

WINTER 2012  
NEWSLETTER

# AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

[www.asaustralia.org](http://www.asaustralia.org)



## The Low Starch Diet

by NASS

*Reprinted with the kind permission from NASS AS News Spring 2012*

Many people with AS express an interest in trying low starch diets to treat the condition as proposed by Professor Alan Ebringer of King's College, London.

The original rationale for this was based on some very interesting findings by Alan and his brother Roland at the Middlesex Hospital in the early 1980s. They identified antibodies to a bacterium called *Klebsiella* in the blood of individuals with AS, and also found that they could culture this organism from the stools of many people with active disease. Such antibodies are typically made by the immune system in response to infections, and are one of the means by which viruses and bacteria are eliminated from the body. Furthermore these anti-*Klebsiella* antibodies potentially bind not only to proteins in *Klebsiella* but also to certain human proteins including HLA-B27, which is one of the tissue transplant antigens that have to be matched between organ donors and recipients.

I have vivid memories of Alan and Roland carefully sifting through thousands of stool samples and blood tests from

patients with AS, trying to correlate their laboratory findings with the activity of the disease. Their work led to the idea that these anti-bacterial antibodies might also bind to human proteins like HLA-B27 to stimulate inflammatory responses in some way. Subsequently the Ebringer team also reported similarities between HLA-B27 and another *Klebsiella* protein called pullulanase-A, which helps break down starch molecules. They also noted that pullulanase-A had some similarities not only to HLA-B27 but also some other human proteins, called collagens, found in joints and also the eye (both of which can be affected in AS).

The role of *Klebsiella* antibodies in AS has proved highly controversial over the years. It is now recognised that molecular mimicry between different proteins as described above is not that uncommon in nature. Whether or not *Klebsiella* antibodies are relevant to AS, there may well be an important role for the gut in causing AS. For example, about 10% of people with AS also have inflammatory bowel disease (IBD, Crohn's disease or ulcerative colitis), and many people with AS without overt IBD symptoms have evidence of low-grade bowel inflamma-

# Contents

The Low Starch Diet by NASS	1
The Low Starch Diet & Nutrition by SAA	3
Physiotherapy and Rheu- matology Reports	4
Travelling with AS by Kelly Paton	5
What's On The Web? Michael Slater's Greatest Test Facebook Groups by Michael Russell	6
AS Exercises by Margaret Lewington Physiotherapist	7
AS Group of Victoria Re- port by Annie McPherson	8
AS Group of Queensland Report by Ross Wilson	10
Calendar of Events	11

*The information contained in this news-  
letter should not take the place of advice  
and guidance from your own health-care  
providers.*

*Be sure to check with your doctor about  
changes in your treatment plan.*

## Contacts

AS Group of Queensland  
PO Box 193  
Taigum QLD 4018  
p: 07 3263 5216  
e: [qld@asaaustralia.org](mailto:qld@asaaustralia.org)

AS Group of Victoria  
PO Box 3166  
Burnley North VIC 3121  
03 9496 4045  
e:  
[belinda.martin@austin.org.au](mailto:belinda.martin@austin.org.au)

## The Low Starch Diet- continued from page 1

tion if one looks hard enough for it. Furthermore, many of the genes that predispose to AS also predispose to IBD, including CARD9, IL23R and IL12B. This lends credibility to the idea that altering the gut flora (the population of bacteria living naturally in the gut) might have an influence on bowel inflammation and, perhaps, susceptibility to AS. Anyone who has seen the natural yoghurt adverts on TV will also be familiar with the idea that it is possible to increase the number of "good bacteria" in the gut while reducing the number of "bad bacteria".

Various studies have found that bowel bacteria, including Klebsiella grow on undigested starch and therefore a reduction in starch in the patient's diet might produce a reduction in symptoms by denying those bacteria the nourishment to multiply. Once starch has passed through the small intestine and enters the large bowel, it is available to feed those bacteria. There are simple starches which are sugar molecules attached together rather like a necklace or chain. Simple enzymes break up the chains and the sugars are readily available for the bacteria to grow. Some of the starch is of this simple type (20%) but most of it (80%) is hard starch and the sugar molecules are in branched structures, which appear like the branched twigs of a tree and can only be broken down by de-branching enzymes. Klebsiella has the correct pullulanase enzymes to break down the hard starch which allows the bacteria to grow and multiply, so it is very well adapted to life in the human bowel. The rationale for the Low Starch Diet is to make life less easy for the Klebsiella organisms to thrive.

