



AS TRETCH

WINTER 2015

www.asaustralia.org

ANKYLOSING SPONDYLITIS AUSTRALIA



Smoking and AS—What the research shows! *by Margaret Lewington*

Over the years, several studies have been conducted on the effects of smoking on disease activity and function for people with AS and related Spondyloarthropathies. Here is a summary of their findings.

Rheumatology International, April 2004

This study showed that smoking is associated with a more rapid progression of the disease as well as the progression of functional disability.

They evaluated the physical activity level in 48 patients with Ankylosing Spondylitis, 24 who smoked and 24 who didn't.

In this study of smokers with AS, researchers used the BASDAI and BASFI (internationally accepted questionnaires specific to AS) to evaluate how smoking effects disease activity (BASDAI) and functional impairment (BASFI), respectively.

It was found that smokers with AS have significantly higher BASDAI scores (implying more pain, swelling and stiffness) as well as lower

BASFI scores (implying less ability to function physically). Thus, the study concluded that smoking is associated with functional impairment and physical incapacity in those with AS.

Annals of Rheumatic Diseases, 2011

A study published in the Annals of Rheumatic Diseases in 2011 showed that smokers who have early, active ankylosing spondylitis (AS) face more disease activity and lower quality of life overall.

647 patients with early inflammatory back pain (IBP) were studied. Among the complications seen in smokers with AS were higher structural damage and poorer function overall than those who did not smoke.

The researchers in the study conclude that smoking **"was independently associated with earlier onset of IBP, higher disease activity, increased axial inflammation on MRI, increased axial structural damage on MRI and**

radiographs, poorer functional status and poorer quality of life."

Expert Review of Clinical Immunology, 2013

In a 2013 review on smoking and spondyloarthritis, the authors found that smoking:

- Can be associated with earlier onset of disease
- May cause more severe disease in activity, function and quality of life
- Can lead to periodontitis (a gum disease that can lead to loosening and loss of teeth)
- Has a negative influence on bronchopulmonary (lungs) and cardiovascular (heart) outcomes, already impaired by the disease itself

The authors of the review find that, **"Smoking represents a target for therapeutic impact and disease modification in spondyloarthritis."** Thus, quitting smoking is recommended. Smoking can potentially lead to further, more serious

The information contained in this newsletter 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.

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Smoking and AS *continued from Page 1*

complications than caused by spondyloarthritis alone.

Australian Study, Australian Rheumatology Database (2003-11)

Although this study found that while smokers still benefitted from TNF medication, it also found that current smokers had poorer scores in some health related quality of life measures compared to non-smokers. 422 patients provided 1189 assessments for the study. After adjusting for smoking, gender, age, education, employment, comorbidities and medication use, including DMARDs, anti-inflammatories and analgesics, all the health-related quality of life (HRQoL) measures improved significantly over the study period and the improvements were not modified by smoking status. Current smokers tended to have a poorer HRQoL on the SF-36 physical score and the HAQ-S score compared with non-smokers.

The study concluded that *'among AS patients, active smoking did not diminish or modify the improvements in HRQoL from anti-TNF treatment, even though current smokers compared with non-smokers tended to have poorer scores in some HRQoL measures.'*

An current article in the Annals of Rheumatic Diseases, 2015

"Smoking is associated with an impaired response to TNFi in axSpA."

This study to investigated the impact of smoking on the response to treatment with a tumour necrosis factor inhibitor (TNFi) in patients with axial spondyloarthritis (axSpA) in a real-life cohort. 698 patients in the Swiss Clinical Quality Management Cohort were included in this study.

In comparison to non-smokers, current smokers demonstrated significantly smaller reductions in BASDAI and ASDAS scores upon treatment with TNFi for patients with elevated baseline C-reactive protein (CRP) level. This effect was numerically smaller in patients with normal CRP. The odds for reaching a 50% improvement in BASDAI response or the ASAS criteria for 40% improvement after 1 year were significantly lower in current smokers than in non-smokers. (BASDAI and ASDAS are both internationally recognized assessment methods of disease activity and are used to assess response to treatment.)

Hence their conclusions that smoking is associated with an *'Impaired re-*

sponse to treatment with tumour necrosis factor α inhibitors in smokers with axial spondyloarthritis'

Getting Support

Getting the right help and support can go a long way to ensure that you're able to quit smoking for good. Many free advice and support services exist to help smokers preparing to quit and recent quitters stay smoke free. The Quitline and Quit Coach are two proven support services provided by the Australian Government that can help you. Information about these services is available on their websites.

