Welcome to the summer edition of Arthritis Today.

One of our biggest research innovations in recent years has been the launch of a number of new research centres set up to tackle a number of specific, important themes. First, we opened our primary care centre at Keele University, closely followed by the biomechanics and bioengineering centre at Cardiff University. A couple of years ago we opened our pain centre at the University of Nottingham and last year our tissue engineering centre, based at four sites: the Universities of Newcastle, Aberdeen, Keele and York. Our latest two centres, both funded jointly with the Medical Research Council, are musculoskeletal ageing centres at the Universities of Birmingham and Nottingham, and the Universities of Liverpool, Sheffield and York. On page 20 you can read about the first of these two centres, and the exciting plans that the director Professor Janet Lord has for finding new ways of making sure that we age as healthily as possible and understanding why some people age more healthily than others. It’s a massive topic, and as Professor Lord puts it: “Unless we can ensure that old age is spent in good health it will be a stage of life that is endured rather than enjoyed.”

Staying with the theme of centres, we’ve also recently launched seven new experimental arthritis treatment centres around the country. These aim to provide seed corn funding to set up and support the testing of new treatments, speeding up the lengthy time it takes to develop new drugs for inflammatory forms of arthritis. Find out more on page 9.

We know that people with rheumatoid arthritis have enormous difficulties finding footwear that provides effective support that looks stylish too. Our podiatric experts have produced a report calling for a complete overhaul of the way the NHS deals with this problem. You can read more on page 8.

Many readers will have found enormous benefit from joint replacement and on page 10 orthopaedic surgeon Ian Sood looks at new developments in hip replacement surgery.

Arthritis affects people of all ages and in our cover story David Lewis, a young man who has severe juvenile idiopathic arthritis, writes movingly about how he has lived with the condition since he was a small child. See page 14.

Finally, we’re proud that our garden at the Chelsea Flower Show won the People’s Choice Award this year, bringing the charity to the attention of a whole new audience. Find out more on page 18.

I hope you enjoy your read.

Jane Tadman
Editor, Arthritis Today
From the success of the London Marathon (see Arthritis Today Extra for details) to the opening of our exciting new experimental arthritis treatment centres (page 9) around the UK, and the celebrity buzz around our garden at the Chelsea Flower Show (page 18), there’s been much to highlight and celebrate within this wonderful charity in the first half of the year.

Firstly, we have raised over a quarter of a million pounds to help patients take part in clinical trials: one to test new knee braces and insoles in Manchester and a second study to improve GP care for osteoarthritis in Keele. Two large gifts of around £90,000 each from charitable trusts have helped make this possible and we are continuing to recruit new individuals, corporate and family trusts to increase the numbers of patients we can help. When we join together the individual contributions from our generous supporters, they make a massive collective impact.

Our new experimental arthritis treatment centres will enable us to do in-depth testing of the benefits and safety of new drugs or drugs used for other conditions such as cancer. We hope these centres will speed up the process of the development of new drugs for the benefit of patients, which, despite our success in pioneering anti-TNF therapy for people with an inflammatory arthritis, is still much needed.

We have awarded 12 medical student summer research internships, which is a second for the charity and part of our future in caring for patients with MSK disease. We have also secured external funding to support ongoing education projects in the Newcastle area and this is a model of income generation we would like to continue.

The commitment shown by our event fundraisers continues to inspire and support our world-class research. A record 89 runners took part in April’s Virgin London Marathon. Congratulations and thank you to all our ‘Team A’ runners who crossed the finish line and have so far raised over £100,000.

Our free information booklets are the leading source of information for healthcare professionals and people with arthritis alike. We launched the rebranded, updated range of over 90 booklets a year ago and they have seen massive uptake since then, with over 40,000 members of the public requesting information booklets since the start of this year.

For those who prefer to receive their information online, we are continuing to improve our website to make it easier to find what you need, whether that’s the latest, most reliable information about arthritis, or to find out more about the work of the charity and ways to get involved.

A record 89 runners took part in April’s Virgin London Marathon. Congratulations and thank you to our ‘Team A’ runners who crossed the finish line and have so far raised over £100,000.

We don’t think arthritis gets the attention it deserves. Our number one goal is to raise awareness of the pain and disability these diseases cause millions of people, and the need for improved knowledge and treatment.

To help us to grow awareness in a crowded news space with competing demands for attention, we have been working on a number of projects including sourcing the data we need to support our communications with government and other organisations.

We have also been building our brand and taking it to a wider audience with our appearance at Chelsea Flower Show, where we were delighted to announce our new ambassador, the exciting soprano Laura Wright, who treated the crowds at Chelsea to an early hearing of the Jubilee Anthem “Stronger as One”.

Finally, we have been reviewing the key messages of the organisation and are asking our supporters, volunteers, researchers and staff to remember these three key messages about us, if they remember nothing else:

» We are the biggest funder of research in the UK into the cause, treatment and cure of all forms of arthritis.

» Our work takes the pain away from people with arthritis.

» We help people with arthritis to remain active and doing the things they love.

Accolades for two leading professors

Two of our most eminent researchers have received international recognition. Paul Emery, Arthritis Research UK professor of rheumatology at the University of Leeds has won the prestigious Carol-Nachman prize for rheumatology. Sponsored by the German city of Wiesbaden, the prize is granted annually in recognition of outstanding, innovative research in rheumatology. Professor David Felton, the director of the Research in Osteoarthritis in Manchester (ROAD) group, which receives £1.4m special strategic award funding from Arthritis Research UK, has been awarded a lifetime achievement award at the World Congress on Osteoarthritis in Barcelona for his contributions to understanding how to prevent and treat osteoarthritis.

Putting long-term conditions and depression on the agenda

Arthritis Research UK joined a coalition of charities to publish ‘Twice as likely: putting long-term conditions and depression on the agenda’ to coincide with Depression Awareness Week.

The authors (including the British Heart Foundation, Depression Alliance, Diabetes UK, Macmillan Cancer Support and the National Rheumatoid Arthritis Society) share a concern that people with long-term conditions who develop depression are not receiving the care they need.

People with long-term conditions are twice or three times more likely to experience depression and around 20 per cent have depression. Over 10 per cent of people with rheumatoid arthritis reported symptoms of depression, whilst 68 per cent of people with osteoarthritis reported depression when their pain was at its worst.

The report calls for better care and support for people with long-term conditions and depression. Arthritis Research UK’s medical director Professor Alan Silman, said: “People living with the pain and disability of musculoskeletal disorders are at increased risk of becoming depressed, maintaining a vicious cycle which increases the pain and suffering, which can further reduce their quality of life. Arthritis Research UK is developing an intervention to improve the psychological support that clinicians offer to people with inflammatory arthritis. High-quality psychological support should be available to all people with persistent musculoskeletal disorders, as part of a care planning process.”