There are no formal trials that have assessed the efficacy of low starch diets in AS. In common with many other inflammatory disorders the natural history of AS is rather unpredictable. It is therefore very difficult to tell whether improvements in symptoms merely reflect natural occurring fluctuations in disease severity over time rather than the influence of treatment. Some patients trying low starch diets have had very gratifying improvements in their symptoms but high quality randomised controlled studies of this type of diet in large numbers of patients have never been performed. Consequently it is very difficult to know whether the diet is truly effective. This is not an unusual position for the rheumatologist to be in when asked about unorthodox treatments and our advice is usually the same. If the treatment is not harmful there seems no reason not to give it a trial, remembering that it could be 3 months or so before you notice any difference. Furthermore even if you notice a difference this does not necessarily establish that there is a real therapeutic effect. For example, in the trials of anti-TNF drugs in AS it has not been unusual for those patients in the dummy arm to experience very significant benefit in the first 3 months – a phenomenon known as the placebo effect.

In the absence of convincing trial evidence of proven benefit it is quite impossible for a patient organisation such as NASS to endorse low starch diets as a treatment strategy. On the other hand there is some circumstantial evidence that they might have an effect – and, of course, the testimony of individuals, who have apparently had considerable benefit, can be very persuasive.

*Professor Paul Wordsworth, Consultant Rheumatologist*

Note: Other general information sheets including "Gout and Diet, Complementary Therapies and Healthy Eating and Arthritis" can be found at the Arthritis Australia website.

<http://www.arthritisaustralia.com.au/>

# The Low Starch Diet by SAA

*Reprinted with the kind permission from SAA*

## LOW STARCH/LONDON AS DIET

This diet was created by Dr. Alan Ebringer, a London rheumatologist and researcher who believes that klebsiella bacteria in the gut of people with AS are involved in triggering the disease process via a complex immune response.

In 1996, in a paper supporting his theory, Dr. Ebringer published the chart of one of the patients that he had been following over a period of time. The patient's sedimentation rate (ESR) showed a clear decline from 1983 to 1995, during which time he had followed the special diet. It is important to note that although ESR is sometimes used as a measure of disease activity in patients with arthritis, it is recognized that ESR levels in AS are not necessarily indicative of how well a patient feels. Dr. Ebringer believes that the lowering of said patient's ESR level demonstrated the success of the diet.

Other studies have failed to duplicate the results of Ebringer's research into how a low starch diet influenced the growth of klebsiella in the gut and have found that the diet has little or no effect on symptoms.

Some swear by it, but others have not had a favorable outcome. It continues to be a very hotly debated topic.

As always, one should consult their physician before trying the diet. The diet is as follows:

### REDUCE THE FOLLOWING:

- Bread and Bread Products
- Rice
- Potatoes

### INCREASE THE FOLLOWING:

- Meat
- Fish
- Milk and Milk Products
- Eggs
- Vegetables
- Fruits

No restrictions on beverages or spices.

## DIET & NUTRITION: An Overview

Some people find that certain foods trigger changes in symptoms - either for the better or the worse. If you find yourself noticing this type of pattern, try keeping a food diary for a few weeks to find out if indeed what you eat makes a difference or if you have food sensitivities. Whether a person is affected by a chronic illness or not, there are some straightforward guidelines that if followed, would lead to improved health and well-being for almost everyone.

- Both calcium and alcohol affect the strength of the bones, and it is a well known fact that people with spondylitis are already at higher risk for osteoporosis, a dangerous thinning of the bones that can lead to fractures. Following a diet with adequate amounts of calcium and vitamin D will help reduce the risk of osteoporosis. Alcoholic beverages can also weaken bones. Consuming more than two alcoholic drinks per day increases a person's chances of developing weakened bones. In addition, alcohol mixed with certain medications can cause serious side-effects to the gastrointestinal tract and to major organs such as the liver and the kidneys.
- It is important to find out from your doctor whether any of the medications that you take affect how your body uses what you eat. For instance, some medications cause a person to retain sodium, while others cause potassium loss. Methotrexate can lower folic acid levels causing a variety of adverse symptoms which can be offset by taking additional supplements.