Quitline is a telephone information and advice or counselling service for people who want to quit smoking. You can phone the Quitline on 13 7848 confidentially from anywhere in Australia for the cost of a local call only.

Quitline. 13 7848

QuitCoach is a free interactive site that can help you quit smoking and stay stopped.

QuitCoach

A guide to anti TNF therapy *Reprinted with the kind permission from NASS*

This is a summary of an excellent guide produced by The National Ankylosing Spondylitis Society (NASS - UK). We encourage all AStretch members to read the guide in full at [NASS Living with AS](#)

What is anti TNF therapy?

Anti TNF therapy, also known as biologic therapy, is used to treat a range of conditions including ankylosing spondylitis (axial spondyloarthritis) (AS).

Anti TNF therapy interferes with the action of a protein called tumour necrosis factor (TNF) which is over-active in the body in people with inflammatory arthritis.

This causes inflammation and damage to bones, cartilage and tissue. Anti TNF therapy blocks the action of TNF and can reduce inflammation.

Who can be offered anti TNF therapy?

Many people with AS do not need anti TNF therapy because they can manage their condition well with a combination of physiotherapy and non steroidal anti inflammatories (NSAIDs) such as Ibuprofen or Naproxen.

Your rheumatology consultant might talk to you about anti TNF therapy if:

- * You have tried at least two different NSAIDs but you feel they aren't helping.
- * You are not able to take NSAIDs because they cause you problems with your stomach or other medical conditions.
- * You have high pain levels.
- * Your AS is having a big impact on your life. It might be affecting your ability to work or have a good quality of life.

How can anti TNF therapy help?

The evidence shows that anti TNF therapy works for around 8 in 10 AS

patients and, if taken continuously, the benefits you gain from the medication do not seem to wear off over time.

Anti TNF therapy works to reduce inflammation in your body and that means you should get less pain, less stiffness and more movement. Hopefully this will mean you can get moving more quickly in the morning, find it easier to carry out your daily activities, be able to exercise more and sleep better. In short, anti TNF therapy should give you a better quality of life.

There is currently no proof that anti TNF therapy has a positive impact on radiographic (x-ray) progression of the condition or that it can prevent new bone formation.

People get best results from anti TNF therapy when they use it alongside a daily stretching and exercise routine.

What are the side effects?

Anti TNF therapy has relatively few day to day side effects. The most common are:

- * injection site reactions where redness and irritation of the skin at the injection site is seen.
- * upper respiratory tract infections where a normal cold might last longer or need antibiotics.

You should bear in mind that the long term side effects of anti TNF therapy are not fully understood because they are still a relatively new treatment.

What are the risks?

All medications come with risk. It's important to understand the risks and to balance these against the possible benefits for you of taking the medication. These risks will always be fully discussed with you by your consultant and the team who assess your suitability for anti-TNF therapy.

How do I decide if anti TNF therapy is for me?

Talk to your rheumatologist, specialist nurse and physiotherapist. Read through all the information in this guide and any other leaflets given to you. Get your family and friends to look through the information and have a chat with someone else taking anti TNF therapy.

Getting started on anti TNF therapy

Anti TNF therapy is a long term treatment rather than a short term option so your rheumatologist will want to be sure it's right for you. Checks that may be carried out include:

BLOOD TESTS to check your inflammatory markers. If you have inflammation in a part of your body then extra protein can be released from the site of inflammation and circulates in the bloodstream. Erythrocyte sedimentation rate (ESR) and C-reactive protein (CRP) blood tests are used to detect this increase in protein, and so are markers of inflammation. Remember though, not all AS patients have raised inflammatory markers.

X-RAYS to see if there has been any changes to your spine or involved joints.

MRI to see if there is any inflammation around your sacroiliac joints.

BASDAI—Bath Ankylosing Spondylitis Disease Activity Index asks a number of questions about your AS symptoms including fatigue, back pain and morning stiffness. You rate your symptoms using a 1 to 10 scale. A higher score means your symptoms are worse.

SPINAL PAIN asks you to assess your back pain. You score higher the worse your back pain is.

