Happy holidays!

Follow our tips for a stress-free summer

Summer sleep tips
How to get more zzz... and wake up feeling refreshed

KNEE EXERCISES
that you can do today
...and welcome to the summer issue of Inspire. With everything beginning to bloom and the days becoming longer, it’s a lovely time of year for enjoying the great outdoors.

If you have a garden or space for pots and planters, take a look at our feature on page 20, Going green. We’ve got plenty of ideas for how to manage your garden and all the jobs that need doing – without exhausting yourself – so that you can enjoy your outside space for longer.

Elsewhere, we look at different types of pain and how to manage them (page 10), and how to sleep better if you’re finding it hard to nod off because of your arthritis (page six).

We’ve also got a useful piece on osteoarthritis of the knee, and some great exercises that can help (see page 13).

Enjoy the magazine,

Tracey Lattimore
Editor
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There are many types of research study, but one of the simplest is the randomised control trial, or RCT. An RCT is used to test a new drug, exercise plan or diet. The aim is to find out if there is a cause-and-effect relationship between an intervention, such as giving someone a certain drug, and an outcome, like having less pain.

People are recruited to the RCT if they meet certain criteria. They are then assigned to either the control group or the active group. The control group is given a fake drug, known as a placebo, while the active group has the real drug. People do not know which group they are in. Usually the researchers do not know either, and if this happens, it’s known as a double-blind randomised control trial.

The researchers look at any difference in performance between the two groups of people. The performance in the groups is measured on a particular scale, such as a pain scale.

Statistical tests are used to analyse the data. This is to check that the results happened because of the experiment and not just by chance. This then gives an indication of the reliability of the results.

The findings are written up into a journal article. Journals that feature research on arthritis include Annals of the Rheumatic Diseases, Nature Reviews Rheumatology, and Arthritis and Rheumatology.

**Vaccine could help pain of osteoarthritis**

A vaccine to target the pain of osteoarthritis (OA) could be an effective treatment for the condition, according to researchers.

Scientists from the University of Oxford have created a vaccine that targets nerve growth factor (NGF), a key driver of pain in OA.

In the study, the vaccine was used on mice, either before surgery or once pain was established. The treated mice had higher levels of anti-NGF, and regular boosting with fresh vaccine was needed to keep these levels.

The study shows that this NGF vaccine could be used to treat pain in people with OA. It could also be a more cost-effective and easier alternative to biological therapy.
Most of us take a good night’s sleep for granted, but what if you have arthritis or a related condition and find it too painful to sleep? Here are some tips on how to get a peaceful sleep, so you wake up feeling rested, refreshed and ready for the day.

WORDS: LOUISE PARFITT

Sleep is restorative – it’s important for everyone, but especially for people living with a long-term health condition, such as arthritis. But there’s the rub: painful conditions can affect sleep patterns, and lack of sleep can lower the body’s ability to cope with pain.

The importance of sleep should not be taken lightly. “As we sleep, tissue grows and repairs itself, and the immune system is strengthened,” explains Lisa Artis, sleep adviser for The Sleep Council.

“A healthy brain also repairs itself, and the key to getting a good night’s sleep is routine,” says Artis.

1 Restful routine
   “The key to getting a good night’s sleep is routine,” says Artis. A routine will signal to the brain that it’s time to rest. Having a warm bath or shower before bed will lower body temperature and help prepare your body for sleep. Avoid taking really long afternoon naps if you can, as these can interfere with your natural sleeping patterns.

2 Keep it dark
   When it gets dark, our bodies release melatonin – the sleep hormone. It’s one of the ways our bodies know that it is time to rest. Light, especially from screens, can block the release of melatonin, so avoid watching tv, or looking at a computer or mobile phone, in the hour or so before bed. Blackout blinds or heavy curtains may help block out the natural light, especially in the summer months.

3 Avoid the naps
   Avoid taking really long afternoon naps if you can, as these can interfere with your natural sleeping patterns. If you need a daytime nap, limit it to 30 minutes – set a timer if you have one.

4 Set the atmosphere
   “Your bedroom should be a space of calm and relaxation,” says Artis. Try to keep it cool, quiet and clutter-free: avoid having a TV in your room and don’t let it become a dumping ground for the rest of the house.

5 Write it down
   If you start thinking about your ‘to do’ list or worrying about something the moment your head hits the pillow, then keep a notepad and pen in your bedside drawer and write down what is concerning you. “This helps to clear the mind, making it easier to concentrate on getting a good night’s sleep,” says Artis.

6 Healthy living
   Sometimes the old advice is the best: take regular, moderate exercise during the day (not too close to bedtime), and avoid eating a heavy meal or drinking caffeine and alcohol in the evenings. “Alcohol may help you fall asleep initially, but will interrupt your sleep later on in the night, and it robs us of one of our most satisfying types of sleep, where dreams occur,” Artis explains. “Plus you will wake dehydrated and needing the loo!”