Read the report in full at www.arthritisresearchuk.org

Arthritis Research UK is developing an intervention to improve the psychological support that clinicians offer to people with inflammatory arthritis.

FIGHTING TALK

From Dr Liam O’Toole, chief executive, Arthritis Research UK

www.arthritisresearchuk.org
Bone-strengthening drug strontium ranelate ‘slows osteoarthritis progression’

An osteoporosis drug called strontium ranelate (brand name Protelos) could become the first drug to actually slow the progression of osteoarthritis, scientists have found.

For every three years of treatment, disease progression slowed by one year. The researchers also observed that strontium ranelate was associated with a reduction in pain and improved mobility. Lead investigator Professor Cyrus Cooper, professor of rheumatology at the University of Southampton and professor of musculoskeletal science at Oxford University, described the findings as a “major breakthrough”.

He revealed: “Osteoarthritis is a painful and debilitating condition, and for over 20 years we have been searching for a treatment that would allow us to alter the course of the disease, rather than just manage the symptoms. “For the first time we have a treatment that can slow the development of this debilitating disease and could reduce or even eliminate the need for expensive and painful joint replacement surgery.”

Medical director of Arthritis Research UK, Professor Alan Silman, said the result of the phase-III trial was an exciting development. “This is the first time that a drug has been shown to slow progression of osteoarthritis, as existing treatments focus on symptoms,” he added.

Although it doesn’t reverse osteoarthritis it slows down its progression as seen in x-rays, and appears to have a beneficial effect on pain, although the extent of this is unclear.”

This news will give hope to the millions of people living with osteoarthritis. However, there are several stages it must go through before it can be made available to osteoarthritis patients. The research still needs to be published and then the drug must be licensed for use as an osteoarthritis drug. It will then need NICE approval before it can be made available to patients on the NHS.

Are you affected by arthritis?

Join our Panel today!

Join the LeadOpinion panel - a community of people living with medical conditions and the carers who support them. Members of the panel participate in medical market research studies by sharing their opinions. For each online study, focus group or telephone interview completed, panelists are awarded incentives ranging from £5-£75 in e-vouchers or may choose to make a charitable donation.

All studies are conducted ethically so identities and privacy are protected.

For the 1,000,000 people in the UK affected by arthritis

Sharing opinions about living with arthritis or caring for someone with arthritis can influence the decisions that the healthcare industry makes on services and products.

Your opinion is heard where it matters the most by healthcare leaders, medical professionals and innovators.

Freephone 0800 012 8888
www.leadopinion.com

Join Today!
NHS services failing arthritis patients

A new report launched by Arthritis Research UK and leading experts in foot health has criticised the health service for its longstanding failure to provide arthritis patients with appropriate footwear. Without good-quality therapeutic footwear people with rheumatoid arthritis are often left unable to walk, and the condition of their feet degenerates.

The new research showed widespread dissatisfaction with all types of therapeutic footwear, and patients raised concerns around poor fit, appearance, weight of shoe and comfort.

As rheumatoid arthritis progresses, the feet become more damaged and deformed. Nine out of ten rheumatoid arthritis patients complain of foot pain, with seven out of ten having difficulty walking and a further 80 per cent reporting problems with their footwear.

Arthritis Research UK medical director, Professor Alan Silman said: “The right therapeutic footwear can make the difference between someone being able to walk or not. For a relatively low cost, we can give people their independence to walk or not. For a relatively low cost, we can give people their independence to walk or not.”

Dr Tony Redmond, a rheumatological podiatry at the University of Leeds, is one of the report’s authors said: “It wasn’t until we started compiling the report that I realised just what a terrible state orthotic and footwear services are in. There’s a real need to do in-depth testing of the benefits and safety of new drugs in large numbers of patients before large-scale trials can begin, and our new experimental arthritis treatment centres will provide the resources to study patients in these key first-stage studies.”

One of the patients interviewed for the report said: “What we need is better patient choice and patient buy-in. Patients need to be able to be involved in the choices about the trade-offs between therapeutic effect and aesthetics.”

What’s needed is better information to patients and their relatives, to help them to understand about research, and whether or not to become involved.

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University of Oxford: A team led by Professor Peter Taylor will carry out early experimental studies in patients with rheumatoid arthritis, osteoarthritis and ankylosing spondylitis, underpinned by very sensitive outcome measures including sophisticated imaging techniques based on ultrasonographic and magnetic resonance imaging of joints, which provide a more reliable measurement of whether a new drug is working than current techniques.

Newcastle University: Professor John Isaacs and his team will test drugs for rheumatoid arthritis that are being studied for other conditions, such as cancer, in small numbers of patients. They will also develop a programme of activities to provide better information to patients and their relatives, to help them to understand about research, and whether or not to become involved.

Queen Mary University of London: Professor Costantino Pitalis and his team will be developing more effective, less expensive drugs by identifying what makes some people more susceptible to inflammatory arthritis but also predicting which patients may be at high risk of developing potentially life-threatening complications, such as a heart attack or stroke.

Cardiff University: Professor Ernest Choy and his team will test drugs used in other conditions to help treat patients with rheumatoid and psoriatic arthritis, which they hope will result in higher rates of disease remission. They will also develop new laboratory tests that will determine the most appropriate therapy for individual patients.

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Dr Tony Redmond

New research centres to speed up drug development

Arthritis Research UK is investing more than £1 million in setting up a new network of experimental arthritis treatment centres around the country.

The aim is to facilitate and support the testing and early development of new forms of treatment of arthritis and related conditions, and should speed up the length of time it takes to develop new drugs.

The centres will involve local patients, who will partake in small experimental trials. Over the next three to five years researchers will run a number of small clinical proof-of-concept and first-in-clinical trials on compounds and novel therapies developed by academics and drug companies.

Professor Alan Silman said: “There’s a real need to do in-depth testing of the benefits and safety of new drugs in small numbers of patients before large-scale trials can begin, and our new experimental arthritis treatment centres will provide the resources to study patients in these key first-stage studies.”

The seven centres will be based at the University of Oxford, King’s College London, the University of Birmingham, Newcastle University, Queen Mary University of London, the University of Cardiff and the University of Glasgow (co-funded by the Scottish Government Chief Scientist Office).
Since Sir John Charnley developed the first successful design in the 1960s, total hip replacement (THR) has rapidly become recognised as one of the most successful and cost-effective forms of treatment in medicine. Charnley’s prosthesis consisted of a stainless steel femoral component (stem), with a metal head and a plastic (polyethylene) acetabular component (socket), which were both cemented into place. This combination of a metal head articulating with a plastic socket (metal-on-plastic bearing surface) has been a popular choice for hip replacement.