TUBERCULOSIS checks for active and latent tuberculosis (Tb). TB is caused by a bacteria picked up by exposure to someone with the illness. In most people, the immune system kills the bacteria and you have no further symptoms. Sometimes the immune

A guide to anti TNF therapy *continued from Page 3*

system cannot kill the bacteria, but manages to prevent it from spreading in the body. This means you will not have any symptoms, but the bacteria will remain in your body. This is known as latent TB.

Latent TB could develop into active TB infection if your immune system becomes weakened by a medication such as anti TNF. If you are found to have latent TB you may need treatment with antibiotics before starting anti TNF.

Choices, choices, choices...

Five anti TNF drugs have currently been licensed by the European Medicines Agency for the treatment of AS.

Often your rheumatology nurse or physiotherapist will take you through your choices. They will highlight the main differences between the different anti TNFs to help you make your choice.

Some things you should consider when making your choice include:

- * How often will I have to inject?
- * Is there an injection device I prefer or find easier?
- * How long does the drug stay in your system? This could be important if you develop an infection.
- * What other conditions related to my AS will the anti TNF help? Some also help with uveitis (iritis), inflammatory bowel disease or psoriasis.

CIMZIA (Certolizumab Pegol). Self administered by a pre-filled syringe. When you start Certolizumab Pegol you need to do two injections every 2 weeks for the first 6 weeks and then you move to one injection every 2 weeks, or 2 injections every 4 weeks.

ENBREI (Etanercept). Self administered by an injection device or a pre-filled syringe. Once or twice a week dosing.

HUMIRA (AdalimumAb). Self admin-

istered by an injection pen device. Once fortnightly dosing.

REMICADE (Infliximab). Administered in an out patients clinic by an infusion (drip). The infusion is given over two hours (this may change to one hour later on in treatment) and you'll have to wait for another 1-2 hours afterwards before you can go home in case you develop any side effects such as an allergic reaction. After the first infusion you may well have another two weeks later and then again four weeks after that. Once your treatment is established you usually have an infusion every eight weeks.

SIMPONI (Golimumab). Self administered by an injection device. Once monthly dosing.

What next?

Once you have been fully assessed for anti TNF therapy and you and your rheumatology team have decided which anti TNF you want to use, then you will be given training on how to do the injections and all the information you need.

How long does treatment last?

Once you start on anti TNF therapy you will be assessed after 12 weeks to see if it is working for you. If it is helping with your AS symptoms and you are happy with it then you will stay on it for the long term. You will have regular checks.

Attending regular check ups

Check-ups should take place every 3 to 6 months to ensure that you remain healthy and well. You will need regular blood tests to monitor inflammation and general blood levels. Any medical changes or changes in your health will be discussed to ensure that it is still appropriate that you take your anti TNF medication. **Monitoring your response to treatment and your health whilst on anti TNF therapy is extremely important.**

Day to day living with anti TNF therapy

EATING AND COOKING: Visit the [NHS Choices](#) website (NHS—UK) for information on reducing your risk of infection from foods.

VACCINATIONS: If you're taking anti TNF therapy it's recommended that you avoid live vaccines. If you do need a live vaccine do discuss all the possible risks and benefits of the vaccination with your doctor.

OTHER MEDICINES: Anti TNF therapy may be prescribed along with other medicines. Do discuss any new medications with your doctor before starting them, and always tell any doctor treating you that you are on anti TNF therapy.

ALCOHOL: There is no known interaction between anti TNF therapy and alcohol.

SUGERY: If you are going to have an operation please inform your doctor, as you are likely to be advised to temporarily stop anti TNF therapy before and after surgery.

PLANNING A FAMILY: If you are planning a family we would strongly advise you discuss this with your rheumatologist well in advance.

TRAVELLING: If you are travelling abroad and taking your anti TNF therapy with you, it's important to make plans to keep it at the correct temperature during the journey and at your destination. You can buy special cool bags and even travel fridges. Ask for a letter confirming you have been prescribed anti TNF from your rheumatologist and keep a copy in your hand luggage.

See [NASS](#) for further information.

