet somebody!"
- If he/she says that you are too good for him/her--believe them.
- Learn to pick your battles; ask yourself, 'Will this matter one year from now? How about one month? One week? One day?'
- Never pass up an opportunity to pee.
- If you woke up breathing, congratulations! You have another chance!
- Living well really is the best revenge. Being miserable because of a bad or former relationship just might mean that the other person was right about you.
- Work is good, but it's not that important.
- And finally, be really nice to your friends. You never know when you are going to need them to empty your bedpan.

Advice for Partners

For all of us suffering with auto immune diseases we know that there are days when we are hurting sooo bad that it is not a safe bet to speak to us without risks and all anyone has to do is open their mouth and they take their very life into their own hands. This is a handy guide that should be pasted on every refrigerator door etc. in plain view of every husband, wife or "significant other".

DANGEROUS: What's for dinner?

SAFER: Can I help you with dinner?

SAFEST: Where would you like to go for dinner?

ULTRASAFE: Here, have some chocolate.

DANGEROUS: Are you wearing that?

SAFER: Gee, you look good in brown.

SAFEST: WOW! Look at you!

ULTRASAFE: Here, have some chocolate.

DANGEROUS: What are you so worked up about?

SAFER: Could we be overreacting?

SAFEST: Here's fifty dollars.

ULTRASAFE: Here, have some chocolate.

DANGEROUS: Should you be eating that?

SAFER: You know, there are a lot of apples left.

SAFEST: Can I get you a cappuccino with that?

ULTRASAFE: Here, have some chocolate.

DANGEROUS: What did you do all day?

SAFER: I hope you didn't overdo it today.

SAFEST: I've always loved you in that robe!

ULTRASAFE: Here, have some more chocolate.

The information provided in this newsletter should not replace the advice and guidance of your own health-care providers. All material is provided for educational and informational purposes only and is the opinion of the authors. Please check with your doctor before making any changes to your treatment.