In the early days Charnley didn’t advocate performing hip replacement in patients below the age of 70 years because he was concerned about the phenomenon of wear causing failure. The concept of a patient, in severe pain and not sleeping at night, being “too young for a hip replacement”, however, is one that is difficult to accept, both for the patient and for the surgeon. THR has since been performed in younger, more active patients. Advances in technology have been aimed at producing higher performance prostheses.

There is no doubt, however, that the younger the patient at the time of THR surgery the greater the likelihood that the replaced hip will require a revision (“re-do”) procedure during the lifetime of the patient. Patients below the age of 65 are likely to require at least one revision procedure, based on average UK life expectancy.

Advances in hip replacement have, therefore, been aimed at both increasing the longevity of the implant and at making any subsequent revision procedure easier to perform. This has led to a bewildering array of new prostheses and new terms and it is sometimes difficult for the non-specialist to understand the concepts behind the developments.

Failure of hip replacement due to loosening

The aim, when planning a hip replacement operation, is to implant a prosthesis that will last the patient for the remainder of their life. Over the years, implanted metal-on-plastic THRs wear and generate millions of tiny plastic (polyethylene) particles from the bearing surface during normal activities. Particles can also be generated from the interface between the cement and the bone that it is locked into (cement-bone interface). Some of these particles are very similar in size to bacteria, so the body’s defence mechanisms are confused and try to eliminate these particles. They are taken up by defence cells (macrophages) and these cells produce various enzymes in an attempt to “digest” and destroy the particles. The macrophages are messy eaters and leak the enzymes onto the bone surrounding the implants, resulting in bony destruction or osteolysis. This can cause loosening of the stem or socket and can result in failure of the replacement. The significant bone loss that is created by the enzymes also creates reconstructive challenges for the hip surgeon during revision surgery.

Uncemented hip replacement

Attempts to eliminate cement debris have resulted in the development of uncemented stems and sockets. The aim is to create a permanent bond between the implant and skeleton without the need for cement. This bond can be very successfully achieved in practice, and uncemented components work extremely well once bone grows onto them. The weak link has been the metal-on-plastic bearing surface. Most, therefore, use alternative bearing surfaces (see below) with such uncemented components to reduce harmful particle production and hence osteolysis and loosening. Uncemented THRs also tend to be used in younger patients.
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Birmingham hip resurfacing, for example, and the need for revision surgery. This resulting in failure of the hip resurfacing (especially patients with smaller produce metal ions. Some patients generate significant particles, but does depending on the type of prosthesis used may be easier.

Mini-incision hip replacement

It is possible to perform a hip replacement through a small incision (< 10cm or less). This is something that some patients find an attractive proposition and surgeons find an exciting challenge. Mini-incision operations are routine for some surgeons. This technique is more cosmetically acceptable and the reduced tissue damage that is possible can result in a more rapid rehabilitation initially and a reduced length of hospital stay.

Important thing is that, whatever the size of the incision, the components must be implanted and positioned properly, and complications must not be made in order to keep the incision small. Specially designed instruments have made mini-incision replacements technically possible.

Mini-stems

A number of so-called “mini-stems” have been designed that are smaller than conventional stems and are preserved more bone when implanted. These THRs are therefore theoretically easier to revise should the need become apparent. Some of these stems are simply shorter versions of existing designs, whilst others are radically different in design and are truly bone-preserving. Long-term results are not yet available as most of these designs have been on the market for only a few years.

The anterior supine approach

This is a relatively new surgical approach that aims to implant a THR through the front of the hip joint in an operation that involves minimalising muscle damage to the hip. The operation is performed with the patient on their back instead of the more usual position where the patient is on their side. The smaller amount of tissue damage is said to allow more rapid mobilisation after THR. It has been adopted by some surgeons, but is not in widespread use, and has some disadvantages, such as an increased risk of non-union. Further studies will determine its place.

Navigation in hip replacement surgery

Accurate positioning of THR components is essential for a number of reasons, such as reducing the rate of dislocation of the THR, a feared complication. One of the advantages of optimising the longevity of the THR, techniques, akin to a miniature form of the satellite navigation systems used by motorists, have been developed to help ensure this. This technology is available and is being used and evaluated by some surgeons. It is clear that experienced surgeons have a smaller error rate in positioning components and such surgeons do uniformly believe that navigation offers them significant benefits. As the technology becomes easier and quicker to use, more accurate and more widely available, however, it may well be increasingly adopted.

The future

Further developments will occur in bearing surfaces with new materials being tested. Research on the use of diamonds, the hardest substance known to man, in bearing surfaces (as used in certain high-performance areas) has already begun. Long-term studies of mini-stems will determine if these will take over from conventional stems. Component designs made of new, improved materials may also play a role.

The history of THR shows us that successful implants and techniques are basically born out of mainstream practice and are available to patients who might benefit. The most important advantage for success in THR surgery, and joint replacement surgery in general, however, is that an appropriately informed patient should have an appropriately selected THR implant with an appropriately qualified and experienced surgeon using techniques appropriate to the patient’s potential complications and that allow rapid return to activity.
David Lewis, aged 29, has had severe juvenile idiopathic arthritis since he was a child. Despite his disabilities, he leads a full life and is a keen supporter of Arthritis Research UK. He told his story to Arthritis Today.

I have lost count of the times someone has said to me, ‘I could do with one of those electric wheelchairs’ as they walk seemingly without difficulty. My response, depending on my mood at the time, is usually along the lines of, ‘you can have my wheelchair, if I can have your legs.’

Sure, they are trying to have a laugh when they say these things, and I like a joke more than anybody else, but that doesn’t stop it being annoying. Little do they realise the circumstances that have led me to my four-wheeled friend. I’m in a wheelchair out of necessity and not out of choice. I don’t enjoy being stared at and overhearing loud whispers of, ‘look at that little man’. Nowadays I’ve learnt to deal with it in a different and more comfortable way and get on with my own life.

Since being diagnosed with systemic onset juvenile idiopathic arthritis in 1985 at the age of two I have continuously battled with the condition, which has led me to overcoming and adapting to new ways of getting around. At just 4 foot 5 inches tall and with over 30 operations to my name with every scar telling a different story, the condition has been extremely aggressive and the damage caused throughout my body has been relentless.