"Make-a-Move Ride" Mike and Brad's Story by Mike and Brad McKenzie, Georgia Prince (Arthritis Vic)

Here is an update from Mike McKenzie and his team for the "Make-a-Move Ride" AS fund-raising bike ride project in September from Melbourne to Darwin. In this edition, Mike's 29 year old son Brad who has AS, provides us with an insight as to how he has turned his life around, managing his AS, continuing with work and exercise activity. Mike continues with an update on his own health and well-being strategies.
Annie McPherson

BRAD'S STORY

I was diagnosed with AS in October 2014 when I was 28. It was a bit of a surprise but also came as a relief to actually be diagnosed with something. I had been experiencing a lot of pain and sleepless nights. I really just wanted to know more about the condition so I knew how to deal with it.

The strange thing is, after I was diagnosed I started to look back at the last 10 years of my life and some of the health issues that I've had and I wonder whether I've actually been living with AS all this time.

When I was 18 years old I had a lot of trouble with my legs. I was told I had Compartment Syndrome, and when the pain became unbearable I had surgery on both of my legs. I have never really been the same since. I loved playing footy but found it incredibly painful. It took me a good four years to come to terms with the fact that I would never play footy again.

I like to think of myself as a fairly fit and active person. Most of my jobs have been quite physical, I've worked as a Personal Trainer running boot camps, a landscaper and also a pool technician installing pools. I love this kind of work, being outdoors and keeping active. Unfortunately, I've had to be realistic about managing my condition and I now work in real estate.

I try not to think about the things that I can't do due to my condition – and focus on the positives instead. On the whole I'd like to say it doesn't really stop me from doing a lot. You just change the way you think about things, accept it and get on with it. While I can't play footy or do cardio I can do resistance training. I really enjoy going to the gym and keeping active with strength and conditioning – plus this

really helps me manage my AS.

Besides trying to keep physically active I've adjusted my diet and take anti-inflammatories but they really don't do a lot. The worst thing is the lack of sleep. I sleep a maximum 3 – 4 hours a night, it's exhausting and has a flow on effect to the rest of your life. It's an incessant cycle, you become exhausted so your immune system drops, then you have a flare up. The flare up causes even more pain and therefore less sleep. It's a nightmare.

It doesn't surprise me that Dad is taking on this ride. He's crazy – I couldn't do it.



MIKE'S STORY

When Brad was diagnosed with AS I knew I wanted to do something about it. It was horrible watching my son suffer from this condition that I knew so little about. I decided I wanted to do something to raise awareness and raise funds. I'd cycled from Melbourne to Perth before and I love to ride! I got in touch with Arthritis and Osteoporosis Victoria (AOV) and contacted my mate Stan and so the *Make a Move Ride* was born!

AOV put me in touch with the Ankylosing Spondylitis group of Victoria and after chatting to their president about Brad's health, I started to think about my own. I'd found out that AS can be genetic and also that often people with AS experienced Iritis (inflammation of the eye). I had been having issues with my own eyes and had been quite unwell for the majority of 2014.

I had a lightbulb moment and thought – something isn't right here so went to my doctor and after a number of tests I was diagnosed with AS on 18 December 2014.

Similarly to Brad, I started to look back at my past health issues and couldn't really believe it. Over the past 20 years there have been several occasions where I've ended up in crutches due to terrible leg pain. The doctors always put it down to nerve problems, but I really believe it was the AS now I understand the condition.

One of the most challenging things about the condition is that it's very complex. It primarily affects your muscles, bones and joints but can also affect other major organs such as lungs, kidneys and bowels. While I do as much as I can to manage my condition through healthy diet, AS specific exercises, rest and medication you just never know when a flare up will hit. Recently I was off work for 10 days in and out of hospital – it just came out of nowhere.

I have a lot of guilt around knowing that I passed this onto my son. While I know it's not actually my fault – as a father I can't help but feel guilty when I see him in pain and how it affects the quality of his life. Especially as I know how horrendous it can be.

I can't just sit back and do nothing – there's thousands of others out there living in pain. The Make A Move ride is about getting the message out there for people like Brad and I and letting them know they can take action. With the right information and care plan they can tackle AS in a proactive and positive way.

The Make a Move Ride departs Melbourne on Sunday 27 September. Mike and his friend Stan will cover 3,750km to support Arthritis and Osteoporosis Victoria's research projects. To make a donation and find out more about the ride visit www.makeamoveride.org.au

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make a *moveride*
27 September – 25 October 2015

AS Exercises *by Margaret Lewington (Physiotherapist)*

These exercises move the arms and upper body, with the aim to get movement and stretch in the side of the trunk and in the ribs. For most of the following exercises the important point is to ensure the trunk rotates—especially the lower ribs. This can help with chest expansion and breathing. These exercises are done lying on your side. You may need some support under your head. If you do, use a small pillow or just put your bottom arm and hand under. Bend your hip and knees up to about 90 degrees, keeping your legs together. Remember to do some on each side. You may like to do all before rolling over, or you may swap for each exercise.