Whatever you decide, experts agree that there are basic guidelines to good nutrition, which are:

- Eat a variety of foods that make you feel good - avoid those that do not.
- Eat plenty of vegetables, fruits, and whole-grain products.
- Use fat (especially saturated fat found in animal products), cholesterol, sugar, and salt in moderation.
- Drink 8-10 glasses of water a day.
- Most people receive daily requirements of vitamins and minerals by eating a well-balanced diet, but others need to take vitamin supplements.
- Avoid alcohol or foods that can interact with your medication. Talk with your doctor and/or pharmacist about potential interactions.



# Physiotherapy and Rheumatology Reports

by Margaret Lewington

## EDUCATION OF PHYSIOTHERAPISTS

The physiotherapy education programs that we have been reporting on over the last few years moved ahead another step in May this year.

A pilot practical day was held in Sydney with 20 physiotherapists attending. Some update educational talks on medical management of AS along with assessment and physiotherapy management of AS started the day followed by practical sessions on measurement (BASMI) and exercise, concluding with some case history presentations and discussions.

Physiotherapists presenting on the day were Janet Millner (Hobart), Rachael Butterworth (Sydney), Errol Lim (Sydney), and Margaret Lewington (Brisbane).

The feedback was excellent and it is hoped there can be further days planned. (Thanks to Abbott Pharmaceuticals)

The physio's at PAH often invite physio students, from all universities, to attend the AS clinic. This helps to increase awareness.



*Janet, Margaret, Rachael*



*Margaret, Errol, Rachael*



*Congratulations John*

John Polson, a physiotherapy student in the physiotherapy school at Bond University, Gold Coast, spent time in his clinical placement at PA Hospital in outpatients, including attending the AS Specialist Clinic. He also did some extended work with the ASSC team in research and presented a paper – “Ankylosing Spondylitis – Comparison of Metrology and Radiographic indices in diagnosing the severity of AS.” This has helped raise the awareness of AS to his year. We congratulate John on successfully graduating and wish him well in practice on the Gold Coast.

## AUSTRALIAN RHEUMATOLOGY MEETING

The 53rd Australian Rheumatology Association Annual Scientific Meeting was held in Canberra in May. This is attended by rheumatologists, scientists, physiotherapists, nurses and other health professionals interested in rheumatology, and is an opportunity to present the latest in research and clinical advances. AS and the spondyloarthropathies featured strongly in the program.

One session was devoted to the topic of Spondyloarthritis and included presentations by Lionel Schachna (Melb), Jane Zochling (Hobart) and Marie Feletar (Melb). Matthew Brown (Bris) did 2 presentations on Genetics. Janet Millner (physio - Hobart) presented on a pilot study of 'The lumbo-pelvic muscles and ankylosing spondylitis'. Other posters and oral presentations also looked at ongoing research.

Many of the general topics were also relevant to the clinical management of AS patients - such as self management, chronic pain, and fatigue. It is also an opportunity for informal networking with colleagues from interstate.



*Jane and Janet*

# Travelling with AS

by Kelly Paton

My mum and I recently travelled to Vietnam on holidays for 10 days, visiting the northern city of Hanoi, the panoramic islands in Halong Bay and the relaxing beach side town of Hoi An.

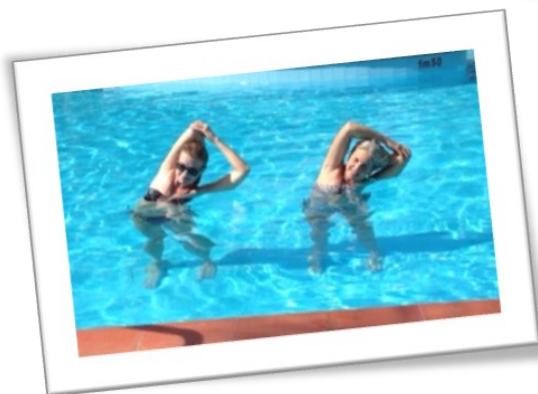
All in all we had a fantastic holiday. I had little to no problems with pain from my AS and I am sure it was due to stretching and exercise every day.

During our flights I tried to walk around every 2-3 hours and do some stretches in the aisle. It's definitely a good idea to drink lots of water and if possible break longer flights up with a stopover.

