

the **jointed** Arthritis & Osteoporosis NT newsletter

March 2018

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A call for donations

AONT is only partially funded by the NT Government and, at times, requires financial support from other sources. This is one of those times. Please read the article on P3 to fully understand our current need and how you may help.

In lieu of flowers.

Making a donation in memory can be a way of celebrating a loved one's life as it can make a difference to the lives of others.

It may also be a way of honouring the contribution made to, or support of, Arthritis & Osteoporosis NT during someone's lifetime. When receiving such donations, we will notify the next of kin, unless otherwise directed.



Take Charge of Pain

Next Course

2 x 2½ sessions a week apart
Wednesdays 4th and 11th April
9.30am till 12noon

Stuart Park

Cost: \$20 for AONT members
\$40 for non-members

BOOKINGS ESSENTIAL

Call: 8948 5232

Light morning tea provided

“Empowering you with the skills to
manage your pain and improve your health
and well-being”



We have registered for the COTA Seniors Expo, to be held in Palmerston this year.

Friday 1st June
Palmerston Recreation
Centre,
the Boulevard

Once again we will have a stall with information and displays.

This date is before our next newsletter to give you a timely reminder, so put the event in your diary now.

This Expo is a wonderful opportunity for Seniors to learn what resources, services and assistance are available in our Darwin Community.

RA Research update

Prof. Ranjeny Thomas' research and development of a potential treatment for rheumatoid arthritis has reached a very important milestone.

The human trial phase of the drug candidate known as DEN-181 has commenced, with the first patient being given the treatment.

This is significant progress. This first clinical trial will provide the bridge that will bring the scientific data into clinical development and hopefully into clinical practice. Initial results of the trial are expected in late 2018.

DEN-181 is a vaccine-style treatment, or "immunotherapy", which has been designed specifically for people who test positively for the most common form of rheumatoid arthritis, known as anti-CCP.



Prof. Ranjeny Thomas

This treatment is a nanoparticle-based immunotherapy designed to regulate the immune cells that cause inflammation, pain and joint damage in rheumatoid arthritis. It is designed to re-educate the body's immune system, and therefore target the underlying cause of the disease rather than treat the inflammation associated with rheumatoid arthritis like the drugs currently available.

This milestone is the result of over 20 years of research.

Further details of this first clinical study including patient eligibility criteria are available at www.anzctr.com using 'Dendright' as the search term.

The results of this trial could be life-changing for future generations of people not only here but around the world.

Defence Expo



Once again we had a stall at this welcoming event at the Darwin Convention Centre. Another opportunity to reach out to the defence community to make them aware of what AONT has to offer. Thanks Ruth and Shilpi for manning our stall.

**The Arthritis
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Northern Territory Inc.
Arthritis &
Osteoporosis NT
ABN 67 099 326 608**

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Members are invited to contribute articles, news, views, photos and items of interest for inclusion in future editions. Normal editorial prerogatives apply.

The opinions expressed in *joinT*ed are those of the authors and advertisers respectively and do not necessarily reflect the view of AONT.

Office News

Just as the Christmas break approached, disaster struck. Our computer's server crashed. Our provider, One IT, was unable to replace it with a new one until mid February. Consequently, for the first few weeks of 2018 little could be achieved in the office with there being no computer access. Although we kept the office open, it was necessary to reduce opening hours for those weeks. Our new server is now installed, and we are back to a more normal routine.

The most unfortunate aspect of this incident was the cost of the server. We do set aside some funds in our annual budget for the upgrading, upkeep and repair of our IT equipment, but the expense of a new server is far, far above our budgeted allocation. We have been attempting to source various kinds of funding because our financial resources have been hugely depleted.

It is at times like these that any donations would be enormously helpful and gratefully accepted. If you, or someone you know, are in a position to help us financially, please contact the office.

Another way to help would be to encourage others to become members of AONT, for them to enjoy the benefits as well as supplement our much valued membership income.

New Board Members

We are pleased to welcome two new members of the Board. Following are the profiles both ladies provided for the interest of our readers.

My name is **Shilpi** and I joined Arthritis and Osteoarthritis NT in January 2018 as a Board Member. My role includes attending the board meetings and being a part of it actively. I strive to provide support services and relevant information to improve the understanding of arthritis and osteoporosis.

Before I moved to the NT in December 2014, I spent seven years in London, where I studied Masters in Research from Middlesex University. Prior moving to London, I lived in Russia and completed Doctor of Medicine.