Having a full-time disability is tiring as my body is constantly attacking itself, and I’ll never forget when my surgeon said to me: ‘You are unbelievably good at dissolving your own bone.’ This has led to the total replacement of both knees and hips as a teenager because of eroded and exceptionally painful joints. In 2011 alone I had a hip revision due to dislocation and my ankle fused and re-aligned due to severe damage and deformity of the joint. Other major surgery includes spinal fusion and removal of an infected large bowel.

With a whole cocktail of medications and treatments to speak of, plus endless visits to the hospital for hydrotherapy and outpatient appointments, the hardest question to answer is: how do you cope or overcome living with your condition? A strong positive attitude, a sense of humour with the ability to laugh in a self-accepting way is a necessity for me. Getting out of bed in the morning with terrible pain is the hardest thing to do but it’s important to have the self-motivation and the dynamism for life to make that seemingly giant leap. It’s only pain and I find it will only get worse the less you do and more you think about it, although admittedly this is easier said than done!

Whilst I’ve never been the most active and athletic person in the world, I have always tried to maintain the best mobility I can: short distance walking styles around my home, using my stair lift to go to my room upstairs and using my electric wheelchair for outdoor adventures.
However, in May 2009 I had a fall and broke my right femur and subsequently spent a bedridden nine months on traction and a total of 355 days in hospital. This provided me with little benefit, the bones have never healed and I now live with a broken leg which causes me immense pain and discomfort.

Every waking minute is now spent on four wheels in my electric wheelchair and many alterations have been made to accommodate my decline in mobility, although the house I live in with my parents has always been modified to my changing needs. I have said an emotional farewell to the stair lift and I now live downstairs after an extension was built with a fully accessible bathroom enabling me to manage independently.

One of my best achievements was learning to drive over seven years ago. I’m the proud owner of a fully adapted car which gives me my freedom and independence to go anywhere and do anything. Together with my wheelchair these modes of transport take me to my appointments and to my hobbies, which mainly involve sport.

Voluntary work is a big interest in terms of raising awareness for young people with health conditions and using my experiences to give something back to improve services. I also undertake campaign work for various arthritis charities and I’m part of numerous patient groups within hospitals where I attend regular meetings.

Despite missing a lot of time from my education, I managed to achieve my grades and I obtained my degree at university. Since leaving university I’ve had some excellent full-time jobs but unfortunately I can now only work part-time due to pain and tiredness that sets in. Even my part-time work has been interrupted this year because of various health issues and two weekly trips to the hospital.

As a sports fanatic, I regularly go and watch sport including football and cricket, but my biggest enjoyment is playing powerchair football. Playing competitive sport has always been a dream rather than reality due to my upper and lower body being so badly damaged, but powerchair football enables me to do this on a level that is comfortable for me. Holidays aren’t a frequent occurrence for me due to complex travel and accommodation needs, but my car enables me to go a certain distance. Friends over the years have been invaluable and a night out or night in with them is a common event, the same as anybody else.

The impact and the changes since my fall a few years ago have been dramatic, with my mobility at present being no more than a few supported steps. Remembering what I used to be able to do, in terms of walking short distances, makes not walking at all now more frustrating. Although I found it very difficult at first to adjust to a huge difference in lifestyle, I’ve learned to accept my new way of life.

Although it’s taken a while I now do most of the things I did before my fall. The difference is I do them in a different way with even the simplest of tasks taking a lot longer. Although there have been many changes over the years, one feature does remain as consistent as ever and that is the magnificent support I get from my parents and sisters. I wouldn’t be half the person I am today without their endless support. Even though my condition is currently controlled, I have a long-term damage which will remain even if the arthritis goes tomorrow. It is highly likely that I’ll live the rest of my life in a wheelchair and I have no fears in saying that. I am of the mindset that life must be lived no matter how by embracing, adapting to changes and moving forward.

The truth is I probably wouldn’t swap my wheelchair for the average person’s legs as I am who I am and that is largely born out of my experiences with my arthritis. I have come to realise over the years that although I’m in a wheelchair it enables me to be an independent person; my wheels are my legs.

David with mum Elaine.

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It was the first time that Arthritis Research UK has sponsored a major show garden and the project was part of the charity’s 75th anniversary celebrations. Chief executive of Arthritis Research UK Dr Liam O’Toole explained: “Being part of the RHS Chelsea Flower Show for the first time has been a wonderful experience, and working with Tom a real pleasure. Raising the profile of the charity is crucial to our future and this is the first time we have done anything on this scale. “More than 160,000 people passed through the Chelsea show ground over the week, millions saw us on the BBC TV coverage and thousands voted for us in the People’s Choice Award. We believe it has been a really effective way to introduce the charity to people who might not have heard of us and to inspire people who suffer from arthritis to stay active with a hobby like gardening. We hope to sell the garden to cover our costs and were also fortunate enough to receive donations specifically towards the cost of the garden from supporters, for which we are very grateful.”

The garden, inspired by the great Renaissance gardens of Italy, was awarded a Silver Gilt by the RHS judging panel and generated huge amounts of publicity throughout the show week for the charity. Visitors flocked to the garden in their thousands, including celebrities such as comedian Rob Brydon and actor John Hurt who came along to show their support. On the press day, 21-year-old soprano, Laura Wright, performed the official Diamond Jubilee anthem at the Arthritis Research UK show garden. Laura was also announced as the new ambassador of Arthritis Research UK. Laura was only nine years old when she was diagnosed with septic arthritis, leaving her in a wheelchair for over a year.

Talking about her appointment Laura said, “I’m proud of my association with Arthritis Research UK. Having been affected by this dreadful disease as a child, I learned from an early age not to take my health for granted. In my new role as an ambassador, I want to help the charity bust the myth that arthritis only affects old people and hopefully inspire people to get involved so that the charity can continue their pioneering research.”

For more information on the garden visit www.arthritisresearchuk.org/RHSChelsea
Ageing is a natural part of the cycle of life. But how can we age healthily, and why do some people age better and more healthily than others? As the UK population gets older, the new MRC-Arthritis Research UK Centre for Musculoskeletal Ageing Research hopes to provide some practical solutions to these important questions.

It’s easy enough to stay fit when we’re young and healthy, but as we get older, stiffer and often heavier our bodies tend to be more prone to musculoskeletal aches and pains and the onset of age-related conditions such as arthritis and osteoporosis.

While there’s nothing we can do to stop the ageing process, how can we reduce these risks, or at least, how can we ensure that we have a fighting chance of staying as healthy as we can as we get older? Human ageing expert Professor Janet Lord puts it like this: “So many of our population are now living well into their 70s and 80s, and that should be a cause for celebration. But unless we can ensure that old age is spent in good health it will be a stage in life that is endured rather than enjoyed.”

