

# A Stretch

## Ankylosing Spondylitis Australia

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### WATER EXERCISE DVD

#### A Hydrotherapy program for people with Ankylosing Spondylitis - reviewed by Greg Tate



Following on from the excellent Land based exercise DVD released last year, Margaret Lewington and the AS Group of Queensland have just released their latest tool for helping you manage your AS - a Water Exercise DVD.

It provides a comprehensive and easy to follow Hydrotherapy program specifically designed for people with Ankylosing Spondylitis.

The DVD starts with an introduction by John Ebert detailing that the DVD was created using demonstrations of exercises guided by physiotherapist, Margaret Lewington using a range of participants from newly diagnosed AS patients through to many who have been living with AS for many years. He then introduces Physiotherapist, Jane Barefoot from the UK who is a recognised world expert on the treatment of AS.

Jane talks about the importance of exercise for AS and describes how the properties of warm water with its excellent buoyancy can be used to provide both strengthening and stretching exercises that are particularly beneficial to people with AS. Jane goes on to describe the importance of having a specialist who understands the benefit of using water for exercise and how pleased she is to hand the baton on to Margaret Lewington.



Margaret Lewington with Jane Barefoot

*I feel privileged to not only call Jane my friend but to have learnt so much from her and to be inspired by her. I am so happy that I have been able to produce this DVD to say thank you to her, and honored that she was able to do the forward. - Marg*

#### Margarets Hydrotherapy Motto LESS PAIN = MORE GAIN

Margaret then gives an introduction to the exercising sections, advising that the demonstrations are performed by people with varying degrees of stiffness and that they are demonstrated to the best of that persons ability. She recommends that you don't try to do all the exercise at first, rather work your way through them at a pace that allows you strive to do the exercises to the best of your ability at all times.

*Note: The DVD does not replace seeing a physio who can personally instruct, guide and correct your technique. They can ensure that you are doing the exercises correctly and the best way for your specific needs. This helps you get the most out of it. You may like to take the DVD to your physio.*

The DVD then follows with selectable chapters on the following topics.

- Warm Up • Leg & Arm Exercises • Back Exercises • Floating Exercises with Head at Rail • Floating Exercises with Feet at Rail • Neck Stretches • Leg Stretches • Swimming • Deep Water Exercises.

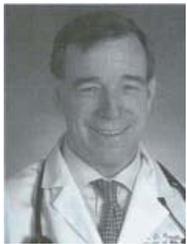
There is also a chapter describing Aquatic Physiotherapy and using your own home pool to exercise.

For the six years I lived in Brisbane I attended Margaret's AS Hydro classes and undertook additional self exercise pool sessions. Since living in Melbourne I have continued to do the exercises I learnt there, or at least as many as I can remember, on an ad hoc basis. Now with this DVD I have access to the full repertoire and find myself highly motivated to get down to my local hydro pool and prove Margaret's Hydro motto of Less Pain = more Gain. You should too.

The DVD is available from the Qld Group at a cost of \$15.00 each for members and \$30.00 each for non-members. They will be available at this price until the 30th June 2008. After this date they will then be available through Arthritis Queensland at \$30.00 each.

## GENETICS AND ANKYLOSING SPONDYLITIS SUSCEPTIBILITY: THE NEXT STEP - THE TASC STUDY - Dr. John D. Reveille

In the last edition of AStretch both Prof. Mathew Brown and Dr. Lionel Schachna had articles referring to the exciting new genetic findings in AS. The following article is from the Spondylitis association of America Spondylitis Plus magazine (Fall 2007 edition) which details the study outline that resulted in these findings.



One of the indisputable facts about ankylosing spondylitis (AS) is that hereditary factors play a critical role in its cause.

We have known for many years that AS and the related conditions associated with spondyloarthritis (such as psoriasis, iritis or uveitis, and inflammatory bowel disease) occur more frequently in family members of AS patients than in the general population. For nearly 35 years we have known that one hereditary factor, HLA-B27, is extremely important in susceptibility. The significance of HLA-B27 became even clearer with the development of the HLA-B27 transgenic rat in 1990, a model that continues to teach us about the immunology of this disease.

Genetic investigations in the 1990s were focused on finding susceptibility genes in families for many diseases such as diabetes, rheumatoid arthritis and lupus using a technique known as genome-wide scanning with DNA markers called microsatellites, which allowed an examination of the human genome much like mile markers on a superhighway.

Accordingly, in 1998 the Spondylitis Association of America collaborated with Dr. John Reveille at the University of Texas Health Science Center at Houston to launch the AS Family Genetic Project. SAA's efforts led to the National Institute of Arthritis, Musculoskeletal and Skin Disease (NIAMS/NIH) providing funding for Dr. Reveille and the SAA to establish the North American Spondylitis Consortium (NASC), a collaboration between ten academic medical centers in the US and Canada aimed at collecting family data and performing genetic analyses in the susceptibility to AS.

