

SPRING 2013
NEWSLETTER



AStretch

ANKYLOSING SPONDYLITIS AUSTRALIA

www.asaustralia.org



Fatigue in Ankylosing Spondylitis

Treatment Should Focus on Pain Management

by Sinead Brophy, Helen Davies, Michael S. Dennis, Roxanne Cooksey,
Muhammad J. Husain, Elizabeth Irvine and Stefan Siebert

Semin Arthritis Rheum 2013 42: 361-367

Fatigue in Ankylosing Spondylitis

Treatment Should Focus on Pain Management.

This recent article addresses a significant problem in AS that is often overlooked. We have reprinted excerpts of some of the most relevant and interesting points.

The authors state that 'Fatigue can be described as an overwhelming sense of tiredness, lack of energy, and feeling of exhaustion.' 'Studies have now demonstrated that over half of the people with AS experience the debilitating phenomenon, with fatigue now included as a core symptom of the condition. There is however no specific agreed treatment for fatigue associated with AS.'

'The aim of this study was to explore where interventions to address fatigue in AS should be targeted. We have used a mixed methods approach to examine both the patients' perspectives and the clinical factors associated with fatigue.'

Three hundred and forty eight people with AS in Wales, UK, completed several questionnaires, which examined disease activity (including pain and fatigue), function, medication, and quality of life. Respondents were also asked about flares, exercise, work, health care costs, and coping with AS. Two open ended questions were included exploring the individual's experience of fatigue and personal management strategies. In addition, respondents were asked to complete a number of rating instruments measuring fatigue, symptoms of anxiety and depression, exercise activity, motivation, and sleep quality.

Contents

Fatigue in Ankylosing Spondylitis <i>Reviewed by Margaret Lewington</i>	1
Fatigue & Exercise <i>Kindly reprinted from SAA</i>	3
No Starch Diet - Members Experiences <i>by Val, Kyle, Gai-Maree & Alison</i>	4
Symposium	6
AS Exercises <i>by Margaret Lewington Physiotherapist</i>	7
AS Victoria Inc Report <i>by Annie McPherson</i>	8
AS Group of Queensland Report <i>by Ross Wilson</i>	10
Calendar of Events	11

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

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

Contacts

AS Group of Queensland

PO Box 193
Taigum QLD 4018
Ph: 07 3209 6478
E: ald@asaaustralia.org

AS Victoria Inc

PO Box 3166
Burnley North VIC 3121
Ph: 0408 343 104
E: asvicweb@gmail.com

Discussion - This study confirms that fatigue is a major symptom of AS, with significant physical, social and psychological effects. The findings suggest that measures to address fatigue in AS need to focus primarily on the pain rather than anxiety, physical activity, motivation, or sleep. Pain is the single factor examined that contributes most to explaining variation in fatigue. Depression had an effect on fatigue, although the contribution was relatively minor. Additionally, pain was associated with depressive symptoms in this study of AS.



FATIGUE

Fatigue is a major symptom of AS, with significant physical, social and psychological effects.

The finding that pain rather than sleep deprivation or anxiety is the main determinant of fatigue may explain why many participants felt nothing they did could change their level of fatigue. A third of the participants reported that there was nothing they could do to reduce their fatigue, whereas other participants reported that medication, exercise, and resting helped.

Patients who were prescribed an anti-TNF agent showed a reduction in both pain and fatigue, which is also reported in trials of anti-TNF agents in AS, therefore, supporting the finding that interventions that target disease activity will alleviate fatigue. It is likely that anti-TNF affects the inflammatory pathways that are common to pain and fatigue pathways. However, despite an improvement in levels of fatigue and pain, the AS patients on anti-TNF still had significant residual fatigue.

The authors discuss that there is a complex causality of fatigue in chronic inflammatory conditions. They suggest that other pain management strategies may prove beneficial. They discuss studies done with MS and RA and suggest that mindfulness-based stress reduction (MBSR), cognitive behavioural therapy and graded exercise should be looked at. They are continuing their study and will publish further.