Experience poor-quality sleep on a regular basis – and 10 per cent of people said arthritis was the cause of poor sleep.

There are no quick fixes for a good night’s sleep, but there are a number of things you can do to help get a more peaceful night. Remember to speak to your doctor if you need help managing your pain, during the night, or if you are regularly suffering from disturbed sleep.

A 2013 survey by The Sleep Council found that 27 per cent of Britons have been linked to a number of serious health problems, such as heart disease, diabetes and stroke.

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SUMMER NIGHTS
Hot, sticky nights can make it even harder to sleep, because your body temperature needs to drop slightly before you nod off. An ideal bedroom temperature should be around 16-18°C, explains Artis. Opening windows during the day and keeping the curtains shut to block out direct sunlight will help keep temperatures lower. Having a cool bath or shower before bed will lower your body temperature. “Cooling your feet and/or head lowers your overall body temperature, so in bed you can try using a hot water bottle filled with ice cold water, or try placing bed socks or a pillow case in the fridge before bedtime,” says Artis.

Investing in an electric fan may also help – a tray of ice and a little water placed in front of the fan will cool the air even more.

AND SO TO BED...

Try a few drops of Norfolk Lavender’s bath oil for a relaxing soak before bed, £7.99 for 100ml: norfolk-lavender.co.uk

A wheat bag can be moulded around the body to provide relief to aching joints. Try this fleece heat pack, priced at £3.95: completecareshop.co.uk

A supportive mattress and pillows may help you to manage your pain. These pillows are designed to offer support for necks, backs and hips, from £15 to £85: stressnomore.co.uk

Read more about sleep and arthritis at versusarthritis.org/sleep

10 per cent of people surveyed said arthritis was the cause of poor sleep.
I originally had joint pains in my knees, but I now have a stiff neck, shoulders, painful hands and feet, hips, lower back and elbows. My muscles are often tender, I am woken at night, and experience dead hands. What could this be?

Audrey Freeman

Dr Sarah Jarvis answers: Stiff and painful joints are common, and there are multiple causes. However, in osteoarthritis, it’s usual to have pain in just one or two large joints (such as the hips or knees), or joints of the hands or spine.

Stiffness is also common in osteoarthritis, but hot, red, inflamed joints are not – and you don’t usually feel unwell.

Several types of inflammatory arthritis – such as rheumatoid or psoriatic arthritis – do often lead to inflamed, tender joints, and you can also feel tenderness in the surrounding muscles. However, fibromyalgia, which is a common cause of muscle tenderness, especially in women – can also lead to pain in tendons, ligaments and muscles. It can also lead to numbness and tingling in the hands and feet. If a patient of mine comes in with dead hands at night, I always assume it’s carpal tunnel syndrome until proved otherwise. The symptoms are largely due to compression of the median nerve, which supplies power and sensation to the muscles and skin of your thumb and the fingers next to it. Symptoms tend to be worse at night, and are often made better by hanging your hand down over the side of the bed. They include pain in the hand and wrist, numbness and tingling and, in severe cases, muscle weakness and wasting.

There’s often no obvious reason for carpal tunnel syndrome, but rheumatoid arthritis coupled with pregnancy, underactive thyroid, being overweight and a genetic tendency can be to blame. Given your combination of symptoms, I would suggest seeing your doctor for blood tests to exclude an inflammatory arthritis. There is no single test to confirm or exclude fibromyalgia, but the combination of symptoms and presence of tender ‘trigger points’ in your muscles often means you can get a diagnosis.

To find out more, call the free Arthritis Helpline on 0800 5200 520. We’re open weekdays, from 9am to 8pm. You can call us if you’d like a chat with one of our helpline advisors, whether it’s about your condition or something else.
Health

All about...

Psoriatic arthritis

Psoriasis is a common skin condition – but what is psoriatic arthritis?

WORDS: DR SARAH JARVIS

Ask the average person about types of arthritis, and there’s a good chance they’ll be able to name osteoarthritis – the most common, non-inflammatory type, which affects about 8.75 million people in the UK aged over 45. They may have heard of rheumatoid arthritis, which affects more than 400,000 people in the UK. But many won’t have heard of psoriatic arthritis, despite the fact that about one in five people with psoriasis develop this condition.

Psoriasis is a skin condition and the most common features are plaques – patches of skin overlaid with silvery scales. Skin is constantly being produced from a base layer and shed from the surface, a process that usually takes about 28 days. In psoriasis, the process is hugely accelerated, with the immune system attacking the skin.