As director of the new musculoskeletal ageing centre, Professor Lord is heading up a major programme of work at the Universities of Birmingham and Nottingham with the precise aim of making life for older people enjoyable rather than simply endurable.

An energetic 50-something, she’s a fantastic role model, only recently giving up running marathons (due to lack of time rather than lack of fitness) and is hugely enthusiastic about her mission. The centre will focus on the role that diet and exercise play in preventing premature musculoskeletal ageing, with basic lab and field-based research translated into meaningful practical results that can be implemented into practice. And it aims to define the key factors, both biological and lifestyle-related, that drive age-related musculoskeletal frailty.

Professor Lord and her colleagues will use their expertise and facilities – in the new and impressively shiny Queen Elizabeth Hospital in Birmingham (the biggest hospital in Europe), where the centre is based – to develop and validate the most effective diet and exercise-based interventions that can be done by older adults whether they are in their own home, in care homes, or even in hospital or health care settings.

Motivation is key

Such lifestyle interventions are notoriously difficult to implement and Professor Lord acknowledges that motivation is the key to ensuring that older people maintain healthy lifestyles. This motivational aspect forms a key plank of the centre’s research programme. “Crucially we’ll be working with health psychologists to make sure that older adults whether they are in their own home, in care homes, or even in hospital or health care settings.

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**Move It or Lose It**

Former PE teacher and now exercise instructor Julie Robinson knows better than most about the benefits of exercise in the elderly, and the importance of motivation. Julie runs the Move It or Lose It exercise classes in community centres in Sutton Coldfield, and has worked with the team at Birmingham to produce three exercise DVDs using real-life subjects. (The exercise DVDs are already used in a study run by Professor Lord and Professor Duda to determine if video-based activities improve physical ability, whether people stick to them, and if they improve quality of life.)

The classes and the DVDs are aimed at elderly people, most of whom have arthritis, who know they need to exercise but don’t know how to or are frightened to. Julie, who has clearly been taking the same enthusiasm pills as Professor Lord, has qualifications in chair-based exercises for the frail elderly, using resistance bands to improve muscle strength, and is also trained in instructing movement to music in the over 60s. “Plus,” she adds, “I have a desire to make things motivational. Anyone can say, ‘Lift your leg 20 times’ but you have to make it fun and engaging.”

Julie has produced the DVDs so that people in the classes can do the exercises at home, and for frail elderly people who can’t get out of the house. They are graded, from chair-based work, to more cardiovascular work and standing exercises. The DVDs and the classes have been a huge success with participants. Seventy-five-year-old Brenda Turner, who has rheumatoid arthritis, is a real convert to the wonders of exercise, and featured in Julie’s first DVD.

Brenda’s condition, which started about eight years ago and affected her hands and knees in particular, was so severe she had trouble getting out of bed or getting up or down the stairs. She joined Julie’s class and a couple of walking groups three years ago and has never looked back.

“I started off with sitting down exercises, then gradually built up to standing up. It’s all about strengthening your muscles to help you balance and to get up from a chair without falling. It’s slow progress and you have to keep at it,” she says. Brenda also practises at home with a pedal bike, resistance bands and dumbbells, two or three times a week. She no longer takes any drugs, doesn’t see her GP, and manages her condition through exercise.

Julie adds: “It’s not a quick fix. You have to keep at it and it’s painful when you first start. You’ve got to force yourself to do it at the beginning. You can’t see the benefit straight away. One old chap said after a couple of times that he didn’t think it was doing him any good, and we haven’t seen him since! But I was determined to get on my feet and get out and get on with it. Julie makes the exercises interesting and we all have a laugh about it.”

Brenda worked in care homes for ten years before she retired and believes strongly that certain types of people get the most from exercise classes. “It depends very much on the personality of the person, whether they’re active or passive. Some of the people I worked with in the care helped tried to help themselves; others just wanted to be waited on. I’m a very active person, and I think that helps. Friends say it’s given me a new lease of life.”

The outcome of the study into DVD-based exercises should be of interest to those working in what Julie describes as the non-sexy side of the exercise industry. Ancillary evidence is one thing, but there’s a need to provide evidence that this approach can work, so that it could be rolled out more widely. Says Julie: “It’s all about bringing evidence and research into the real world for the benefit of older people – to connect science and life. It would be great if we could start a national movement – like Zumba for older people – for people who think: ‘I can’t do that…but they can.’”

Move It or Lose It is just one of the current age-related activities that the centre will build on, and which will provide the springboard for future activities.

**Testing high intensity exercise**

Another study in progress is trying to determine if high-intensity short, 30-second bursts of high intensity exercise such as cycling on an exercise bike) will benefit older adults, and may therefore persuade those who don’t want to spend hours in a gym to increase their physical activity.

**1,000 Birmingham Elders**

Another on-going project is the Birmingham 1,000 Elders, a group of fit people in their 70s and 80s whom university medics and scientists use as their control group in a number of studies. This group, all of whom live within an hour of Birmingham, will help the team to understand normal healthy ageing, and their bones, muscles, genes and lifestyles will all provide valuable material. They attend a yearly workshop called an Age Well Day at the university where Janet, Julie and others run research and exercise sessions.

Seventy-year-old Jenny Buchanan is a typical Elder. Jenny has always been fit, doesn’t take any medication and these days is a member of Birmingham’s Be Active scheme run by the local council, which provides free gym sessions.

Jenny is no slouch and has recently returned from a two-week holiday to India and does lots of travelling to far-flung destinations. “I do see people who are not as fit and active as me, and that spurs me on to try and keep going,” she says.

**While luck and good genes probably plays part in Jenny’s continuing good health and well-being, her active lifestyle is bound to play a part – and to act as inspiration to currently less-active oldies.**

**Research Nottingham looking at exercise and dietary supplements**

The other partners in the new centre are researchers at Nottingham University, led by Professor Paul Greenhaff. Professor Greenhaff’s team are experts in trying to understand why we lose muscle as we age. Importantly, they discovered a few years ago that older adults do not respond to exercise in the same way as young people; specifically they do not build muscle as easily with exercise (something called anabolic blunting!). Professor Greenhaff’s team will test out different exercise regimes and dietary supplements to try and find the best ways to retain or even replace lost muscle in older adults.

The musculoskeletal ageing centre will launch in July. *Arthritis Today* will provide updates of progress, and also report on the work of the second musculoskeletal ageing centre based in Liverpool, Sheffield and Newcastle.