During the period that NASC was funded, between 1999 and 2004, data from nearly 400 AS-affected sibling pairs was collected. A genome-wide association study was completed and published that identified, in addition to the major histocompatibility complex on chromosome 6, several other genetic regions on other chromosomes, whose importance was magnified when the NASC data was pooled with the data from the British and French scans. In addition, several candidate genes were examined, some not confirmed and some, such as interleukin 1, a cytokine that is very important in inflammation whose gene is found on chromosome 2, that have now been recognized as adding to HLA-B27 in the risk for AS.

Recent advances in genetic analysis have led to new approaches in unlocking the genome. Today, computerized chip technology has allowed dissection of the human genome not just with 400 markers, the limit of the previous microsatellite technology, but to up to 1,000,000 markers. The challenges presented by this approach include its expense (more than could normally be covered by an NIH grant) and that large numbers of patients (in the thousands) and healthy controls are required.

Recognizing that this new technology was necessary to achieve the cure, we have entered into a partnership that involves not only US investigators and the SAA, but also parallel efforts in the UK, with whom we have already established a working relationship in pooling data from our previous genome-wide scans. This new team transcends NASC and is called TASC (the Triple A-- Australian-Anglo-American- Spondylitis Consortium), which has been funded for five years by NIAMS.

TASC is headed by myself and co-Principal Investigator, Dr. Matthew A. Brown, who has joint appointments at the Wellcome Trust at the University of Oxford and at the University of Queensland in Brisbane, Australia. The TASC Project consists of four projects, aided by two core facilities.

The first project will use SNP chip technology to study 317,000 single nucleotide polymorphisms (SNPs) scattered throughout the genome in 1,000 UK and 1,000 US AS patients compared to 3,000 UK controls (provided at no cost by the Wellcome

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## GENETICS AND ANKYLOSING SPONDYLITIS SUSCEPTIBILITY: THE NEXT STEP - THE TASC STUDY - Continued

*Continued from page 1*

Trust Case Control Consortium) and 1,000 US controls (provided by Dr. Peter Gregersen of North Shore Hospital, one of the external advisors to TASC). This scan is already nearly half done, and will be finished by early 2008. Genes found to be associated with AS in both the UK and US groups will be further studied in additional cohorts of 1,000 new UK AS patients and 500 US AS patients (coming largely from the membership of SAA) who are presently being enrolled. Project 1 will include Drs. Reveille and Brown, as well as Dr. Paul Wordsworth, representing the Wellcome Trust Case Control Consortium from Oxford, England.

Project 2 focuses on using the data from the SNP chips in Project 1 to examine genes impacting disease severity. Genes in a living person work in conjunction with and are affected by a variety of non-genetic factors, such as socioeconomic status, ethnicity, education, psychological and behavioral factors, personal habits such as smoking, drinking and exercise, and other medical problems such as obesity, high blood pressure and diabetes. Consequently, this project will examine both genetic factors and non-genetic factors and their impact on prognosis in AS, including radiographic severity, functioning, disability, and quality of life. This project will be overseen by Dr. Michael Weisman at Cedars-Sinai Medical Center, in conjunction with Drs. Reveille, Michael Ward from the NIAMS/NIH Clinical Center, Millicent Stone from the Bath Royal United Hospital, Dr. Perry Nicassio, a noted psychologist from UCLA, and Thomas Leach, a bone and joint radiologist from Cedars-Sinai. Overall, 900 patients from Cedars-Sinai, UT-Houston, the NIH and UCSF will be enrolled.

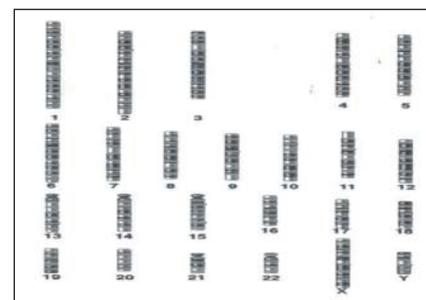
Project 3 focuses on the immediate family members of patients with AS and the spectrum of related diseases that occurs in them, including inflammatory back pain, arthritis, uveitis, inflammatory bowel disease and psoriasis, as well as defining the genes associated therewith. It is headed by Drs. Reveille, Weisman and Tanuny Martin at Oregon Health and Science University.

Genetic and environmental factors don't work in a vacuum, but in networks together. Previous statistical methods proved inadequate to account for these

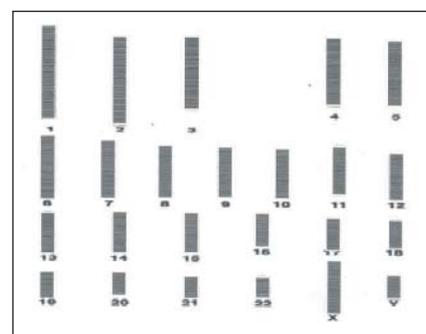
interactions, requiring the development of new statistical paradigms, which is the focus of project 4. The project will be headed by Dr. Momiao Xiong at the University of Texas at Houston, a statistical geneticist, in conjunction with Dr. Lon Cardon of Oxford University.