Signs and symptoms
Psoriasis is thought to be an autoimmune condition, like rheumatoid arthritis, which often runs in families. It most often starts in those aged 15 to 30, with psoriatic arthritis commonly developing between the ages of 25 and 50. However, both conditions can start at any age. In about one in five cases, joint problems are diagnosed before any obvious signs of psoriasis.

Women with psoriatic arthritis are more likely to show a ‘rheumatoid’ pattern of joint involvement – especially wrists, hands, feet and ankles on both sides. Unlike rheumatoid arthritis, it tends to affect the finger joints further from the knuckle, rather than those closest to the knuckle joints. Men are more likely to have a ‘spondylitic’ pattern of joint inflammation, affecting the spine and sacroiliac joints, with morning stiffness and limited back movement. Others may have an asymmetrical pattern, affecting one or just a few joints on one side. It often affects one large joint such as a hip or knee, along with a few small joints in hands or feet.

Psoriatic arthritis causes inflammation of the synovium, which is the tissue that surrounds joints. It can sometimes also affect the tendons joining muscle to bone and the tough ligaments that stabilise the joints. Symptoms include pain and stiffness, which is often worse after resting or sleeping; red, hot joints; swelling; and sometimes permanent joint damage.

Getting help
Early diagnosis is important, as prompt treatment with disease modifying anti-rheumatic drugs (DMARDs) can slow down the progression of the condition. They also reduce joint problems. DMARDs take up to six months to work properly, so are used with treatments that help to relieve symptoms.

The most common group of symptom-relieving drugs used are non-steroidal anti-inflammatory drugs (NSAIDs), like ibuprofen and naproxen. These reduce inflammation as well as pain, but can cause stomach inflammation and kidney damage at high doses. They may also lead to flare-ups of the skin symptoms of psoriasis, so talk to your doctor if your psoriasis is getting worse. Alternative painkillers, such as paracetamol or codeine, may be recommended. Steroid injections may also be suitable for badly inflamed joints.

Staying active is crucial to keeping your muscles strong. A physiotherapist may be able to suggest some exercises that will retain your strength and flexibility – ask your GP for details.

Read more at versusarthritis.org/psoriatic-arthritis
Getting to grips with arthritis pain

Arthritis can be uncomfortable in different ways. Here, we focus on the pain that can come with osteoarthritis and rheumatoid arthritis

WORDS: CLAIRE LAVELLE

I f you live with arthritis, you’ll know that the pain you experience can vary. It can be acute, which means it’s sudden and severe, and you can often tell what causes it. It can also be chronic, which is ongoing discomfort that can lead to muscle tension and restricted movement. “Chronic pain often doesn’t have a specific cause, but is felt over a longer period of time, commonly for six months or more,” says Dr Gill Jenkins, a GP based in Bristol. “As well as physical symptoms, it can also lead to low mood and anxiety.”

Osteoarthritis is the most common type of arthritis in the UK, affecting nearly nine million people. “The condition begins when the cartilage between the bones in your joints, such as your hands, spine, knees and hips, begins to thin and roughen, causing gradual damage to the joints that makes them stiff and painful,” says Ashley Oliver, senior physiotherapist at Bupa (bupa.co.uk). “Rheumatoid arthritis occurs when the body’s immune system gets confused and attacks its own joints, which causes painful swelling. This can lead to an eventual change in shape and the potential breakdown of bone and cartilage. This form of arthritis affects more than 400,000 people in the UK.”

Osteoarthritis: tips for pain relief

Common symptoms of osteoarthritis include joint pain and stiffness, often with swelling and tenderness. It’s most likely to affect the joints that bear most of our weight, such as the knees and feet. Joints that we use a lot in everyday life, such as the joints of the hand, are also commonly affected. How bad people’s symptoms are can vary greatly – no two people with osteoarthritis experience it in the same way.

Osteoarthritis may not be relieved by paracetamol and ibuprofen, so stronger medication may be necessary. The doctor may suggest non-steroidal anti-inflammatory drugs (NSAIDs) if you’ve been diagnosed with RA. These slow down the condition’s progress and help with symptoms. Your doctor will work closely with you to find the one that suits you best. Biological therapies, which work by blocking the chemicals that trigger your immune system to attack your joints, are also available.

Paracetamol and ibuprofen can also be used for pain relief, as with osteoarthritis. Corticosteroids are more powerful pain relievers that can help to reduce pain, stiffness and inflammation. These can be taken in tablet form, or as an injection directly into a joint (to relieve pain in that specific joint) or a muscle, for more overall relief.

Medication

Paracetamol, commonly used to treat mild to moderate pain, will often be the first treatment recommended, along with non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen. Codeine, a type of opioid, offers more powerful pain relief, but can cause drowsiness and constipation. If you need to be on this long term, your doctor may advise a codeine/caffeine combination, and also prescribe laxatives.