Since I moved to Australia, I am in the process of sitting for the Australian Medical exam. In the meantime I have worked voluntarily in few GP clinics to gain some information, knowledge and experience on Australian medical workflow.

I joined AONT in order to be a part of the Australian community and also being into medical profession, its my duty to serve the people.

I was lucky to find AONT and this role. It's a totally new application of my experience, but I've found it's essentially the important role that I've to perform to serve the community. There is lot of support from other Board Members and they are very nice too. Everyone is cooperative and ready to teach me new things.'

Outside work, I love working out at the gym and socialising.

Fiona Park is an executive in the Northern Territory Government. She received her Bachelor of Mechanical Engineering from the Queensland University of Technology and has a Masters in Business Administration from Melbourne Business School.

She has worked in many countries around the world including Myanmar, Switzerland and the United Arab Emirates. She is also an experienced company director.

At the Department of Primary Industry and Resources she leads a team seeking international investment for the Territory's next generation of energy and minerals projects.

She is an experienced Board Director and enjoys serving on non-profit boards and committees as a way to give back to the community she lives in, and to maintain her skills.

She lives with 2 friends in an old elevated house in Darwin and has 2 Abyssinian cats.



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7 Scary Truths About Your Bones ... and simple ways to save them

1. Calcium supplements aren't a cure-all

Many studies are finding certain foods protect bones more effectively than pills. Vitamins D and K help absorb calcium - found in milk, fortified breakfast cereals, egg yolks, broccoli and dark green leafy vegetables.

2. Don't assume your doctor is checking for osteoporosis.

If you have risk factors for osteoporosis ask your doctor if you need a bone density test and whether you should change your diet or exercise habits.

3. Breaking a bone in your thirties isn't just bad luck

If you break a bone after tripping and falling or get a fracture for no apparent reason your doctor should refer you for a bone density test.

4. Gum disease may be more than a dental problem

Older women with periodontal disease are also likely to have osteoporosis.

5. A bone density test may not reveal your risk

A "normal" result based on a scan of wrist, finger or heel may not be a precise assessment of your skeletal health. The crucial points to measure are the hip and spine.

6. Your parent's poor posture is your problem too.

If your father, mother or grandmother lost more than 5 cm in height or developed a stoop, or suffered any fracture as an adult, take preventative steps.

7. There's no pill to cure osteoporosis yet

Some medications replace some bone that was lost and reduce the risk of fractures, but nothing can reverse what's gone. Also, the bone-building benefits of these drugs plateau after the first few years, and when you stop the medication you gradually begin to lose bone again.



Sticks and Stones

Your risk of developing osteoporosis increases if

- ◆ You're female
- ◆ You're Asian or Caucasian
- ◆ You've suffered a nontraumatic fracture after the age of 30.
- ◆ Your mother, grandmother or sister suffered fractures as adults.
- ◆ You're over 65.
- ◆ You smoke cigarettes.
- ◆ You have a slender build.
- ◆ You take certain medications, especially corticosteroids, anticonvulsants or GnRH agonists.
- ◆ Your estrogen levels are low because of menopause or the surgical removal of your ovaries.
- ◆ You haven't had a menstrual period for 6 months or more (excluding pregnancy)
- ◆ You don't exercise and you lead a sedentary life.
- ◆ Your diet has always been low in calcium.

Not for women only

Many men think osteoporosis is a women's disease. Though loss of bone mass is lower in men, they are still vulnerable.

Men should consume at least 1 gram of calcium a day, exercise with an emphasis on weight bearing activities, avoid smoking and avoid prolonged use of certain medications.

PITA CHIPS

A low fat alternative to the other sort of chips and snack foods.

- 1 large pita bread, split
- ¼ cup grated parmesan cheese
- paprika
- herbs for sprinkling

Preheat the oven to 180°C.

Cut bread halves each into 8 wedges.

Sprinkle with the parmesan, paprika and herbs.

Bake for 15 min or until crisp and golden.

Cool and store in an airtight container.

Delicious on their own or with dips.

Serves 4.

*One serving contains -
85 mg calcium, 3g fat*



SALMON YOGHURT DIP

Serve with vegetable pieces or pita chips.

- 1 cup low fat natural yoghurt
- 200g can pink or red salmon, drained
- 1 garlic clove, crushed
- 1 tablespoon tomato paste
- 1 tablespoon chopped fresh basil or parsley
- few drops hot pepper sauce, to taste

Combine the yoghurt, salmon, garlic and tomato paste and blend to a smooth paste.

Add the basil or parsley and pepper sauce to taste.

Serves 4.

*One serving contains -
245 mg calcium, 3g fat*