Side arm lift

With your top arm resting along the top side of your body, lift your arm up and over your head to reach long and away from your head. Breathe in as you do this, to expand the top lung and move the ribs. Bring your arm down again along your body. You may also like to stretch the top leg down long at the same time – to get a full stretch through the whole side of the body.



Upper body roll

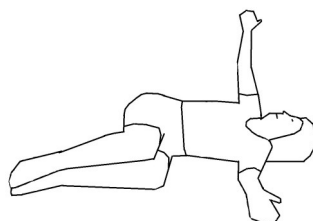
Place your top arm out in front of your chest allowing your chest to roll forwards. Slide your hand back towards your chest as you roll back, putting your hand on your lower

ribs to help you turn more. Try to get your shoulder blades on the floor and look behind you. Now roll forwards again, reach and stretch, trying to get your chest flat. The important part is to ensure the trunk rotates. As a progression, after you have rolled back you can straighten your arm behind you and look towards your hand. Avoid over stretching the front of the shoulder, but feel the stretch on the front of the chest.



Upper body turning

This is similar to the roll. Place your top arm out in front of your chest. Slide your arm forwards, reaching as far as possible. Let your body roll forwards, your chest facing down. Lift your arm up and over your body and back behind you. (Think of a string attached to your finger tips and pulling and lengthening your arm the whole way.) Look at your hand throughout and let your body roll back. Don't let your knees lift too much. Breathe in as you take your arm back and open up your chest. Pause here and allow time for a stretch. Lift your arm and return it to the front, breathing out and rolling forwards.



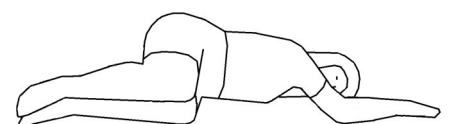
Arm circles

To make a large circle with your top arm firstly reach and roll forwards, then take your arm up and over your head, then take your arm behind you as you roll backwards and then down to your leg, and back in front. Look at your hand throughout, and keep your arm long. Do several one way and then some in the reverse direction.



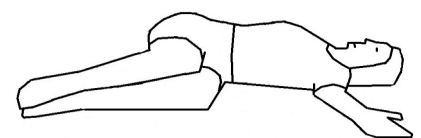
¼ Lying on your front

Put your bottom arm behind you. Roll your chest forwards as flat as you can. Leave your head turned to face the front hand. This is a stretch position. You may wriggle a little to turn as much as possible and lie here and relax and breathe.



¼ Lying on your back

Roll your chest back, trying to get your shoulder blades flat on the floor. Slide your bottom shoulder through a little more. Look towards the ceiling. This is a stretch position where you can lie here and relax and breathe. Your top arm may rest on your ribs or on the floor behind.



Ankylosing Spondylitis Victoria Inc Report *by Annie McPherson*

We welcome Jan and Bruce to our AS Victoria Inc., peer-support-group. The Coffee and Chat meetings in March and April were held at the Fairfield RSL.

During March / Autumn I was able to meet the latest group of participants during my talk for the **Caulfield Community Health Centre's Physiotherapy AS program**. A number of our members attended. Anne Lloyd RN, of Arthritis & Osteoporosis Vic (A&O Vic) also presented and commented how there were many discussions about how the various health professionals systems worked. It was good to see some family members attend with the participants.

On Wednesday 11 March at Hawthorn Arts Centre, we attended our first **Boroondara Volunteer Expo** event. As a result we have a volunteering for our group.

The Victorian Department of Health and Human Services (DHHS), Minister for Health Awards' secretariat invited me to participate in this year's judging panel for a selection of the Volunteer Awards and to join the presentations on 13 May at Abbotsford Convent. Many participants are more than worthy of such an award and their projects greatly benefit the community. This year two young women were the recipients in the Young Volunteer award for services to the cancer patient and mental health patient networks. The 2015 finalists and their contribution to the various Victorian communities can be found on the DHHS website.

www.health.vic.gov.au/volunteerawards

We published an AS Victoria **10 year anniversary booklet** for our 17th of May 2015 anniversary. We thank our Treasurer Vicky for creating it. The booklet has been distributed to our members, associates and colleagues and has been highly praised. We will celebrate the anniversary at our "Xmas in July" social function at the Rosstown Hotel.