**I started off with sitting down exercises, then gradually built up to standing up. It’s all about strengthening your muscles to help you balance and to get up from a chair without falling. It’s slow progress and you have to keep at it.” – Brenda Turner**

**The MRC-ARUK Centre for Musculoskeletal Ageing Research**

The MRC-ARUK Centre for Musculoskeletal Ageing Research at the Universities of Birmingham and Nottingham is funded by £2.5m over the next five years. The Medical Research Council is contributing £1.875m and Arthritis Research UK £625,000 with extra support by the two universities. Further funding will be sought to fund specific projects.

**Bringing together scientists, clinicians and industrial partners, the main aims of the centre are:**

- To understand the processes underlying the loss of muscle, bone and cartilage that occurs with age, and the role played by inflammation, metabolism, altered hormones and obesity.
- To find ways of addressing these processes and so delaying age-related changes in the musculoskeletal system.
- To develop intervention studies to assess the effectiveness of different diets and exercise regimes in older people, assessing different motivational approaches.

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Director of the musculoskeletal ageing centre Professor Janet Lord - a fantastic role model.

**A practical session at the Age Well Day at Birmingham University**

Julie Robinson (pictured centre) demonstrating how to Move It or Lose It.

**www.arthritisresearchuk.org**
I love walking but have difficulty tying my boot laces. Velcro fastenings seem not to extend to walking boots. However a solution occurred to me and the helpful gentleman in the Trowbridge Camping Shop. I now use cord locks, sort of non-slip toggles on my laces (£2.50 for a packet of five). No problems whatsoever now.

Bob Caudwell, Frome, Somerset
What is the evidence that infection causes arthritis?

Some forms of arthritis are definitely associated with infection. Septic arthritis is due to bacteria entering the joint and causing inflammation and damage. It is rare but when it occurs it is one of the few emergencies in rheumatological medicine. The joint is swollen, hot and very painful. Untreated, septic arthritis can cause severe damage and generalised illness, and even death.

When it occurs, hospitalisation and intravenous antibiotics are necessary. Reactive arthritis can occur following an infection. Infections can include severe stomach upset, usually due to a bacteria called campylobacter, and venereal disease including chlamydia, but many other bacteria and viruses can be triggers. There is evidence that reactive arthritis occurs more often in susceptible people, in particular people who carry the HLA-B27 gene (also found in ankylosing spondylitis).

The difference between reactive and septic arthritis is the fact that it is not possible to find any infection in the joint in reactive arthritis – the infection triggers an inflammatory response in the joint. As to other types of arthritis, such as rheumatoid arthritis and osteoarthritis, there is very little evidence that infection is relevant.

This hasn’t stopped people working on that assumption – there was once a fashion to remove the teeth and tonsils in rheumatoid arthritis and there are still websites that link these common forms of arthritis to infection.

Perhaps the most compelling evidence is that the best treatments we have for rheumatoid arthritis (TNF inhibitors and rituximab) are both powerful immune therapies. Minocycline, in particular, has beneficial effects on both the enzymes that can cause damage to joint tissues and the cells that cause inflammation. This effect can be shown in the laboratory and there have been several successful clinical trials in rheumatoid arthritis. However, I think it is fair to say that the effect of minocycline is not usually very marked, in comparison to methotrexate for example. No other antibiotics have been found to have such a definite clinical benefit as far as I know. It is also worth noting that minocycline and related drugs can also cause a lupus-like syndrome – I have seen several cases in my practice. The good news is that it usually resolves when the drug is stopped.

Where does this leave all those people who find their arthritis improves when they take antibiotics?

Everyone is different. And we don’t know all there is to know. Be assured that if there are enough ‘signals’, any benefit of antibiotics will be investigated further in clinical trials. But remember, it’s only in identical twins (those who shared the same egg, of course) and some people that there may just be a reason that antibiotics work for them. For example, the ‘normal’ bugs in the gut are triggering a long-term reaction in the joints (this theory has long been held for rheumatoid arthritis and may well be true for ankylosing spondylitis). When you take a course of antibiotics the normal flora (your usual gut bacteria) are decimated, along with the bugs causing the infection.

This may be why some, but not all, people improve temporarily on antibiotics. However, the answer is not long-term antibiotic benefit. Why? Because bacteria have a clever way of adapting and changing and developing resistance to antibiotics, and so would grow back quickly enough (an alternative is that other, not so nice, bugs take over and can be harmful themselves – ever heard of clostridium difficile infection?). Other ways of permanently altering gut flora have been tried, particularly in ankylosing spondylitis, but without much success at the present time. For people with osteoarthritis who improve on antibiotics there just isn’t a simple explanation. The tetracycline group of drugs mentioned above can inhibit the harmful enzymes found in an osteoarthritis joint but the effect is likely to be mild and more of a slow-onset long-term effect than a short-term benefit, and quite unassociated with their ability to kill bacteria. A website (www.theresearchback.org) devoted to rejuvenating the link between arthritis, infection and may well keep the evidence from trials, misled in the implications for patients and their treatment, particularly for diseases such as scleroderma and psoriatic arthritis, for which there is no ‘hard’ evidence whatsoever. Physicists contributing to this website are clearly convinced of the benefit of tetracyclines and use them every day in their practice, but it would seem foolishly to do this to the exclusion of other drugs with proven benefit in preventing damage and progression of the disease.

Conclusion

I hope this answers some of the questions sent in. I have tried to be fair to those who still strongly advocate that infection is the cause of arthritis and maybe, in years to come, we may discover some truth in this. If that is the case, I doubt antibiotics will be the answer – maybe some form of immune tolerance induction, such as vaccination, or maybe manipulation of our bodies ‘see’ infection. We’ll see.

Our Q&A will be back in its usual format in the next edition of Arthritis Today. Please write to Dr Helliwell c/o Editor, Arthritis Today, Arthritis Research UK, St Mary’s Gate, Chesterfield, Derbyshire, S61 7TD or email enquiries@arthritisresearch.org. The Q&A with Dr Helliwell will also appear on our website at www.arthritisresearch.org.
Weak Bladder?

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BARBARA ANSELL FELLOWSHIP IN PEDIATRIC RHEUMATOLOGY

Barbara Ansell was appointed to the newly created Barbara Ansell Fellowship in Paediatric Rheumatology in 2012, with an aim to improve care for children with childhood arthritis. Her research will include investigating whether taking a special fatty acid is beneficial for children with juvenile idiopathic arthritis (JIA). This includes those with the refractory JIA subtype.

Career progression fellowships

Dr Elizabeth Jury, Centre for Rheumatology Research, University College London, London; why don’t some types of white blood cells work properly in patients with lupus and how can their function be restored? £79,210, 24 months.