In conclusion, this study finds that fatigue is a major aspect of the disease activity and is strongly associated with pain but that 63% of the variation in fatigue still remains unexplained. Anti-TNF medication does reduce fatigue but residual fatigue and pain remain. Strategies to alleviate fatigue should focus on targeting pain management with therapies such as mindfulness and cognitive behavioural therapy.

Reviewed by Margaret Lewington

FATIGUE & EXERCISE

Fatigue can affect all of us. I've got three children, ages 9, 6 & 3, a business with 5 locations and have AS. I can totally empathize. As physical therapists we work with conditioning, as well as strength, flexibility, proprioception, etc. And conditioning can go a long way toward decreasing fatigue in the long run.

In normal cardiovascular training or conditioning, a rule of thumb is to ascertain the individual's capacity for exercise, either their true capacity through a Bruce Protocol or some similar test, or their theoretical maximum heart rate and then shoot for 60%-80% of that maximum. A generally accepted formula for the theoretical maximum heart rate, though not as accurate as we would like¹, is $\text{Max HR} = 220 - \text{age}$. Then estimate 60% of that as a target for training and conditioning. (40 year old person's target for exercise: $220 - 40 * .6 = 108$ beats per minute (bpm)) So ideally, a 40 year old person would engage in an activity that caused their heart rate to exceed 108 bpm, but not go too much beyond that for safety purposes. Of course, you'll need to be able to check your heart rate. Here is a quick how to guide: <http://www.wikihow.com/Check-Your-Pulse>.

The key here is consistency. Consistency matters much more than intensity. And by consistency, I mean doing something 3-4 times each week for at least 10-20 minutes. Ideally it would be every day. It can be as simple as walking to lunch or as involved as going to the pool. It can even be broken up throughout the day, such as parking at the far end of the lot, taking the stairs (if they don't hurt), sitting down & standing up 10-20 times in a row. Short bouts of exercise have been shown to result in improved aerobic capacity.² An example I use in talks for SAA is brushing your teeth. You wouldn't expect to brush and floss for 45 minutes on Saturday and have everything be okay. Exercise is the same way - it takes a little bit every day, consistently, over time, to see an effect.



The key here is consistency. Consistency matters much more than intensity.

With AS or related conditions, the problem becomes a bit more complicated. How do you change your level of conditioning, and thus your fatigue state, when movement and activity hurts? A big key is finding

something that doesn't hurt, or at least doesn't leave you in pain or debilitated for days after activity. Really, any movement can help to elevate your heart rate. Below are a few ideas for activities. You will have to experiment and try different things to find activities that don't aggravate you too much or cause your condition to flare up. And be patient. Normal training effect, in other words, when you start to see results, takes at least 6-8 weeks. So be consistent, start moving a little more, and you'll start feeling better and have more energy in a few weeks.

Possible Activities: Walking, Cycling, Swimming, Jogging, Stationary Bike, Stairs, Ping Pong, Volleyball, Fencing, Skating, Golf, Squash, Weight Lifting, Equestrian, Frisbee Golf, Turkish Oil Wrestling, Water Skiing, Sailing, Water Polo, Underwater Hockey, Snorkeling, Unicycling, Basically anything that moves you and gets you moving!

Sturdy McKee, MPT is a physical therapist and is Co-founder and CEO of [San Francisco Sport and Spine Physical Therapy](#).

¹[Robergs, R.A., Landwehr, R. THE SURPRISING HISTORY OF THE "HRmax=220-age" EQUATION. Journal of Exercise Physiology 2002; 2:1-10](#)

²[Woolf-May, K., et al. The efficacy of accumulated short bouts versus single daily bouts of brisk walking in improving aerobic fitness and blood lipid profiles. Health Education Research 1998; 14, 6:803-815](#)

Members Experiences with the No Starch Diet

by Val, Kyle, Gai-Maree and Alison

In a follow up to the Low Starch Diet article (see Winter 2012, AStretch), here are some of our member experiences with the low starch diet.