In Hanoi it was a hard to do specific exercise for AS. Other than walking around the city and some stretches in the mornings. I always make sure I pack a pair of sensible, comfy shoes for the long tourist days pounding the pavement. On the boat in Halong Bay we were fortunate enough to have morning Tai Chi classes. This was a fantastic way to warm up and stretch the whole body.

In Hoi An we had a huge pool in our resort. I braved it on my own the first day doing some stretches, similar to our hydrotherapy class with Margaret. After many strange looks from the other guests I decided it would be better in two! So mum was up with me and in the pool at 7am each morning for hydro.

(7am on holidays may be a bit early for some, but any time of the day is fine, as long as you don't mind a few onlookers).



Moral of the story – grab your mum, a friend or partner and go on holidays! It's great for your AS!

## Hydrotherapy in Brisbane

Supervised by Margaret Lewington  
(B.Phty. Cert Hydro)

**WHEN:** Tuesday Nights

**TIME:** 6.30 – 7.30 pm

**WHERE:** Hydrotherapy Pool,  
lvl 2, Ned Hanlon Building,  
Royal Brisbane & Women's  
Hospital, Butterfield St  
Herston.

**COST:** \$10 or 10 classes for \$90

**ENQUIRIES:**

Margaret 0404 414 501  
or 07 3376 6889



### Michael Slater's Greatest Test

Michael Slater is one of our greatest cricketing legends, yet, behind the scenes, his career was all but the perfect over. Slats, as he is affectionately known, has been living with AS since he was 18, a condition that saw him get bowled over time and time again. To find out more about AS and read about Michael Slater's Greatest Test please go to the Arthritis Australia home page and click on the Michael Slater link:-

<http://www.arthritisaustralia.com.au/>

You can also obtain your free copy of the DVD, Working Out with Michael Slater along with Working out with Michael Slater Exercise Sheet.

*Kindly reprinted from Arthritis Australia*

### Facebook Group

For those who have joined the world of Facebook or even those friends of ours who are yet to join, please be aware of and feel welcome to join our group called AS Brisbane. This group is created primarily for those affiliated with Ankylosing Spondylitis in Brisbane or South East Qld. It's mainly a social group although AS forums and discussion are of course more than welcome. Facebook is a great method of providing support (if needed) for those in the group as well as being a terrific way of keeping in touch as seen by several of our group who have gone overseas. It could even be seen as a social extension of our Tuesday night Hydrotherapy session. When we have social outings, any suitable (non embarrassing) photos can be posted online for all to enjoy.

We welcome new members all the time so to view the page please go to:-

<http://www.facebook.com/#!/groups/271627319581232/>

Enjoy and hope to see you there.

Michael Russell

*Note: AStretch readers from other states would also be most welcome to set up a Facebook group of their own.*



# *AS Exercises*

## *By Margaret Lewington*

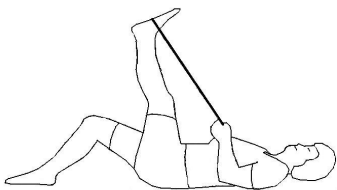
### *Physiotherapist*

This issue contains some leg stretches. Although traditionally we look at these as specific muscle stretches, I also think that all tissues - nerves, fascia etc. benefit from stretch, movement, and gliding.

Hence when doing the following stretches, you may do in the traditional manner. Long, slow holds to let the muscle relax and lengthen - 10 seconds x 3 repetitions.

You may also like to try gentle short repeated stretches and then finish with a long stretch. When doing this try also to vary the position of the joint - eg. when straightening the knee for hamstring/back of thigh stretch - you may have your hips bent up more or less, allowing for more or less knee straightening.

For the following stretches lying on your back, you may either use your hands to support your leg or you may find it helpful to use a stretchy strap, band, or towel to support your leg. You should not use it to pull into the stretch, but rather as a support and as a guide.

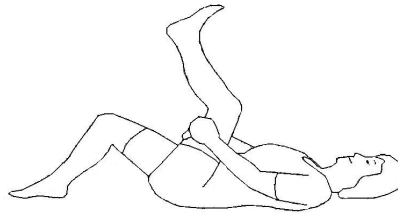


Variety is the key. Listen to your body. Experiment. Feel free to send me your feedback as well. What works best for you?