Our 2nd social function for the year at the **Berwick Inn** in Berwick was well attended by members from the neighbourhood. Committee members, Adam joined us from Korumburra, Paul from Wheelers Hill and Annie and Vicky from inner Melbourne. After an excellent lunch, we had an interesting discussion about sleep apnoea and AS, then exchanged ideas about living with AS.



*Adam Collard, VP, AS Victoria Inc
at Berwick Inn*

The taxation department have granted us **Deductible Gift Recipient** status (Tax deductibility for donations over \$2 from members or the public). **AS Victoria Inc Membership Renewals** have been sent out. Memberships are



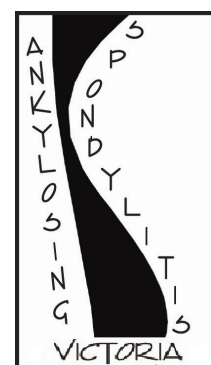
Annie McPherson at Berwick Inn

due 30 June 2015.

Eric Betts, representing **Spectrum Translations** contacted me regarding recruiting participants for a "localization" project, to check if a questionnaire regarding medical conditions (AS) is understandable to an Australian English speaker. The time-frame was extremely short, however I was able to pass Spectrums contact details to several of our group. If you wish to participate in this type of research and advocacy project please register your interest by email to

asvictreasurer@hotmail.com

We send you the researchers details then you contact them by internet/email or phone. Your contact information is not sent to the researcher.



Ankylosing Spondylitis Victoria Inc Report *continued from Page 7*



*Annie McPherson and Vicky Genius
at our Austin Hospital Table*

Austin Health:

On Tues 17 March we set up our **AS & Arthritis Information** table at the Rheumatology and Spondylitis Clinics in the Outpatients Department, at **Austin Health**, Repatriation Centre. Our new AS Vic. banners, signs and table cloth all attracted attention and we were amazed when a lady from two clinics over came to speak with us. She had a niece who had been diagnosed with AS late last year and she was delighted to find some reliable resources on the condition. On the day, we spoke with around 30 people and handed out informative material. We would really like to hear from anyone who could volunteer an hour of their time to help manning the stand as it has proven a great hit with the clinic attendees.

Our next AS Stand will be on Tuesday 04 August for Healthy Bones Week. It appears our initiative in holding these stalls may result in other groups being asked to participate. This would be a much welcomed step in the right direction for patient and consumer support.

Arthritis & Osteoporosis Victoria Inc.:

The **A&O Vic. Volunteer Celebrations** May 2015 award presentations, were held at the Amora Hotel in Richmond on 13 May. We have a group of members eligible for awards this year:

Maria Makris has been an active volunteer, committee member and office bearer, since our beginnings in 2004 and was awarded 10 year Volunteer Service Award;

Ellen Makridis had contributed as a volunteer for the committee during the initial years and was presented with a 5 year Volunteer Service Award;

Vicky Genius has been an active volunteer, committee member and office bearer since 2010 and was presented with a 5 year Volunteer Service Award;

Undaunted by the 2 to 3 hour commute back and forth from Korumburra, Adam Collard has been an active volunteer, committee member and office bearer since 2009. This contribution to our Peer-Support Group was recognized with an Outstanding Volunteer Award.

Maria and Adam's awards are planned to be presented at the "Xmas in July" dinner at the Rosstown Hotel. I would like to join in with Simon Von Saldern's comments and congratulate our team for a wonderful effort and personally thank them all for giving up their time.

S-J. Dyrenfurth arranged for Annie

to attend the **Patient Perspective session**, at **RMIT University**, Myotherapy School in the April 2015 for the third year massage therapy students. The discussion covered AS and managing different MSK conditions.

Under a similar program, Annie attended the **Patient Perspective session**, at **LaTrobe University**, Physiotherapy School in the April 2015 for the third year physiotherapy students. Interestingly there were mostly male students who were surprised this arthritis condition is primary found in young men.

Linda Martin and Duncan Langdon presented the **AGM** for **A & O Vic** at the Elsternwick offices on 29 April. The guest speaker, Dr Malcolm Hogg presented an update on pain diagnosis, assessments and its management in relation to chronic pain, a very interesting topic.