Dr Sarah Snelling, The Botnar Research Centre, University of Oxford, Oxford; how does a protein called DKK-1 regulate joint health and osteoarthritis progression? £96,041, 24 months.

Clinician scientist fellowship

Dr Celia Gregson, Older Persons’ Unit, Bath Royal United Hospital Trust, Bath; identifying the genes causing high bone mass: how does this help us understand bone regulation, £355,256, 60 months.

Research grants awarded

May 2012

Barbara Ansell fellowship in paediatric rheumatology

Dr Ethan Sen, Academic Renal Unit, University of Bristol, Bristol; investigation of the role of immune system receptor proteins in the development of kidney inflammation in lupus patients, £60,000, 12 months.

Career development fellowships

Dr Lucy Norling, Centre for Biochemical Pharmacology, Queen Mary University of London, London; how do omega-3 fats help inflammatory arthritis? £334,897, 60 months.

Dr Megan MacLeod, Institute of Infection, Immunity & Inflammation, University of Glasgow, Glasgow; development of an educational website to support musculoskeletal ultrasound (MSUS) training, £14,801, 12 months.

Dr Mathieu-benoit Voisin, Centre (kindly supported by Össur) Experimental Osteoarthritis Treatment, £150,000, 36 months.

Dr Sarah Snelling, The Botnar Research Centre, University of Oxford, Oxford; how do a protein called DKK-1 regulate joint health and osteoarthritis progression? £96,041, 24 months.

Experimental osteoarthritis treatment centres

Dr Richie Gill, Nuffield Department of Orthopaedics, Rheumatology & Musculoskeletal Sciences, University of Oxford, Oxford; arthritis research UK Experimental Osteoarthritis Treatment Centre (kindly supported by Össur), £150,000, 36 months.

Professor Philip Conaghan, Section of Musculoskeletal Disease, University of Leeds, Leeds; arthritis research UK Experimental Osteoarthritis Treatment Centre (kindly supported by Össur), £150,000, 36 months.

GP training bursaries

Dr Asim Aql, Great Harwood Health Centre, Blackburn with Darwen Teaching Primary Care Trust, Blackburn; post-graduate diploma in musculoskeletal medicine, £1,560.00, 12 months.

Dr Fatima Mohri, Newport Pagnell Medical Centre, Milton Keynes; postgraduate diploma in musculoskeletal medicine with rheumatology for practitioners with a special interest, £2,225, 18 months.

Dr Sarabjeet Gujral, General Practice, Bradford & Airedale PCT, Leeds; postgraduate diploma in musculoskeletal medicine with rheumatology for GPs/VS, £2,250, 18 months.

Nurses and allied health professional training bursaries

Mrs Lorraine Rogers, Integrated Musculoskeletal Assessment Treatment Service, Solent Healthcare, Southampton; MSc in rheumatology, £1,000, 12 months.

Ms Serena Naidoo, School of Health Professionals, University of Brighton, Stanmore; MSc in podiatry with rheumatology dissertation, £1,000, 12 months.

www.arthritisresearchuk.org

Arthritis Today
What’s the most important thing you have found out in the past 12 months? And why?

In the last 12 months Arthritis Research UK has funded one of the most exciting projects on which I’ve worked. Aberdeen is world-famous for the technique of magnetic resonance imaging (MRI). We have now developed a totally new type of MRI called fast field cycling (FFC-MRI) and have been testing the technique on samples of articular cartilage taken from patients as they undergo hip and knee replacement. This work has shown that FFC-MRI has the potential to measure the very earliest changes seen in osteoarthritis, i.e. the alteration in protein concentrations which precede all the changes we would normally see on x-ray. FFC-MRI fulfils its promise, this unique technique will enable us to assess early arthritis and aid in the introduction of new drugs and other treatments for arthritis in the future.

What do you hope or expect to achieve as a result of your Arthritis Research UK funding?

The current funding is vital in the development of the technique of FFC-MRI. We hope to prove its effectiveness by examining normal and abnormal tissue removed from patients and comparing results to microscopic and chemical assessment of the cartilage. Should this study prove positive, it will provide the key data that will allow the development of FFC-MRI for use in patients.

What do you do in a typical day?

As a clinical academic I have to juggle treating NHS patients with the responsibilities of developing and supervising research projects. Many days are filled with out-patient clinics or operating surgery. This clinical work is combined with research, taking samples of tissue for the basic science research and enrolling patients in studies of joint replacement. My research days are busy and involve meetings with young researchers, discussing results and potential future research grants. The beginning and end of the days are rounded off by reviewing patients on the wards.

What is your greatest research achievement?

In the years following our first Arthritis Research UK grant, we continued to work on the technique of radiostereometry (RSA). In the past three years we have developed and carried out research with the world’s first custom-built digital stereo radiostereometry x-ray. This equipment, along with novel software, radically improves not only the accuracy of the technique but also its ease of use. This will potentially enable RSA to be used not only for research but for routine follow-up tool for all patients, with consequent improvement in care. This year we hope to use our new equipment to re-examine our original Arthritis Research UK patients: 14 years on from the first grant.

Why did you choose to do this work?

I have enjoyed the excitement of research since my very first house officer job in Manchester. I still find the seeking of answers to research questions as thrilling now as I did all those years ago. Although heavily involved in research, I still see and operate on patients with arthritis every week. The improvement that such surgery can make in people’s lives is very rewarding and is the reason for my continuing to work in the NHS.

Do you ever think about how your work can help people with arthritis?

Whilst treating patients, I am constantly thinking of how research can potentially improve their lives. I think the link between clinical doctors and researchers is vital to help target research.

What would you do if you weren’t a researcher?

When I was younger I wanted to be a marine biologist, and live a life like Jacques Cousteau, the famous French developer of SCUBA diving. Cousteau was the developer of the aquarilum. I was fortunate in my younger days to have been medical officer on a number of diving expeditions and fulfil at least part of my ambitions.

About Patrick

I will have been happily married to my wife Liz, a psychiatrist, for 20 years in December of this year. Our son is now 18 and will soon leave home for university. We all enjoy dinghy sailing (despite the cold water) and regularly race at our local sailing club. In winter we ski.

Patrick Ashcroft is a senior lecturer in orthopaedics at Aberdeen University and a consultant orthopaedic surgeon at Aberdeen Royal Infirmary.

Meet the experts

Mr Patrick Ashcroft and Professor Ade Adelaja explain their work in an ongoing series of questions and answers with Arthritis Research UK-funded researchers.

Patrick Ashcroft

Patrick Ashcroft is a senior lecturer in orthopaedics at Aberdeen University and a consultant orthopaedic surgeon at Aberdeen Royal Infirmary.

What does your work involve?