[marg@hydrohealth.com.au](mailto:marg@hydrohealth.com.au)

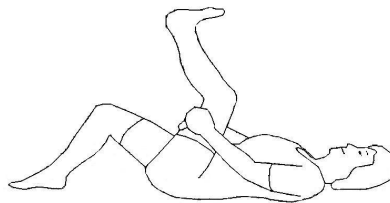
#### **1. Back of Thigh/Hamstring**

Lie on your back, one knee bent and foot on floor. Hold behind other knee and bring it towards your chest. Hold steady, straighten knee. If using a strap or towel put it around your foot.



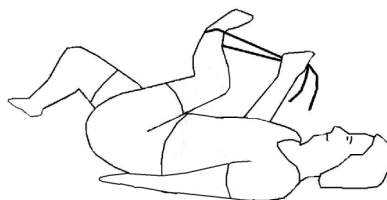
#### **2. Calf/Heel**

Same as above - but let the knee relax a little, push your heel away. Try having the knee fairly straight for some and then also with more bend. You may also do this with a strap/towel around your foot.



#### **3. Outside of buttock and thigh**

Now let your fairly straight leg drop across your body and down towards the floor. The strap works very well for this. If not using a strap, put your right hand on the left knee to guide it over and keep your left arm out to the side from your body to balance yourself. You can vary the amount of knee bend - but try with it fairly straight.



#### **4. Buttock**

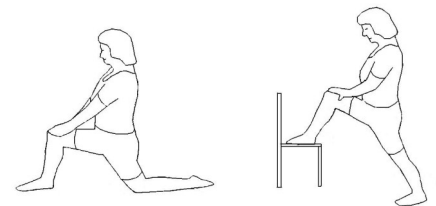
Now bend your knee but keep it at least 90 degrees. Bring your mid shin towards your opposite shoulder. Again, the strap is useful or hold the knee and ankle. Sometimes you need to pull on the ankle but push away on the knee.



A variation is to aim the mid-shin to the floor, just beside your shoulder.

#### **5. Front of Hip**

Either kneel on the floor or stand with one leg on a chair. If the right leg is forward the stretch should occur on the front of the left hip. Tuck your tummy in, flatten your back, lift your chest, and then move your body forward. Do not let your lower back arch.

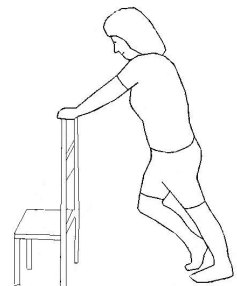


#### **6. Calf stretch**

Stand with both feet together. Bend one knee to let the heel lift.

Keep the other heel down, foot straight, knee straight, and lean forwards towards a chair or wall. Feel the stretch in this calf. Do not poke your bottom out.

To change legs, keep the same body position, simply straighten the bent leg, and bend the other leg.



## AS Group of Victoria Report by Annie McPherson



### ANKYLOSING SPONDYLITIS GROUP OF VICTORIA

Over the past months our Ankylosing Spondylitis Group of Victoria (AS Vic) committee has been flat out with a host of projects and events. Our team would like to thank all the members, families and associated folks who have helped out. We have tried to offer a range of activities over the year and greatly appreciate everyone's contributions and comments.

Our first regional event, held on a Saturday afternoon in early March at the Austral Hotel in Korumburra, was an information seminar run jointly with Arthritis Victoria (Arth.Vic). Our AS group was well represented with over 20 participants joining in with other Arthritis Groups from the Sth Gippsland area, including Warragul and along with a new Young Womens' group, we tallied over 60. The speakers included Arth.Vic's Sarah-Jane Blunt, Community Programs Officer and our peer support group coordinator who talked about the community programs and services available; the local Pharmacists of Korumburra prepared an excellent presentation on medications appropriate for arthritis; and Vanessa Rankin, Education Consultant to Arth.Vic, who held an interactive session on pain management and techniques with many contributions from the audience.

Our group was able to contribute to the costs of this event through last years generous donation from one of our members. All the feed-

back on the event received was very positive, except perhaps afternoon tea, where some work could be done on improving the scone recipe. I would like to acknowledge our committee members Vicky Genius, Adam Collard, Ellen Makridis and their families, who all contributed greatly to the days' many achievements. The committee would also like to thank Sarah-Jane Blunt for the arrangements and being the Coordinator.