Capsaicin cream

Available on prescription and made from chilli, this cream works by blocking the nerves that send pain signals to the affected area. It takes a while to work – up to four weeks – and you’ll need to be careful when applying it to skin, taking care to thoroughly wash your hands afterwards. It may be useful if paracetamol and ibuprofen fail to control pain effectively. However, this cream can be in high demand and isn’t always prescribed. Talk to your doctor to see what they can offer – a weaker version may also be available over the counter in some pharmacies.

Best

One of the best ways to combat pain is to rest and take some ‘me time’, advises Oliver. “If you can, try to get some good quality sleep.”

Dr Chris Etheridge, a medical herbalist and advisor to Puressentiel, agrees. “Sleep reduces the levels of stress hormones, such as cortisol, epinephrine and norepinephrine, while boosting the chemicals associated with cell repair and restoration,” he says. “Lavender oil has been shown to increase deep or slow-wave sleep, and it has also been shown to help with anxiety and pain, both of which can make sleep problems worse. Use in an oil diffuser or room mist to create an environment conducive to sleep.”

Dr Etheridge. “An additional benefit is that there are no side effects.”

Rheumatoid arthritis (RA): tips for pain relief

Characterised by swelling and stiffness in the joint, this condition can affect any joint in the body, although it is often first felt in the small ones in the hands and feet. Periods where symptoms become worse are known as flare-ups, or ‘flares’.

Medication

You’ll normally be offered disease-modifying anti-Rheumatic drugs (DMARDs) if you’ve been diagnosed with RA. These slow down the condition’s progress and help with symptoms. Your doctor will work closely with you to find the one that suits you best. Biological therapies, which work by blocking the chemicals that trigger your immune system to attack your joints, are also available.

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Message

Massage with clinically proven essential oils such as lavender can be helpful in cases of painful flare-ups, advises Dr Etheridge. “In addition, Asia rosewood, roman chamomile, Cypress, lemon grass, mandarin, marjoram, neroli, orange, palmarosa, petitgrain and sandalwood essential oils all have relaxing and comforting properties,” he adds. “Make sure you speak with a qualified aromatherapist to ensure they’re using them safely.”

Getting enough sleep, and using hot and cold pads regularly, can also help.

Find out more about how to manage pain at versusarthritis.org/managing-pain
Letters

You’ve been busy writing to us, tweeting and having your say in our Online Community

and I was Head of Faculty when I began to use a wheelchair, and I had to go off sick until my daughter was born in 1998. The occupational doctor said I would no longer be able to teach and would have to consider retirement. For me, this was unthinkable.

This was when Access to Work began working with WEA to keep me in the workplace. They bought me an automated wheelchair in excess of £9,000, a mobile phone, a mobile suitcase to carry my work home and a desk that moved up and down for different levels, among other things.

I feel eternally grateful for the support from Access to Work and WEA for investing in me; I was made to feel valued and capable, not disabled. Without their funding, my story – both professionally and personally – would have been so very different.

Kathryn Dixon, Cheshire

Living life

I have osteoarthritis, gout, and I’ve recently had a knee replacement, which is causing some problems. I also had a hip replaced, while my elbows, shoulders and fingers are badly affected by arthritis.

I was a long-distance lorry driver for 40 years, very active, and did lots of DIY. Now I’m unable to achieve the simplest of jobs. I got very down, depression set in and my weight rose, so in February 2018 I decided I needed to change. I lost weight and, in May, I got an allotment to look after. It’s now my sanctuary. Once I’ve started, I don’t concentrate on how I feel, I just love being outside in the fresh air. Yes, I have good days and some very down days. But then I see that others are worse off than me, and wonder what I am complaining about.

Allan Turner, Scotland

Access all areas

I feel very lucky with the support I received from Access to Work. I was born with Ehlers-Danlos syndrome [which can cause loose joints], causing problems throughout childhood. It had the most catastrophic impact in my early 30s – I became pregnant and, at three months gestation, I could no longer walk as my pelvis had dislocated. I was employed by Wirral Education Authority (WEA) and I was Head of Faculty when I began to use a wheelchair, and I had to go off sick until my daughter was born in 1998. The occupational doctor said I would no longer be able to teach and would have to consider retirement. For me, this was unthinkable.

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Kathryn Dixon, Cheshire

What you’re tweeting

BBC looked at whether topical pain relief works, & discussed the gels and sprays that promise to reach deep into painful joints. What do you use for pain relief, and what do you find most useful? @VersusArthritis

In December I was diagnosed with a blocked gall bladder so immediately lowered my daily fat intake. This had a dramatic reduction in arthritis flareups. If I manage to keep my daily fat allowance to less than 13gms a day I’m fine; anything over I need strong painkillers.

Mr Baggins

Was given Voltarol gel for my hips, didn’t do anything for them at all. My hands felt much better though! Still use it on my hands, especially at work.