Overseeing TASC will be an Administrative Core, headed by Drs. Reveille and Brown, in conjunction with Laura Diekman, the TASC Program Manager, Omolade Ogun, SAA Research Coordinator and Laurie Savage, SAA Associate Executive Director, who will oversee the SAA's nationwide recruitment of patients and families. The genetic analyses and blood samples will be handled by the Laboratory Core, overseen by Drs. Xiaodong Zhou at UT-H and Dr. Matthew Brown at the University of Queensland.

TASC has already yielded some exciting new discoveries, which will be detailed in a subsequent issue of Spondylitis Plus, and the genome-wide association study will be complete by early next year. The genes we are identifying will need further characterization and validation in additional patients, and the SAA continues to play a critical role in this effort. SAA's partnerships with members of the research community have had success that few other advocacy organizations can claim. The TASC study will forever be a testimony to the generosity, hard work and commitment not only of the researchers, but also the SAA membership, who remain the community to which we are responsible. You have been critical contributors to this research, and we hope you will continue to partner with us in the very exciting work that lies ahead as the genetic basis of AS susceptibility and the determinants of prognosis and outcome are dissected.



**FIGURE 1.**  
*An Example of the Manner in Which the Human Chromosomes (Genome) are Studied by Microsatellite Markers. Spaced at Regular Intervals Throughout the Genome Much like Mile Markers on a Highway.*



**FIGURE 2.**  
*A Visualization of the Much Denser Coverage of the Human Chromosomes (Genome) Provided by SNP Chip Genomewide Association Studies. Where SNPs Spaced at Regular Intervals Throughout the Genome are Examined.*

## Examining Corrective Surgery

Typically, when we think about this type of surgical procedure, we are usually referring to the correction of the fixed forward stoop (kyphosis) that a small percentage of AS patients experience, usually after years of disease. Most people with AS will never need to consider this procedure as an option, especially since the advent of new drugs called biologics, which show much promise.

However, for those people who experience extreme kyphosis, daily life can be fraught with challenges that most of us cannot even imagine. Hence, we recognize the critical need for information regarding kyphosis corrective surgery.

Up until very recently, there have been very few surgeons in the US with adequate knowledge and experience with respect to this type surgery and as a result there were limited resources available to the patient seeking guidance in this area.

This situation is beginning to change. In March of this year, SAA collaborated with the Cedars-Sinai Institute for Spinal Disorders to bring about a day-long Continuing Medical Education Conference for rheumatologists, primary care and internal medicine physicians, orthopedic surgeons and neurosurgeons to educate and inform them about ankylosing spondylitis and corrective surgery for the AS patient.

The goals of the conference included in-depth and high-level presentations by the experts to improve the attendees' recognition of the types of spine deformity and trauma seen in AS and what can be done to help. Among other things, attendees heard about the current medical management of AS, new instrumentation and surgical techniques in spinal surgery, and how to recognize and potentially improve the pre-operative and post-operative risk factors associated with AS.

The conference was unique - breaking new ground in AS education for doctors. It is the goal of Dr Patrick Johnson, Director, who hosted the conference, and his team at Cedars-Sinai Institute for Spinal Disorders, to become recognized as a center of excellence in surgical procedures for AS patients and others in need of a top-notch team of

highly trained, talented and very caring group of spine surgeons.

The very comprehensive conference included eleven talks spanning the medical management of AS and early diagnosis issues to medical problems facing the AS patient undergoing surgery, and spine trauma and the AS patient.

In these pages, we present some of the critical issues that were discussed during the conference. For more information, you will be able to view and hear all of the lectures from the conference in the Physicians' Section at

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

\*Please see the note at the end of this article for more information.

### Advances in Spinal Surgery

Dr. J. Patrick Johnson, Director of the Cedars-Sinai Institute for Spinal Disorders, and Dr Justin Paquette, Associate Director, Neurosurgery and Spinal Neurosurgery, discussed the advances in spinal surgery.

These include:

- Microsurgical technique
- Improved understanding of spinal anatomy and biomechanics
- Operating microscopes
- Much improved lighting
- Enhanced instrumentation
- Minimally invasive techniques
- Increased strength and performance of the instrumentation

Dr. Paquette emphasized during his talk that advanced anesthesia and antiseptic techniques and patient monitoring have greatly improved during recent years. He concluded that advancement in spinal biologics now lead to better outcomes with the use of bone growth extenders, bone morphogenic proteins and injectable proteins and disc replacements.