We would like to repeat this event in the future and given our strong representation in the region, it has certainly encouraged us. Korumburra is located in a very accessible part of Sth Gippsland where there are many activities available for the family. Perhaps you may know of a presenter or a group from the district who we could invite for a future event there?

To celebrate World Spondylitis Day in May, a small group gathered at the Royal Botanic Gardens Cranbourne for a walk and lunch. The Australian Garden at Cranbourne is a really special place to visit with many interesting displays of plants from all around Australia. A new member, his family and friends joined us to share ideas about living with AS over a healthy lunch in the café. Afterwards some of us enjoyed a brief walk in between the rain showers to view the impressive gardens.

*We have been able to arrange for a supply of printed copies, from the sponsor Abbott, of the Michael Slater AS exercises prepared by Margaret Lewington (our Physiotherapist associated with AS Queensland group-AS QLD) and in conjunction with Arthritis Australia. If you would like a printed copy please contact Belinda Martin or myself.*

Our AS Vic group is now registered (via my email and our post office box) on the National Pre-

scribing Service Ltd email [and print format] consumer subscription service. We regularly receive their quarterly *MedicinesTalk* newsletter publication written and edited by consumers for consumers. At present we are forwarding a copy to those members who have registered their email details and some country members receive the printed copy. This organisation is funded by the Australian Government Department of Health and Aging and the newsletter publication is provided free of charge. You may choose to visit their website [www.nps.org.au](http://www.nps.org.au) or telephone 02 8217 8700 to order your own copy. Please let us know either way so we may update our mailing lists or contact me for further information.

The AS Group of Victoria Annual General Meeting was held on Thursday evening 28 June at the Austin Hospital Education Precinct, Heidelberg. It was followed by refreshments held nearby at the Old England Hotel.

Our annual "Xmas in July" dinner was also held at the Rosstown Hotel on Thursday evening 26 July at the Rosstown Hotel, Carnegie. On these cold Melbourne nights its always great to meet some friendly faces and share a lovely meal together.

Annual membership fees for Ankylosing Spondylitis Group of Victoria are currently due. If you have not received a renewal notice from our Member Coordinator, Vicky Genius, please contact her on

[asvictreasurer@hotmail.com](mailto:asvictreasurer@hotmail.com)

or Belinda Martin on

03 9496 4045





## ARTHRITIS VICTORIA ACTIVITIES:

In the first quarter's community speaker activities, I have been involved in the Patient Perspective program at University of Melbourne, Melbourne Medical School, first year graduate program. A number of consumer's represented Arth.Vic in a patient panel series and small tutorial sessions where the theme was "What makes a good doctor". These sessions are highly valued by the students as it allows them the unique perspective of a patient's experience in managing a chronic condition. When we spoke of our "journey", discussions around patient interactions with health professionals proved very popular as did experiences about how the condition impacts our working life.

During March, I was invited to attend a BreastScreen Stakeholder Forum representing consumers with a chronic condition specifically arthritis, where the theme was based around "First Screeners, How can we encourage them to come back?". In the past you may recall we (AS Victoria and Victorian Osteoporosis peer support groups) have raised this with the Arth.Vic Advocacy panel and Consumer Advisory committees as an issue where people with a physical disability find it very difficult and at times quite impossible, to utilise mammogram breast x-ray equipment. The forum was well attended with representatives from consumer groups such as Women with Disabilities and country Victorian groups.

There were great advantages at the forum for working with a largely pro-active group very focused on women's health. One of the most positive outcomes from the day, was the opportunity to speak with Melissa Chabluk, the State Radiographer of Victoria, who was able to direct our issue to the radiographers' focus group addressing their procedures for equipment for women with severe physical limitations. We will continue to keep you posted on this important issue.

At the annual Arth.Vic Consumer Forum and seminar in early April, I was asked to provide a short consumer talk on managing pain. I thought having the chance to increase awareness of AS to a large audience would out way any fears of talking to over 200 people. However, once up in front of all those eager faces, my voice almost vanished and luckily there was a gathering of very familiar Arth.Vic volunteers in the front row who just kept smiling me through... Fortunately, there was a host of excellent speakers to follow, including health professionals and educators and here are some brief highlights of their talks:

**Prof Michael Nicholas**, Pain Management Research Institute University of Sydney gave an in-

formative presentation on the biological and technical aspects of how pain is managed throughout the human system.