My work involves the development of x-ray imaging techniques to allow the study of arthritis and its treatments (including joint replacement), in order to enable the introduction of new drugs and other treatments for arthritis in the future.

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UK Holidays

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Holiday Breaks in the Lakes
Highly recommended self-catering spacious accommodation for 2-5 people, specially designed with the wheelchair bound in mind. Accessible 2, 3 & 4 Bed. No steps. Wheelchair-friendly. Supplied with pool; location; friendly owners in residence.
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Two specially converted detached barns on a small family farm. Sleep 4-6 people. Both fully wheelchair accessible. Electric beds, hoists and rise/recline chairs available.
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Books

AUTHORS

PLEASE SUBMIT:

A synopsis plus sample chapters (3) for consideration.

Olympia Publishers


Age UK Stairlifts

PRICE PROMISE

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Handicare Accessibility Ltd (HAL) provides stairlifts and works in association with Age UK Trading Ltd, which donates its net profits to Age UK (registered charity number: 1122427).

Age UK Stairlifts is a product name of Handicare Ltd, which will raise a minimum of £9006 during 2012 for Age UK via the promotion and sale of independent living products. For further details please ask on ordering "$9006 during 2012 for Age UK"

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Computer Novices

How my Dad tamed his PC and How You Can Too

Dad using your PC drive you nuts? The wretched things really do seem to have a mind of their own sometimes! But there’s some great news: You can tame your PC, at your own speed, by being shown exactly what to do… in the comfort of your own home.

Whether you’re new to computers or have tried to learn and struggled to computers and computers and computers… in the comfort of your own home.

Laptop or desktop, Windows 7, Vista or XP, with this you’ll soon be a computer pro. One hour and I had learnt more than 3 months hard struggle had taught me.” – J  H

For further details call 01726 883240 or visit www.treworgansfarm.co.uk

Fundraising news

In August Arthritis Research UK is launching The Great British Garden Party, an exciting way to get friends, family and the whole community together to support our life-changing work to stop arthritis stealing the quality of people’s lives.

Whether your garden rivals the lawns at the RHS Chelsea Flower Show, or is as simple as a beloved bonsai tree on your coffee table, everyone can get involved; in fact we know that many of our supporters already hold garden-based fundraising events in the summer months. All you need are friends, a venue and the enthusiasm to raise money for our important cause.

How you run your Great British Garden Party is up to you. Perhaps you’ll invite people over for a tea party with strawberries and cream, fire up the BBQ or enjoy a glass of something chilled. Whatever the dress code and whatever the refreshments, the most important thing is that your Great British Garden Party will be raising money to support the important work we’re doing.

For more information or to order The Great British Garden Party fundraising pack complete with posters, invitations and lots of fun ideas, contact the team on 0300 790 0444. Alternatively you can complete the form which you will find inserted into this edition of Arthritis Today.

Yorkshire Three Peaks Challenge – another opportunity to take part

Our Yorkshire Three Peaks Challenge was so successful this April that we’re doing it again on Saturday 1 September. Twenty supporters took a walk on the wild side covering the 26-mile guided sponsored walk through the Yorkshire Dales and raised well over £3,000. Anyone completing the course within 12 hours is enrolled as a member of the Yorkshire Three Peaks Club. So if you fancy a trek across some stunning countryside contact Kathryn Leverett on 01423 324158 or k.leverett@aretirhissearchuk.org

World Arthritis Day 2012: A date for your diary

World Arthritis Day takes place each year on 12 October, organised by EULAR (the European League Against Rheumatism), and it is a day for people with arthritis and other musculoskeletal diseases from around the world to join together to make their voices heard in the fight against arthritis.

Last year Arthritis Research UK supporters went ‘Orange for Arthritis’ by donning orange-themed fancy dress and baking orange cakes. This year, World Arthritis Day 2012 plans to be bigger and brighter, with an aim to really put arthritis on the national agenda. Look out for more details in the next edition of Arthritis Today or get in touch with fundraising@arthritisresearchuk.org

www.arthritisresearchuk.org

Important information about move

Unfortunately, we have made the difficult decision to postpone our Move events this summer until further notice. All participants and volunteers have been contacted directly.

If you have any further questions around the postponement of our Move events this summer until further notice.

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“I’ve lost count of how many cups of tea I’ve spilt.”

I’m in my early fifties and have suffered back and joint pain for over 30 years now. Through exercise I have learnt to manage my pain, but it still sometimes strikes without warning. And if that’s when I’m holding a cup of tea, it tends to be a bit messy!

Compared to how I used to be through, spilling tea is nothing. I clearly remember one night in my twenties when I was in real pain and needed the bathroom. As I tried to get out of bed, every movement caused a having intense pain. The bathroom was just yards away but it took 40 minutes of crawling, crying and screaming to reach it. There I stayed for the next 24 hours until I could move again.

I have to say that my local GP in those days wasn’t much help and I couldn’t afford private treatment. It was only years later that I met someone who taught me a series of simple exercises that I now do most days. Thanks to those exercises I can control my arthritis pain – most of the time.

I’m convinced that if I’d known about the exercises 20 or even 10 years earlier I would be so much better off. And my carpets wouldn’t be so tea-stained, that’s for sure!

I know Arthritis Research UK do a great deal of work with GPs and nurses to help their patients get the right advice about exercise, diet and other ways to make living with arthritis easier. By supporting this charity, you’ll be supporting this vital educational work. And for every GP or nurse who can pass on advice and information, so many people will benefit like I have – and hopefully much sooner.

David Rance
Please use the form below or call 0300 790 0444 to give whatever you can. Thank you.

Yes, I want to help Arthritis Research UK ease the pain of arthritis

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I would like to donate: please tick relevant box □ £10 □ £15 □ £25 □ £30 Other £

□ I enclose my cheque/postal order/CAF voucher made payable to Arthritis Research UK (we can only accept donations in UK sterling)
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Enjoy bath time independence again

If you have trouble getting in and out of the bath and the thought of bathing has become a daunting prospect, discovering that there is a simple, affordable solution that will fit your own bath will already make your day.

And that solution is a Willowbrook Aqualift. It’s the most convenient and cost effective way to enjoy full depth bathing without having to change your bathroom. There’s no need for expensive alterations and you won’t lose value on your home from removing your bath. You won’t even need builders or plumbers as our trained fitters will fit the Aqualift completely free of charge.

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Just sit on the Aqualift and at the touch of a button you’ll be smoothly and gently lowered into the bath. Aqualift is a quality system designed to last and shouldn’t be confused with quick fix solutions and allows you to regain bath time independence at a fraction of the cost of walk-in baths.

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