Dr Lionel Hunt, Director, Spine Trauma, gave a talk that addressed the characteristics of spinal deformity in long-standing, severe AS. He told the attendees that the treatment greatly depends upon the main cause of the

*Continued page 4*

***"Any AS patient with sudden onset of neck (back) pain, regardless of how trivial, should be considered to have a fracture until proven otherwise."***

***- Dr. Brian Perri, OD,  
Associate Director***



***In the case of spine fracture in the AS patient, plain x-rays are very often negative. Advanced imaging studies, using CT and MRI are often necessary to identify the fracture.'***

## Examining Corrective Surgery

Continued from page 3

problem whether it be related to the hips or to the different, specific areas of the spine. He surprised some of the attendees by saying that in some patients a total hip replacement is sometimes necessary prior to treatment of the spine.

### Posture Loss Assessment

- Examination seated, standing, lying down:
- If the upright posture loss is corrected from standing to the seated position - the hip joints are the cause
- If the upright posture loss is corrected from a seated position to a lying down position - thoracic and/or lumbar are the cause
- If the posture loss is not corrected in the lying down position - then the cervicothoracic area is the main cause of the posture problem

### AS Patients + Surgery

Dr. Mariko Ishimori, who is on the Faculty and Assistant Professor of Medicine in the rheumatology department of Cedars-Sinai Medical Center in Los Angeles, presented the topic entitled, The Medical Programs Facing the Ankylosing Spondylitis Patient Undergoing Surgery.

During his talk, Dr. Ishimori emphasized the need for critical pre-operative considerations in AS patients with long-standing disease. These considerations include:

- Screening for the potential of cardiovascular involvement in AS patients, which based -on the medical literature is more common than previously believed.
- Risk factors for cardiac complications in AS: .
  - Patient's age
  - Duration of disease
  - HLA-B27 positivity
- Screening for pulmonary disease which can be a late, rare manifestation in 1-2% of people with AS:

- Typically asymptomatic
- Slow progression and often in both lungs
- Recognition of the potential of reduced chest expansion and other airway issues:
  - Many people with AS have restriction in the movement of the chest due to extra bone formation
  - The kyphosis can sometimes lead to impaired lung function; specifically pulmonary drainage
  - Temporo-mandibular joint (TMJ) arthritis may also seen in some people with AS
  - The TMJ may cause mouth opening problems that prevent the use of the traditional instruments requiring awake intubation under fiberoptic visualization
- Screening for unknown spine fracture of the cervical spine using imaging technology and careful positioning during the imaging procedure to ensure that any unknown fracture not be inadvertently displaced.
- In rare cases of late, severe AS, during intubation and surgery, Dr. Ishimori explained the potential risk of causing displacement of the bones of the spine, subluxation, particularly those of the bones in the cervical spine (neck region), which can lead to spinal cord injury. He discussed the special handling techniques to avoid this problem.

- Finally, Dr. Ishimori offered a creative suggestion when working with an AS patient. He suggested that if a soft cervical collar is worn by an AS patient throughout the preoperative period it can serve as a visual reminder of the spinal disease.

*\*Please know that the entire CME program has been converted for the online environment and will eventually be available to view in the Physicians' Section of [www.spondylitis.org](http://www.spondylitis.org) It is important to remember that the program was designed and developed for the practicing physician and that laypeople and patients may find the graphical images very disturbing to view.*

**Dr. Lionel Hunt surprised some by saying that a total hip replacement is sometimes necessary prior to treatment of the spine.**

*This article has been reprinted from the Winter 2007 issue of the Spondylitis Association of America Spondylitis Plus magazine.*

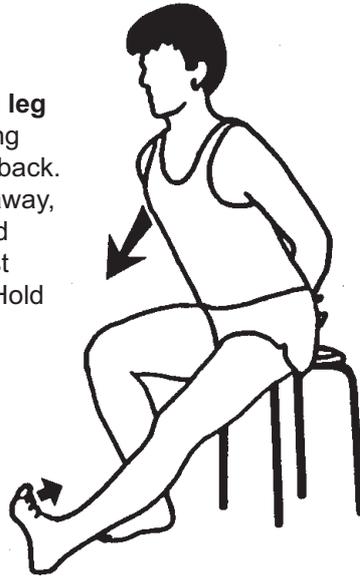
## Physiotherapy - AS Stretches

by Margaret Lewington (B.Phty. Cert Hydro.M.A.P.A)

The exercises in this issue have the common theme of using a small stool or chair.

### 1. Stretching the muscles at the back of your leg

Sit on the stool, straighten one leg in front, resting the heel on the floor. Sit tall, hands behind your back. Pull your toes towards you and push your heel away, to feel some stretch in the back of your thigh and in your calf. To get further stretch lean your chest toward your toes, avoid curling your back over. Hold for 10 to 30 seconds. Repeat 3 times each leg.