A & O Vic have joined with the **YMCA** to transfer over their **WAVES** –warm water exercise program to be run in YMCA recreation centers around Melbourne. Some PSG's still run their own warm water programs and will continue to do so, so please contact the A&O Vic MSK Helpline on 1800 263 265 for information about classes in your area.

Regards

Annie McPherson

President AS Victoria Inc

AS Group of Queensland Report *by Ross Wilson*

It is getting to that time of the year when we start reaching for the dooners and socks and dust off the winter woollies but I must say, I love this time of year. The nights might be a bit cool, but the days are beautiful, apart from the flooding rains of a couple of weeks go. That being said, it is a great time to get out and enjoy some outdoor activities. My wife and I have been enjoying some wonderful walks around Brisbane lately. Discovering places and things we never knew existed even though we have both lived here most of our lives. On a recent walk, while admiring the view from the cliffs beside the Story Bridge, I couldn't help but think of how, when we go away to somewhere new we seek out all the attractions etc it has to offer, but haven't seen half of what our local area has to offer. So don't sit around, take advantage of this great weather and get active.

Our Group held its Annual General Meeting in March at Tomato Bros Pizza Restaurant at Wilston. A good roll up saw official business taken care of, followed by a great feed as usual. Below is a copy of my address to the meeting.

President's Report 2014-2015

Hi everyone, and thank you for your attendance at this our Annual General Meeting for the 2014-2015 year.

I would firstly like to thank my fellow committee members for all their hard work over the past 12 months and of course Margaret for her tireless contribution to the group. A special mention also to Greg Johnson for his excellent work on the newsletter and to

Maritza Sullavan, who steps down as Treasurer. Maritza has filled the rolls of General committee, Secretary and Treasurer over the past years and will continue on as Social Director. I thank her for her commitment to the group and look forward to working together as we move forward.

Margaret again represented our group at the ASIF conference, which was held in Bulgaria this year. We are truly fortunate to have someone as passionate to our cause as Margaret.

Social events have been well received with a number of dinners throughout the year. The after hydro suppers being particularly well attended. Mini Golf followed by dinner is the next event on the calendar in April so please come along for a night of laughs and good company.



Financially we are going well, with a healthy balance sheet, which will allow us to continue on with what we have been doing as well as looking at new projects in the future. The Entertainment book was again

a good fundraiser and we will be doing these again this year. So if anyone is interested please contact Lynn Adamson.

Some of the aims for the coming year include a revamp of the AS Australia website and also looking at running another Symposium later in the year.

Once again thank you for your attendance as the group can only continue with the members support.

Other Events

Our other event since our last Newsletter was our mini golf and dinner at Skygate. An enthusiastic group lined up for 18 holes on a beautiful Autumn evening. The competition was fierce with the result coming down to the wire. This was followed by a great meal and a couple of well-earned drinks. The Skygate Golf Centre is a great venue with an 18 hole mini golf course. Covered driving range, putting greens and Pro Shop with a licensed Restaurant. The best part for those who purchased an Entertainment Book was both Golf and dinner were half price. We are again selling the Entertainment Books, which are a great fund raiser for the Group and great value. The cost of the book can be recouped in just a couple of uses.

We have been throwing around a few ideas for up coming social events with barefoot bowls, bike rides, bush walks, dinners, and picnics all in the mix. If anyone has any other ideas please let us know. Until next time, keep moving.

Ross Wilson

Calendar of Events

VICTORIA Refer to www.asvictoria.org for details or Annie McPherson mob: 0408 343 104

Tues, June 16, 1:00 – 3:00pm Fairfield RSL : Coffee & Chat

Tues, June 30, AS Victoria Member subscriptions due

Tues, July 14, 1:00 – 3:00pm - Fairfield RSL : Coffee & Chat

Fri, July 24, 6:00 – 9:00pm - Rosstown Hotel : Carnegie – “Xmas in July” Dinner

Tues, Aug 04, 11:00 – 3:00pm – AS Information Stand- Austin Health; Repatriation Campus

Tues, Aug 18, 1:00 – 3:00pm - Fairfield RSL : Coffee & Chat

Tues, Aug 25, 6:00 – 7:00pm – Annual General Meeting – Austin Health; Education Precinct

Tues, Aug 25, 7:30 – 9:30pm –Dinner – Old England Hotel – Heidelberg

Please also check Arthritis & Osteoporosis Vic. website for events www.arthritisvic.org

QUEENSLAND

Refer to www.asaustralia.org/qld/ for details or Mark Robinson mob: 0407 425 750

Tues, June 27, at 6:30pm **Dinner** at Villa Maria Restaurant (82 Bennetts Road, Brisbane, QLD)

August - Croquet (place and date will be advised)

Hydrotherapy Classes

BRISBANE (QLD)

Sessions supervised by **Margaret Lewington** (Physiotherapist).