Joanne Thomas

Gels have proved useless, as have tablets. Physio exercises are great, but like so many, I’ve got at least 2 months to wait before I can see a physio. Swimming does help a bit.

Katie Russell

CBD oil made into a lotion with plain unperfumed body lotion.

Stephen Bourke
**Knee to know**

Exercise is one of the best treatments for managing the pain caused by osteoarthritis of the knee. We’ve got some simple but effective strengthening and stretching exercises to help.

**WORDS: PHIL LATTIMORE**

The knee is one of the joints most commonly affected by osteoarthritis (OA). This can cause the cartilage in your knee joint to thin and the surfaces to become rougher. This makes your movement less smooth, which can lead to pain and stiffness.

OA in the knee may be caused by an injury or joint problems. The genes we inherit can also increase the risk of developing the condition, as can being overweight.

While there is no cure for OA, there are ways that you can make a difference. One of the best ways to improve your symptoms is regular exercise. A modest level of simple, low-impact exercise can help. The examples here can help most people with OA – start small and gradually increase the amount you do.

1. **Straight-leg raise**
   - Sit upright in a chair. Straighten one of your legs, hold for a slow count of 10 and then slowly lower your leg. Repeat 10 times with each leg. If you find you can do this easily, straighten and raise one leg, before holding for a count of 10. Try to get into the habit of doing this exercise every time you sit down.

2. **Step-ups**
   - Step onto the bottom step of the stairs with your right foot. Bring up your left foot, then step down with your right foot, followed by your left foot. Hold on to the bannister if necessary.
   - Repeat with each leg until you can’t do any more. Rest for one minute and then repeat this twice more. As you improve, use a higher step or take two at a time.

3. **Leg stretch**
   - Sit on the floor with your legs stretched out straight in front of you. Slowly bend one knee up towards your chest, sliding your foot along the floor, until you feel a gentle stretch. Hold for five seconds. Straighten your leg as far as you can and hold in this position for five seconds. Repeat 10 times with each leg.
   - If you can’t get down on the floor, try this on the sofa. You could even use a tea tray to slide your foot along.

4. **Leg cross**
   - Sit on the edge of a table, seat or bed, and cross your ankles. Push your front leg backwards and back leg forwards against each other until your thigh muscles become tense. Hold this for as long as you can, then relax. Rest for one minute, and then repeat another two times. Switch legs and repeat.

**THE WHEEL THING**

Mark Delderfield, 53, explains how cycling was the ideal exercise to help him cope with his condition.

“I was diagnosed with osteoarthritis in my left knee two years ago. It was weak from a football injury, but I’d had no discomfort until I woke up one morning in pain. The following 18 months saw a marked deterioration to the point where I was either limping or barely able to walk. My consultant had advised cycling, but I had nowhere to keep a bike. Then I moved house. With room to spare, I bought a bike. Six months on and the result is astounding. Sleepless nights are no more, I feel very little pain, and my limp is occasional and light. I can’t recommend cycling enough – it has transformed my life.”

For more info, see our OA of the knee content at [versusarthritis.org/oa-knee](http://versusarthritis.org/oa-knee)
We talk to the Versus Arthritis Research Liaison Team about its work – and why helping to communicate research results clearly and widely is so vital

As told to: PHIL LATTIMORE

Our main functions are research communication, education and involvement – engaging researchers, people with arthritis, the general public and charity colleagues around the research we fund. There are eight of us in the liaison and evaluation team, based either in Chesterfield or London, with four of us working on communicating about research.

We answer queries about what we’re funding, why we’re funding it and what it means for people with arthritis. We oversee communications with our research community, for example through our regular research newsletter and research webpages, and provide training for staff around our research activities.

It’s amazing looking at all the fantastic research we are funding, and understanding how it can help people. Some of the projects are really innovative, some are just brilliant in their simplicity. It’s great to be able to help tell the story about the research we do and share that with people with arthritis to show them the different ways research is trying to make a difference for them.

We actively support the involvement of people with arthritis in our research activities. We do this through our Patient Insight network. We are currently funding more than 330 projects ourselves – and in partnership with other funders – ranging from fundamental science and clinical trials to research into how services are provided.

We also support the careers of researchers – from PhD funding right through to senior researcher awards and professorial positions – to make sure we are helping nurture exceptional research in arthritis and related conditions.

There is no typical day in our team. We can be involved in a wide range of activities, such as: answering questions from the public; working on press releases; organising workshops; updating web pages; and providing research insight to charity projects. We’re constantly looking for projects that people would want to hear about.

We work closely with all our research communities to translate their research. We want everyone to benefit. We focus on why we are funding the research, and the impact it could have on people with arthritis. This might be new drug treatments, self-management approaches, or a change in health policy.