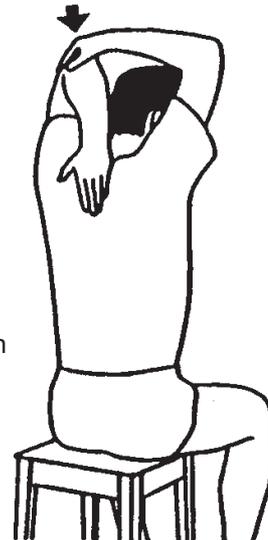


### 2. Stretching the muscles of your buttock.

Sit on the stool, and place your right foot on your left knee and let right knee drop down and out. Sit tall and lean forwards, keeping your back straight. You should feel a stretch in the buttock or upper thigh. Hold for 10 to 30 seconds, repeat 3 times each leg.

### 3. Stretching the back of the upper arm.

Sit tall on the stool, lift your right arm and place your fingers on the back of your neck, and lift your elbow up high. Place your left hand on your right elbow. To feel the stretch, reach your fingers down your back between your shoulder blades, as well as helping your elbow up higher. Hold for 10 to 30 seconds, repeat 3 times each side.



## Physiotherapy - AS Stretches

by Margaret Lewington (B.Phty. Cert Hydro.M.A.P.A)

### 4. Stretching the front of the chest.

Sit facing a wall, placing your arms above your head on the wall. Keep your back straight and move your chest forwards towards the wall. This also helps to extend your upper spine, between the shoulder blades. Hold for 10 to 30 seconds, repeat 3 times.

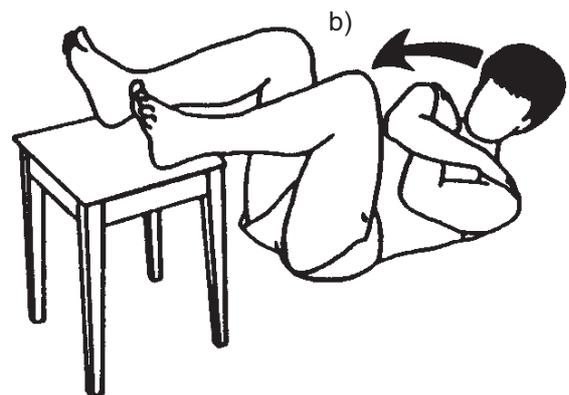
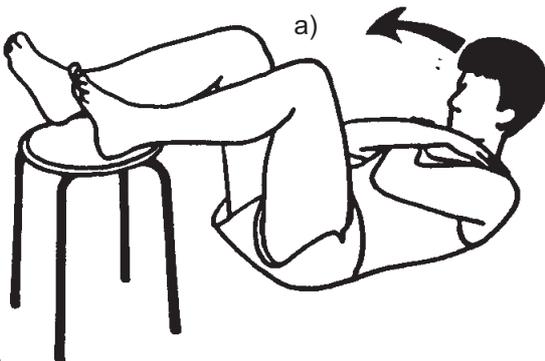


### 5. Stretching muscles at the front of your hip.

Kneel beside the stool, and then place your left leg in front, with your foot in front of your knee. Tuck your tummy in, and flatten your back, lift your chest, and then move your body forward over your front foot. You should feel the stretch deep in the front of the right hip. Do not let your lower back arch. You may like to also raise your right arm above your head. Hold for 10 to 30 seconds, repeat 3 times each side.

### 6. Strengthening for your stomach muscles.

a) Lying on your back, with your hips and knees at 90 degrees and your feet resting on the stool. Fold your arms across your chest. Pull your tummy in and then lift your head and shoulders, elbows towards your thighs a small amount. Do not hold your breath, breathing out as you come up may help. Hold for 5 to 10 seconds. Lower slowly. Repeat 5 to 10 times.



b) Repeat as above but this time take your right elbow towards your left knee, and relax and then your left elbow towards your right knee.

## AS Group of Victoria News

On Thursday 21st of February, the AS Group of Victoria in conjunction with the Austin Spondylitis Clinic held a seminar and information night on Ankylosing Spondylitis at the Banyule Arts Space hall in Ivanhoe.

The guest speaker combination of Georgie Bancroft and Dr. Lionel Schachna was expected to draw a crowd and although no official head count figures were available, I do recall putting out in excess of 70 chairs and a few more were being called for as the seminar got underway, making the evening our most successful to date.

The seminar began with AS Group of Victoria president, Annie McPherson welcoming everyone, followed by a powerpoint presentation detailing the latest news and activities using the AS groups new Laptop computer and LCD projector. These were purchased from recent funding grants and member donations. Annie then introduced Georgie Bancroft (PhD Psychology) who proceeded with a presentation on the Psychological impact of living with AS. A very interesting point was made on the feelings of relief most people have when they are first diagnosed - *"Patients are inordinately relieved when doctors give their complaint a name. The name may mean very little to them, they may understand nothing of what it signifies, but because it has a name, it has an independent existence for them. They can now struggle or complain against it. To have a complaint recognized, that is to say defined, is to be made stronger"*.