**Pain Australia** representative discussed how the medical and allied health professional groups now acknowledge pain and its various forms as a "treatable disease". This new advocacy group recently established in Australia, now has education programs being spread through the Australian network of health professionals.

**Dr Geoffery Littlejohn**, a familiar specialist to Melbourne folks with AS, spoke on the Spondyloarthropathies including aspects of AS pain and how people manage their chronic condition.

At the Annual General Meeting of Arth.Vic in mid-April, **Prof. Richard De Steiger**, Morgan Chair of Orthopaedics, Epworth Hospital, provided a presentation on the different types of mechanical problems which can lead to Osteoarthritis of the hip or knee. Also discussed was the research project which resulted in the National Joint Replacement Registry which has provided invaluable data in the age of recipients, types of prostheses, techniques used and the general success rate of this type of surgery across the population.

It was also a pleasure to meet with some of AS Australia's Queensland members including Ross Wilson, Margaret Lewington and Mark Robinson at a recent Tuesday night hydro session in Brisbane.



That's all from my desk at present, stay warm and well over the winter.

Kind regards,

*Annie McPherson*



## *AS Group Queensland Report by Ross Wilson*



*Some of the crew at Sandgate*

What season are we in? From hot and sunny to cold and wet and everything in between, it's hard to know what's going on.

After some fairly average weather we were fortunate to have a nice day for our walk/fish and chips by the water at Sandgate. It was a great spot with nice wide and flat walking paths and a great fish and chip shop nearby. A good group attended with some new faces and one member who made the drive down from the North Coast which was good to see.

We also had a dinner at Jackpot Dining in West End. A small group enjoyed great food and speed of service which we couldn't believe. As the last of our group were still placing their orders the first meals were arriving at the table.

The speed of the service didn't affect the quality of the meals, they were beautiful. In stark contrast was the place down the road where we decided to go for coffee and dessert. Slow service, no ice cream or cream left and all the drinks had to be remade when they arrived cold. But apart from that it was still a great night.

I would like to welcome Greg Johnson, our new committee member and also the new newsletter editor to the team. We very much appreciate Greg putting up his hand to take on this role.

Our former editor Maritza is taking a well-earned break back home in Columbia, catching up with family and friends. Thank you Maritza for your commitment to our Group's success. Juggling full time work and family life is hard enough these days, so putting aside the time to produce the newsletter was very

much appreciated by all of us.

It was a privilege to welcome AS Victoria's President Annie McPherson to the Tuesday night hydro class recently. It was a great opportunity to speak about our group's goals and targets. As much as Email etc. are great, there's nothing like meeting face to face. Thank you Annie for taking the time to meet with us.

May I also take this opportunity to wish committee member Kelly Paton a safe journey as she makes the move to Paris. Your smiling face and enthusiasm will be greatly missed.




Remember, Life is what you make of it.

Ross Wilson





## Calendar of Events

### Victoria

-  **Mid- August evening**, Workshop on AS Victoria group Internet project. Please contact Sophia Koulbanis for details via : [asvictreasurer@hotmail.com](mailto:asvictreasurer@hotmail.com) : Details to be advised when finalised.
-  **Mid - September evening**, General Meeting at the Austin Health on AS Victoria group projects. Please contact Vicky Genius: [asvictreasurer@hotmail.com](mailto:asvictreasurer@hotmail.com) : Details to be advised when finalised.
-  **Mid - October evening**, Ankylosing Spondylitis Information Seminar with the Austin Spondylitis Clinic and guest speakers at Austin Health : Details to be advised when finalised.

### Queensland

-  **Sunday 23rd September - Wivenhoe Dam Picnic.** Come and enjoy a great picnic lunch at the picturesque Wivenhoe Dam. Details are yet to be finalised but please contact Steve at [badpunter@hotmail.com](mailto:badpunter@hotmail.com) closer to the event.
-  **Saturday, 22nd December - Christmas Party.** Put the date of our annual Christmas Party on your calendar. Details are yet to be finalised.