We’re aware that research offers hope, but we need to be cautious about how we talk about it. It might be at an early stage and a long way from being available. It has great potential, but we don’t want to give people false hope and make promises we aren’t in a position to fulfil right now.

It’s great being able to provide evidence of how our research has made a difference. Seeing how the research we fund has the potential to make a difference to people with arthritis is a real motivator for us.

To find out more, email researchliaison@versusarthritis.org

Day in the life

It’s great that research has made a real difference

We talk to the Versus Arthritis Research Liaison Team about its work – and why helping to communicate research results clearly and widely is so vital

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TAKE PART

To bring our research to life, we are carrying out a short survey to help us understand the type of research that people would like to know about, how easy it is to find information about our research, and to get an idea of how to share research information in the future. If you would like to take part, please visit http://bit.ly/VAresearchsurvey2

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versusarthritis.org
Get involved!

Versus Arthritis works with – and for – people who have any type of arthritis. We are here to help you manage your condition better, and stay active, independent and connected.

Children in Need award to help JIA youngsters

We are delighted to announce that we have been awarded £43,000 from Children in Need to support young people in Northern Ireland living with arthritis.

The funding will allow us to offer regular activities, residential and online support for young people with juvenile idiopathic arthritis, encouraging greater social inclusion and improved expectations for the future.

Dr Madeleine Rooney, paediatric rheumatologist, said: “Versus Arthritis in Northern Ireland is hailed throughout the UK as providing a superb service – enabling young people to live happy healthy and fulfilled lives with their arthritis. It also empowers them to become independent so that transition to adult services works for their benefit.

“We see the work of Versus Arthritis as an integral part of the service we provide for these young people and their families. I am thankful that it will be in a position to continue to provide this support in the longer term, thanks to funding from Children in Need.”

Get active in Scotland

The Take Control project, which takes place on 12-14 July 2019, is set to bring young people aged 10-18 with arthritis and related conditions together at a picturesque location in The Trossachs National Park, Scotland. They will spend a weekend taking part in fun pursuits at the Activity Centre in Dounans. Everyone involved will challenge themselves with activities such as crate climbing and building rafts, and the youngsters can enjoy hot chocolate in the evenings.

Weekends like these give young people an opportunity to extend their abilities and take on challenges in a safe environment, and spend time with people their own age. To find out more, call Izabela Mertowska-Shand on 07773 033629 or email i.mertowska-shand@versusarthritis.org

Make your miles count

We know that everyone is different, which is why we are asking you to set your own Miles Together challenge to help us raise money. From walking to the local shop once a week, to completing 10,000 steps a day, cycling 25 miles or swimming 50 lengths – anything you pledge will make a real difference.

To find out more and request your free ‘How to’ guide, visit versusarthritis.org/fundraise-with-us, contact the community fundraising team on 0300 790 0405, or email localfundraising@versusarthritis.org
I’ve written before about my shortcomings on the golf course and how further plans to humiliate myself were curtailed when arthritis got in the way. I can still remember how the essential requirements of the golf swing – the specific grip, the cock of the wrists, the sweeping follow through – became increasingly painful.

I’ve also conceded that giving up the game wasn’t a cause of much heartache. Long before my psoriatic arthritis became a genuine impairment, I was still more than capable of some truly dire performances. The friends who witnessed it always enjoy reminding me of a sunbaked afternoon on the Algarve when I managed to take 19 shots on a hole where you were only supposed to take five. There was no pain to use as an excuse at the time, just my own incompetence.

I revisit these sporting triumphs because I’ve been reading recently about Phil Mickelson, an American golfer. He first announced his diagnosis of psoriatic arthritis as long ago as 2010 and, at the time, people wondered if he’d be able to continue his career. He clearly wondered, too. What’s followed has been a story of continued sporting success – he has five golf Major tournaments to his name – and a course of treatment similar to mine. He self-injects an anti-TNF drug and, as a result, his game is unaffected.

The wonder of medicine

In reading about his story, I stumbled upon other examples of people who’d feared the end of a career, but who discovered that the medical advances made in recent times have helped them continue. There were other sports people mentioned, but also musicians. I’ve talked publicly about my love of playing the piano – something I do a good deal better than I play golf – and one professional pianist spoke about his fingers almost seizing up before his drugs began to ease the situation.

There was a guitarist, too. I’ve never played the guitar, but the precision and pressure needed to press and pluck those strings would be unimaginable if one’s fingers were doing battle with any form of arthritis. Again, he’d had to stop playing, then was prescribed drugs that worked, and is now performing again.

As you read this it’s summer, and we all want to be out and about doing whatever our bodies allow. I’ll walk, run and go to the gym when I can.

And just occasionally, I’ll ponder how I might not have been able to make some of these choices, had my anti-TNF drugs not helped to the extent they have.