Feelings of shock and denial may follow the diagnosis but a major psychological impact can be in the form of anxiety, when we start to question where the disease is heading and what impact will it have on those around us. Anxiety can become even more of a problem if it leads to depression. Georgie provided the following description of depression:- *"When we have a physical illness, we can feel immersed in the pain and discomfort, but equally we can separate ourselves from that pain and discomfort. We can talk to other people, share a joke, take an interest in what they are doing, watch TV, and when someone shows us love or support, we can feel warmed, cheered and supported, and give back in return our gratitude. When we are depressed, we can do none of these things. We are surrounded totally by the prison of depression."*

*We cannot escape even momentarily. While we may feel slightly better at times, we know that the prison has not gone away, just eased its grip on us a little. Inside the prison we feel cut off from every other person. We know we are physically with other people, but what we actually experience is a barrier between them and us".* (Rowe, 1991)

Georgie outlined the effects of the Symptom Cycle whereby disease symptoms lead to pain then to fatigue then depression then stress. She then detailed some coping mechanisms available to people with chronic disease including self management, patient education and psychology/counselling. Evidence from research findings suggest that those people who endeavour to educate themselves on their condition and self manage can have a marked effect on controlling the psychological impact their condition has on them. Arthritis Victoria have a number of self management opportunities including community courses and leader training. For more information on self management at Arthritis Victoria contact Sandra Barry on 03 8531 8017.

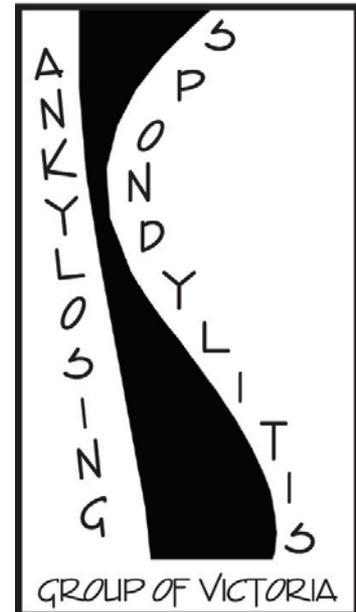
Psychology/Counseling can provide the opportunity for individuals to have one on one therapy to help manage issues specific to their needs, dealing with both primary and secondary emotions and feelings and to provide strategies for change.

Georgie can be contacted at [Georgie.bancroft@gmail.com](mailto:Georgie.bancroft@gmail.com)

*For further information on depression contact*

- Beyond Blue 9810 6100
- Lifeline 13 11 14
- SANE Mental Health Information Line 1800 688 382

After a short break, Dr. Lionel Schachna took to the floor to outline the latest information on TNF medicines. He gave a re-cap on the three currently available TNF medicines detailing results of various studies which continue to show their efficacy. He noted that additional benefits such as increases in spinal mobility, improvement in sleep, energy level, day-to-day activities and quality of life have been achieved, leading to higher employability, less requirement for anti-inflammatory drugs and an improvement in extra-



*Evidence from research findings suggest that those people who endeavour to educate themselves on their condition and self manage can have a marked effect on controlling the psychological impact their condition has on them.*

Continued page 8

**AS Group of Victoria News - continued**

*Continued from page 7*

spinal features that may accompany AS, such as iritis, psoriasis enthesitis and inflammatory bowel disease. He spoke of the Austin Spondylitis Clinic experiences and outlined a recent study they have undertaken on the determinants of consumer choice for TNF inhibitors in AS. The aim being to ascertain the factors that influence the choice of similarly effective treatments that have a differing method of delivery and interval. Currently the choice is between intravenous infusion on a six weekly interval or self administered subcutaneous injection on a once weekly or once fortnightly interval.

A fourth TNF inhibitor produced by the makers of Remicade® called Golimumab® is currently awaiting regulatory approval and is likely to

be available within 12-18 months. It is administered via monthly subcutaneous injection and may also be available as a 3-monthly intravenous infusion.

Lionel also spoke of 2 studies that involved the use of the TNF inhibitor Humira®. The first was in pre-radiographic AS patients and showed that early treatment may be more effective, the second study was in patients with total spinal ankylosis and also showed good efficacy, with an increase in full time employment from 45% to 82%. A further topic of discussion was to be on the role of complementary and alternative medicine, however time was against us, so Lionel suggested saving this for the next information evening.

*A fourth TNF inhibitor produced by the makers of Remicade® called Golimumab® is currently awaiting regulatory approval and is likely to be available within 12-18 months.*

A big thank you to Georgie and Lionel for giving us their time - everyone thoroughly enjoyed the evening.

Greg Tate.