When: Tuesday evenings.

Time: 6:30 - 7:30pm

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 on

0404 414 501 or 07 3376 6889

PERTH (WA)

Sessions supervised by experienced Physiotherapists.

When: Monday evenings (Public holidays excepted).

Time: Two sessions.

Hydrotherapy pool 5:30 - 6:30pm.

Gymnasium & pool 5:45 - 7:45pm.

For those current group members and those who have recently participated in an AS program with the Hospital or the Arthritis Foundation.

Where: Arthritis WA,

17 Lemnos St, SHENTON PARK.

Cost: \$8

Enquiries: Lindsay

lindsay.dutton@health.wa.gov.au



Facebook Groups

[AS Brisbane](#)

[AS Sunshine Coast](#)

[AS Group VIC](#)



General Information

Ankylosing Spondylitis Groups of Australia

www.asaustralia.org

Ankylosing Spondylitis Victoria Inc

www.asvictoria.org

Arthritis Australia

www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)

www.spondylitis.org

Contains message boards, online chat forums, and a members only section for resources

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

The National Ankylosing Spondylitis Society (NASS - United Kingdom)

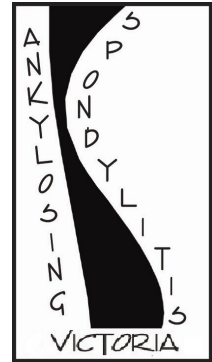
www.nass.co.uk

Contains an excellent questions and answers section and downloadable guidebook - A Positive Response to Ankylosing Spondylitis-Answer and practical advice.

Ankylosing Spondylitis Victoria Inc

Membership Form

AS Victoria Inc is an Arthritis and Osteoporosis Victoria Peer Support Group



Who we are and what we do....

AS 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:

- Provide a forum for the exchange of ideas and experiences.
- Distribute information to patients and medical professionals on AS.
- Provide and co-ordinate educational information, events, workshops and seminars on AS.
- Co-operate and interact with local, interstate, international Arthritis and peer support groups including participation in their events and activities.
- Arrange social events and activities for our group members, their families and friends

Some of the benefits of belonging to our group:

- AStretch newsletter
- Seminar evenings with excellent guest speakers
- Improved awareness of AS and the AS community
- Opportunities for interaction with other members at social gatherings and activities
- Land exercise DVD for people with AS

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address: _____

I wish to become a member of AS Victoria Inc support the purposes of the organisation and agree to comply with the rules for an incorporated association under section 46 of the Associations Incorporation Reform Act 2012.

Signed: _____ Date: ____/____/____

Send to:

AS Victoria Inc

PO Box 3166

Burnley North 3121

asvicweb@gmail.au

www.asvictoria.org

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2000 and will not sell your personal information to another organisation. You may be notified of AS Victoria Inc events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Victoria Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Victoria Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Membership Type

☐ New ☐ Renewal (annual 30th June)

☐ Mail out# membership (\$25.00)

☐ Concession* Mail out# membership (\$20.00)

☐ Email member ship (\$20.00)

☐ Concession* email membership (\$15.00)

Donation: \$ _____ *Note: Donations over \$2 are tax deductible.*

Total: \$ _____

Cheque, money order or direct deposit -

AS Victoria Inc NAB BSB : 083 399 Account : 154321878

#Mail out membership all correspondence will be sent by Australia Post

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

Statistical Information (Optional):-

1. Are you a member of Arthritis Victoria? Y / N

2. Can we pass on your contact details to other members of the group in your area? Y / N

3. Gender M / F

4. Year of Birth: _____ 5. Preferred Language: _____

6. Do you suffer from A S Y / N 7. Do you know someone who suffers from A S Y / N

Do you have any other conditions?

.....

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

.....

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