[The Low Starch Diet](#)

After suffering considerable pain for several years I decided to try the no starch diet. I did this for a total of four years. I believe that if you are going to try this diet you need to go no starch. Initially I didn't have a lot of success with the no starch diet. After 2 months and further research I decided to cut dairy out of my diet as well. It took a month of this before I felt any relief. I noticed after this period that if I had any dairy I would be in for pain for several days. I continued to refine my diet and later cut red meat from my diet. Again it took about a month and I eventually felt that this worked to relieve the pain in my upper back.

While these exclusions from my diet worked to relieve some of my pain, I was still in quite a bit of pain. I was always reading articles about different diets, and discovered that egg yolks may also be a pain trigger, so I decided to eliminate this from my diet. After a month of having no egg yolks, I noticed further pain relief. At this point I was excluding starch, red meat, dairy and egg yolks. I didn't feel that excluding starch from my diet was very effective. I believe that the exclusion of dairy and red meat was the most effective diet choice for me. I also believe that everyone is different.

After 4 years of battling with the diet I got an appointment with Professor Matt Brown at the P.A Clinic. I am now on Humira injections and feel I have my life back again thanks to everyone at the P.A. Clinic.

During the time I was on the diet it gave me some pain relief and gave me something to focus on. I am not sorry I tried it.

Val

[Elimination Diets](#)

Ankylosing Spondylitis has played a significant part in my life since diagnosis at age 17, around 6 years ago. Shortly after being diagnosed, I embarked on a couple of elimination diets, with one huge goal in mind - to get rid of pain and inflammation. I believed this could be achieved by removing foods from my diet that other patients had "proven" to trigger pain. As you could understand I was willing to give anything a go, as the disease was particularly active at this time.

First up was the Starch Elimination Diet. It turned out a

large portion of my teenage diet was heavy in starch, resulting in a radical overhaul of my eating habits. After strictly adhering to this diet for 5 months, and observing no benefits, we tried eliminating sugar from the diet as well. For the next 3 months my diet was starch and sugar free, but I was certainly not pain free!

When looking back over the 8 month period, it was clear to me that there had been no overall reduction in pain or inflammation – the elimination diets did not have the desired result for me. Sure, there were good days and bad days, but AS is a complicated beast when presenting itself and is treated differently in each person. While I did not find relief from these types of diets as others had, there was certainly no harm done in trying!

Kyle

[My Experience With The Low Starch Diet](#)

Like many people who have AS, you are willing to try anything in the hope that it may provide you with some pain relief. In the past I have tried many different treatments, including physiotherapy, bower therapy, aromatherapy, acupuncture, chiropractor, homeopathy, naturopathy, healing crystals, and kinesiology. I cringe to think how much money I have spent on ventures and grand plans to cure my back pain. Since being diagnosed with AS I have tried to follow the recommendations of my Physiotherapist and Rheumatologist on the most appropriate way to manage my AS. I believe that I have probably saved money since being diagnosed, as I am not really searching for a cure for my back pain anymore.

Of course when we are diagnosed with AS, we fall victim to "Dr Google". I found some research by Dr Alan Ebringer (Professor of Immunology) who suggests that by eliminating starch from the diet I may reduce Klebsiella in my stomach which may help reduce inflammation and painful symptoms. I also found a book written by Carol Sinclair, who writes about the diet she compiled to treat her irritable bowel syndrome. She subsequently found out in later years after talking with Professor Ebringer that she also had the early signs of AS.

I decided I would conduct my own experiment with the diet for a couple of reasons. Firstly, it wasn't going to cost me a lot of money, like some previous treatments. Secondly, I had previously been on a low carbohydrate diet to lose weight years ago, and by coincidence had the most pain free and comfortable year since being symptomatic. Since this time I had been wondering about the impact of my diet on my AS symptoms.

Members Experiences with the No Starch Diet

continued from Page 4

I trialled the diet for 7 months and would say that I was fairly strict following Carol's guidelines. I brought myself a bottle of iodine and tested all foods before I consumed them and followed Carol's recipes diligently. Carol suggested eliminating the food in 3 stages. However, I decided to go "cold turkey" and eliminate all starch straight away.