When: **Sunday 13th April 2008**

Group Walk: Begins @ 11.00 am and will go for approx 1 hour  
Afterwards: Morning Tea available from kiosk

Where: Jells Park, Mt. Waverley - Melway 71 K6  
Enter off Waverley road and head to main car park

Meeting Point: Outside the entrance to the Visitor Centre adjacent to the Teahouse @ 10:45am

To R.S.V.P or request more information contact Greg Tate - 0401 137147 - gregtate@swiftdsl.com.au

**JOINT WALKS**

 **1800 011 041**  
[www.arthritisvic.org.au](http://www.arthritisvic.org.au)

**Arthritis**  
VICTORIA

**AUTUMN 2008**

## AS Group of Queensland News

The Queensland Group have had a busy few months with the interim committee members finding their feet and getting on top of how the group works.

The Hydro classes at the Royal Brisbane Hospital have continued to be well attended. They are not only a great way to exercise but also a great way to meet other people with AS and learn from their experiences. Hydro is the best thing I've ever done for my AS. For those people who cannot attend the weekly classes the group have produced a water exercise DVD featuring a lot of the exercises done in class with great demonstrations and excellent commentary by our consultant Physiotherapist, Margaret Lewington. The DVD is available from the Qld Group at a cost of \$15.00 each for members and \$30.00 each for non-members. They will be available at this price until the 30th June 2008. After this date they will then be available through Arthritis Queensland at \$30.00 each.

A presentation dinner was held in February in honour of our founding President John Ebert. An enjoyable evening was had by all with John quite taken back when presented with a plaque to commemorate his contribution for services to the AS community.

The AGM was held on Tuesday 18th March at the RBH and I would like to thank all those who attended.

The committee is as follows: -

President - Ross Wilson  
Secretary - Kate Leddick

Treasurer - Lynn Adamson  
Social Co-ordinator - Graham Collins  
Committee - Bill Harvey, Steve Fletcher, Maritaz Prada Guzman.

Please note that we have a new postal address and contact phone number as follows: -

P O Box 193  
Taigum Qld 4018  
(07) 3263 5216

Our website and email address remains the same.

I have had some interest from a man who has just moved to Sydney and is keen to start up a social group for fellow AS sufferers. If anyone in the Sydney area is interested please contact me through the AS Qld email address and I will forward his details on. It would be great if we could get something going in the other states.

After a couple of false starts the Symposium is on track again, the date is the 16th August 2008 at the Princess Alexandra Hospital (PA) auditorium. There will be a flyer sent out when all the details are finalised.

Upcoming social events will include an after Hydro dinner/supper on the 22/4/08, a bike ride and lunch on Sunday 1/6/08 and a dinner on Saturday 19/7/08. Anyone who would like to attend any of these events can contact Graham on 07 3263 6196.

Well that's about all the news from the Queensland Group for now, but if you have any questions please feel free to contact us and we'll do our best to answer them.  
Ross Wilson, President.



### HYDROTHERAPY in Brisbane

*Pool Exercise Sessions for people with AS*

Supervised by Margaret Lewington ( B.Phty. Cert Hydro. M.A.P.A.)

WHEN: Tuesday Nights

TIME: 6.30 – 7.30 pm

WHERE: Hydrotherapy Pool, Level 2, Ned Hanlon Building, Royal Brisbane & Women's Hospital, Butterfield Street Herston.

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

ENQUIRIES:

Margaret 0404 414 501  
or 07 3376 6889

## Travelling holds no fear when you have AS - Maritza Prada Guzman

My name is Maritza Prada, from Colombia and I am 29 years old. I was diagnosed as having AS when I was 26 years old with iritis in my right eye, almost a year after arriving in Australia. I have had several episodes of iritis in each eye. I find that doing exercises and dancing are really good for me, and it's great for the soul!

I went to Colombia in December last year to visit my relatives with my partner Terry and we got married over there on a beach on the beautiful Caribbean island of San Andres.

I had been concerned about travelling overseas for two reasons; the first one was carrying medication and the other, having an episode of iritis in another country. I was worried about travelling

with medications such as Methotrexate and Prednefrin forte through the airports, as I required quite a few bottles of medication for our 3 month long trip. However, I did not encounter any problems carrying my medication in any of the airports through which we transited, including Australia, Auckland, Chile and Colombia. I remembered to bring the prescriptions in case of any problems occurring through the immigration departments. To my surprise, I did not have to produce them at all.

The second issue was my fear of getting sick over there. Suddenly, my left eye started playing up on the 26 of December, I was quite worried. But

I put the Prednefrin forte drops in my left eye immediately, even before going to a doctor. During the next 3 weeks, I received the treatment, but after that the condition improved again.