Julian Worricker has psoriatic arthritis. He is a TV and radio presenter and journalist, and currently presents the BBC News channel’s rolling news and the BBC World Service’s Weekend World Today.
Fast food

Nutritious meals are made easy thanks to Mary Berry’s quick and simple recipes

Romano pepper and herb penne

Serves 4

**Ingredients**

- 275g penne pasta
- 6–7 slices Parma ham, snipped into small pieces
- 1 tbsp olive oil
- 4 spring onions, chopped
- 150g roasted red peppers in oil (from a jar), drained and chopped
- 1 large garlic clove, crushed
- 200g full-fat crème fraîche
- 30g flat-leaf parsley, leaves roughly chopped
- 30g basil, leaves roughly chopped
- 30g Parmesan, finely grated

**Method**

1. Cook the pasta in boiling, salted water, according to the packet instructions, then drain, reserving some of the cooking water.

2. Meanwhile, place a large frying pan over a high heat. Fry the Parma ham for a few minutes, stirring occasionally, until crispy. Remove with a slotted spoon and set aside.

3. Add the oil to the pan, along with the spring onions, peppers and garlic and fry, stirring occasionally, for two minutes.

4. Add the crème fraîche and bring to the boil, then add the drained pasta with half the crispy ham, most of the herbs and some salt and pepper. Toss over the heat for a few minutes.

5. Add the cheese and a splash of the reserved cooking water if the sauce seems too thick, and sprinkle over the remaining crispy ham and herbs to serve.

**Cook’s notes**

- Try using kitchen scissors to cut the spring onions quickly.
- Using skinned peppers in oil from a jar makes this dish very quick. You can roast and skin your own peppers if you prefer.
King prawn and broccoli stir-fry with black bean sauce

**Serves 4**

**Ingredients**
- 2 tbsp sunflower oil
- 2 large shallots, very thinly sliced
- 2cm piece of fresh root ginger, peeled and thinly sliced
- 1 fresh red chilli, deseeded and thinly sliced
- 350g peeled raw king prawns, deveined
- 250g broccoli, broken into tiny florets
- 150g oyster mushrooms, thinly sliced
- 6 tbsp black bean sauce
- 2 tsp dark soy sauce
- Juice of ½ lemon

**Method**
1. Heat a large frying pan or wok until very hot. Add the oil, shallots, ginger and chilli and stir-fry over a high heat for 30 seconds. Push the vegetables to one side of the pan, then season the prawns with salt and pepper and add them to the centre of the pan. Fry for about two minutes until starting to turn pink. Tip in the broccoli and mushrooms, toss together using two spatulas and fry for two to three minutes.

2. Mix the black bean sauce, soy sauce and lemon juice together in a bowl. Add to the pan and toss everything together well. Stir fry for another two minutes until the prawns are cooked and the broccoli is just tender, but still crunchy.

3. Serve piping hot on its own or with rice or noodles.

Cook’s notes
- To peel a small knob of root ginger, which can be a bit tricky to handle, take a teaspoon and scrape away the skin – it will come off easily.

Piccoli tiramisù

**Serves 4-6**

**Ingredients**
- 250g full-fat mascarpone cheese
- 300ml double cream
- 2 tsp vanilla extract
- 4 tbsp icing sugar, sifted
- 125ml strong coffee, cooled
- 6 tbsp brandy
- 12 sponge fingers
- 50g dark chocolate, coarsely grated

You will need 4-6 small tumblers

**Method**
1. Measure the mascarpone and about 50ml of the cream into a large bowl, whisking until smooth. Slowly add the remaining cream and whisk again into soft peaks, being careful not to over-mix or it will be too thick. Fold in the vanilla extract and icing sugar.

2. Meanwhile, in a separate bowl, combine the coffee and brandy. Break six of the sponge fingers in half and dip into the coffee and brandy mixture. Arrange the soaked sponge fingers in the base of the tumblers. Spoon half of the cream mixture on top and half of the grated chocolate.

3. Break the remaining sponge fingers and soak in the coffee and brandy. Place on the cream layer, then spoon the remaining cream mixture on top, levelling neatly. Chill for a few hours, if possible, then sprinkle with the remaining chocolate before serving at room temperature.

Cook’s notes
- If you can’t find sponge fingers, use trifle sponges or slices of sponge cake instead, though they are less robust once dipped, so take care when assembling.
Going green

Arthritis can make gardening hard work. But follow our advice and you can keep up with your healthy hobby for longer

WORDS: HEATHER STEPHEN

The sun is out and the sky is blue, so it’s the perfect time to get stuck into the gardening. But, for people with arthritis, this pastime can be more of a challenge.

If you too easily and have painful joints, tending your plants may seem like more trouble than it’s worth, but we can all enjoy the pleasures of gardening if we choose how we do it.