I found that at home it was fairly easy to follow the diet, but quite restrictive. It was virtually impossible to dine out, unless you visited the pub and had a steak and salad. Interestingly, McDonalds was one of Carol's favourite restaurants, explaining that she could eat a cheese burger, except for the bun. I of course desperate at one stage, found myself in McDonalds eating a cheese burger minus the bun.

My diet basically was the same nearly every day for 7 months with the odd variation:

- Breakfast – eggs, bacon, fresh tomato or spinach
- Morning tea – fruit or almonds
- Lunch - Salad with some protein (never processed meat)
- Afternoon tea – fruit or almonds
- Dinner – Salad with some protein
- Drinks – unlimited water and thankfully wine

I have to admit that I continued to take my indocid suppository which probably contained some starch, but avoided taking panadol/panadeine, knowing they would contain starch. I also "drew the line" at tomato sauce. Most of the sauces I tested contained starch, however, I found one that was less "starchy" with my iodine test. It was also interesting testing dairy products, as most that are labelled low fat happened to contain starch. I had to test a lot of yoghurt to find one that was starch free. Probably the most difficult thing was trying to vary your diet to make it interesting. It is very hard to do this without using some sort of thickening agent e.g. it is very hard to make a casserole that is starch free and edible. Dining out at friend's houses was also difficult. I did as Carol suggested and took my own food, but you do get tired of telling people why you are on a strange diet to eradicate starch. This particularly applies when explaining to people who you may not know that you have AS (strange looks a plenty).

I will admit that it was a diet, where I never really felt hungry and initially started to lose some weight. I then made the mistake of reading in Carol's book that I could have some chocolate, which swiftly bought an end to the weight loss scenario. It was certainly a diet that I was able to stick too (though a little boring at times) and would never have touched starch again if it had proved to make my pain better. We would all give up a certain food group if it meant a reduction in painful symptoms.

To evaluate the starch free diet, I documented exactly what I consumed and what my pain was like every day. I used a

very simple key:

- Good day for pain
- Stiff and sore but OK
- Very stiff and sore

Results depicted that my pain levels were split evenly among the 3 categories. This helped me to realise that most days I was still in pain and that my pain levels are probably like this always. It is well known that people who have AS have good and bad days, good and bad weeks and good and bad months. I also know that most of the time I cannot pinpoint what has caused me to flare up. Overall, I found no clear picture of a decrease in pain or symptoms. I then decided to finish the diet, and to test the diet by having a "starch binge" to see if that helped in forming a final outcome of the effect of the diet. I can honestly say that I had a good period post the "starch binge", confirming for me that I didn't think it made a difference to my pain levels.

I certainly think that there may be links to diet in the management of AS and I am very tempted to try a sugar free diet. Hopefully, further research by health professionals will help us determine whether diet is at all influential in the managing AS pain. At this time, I have continued to follow the advice I was given by my Rheumatologist, to eat a balanced diet and fish oil supplements. During the period of undertaking the diet I attended my weekly hydrotherapy sessions and would share my starch free diet stories with fellow AS patients, some of which were intrigued, supportive and some who had "been there and done that" and simply gave me a supportive smile. I thank them for their support and for always listening to me.

Gai-Maree

[Diet and AS](#)

Five years after diagnosis I became curious about the connection - if any - between diet and my spondyloarthritis. I stumbled upon the London AS diet whilst Googling around this issue on the Net. With weekly biological injections looking likely in my future, I decided to give the low/no starch approach a go, with the knowledge of both my Rheumo and Physio. What did I have to lose?

Well, firstly - weight, it turns out! For two and a half months I have been largely starch-free. Thus, massive cuts to bread, biscuits, rice, potato and so on. Instead, I eat lots of 'above ground' veg, certain fruits, meat, eggs, some seeds, some nuts and a little full-cream dairy. And in very early results, I have started to need less anti-inflams (as well as being a touch lighter). Placebo? Only time will tell; I'll keep you posted.

Alison



ANKYLOSING SPONDYLITIS SYMPOSIUM

Proudly organised by the
AS Group of Qld.