In conclusion, this experience has helped me to manage my illness confidently and I do not refrain from going any place that I would like to go. If you want to travel, it is important to take your medication with you, be aware of which local hospitals are around, have a healthy diet and do frequent exercise. So, if any of you feel scared of travel, I invite you to ignore your fear, and go anywhere that you want and enjoy yourself. You only live once!  
Maritza Prada Guzman.

## AS Group of Tasmania News

Hello again from Tassie. Boy what a summer, it is a bit like what I remember the summer school holidays being like, of course that was a long time ago having just celebrated my 60th birthday so the memories may be a bit inaccurate. With this great weather I hope you have all been taking advantage of it and getting outside in the garden or doing some form of exercise to help you live with your AS

By the time you read this Judy and I will be somewhere in Western Australia on our next great adventure in our caravan, so Alicia has kindly agreed to look after things while I am away. If I can come to grips with hotmail and foreign computers I may be able to let you know how we are faring.

Our Christmas get-together at Noeli's place was well attended and a great night, the weather was perfect and we were able to sit outside until the bitey things got too much, before adjourning inside where the election coverage sort of became the main topic of conversation. Thanks to Noeli for a great night and to everyone for the many different foods, it was a veritable feast and one had to try everything of course!!!!

Not sure what the next social event will be, if you would like to do something please contact Alicia, I'm sure she would welcome any suggestions and assistance.

We have changed our membership basis to a yearly one from 1<sup>st</sup> January

to 31<sup>st</sup> December. Recently I sent out notices asking you to pay a part fee to take your membership up to 31/12/08. Most members have responded so thank you for that, it will make Alicia's job easier. If you have not yet returned your form please do so to my home address, meanwhile we will continue to send you the newsletter.

That's it for now, bye and see you later this year.

Murray Limbrick Ph. 0400 108874

*"Remember, AS is easier to tackle as a Group."  
- AS Group of Tasmania*

## AS Group of Western Australia Information

The WA group holds two sessions of land exercises and hydrotherapy each Monday at the Shenton Park Hospital. While one group of participants starts with hydrotherapy, another commences with land exercises and after an hour they swap. It is an excellent way to achieve a balance between land and water exercises.

### Western Australia Hydrotherapy (Perth)

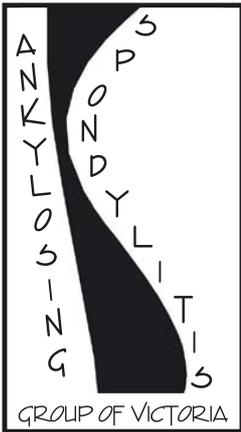
**Where:** Royal Perth Rehabilitation Hospital  
Shenton park Annexe Selby St Shenton Park.  
**When:** Every Monday evening (Public Holidays excepted)  
**Cost:** \$6.00  
**Times:** Hydrotherapy Pool  
5.30pm - Hydrotherapy exercises  
Gymnasium  
5.45pm - Land exercises.

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

## AS Australia Calendar 2008

STATE	EVENT	DATE	TIME	CONTACT
VIC	2008 Arthritis Victoria Joint Walk & Morning Tea Jells Park, Mt Waverley	Sunday April 13	11.00 am	Greg 0401 137147
QLD	After Hydro Dinner/Supper	Tuesday April 22	After Hydro	Graham 3263 6196
VIC	Information Evening - Topic, Speakers & Venue to be advised	Tuesday May 13	7.00 pm	Belinda Martin 9496 4135
QLD	Bike Ride & Lunch	Sunday June 1	TBA	Graham 3263 6196
QLD	Dinner @ venue to be advised	Saturday July 19	7.00 pm	Graham 3263 6196
QLD	Ankylosing Spondylitis Symposium Princess Alexandra Hospital Woolloongabba	Saturday August 16	9.00 am	TBA

# AS Group Membership Form



## Ankylosing Spondylitis Group of Victoria Membership Application Form

I wish to become a member of the Ankylosing Spondylitis Group of Victoria and enclose my remittance, contact details and preferred membership type.



### YOUR CONTACT DETAILS:

Name:

Address:

Telephone:

Email:

*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.*



### MEMBERSHIP TYPE:

*Note: Membership runs through to 30th June 2008*

Full: (Includes mail out of Newsletter)

\$25.00

E-mail: (Newsletter by e-mail only)

\$20.00

Concession: \*

\$20.00

E-mail Concession: \*

\$15.00

Donation:

\$

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

**TOTAL:**

\$



**SIGNATURE:** \_\_\_\_\_

*Please make  
cheques or money orders  
payable to:*

**Ankylosing Spondylitis  
Group of Victoria**



### RETURN COMPLETED FORM TO:

Ankylosing Spondylitis Group of Victoria  
P.O. Box 3166  
Burnley North, VIC, 3121.



### FOR MORE INFORMATION:

Contact Belinda Martin - (Phone) 03 9496 4135 (Email) [belinda.martin@austin.org.au](mailto:belinda.martin@austin.org.au)