## General Information on the web

**Spondylitis Association of America (SAA)**

[www.spondylitis.org](http://www.spondylitis.org)

**Arthritis Australia**

[www.arthritisaustralia.com.au](http://www.arthritisaustralia.com.au)

**The National Ankylosing Spondylitis Society (NASS) (United Kingdom)**

[www.nass.co.uk](http://www.nass.co.uk)

**Ankylosing Spondylitis International Federation (ASIF)**

[www.spondylitis-international.org](http://www.spondylitis-international.org)

### Hydrotherapy in Western Australia (Perth)

**WHERE:** Royal Perth Rehabilitation Hospital  
Shenton Park Annex Selby St Shenton Park

**WHEN** Every Monday evening  
(Public Holidays excepted)

**COST** \$ 7.00

**PHONE** 08 9382 7307 Lindsay

#### **TIMES:**

Hydrotherapy Pool  
5.30pm Hydrotherapy exercises

Gymnasium  
5.45pm - Land Exercises

*Note: All sessions are conducted by experienced Physiotherapists. Total Session time is two hours with groups changing over at the end of the first hour.*

*Also: Another AS/spinal mobility Pool Class is available at South Care, St John of God Hospital - for details: 08 9366 1730*



## Optional Information

(this will help us to provide activities suitable for all members of our group)

Are you a member of Arthritis Victoria? Y / N

Are you happy for us to pass on your contact details to other members of the group in your area? Y / N

Gender M / F

Age Group

0 – 20 years  
21 – 30 years  
31 – 40 years  
41 – 50 years  
51 – 60 years  
61+ years

Preferred Language

.....

Do you suffer from Ankylosing Spondylitis?  
Y / N

Do you know someone who suffers from Ankylosing Spondylitis?  
Y / N

What other conditions do you suffer from?

.....

.....

.....

.....

Are there any specific activities you would like us to organise?

.....

.....

.....

## Optional Information

(this will help us to provide activities suitable for all members of our group)

Are you a member of Arthritis Victoria? Y / N

Are you happy for us to pass on your contact details to other members of the group in your area? Y / N

Gender M / F

Age Group

0 – 20 years  
21 – 30 years  
31 – 40 years  
41 – 50 years  
51 – 60 years  
61+ years

Preferred Language

.....

Do you suffer from Ankylosing Spondylitis?  
Y / N

Do you know someone who suffers from Ankylosing Spondylitis?  
Y / N

What other conditions do you suffer from?

.....

.....

.....

.....

Are there any specific activities you would like us to organise?

.....

.....

.....

## Ankylosing Spondylitis Group of Victoria



Membership Form  
Providing education and support  
for people  
with Ankylosing Spondylitis

## Who we are and what we do....

The AS Group of Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition.

Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

- Support to patients
- Forums for exchange of ideas and experiences
- Distribution of information
- Support to the medical profession and researchers
- Co-ordinate and provide information and speakers for education, information and workshop seminars on Ankylosing Spondylitis
- Co-ordinate with associated Arthritis groups and support groups
- Co-ordinate and participate in Arthritis Victoria activities
- Arrange social functions and activities for people with AS, their families and friends

*The Ankylosing Spondylitis Group of Victoria complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You will be notified of Ankylosing Spondylitis Group of Victoria events and services and ways of assisting us to maintain these services. If you wish your name to be removed from our database at any time please write to us.*

**AS Group of Victoria**  
Under the umbrella of self help groups  
affiliated with Arthritis/Osteoporosis  
Victoria

## Membership Details

First Name.....  
Surname.....  
Phone.....  
Email.....  
Address.....  
.....

Membership Type (membership expires June each year)

New	Renewal
Mailout # membership (\$25.00)	
Concession* Mailout# membership (\$20.00)	
<input type="checkbox"/> Email member ship (\$20.00)	
Concession* email membership (\$15.00)	

Donation \$.....  
Total \$.....

Membership runs to the 30th of June each year and is payable by cheque, money order or direct deposit. Please contact our treasurer for details (asvictreasurer@hotmail.com).

Signed.....  
Date.....

Detach this section and send to:  
AS Group of Victoria  
PO Box 3166  
Burnley North 3121

\*Concession rate available for pensioners, unemployed with health benefit card and full time students with student card.

# Mailout membership means all correspondence will be sent by Australia Post