Time:- Registration from 9:00am. Starting 9:30am.

Date:- Saturday, 16th November 2013.

Venue:- Translational Research Institute.

Location:- Princess Alexandra Hospital, Brisbane.

Speakers include Rheumatologists, Ophthalmologist,
Psychologist, Physiotherapist and Nurse.

Morning tea and lunch will be provided.

See www.asaustralia.org/qld/ for details. Registration forms available on the website and posted soon.

Please contact the AS Group of Qld for further details
on 07 3209 6478 or www.asaustralia.org/qld/

Hydrotherapy in Brisbane

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

WHEN: Tuesday Nights

TIME: 6.30 – 7.30 pm

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

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

ENQUIRIES:

Margaret 0404 414 501
or 07 3376 6889



AS Exercises

By Margaret Lewington
Physiotherapist

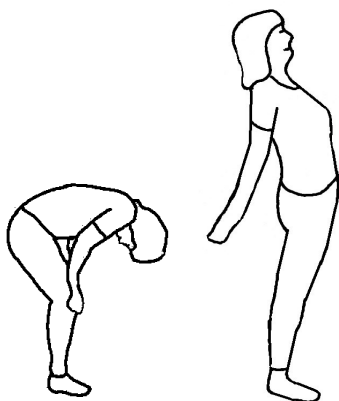
This series of exercises are designed to be done energetically. They are to be big, whole body movements. They may be a good WARM UP before your stretching program or other sport or activities. They may be your whole session - more dynamic and aerobic - to raise your heart rate a little and get you a little puffed - expanding your lungs and moving the rib cage.

If you have good symptom control, with or without TNF medication, you may be able to do more of this type of exercise - increasing the vigour of your activities.

Relax and enjoy them. Don't strain or tense the body - let it flow- but do try to go 'just a little bit more'.

1. Curl/Arch

Standing, bend knees a little, lean forwards, round back, cross arms or rest hands on knees if you wish - then stand tall, lift chest, hip forwards, arms back, palms front. You can also raise arms over head.



2. Side bend and reach

Lean side to side letting hips move. Your lower arm can rest on your thigh to aid balance. Take other arm overhead to stretch side of body (waistline and ribs) and reach as far as possible.



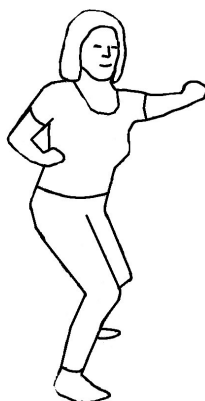
3. Punch overhead

Punch alternate arms towards ceiling. Reach up and look up - lifting chest and lengthening body. Allow the rest of your body to move as well - shoulder and hips moving side to side a little in rhythm.



4. Punch across body

Punch diagonally across your body (to the side/front), turning your body. Pull your other elbow and shoulder back to increase the amount your trunk turns.



5. Heel lift and touch behind

Walk on the spot, lifting your heel behind. Keep knee pointing to floor (avoid it coming forwards in front of the other leg). Reach back with hand towards heel - touch if you can. Keep hips and bottom forwards, chest tall, shoulders back.

Variation:-

Touch with opposite hand and allow your upper body to turn, other arm swinging across front.

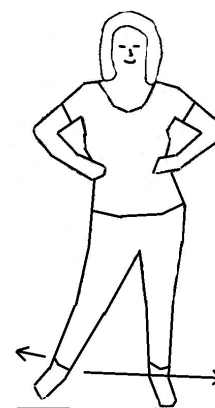
Avoid knees turning out.



6. Hip side swing

Balance on one leg. (fix your gaze on a point in the near distance to help) and swing the other leg out to the side. This may be a small or large movement. You may also let it cross in front of your other leg if you wish - front and behind (not if you have had a hip replacement).

Try to keep it in line with your body (not coming forwards) and avoid hitching your hip/waist and tricking to get it higher. Don't poke bottom out - keep tall - tummy in.



Ankylosing Spondylitis Victoria Inc Report by Annie McPherson

The freezing mornings and nights now I am back in Melbourne, remind me winter is still here and my brief sojourn in the warm Queensland sun in early July has certainly faded. Thank goodness for the occasional warm lunchtime when the sun is shining which provides an opportunity to walk my lovely companion cat Sandy in my little garden.

Back on 26 June our AS Victoria Inc. Annual General Meeting was held, where we successfully completed all the necessary proceedings, accepted the President's and Treasurer's reports; The Associations Incorporation Reform Act 2012 and the Model Rules for an Incorporated Association was accepted and our Committee for the 2014 year was appointed un-opposed, with the following members:

President : Annie McPherson, Vice President: Chris Fisher, Secretary: Maria Makris, Treasurer: Vicky Genius, Ordinary Member: Adam Collard.

We welcomed Sarah-Jane Blunt, Arthritis Victoria's Community Programs Officer, who attended the evening and later joined the committee and members at the Old England Hotel for dinner. We held a brief committee meeting to discuss the planned October 2013 seminar and then enjoyed an excellent evening of great food and great stories.

As President of the AS Victoria Inc., I would like to thank our hard-working committee and volunteers who help with all of our activities, events and the administration of our peer support group throughout the year. As I have written in our Annual report, recently sent to AS Victoria Inc. members, the committee would particularly like to express their thanks to the following members who have served our group over the last few years:

Belinda Martin RN: We would like to thank and commend Belinda Martin, RN, Rheumatology Department, Austin Health who retired from her secretarial role in the committee after 8 years of activity. Belinda was a foundation committee member and a regular officer bearer, invaluable in her support of our peer support group. Our committee and group have experienced first hand the benefits of her medical expertise, keen administration and organisational skills since our commencement in 2005. I am sure the AS Victoria Inc. members, AS Queensland members and national AS community join us in wishing her well in her new endeavours.

Thanks to all our members who have renewed with us for another year, it is great to hear your news and comments to help us with our events planning. The committee would like to extend a special

thanks to all those generous folks who have donated extra funds.

During my July sojourn north, I was lucky to be able to attend a warm water exercise class at the Royal Brisbane and Womens' Hospital with the AS Group of Queensland (AS QLD) lead by Margaret Lewington, Physiotherapist, with a very warm welcome from the group. Afterwards I joined the AS QLD committee for a general chat about mutual projects and interests and I would like to thank them for their encouragement and time.



In the second half of July, our committee has been active preparing our annual paperwork for Incorporation regulations with Consumer Affairs Victoria, and applying for the annual grant from Victorian Health Department, Health Condition Peer Support program.

We concluded the month with a well-attended Christmas in July event at the Rosstown Hotel in Carnegie, where we welcomed some new members and enjoyed a pleasant dinner in the bistro, so thanks to all for attending.

In mid August a small group of AS Victoria Inc. members shared a coffee and chat evening at the Fairfield RSL in Fairfield, where new members came along to meet others and exchange ideas. We hope to hold one in September in the South Eastern suburbs so keep a check on our web site for details www.asvictoria.org.au

About the time you are reading this newsletter, the August 2013 session of the Caulfield Community Health Services, physiotherapy exercises course for people with Ankylosing Spondylitis will have commenced. Belinda Coulter physiotherapist and course leader, has arranged several speakers for this well booked program.

Our Annual AS Seminar is scheduled for mid-October at Austin Health and we anticipate a selection of excellent speakers. Come along and join in the evening, we don't mind if you arrive late from work and just come to catch up with fellow AS people for a chat, everyone is welcome.

Ankylosing Spondylitis Victoria Inc Report continued

Arthritis Victoria:

During August we have received a notice from Dianne Lowe, PHD student in Centre for Health Communication and Participation and researcher from LaTrobe University, Melbourne. Dianne's research project, The MultiMorbidity Medicines journey for people managing with Arthritis+ and another chronic condition is entering the next phase inviting participants to attend focus groups and complete questionnaires. In the past I have been involved in the project and reported on it here in AStretch, its so important to support these researchers. Please contact me on email amcpkew@bigpond.net.au for details.

Kind regards to all,
Annie McPherson
Mob. 0408 343 104.

We Need You!

Volunteers make the world of difference to AS Victoria and are integral in helping us achieve our objectives.

The future of our group is very dependant on our volunteers.

We welcome anyone who can offer small amounts of time on a regular basis. Every extra pair of hands adds positive support for our members.

A new study by Melbourne University, released by Deputy Premier Peter Ryan in December last year, shows that the economic value of volunteering to Victoria has grown by **over 130 per cent in 15 years. Melbourne University estimate this value to be \$16.4 billion in 2006, up from \$7.1 billion in 1992**

Volunteers have a continuing contribution to make; in fact, they are becoming more significant than at any time in history. **The rapid escalation of costs means that many organisations could not continue to operate without the economic benefit of their volunteers.**

Please contact Annie on Mob: 0408 343 104 or Chris on Mob: 0411 112 127



Ankylosing Spondylitis Annual Seminar Thurs 17th October 2013



Speakers from the fields of :-

Rheumatology
Gastroenterology
Physiotherapy

Representatives from
Arthritis Victoria and AS Victoria Inc
will M.C. the event.

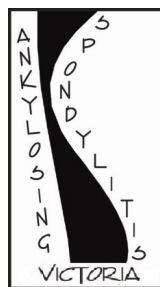
Time: 6pm to 9pm
(Registration from 6pm
commencement 6:30pm)

Place: Austin Hospital
Education Centre Lecture Theatre
Level 4, Austin Hospital Tower

RSVP: Chris Fisher 0411 112 127 call or text
or
email : asvictreasurer@hotmail.com
by Tuesday 15th October

Cost : \$10 Full admission
\$ 8 AS Victoria Inc or
Arthritis Vic members
Family members and Carers no charge

Registration and cash payment
required on arrival.



AS Group Queensland Report by Ross Wilson

Hi everyone. After a glorious start to August, weather wise, the westerly winds have just arrived in perfect time for the start of the Brisbane Exhibition (Royal Show – for those out of state).

Speaking of shows, we have now nailed down the date and venue for the upcoming symposium. The date will be Saturday 16 November 2013, and it will be held at the new *Translational Research Institute* on the grounds of the Princess Alexandra Hospital in Brisbane. www.tri.edu.au/ The Institute is a state of the art venue with plenty of room, so it should be great. The list of presenters is coming along nicely, with a rheumatologist, an ophthalmologist (eyes), a psychologist, and a physiotherapist all pencilled in. Morning tea and lunch will be provided, and our cooks are lined up, so have a day off from your diets and enjoy some tasty snacks!

Our last symposium was very well received, with sufferers, partners, carers, friends etc. enjoying the opportunity to learn more about their condition and how to best manage it, as well as new treatments and what's around the corner. Most importantly, one of the best parts is being able to talk to others going through the same issues you are facing and comparing notes on what they've tried, what's worked, and what hasn't. There will also be plenty of time for questions throughout the day, so if your questions are not covered during the presentation, there will be a chance to ask at the end.

Further information on the symposium will be

sent out over the coming months, so keep an eye out for it. We would love to see you there.

In other news, our last two social events were once again well attended with the weather turning on a beautiful day for the BBQ at the Roma Street Parklands. What a beautiful spot in the middle of the city. This was the first time I had been back since the company I work for built all of the roads and car parks – it has certainly changed and is a real credit to the landscapers and gardeners who look after it.



Snags then Bocce and Icecream

What more could a boy want?

The second event was dinner at *Mons Ban Sabai Thai Restaurant* at Camp Hill. Another good roll up with great food and good company made for an enjoyable evening. Details of the next social event will be confirmed shortly – we hope to see you there.

Regards,

Ross Wilson
President, AS Group of Qld



Calendar of Events

Victoria



Thursday, 17th October - Annual Seminar from 6:00pm to 9:00pm at the Austin Hospital. All members, family and friends are welcome. Please call/text Chris Fisher on 0411 112 127 or email : asvictreasurer@hotmail.com by Tuesday 15th October.

See Page 9 for further details.

Queensland



Sunday, 22nd September - AS Group of Queensland Barefoot Bowls Day

Place: Wynnum Manly Leagues Bowls Club, Cnr Adam St & The Esplanade, Wynnum North 4178.

Time: 10am until 2pm.

BBQ lunch and barefoot bowling included. Licensed Bar available for Drinks.

Cost: \$10 per person (children free) payable to Mark Robinson or Margaret Lewington (at Hydro in Mark's absence) or by direct deposit:-

Ankylosing Spondylitis Group of Queensland

BSB:- 064 181 Acc:- 1003 0014

Include your "Surname+Bowls" in payment description and email asgroupqld@uqconnect.net if paying by direct deposit to let us know.

RSVP: by Friday 13th September to Mark Robinson, Email: asgroupqld@uqconnect.net

Ph: 0407 425 750

Come along for a great day of fun, food and the chance to be the 2013 AS Group Barefoot Bowls Champion.

General Information on the web

Ankylosing Spondylitis Groups of Australia

www.asaustralia.org

Arthritis Australia

www.arthritisaustralia.com.au

Spondylitis Association of America (SAA)

www.spondylitis.org

Ankylosing Spondylitis Victoria Inc

www.asvictoria.org

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

www.nass.co.uk

Ankylosing Spondylitis International Federation (ASIF)

www.spondylitis-international.org

Hydrotherapy in Western Australia (Perth)

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

WHEN Every Monday evening
(Public Holidays excepted)

COST \$ 7.00

PHONE 08 9382 7307 Lindsay

TIMES:

Hydrotherapy Pool
5.30pm Hydrotherapy exercises

Gymnasium
5.45pm - Land Exercises

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

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

Ankylosing Spondylitis Victoria Inc Membership Form

AS Victoria is a peer support group affiliated with Arthritis/Osteoporosis Victoria



Who we are and what we do....

The AS Victoria is an organisation of people with Ankylosing Spondylitis who wish to improve knowledge and ability to manage the condition. Our group shares a number of goals and objectives for people and families living with Ankylosing Spondylitis.

We aim to provide the following:

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

Some of the benefits of belonging to our group:

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

Membership Details

First Name: _____ Surname: _____

Mobile: _____ Home: _____

Email: _____

Address: _____

I wish to become a member of AS Victoria Inc. support the purposes of the organisation and agree to comply with the rules*

Signed: _____ Date: ____/____/____

Send to:
AS Victoria Inc
PO Box 3166
Burnley North 3121

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

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

** The rules are the model rules for an incorporated association under section 46 of the Associations Incorporation Reform Act 2012.

Ankylosing Spondylitis Victoria Inc complies with the Privacy Amendment (Private Sector) Act 2006 and will not sell your personal information to another organisation. You may be notified of Ankylosing Spondylitis Victoria events, services and ways of assisting us to maintain these services. If you wish your name to be removed from our data base at any time please write to us. AS Vic Inc passes on to members a variety of information on health and medical issues only for general, educational and informative purposes. AS Vic Inc is not diagnostic or prescriptive and does not replace the services or advice of a qualified health care professional or purport to do so.

Membership Type

- New Renewal (annual 30th June)

- Mailout² membership (\$25.00)
- Concession⁺ Mailout² membership (\$20.00)
- Email member ship (\$20.00)
- Concession⁺ email membership (\$15.00)

Donation: \$ _____

Total: \$ _____

Cheque, money order or direct deposit - Please contact our treasurer for our bank details:
asvictreasurer@hotmail.com

Statistical Information (Optional):-

1. Are you a member of Arthritis Victoria? **Y / N**
2. Are you happy for us to pass on your contact details to other members of the group in your area? **Y / N**
3. Gender **M / F**
4. Year of Birth: _____ 5. Preferred Language: _____
6. Do you suffer from A S **Y / N**
7. Do you know someone who suffers from A S **Y / N**

Do you have any other conditions?

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

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