Karin Orman, lead professional adviser at the Royal College of Occupational Therapists, says: “People tend to get stuck in patterns of behaviour. For instance, you may have spent four hours at a time gardening in the past. But, if you have arthritis, this is likely to make inflammation worse and cause pain and fatigue.”

But people should carry on gardening if they enjoy it, says Orman. “It’s rewarding, a great form of exercise, boosts your mental health and is a distraction from pain – but it is important to recognise your limits.”

Take a breather

“Listen to your body. Take breaks every 20 minutes, and change tasks regularly to avoid repetitive movements. Also avoid over-stretching and holding your body in an awkward position.

“Think about the time of day you garden. Some people need time in the morning for their joints to become less stiff and painful, so they might be better heading out into the garden in the afternoon. Other people may feel more tired in the afternoon, though.”

Having an absorbing hobby can be distracting from any pain you’re in, but Orman warns you need to be careful you don’t get so lost in the activity that you forget to take breaks and overdo it, putting your body under stress.

Choose the right equipment

If arthritis has affected your grip, an occupational therapist can advise on special tools or may suggest adaptations such as spongy sleeves to slip over the handles of rakes or hoes.

“There is a wide range of tools available from specialist suppliers and garden centres to counter a weak grip, and you can adapt tools you already have with add-on handles and grips,” says Orman.

Long-handed tools prevent you over-stretching, while kneeling pads are the perfect way to take the strain off your knees.

Design and plan your garden carefully

There are many ways that you can enjoy low-maintenance gardening. Opt for fences instead of hedges, choose hardy perennials rather than bedding plants, and go for narrow beds and raised planters to avoid over-stretching.

You could consider swapping your lawn for gravel, and putting down weed membrane and bark on your borders to cut down on weeding.

Watch how you do it

When carrying things, try to spread the load by using your arms rather than fingers, which are more likely to get injured.

Try to avoid heavy loads, and plan your work to minimise fatigue. For example, use two small bags of compost rather than one big one, think about what you need, and use wheelbarrows to avoid unnecessary trips to and from your garage or shed.

“Gardening offers many health and wellbeing benefits and, with the right adaptations and modifications, people with arthritis can experience these benefits, too,” says Mark Lang from Thrive, a charity that runs gardening projects to change the lives of disabled people.

“There are many ways you can reduce your workload and make gardening more accessible – but don’t underestimate the importance of just being in the garden. Feeling like you have time to sit and enjoy the view is important, too.”

FIND OUT MORE

For more information on adaptations, go to Thrive’s website at thrive.org.uk

Get some green-fingered tips from our gardening booklet at versusarthritis.org/gardening

OUR TOP FIVE GARDENING TOOLS

1. Reach out

Peta UK long-reach tools make it easy to reach those out-of-the-way places in your garden. They have a non-slip grip and angled handles for comfortable use.

Priced from £29.95, peta-uk.com

2. Shear luck

Darlac’s award-winning lightweight shears weigh less than 1kg, and they have extra-long adjustable handles, which are useful if you have shoulder or arm problems.

Priced £39.95, amazon.co.uk

3. Loyal supporter

If you want extra power, try the Easi-Grip Arm Support cuff from Peta. The aluminium rod plugs into the back of any Easi-Grip garden tool, supporting your forearm and reducing stress on your hands and wrists.

Priced £5.95, peta-uk.com

4. Rooting for you

Forest Garden Wooden Deep Root Planter is just what you need for potting your plants without strain. It has a capacity of 353 litres, and, at 80cm high, there’s no need to bend.

Priced £140.54, internetgardener.co.uk

5. Roll with it

The Garden Roller Stool is a handy toolbox and seat in one. Keep your gardening gloves and tools inside, then sit on it while you garden and save energy as you roll from job to job.

Priced £34.99, betterlifehealthcare.com

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Get away with you!

Going on holiday may seem a daunting prospect when you have arthritis, but it’s all about the preparation

WORDS: GEORGINA MARD

POSTCARD

Consider your destination. Does your arthritis thrive in warmer or colder climates? I have been on a couple of cruises that worked well because everything was easily accessible. Restaurants, bars and activities are on your doorstep and, when the ship docks, you have the choice – depending on how you are feeling – to either get off and explore the country, or stay on board and take it easy. While away, it’s crucial to listen to your body and base activities on how you’re feeling, if I’m in pain, I have a day at the pool where I can do exercises. As the water makes you lighter, it’s easier on the joints to do light stretches. Or I might just take it easy, making regular stops to sit and recharge.

On good days, don’t overdo it because activity is vital, but there needs to be a pragmatic approach to this – some people will be able to last longer than this. For car journeys, try a practice run on shorter routes and assess how the joints react to different periods of reduced movement. It may be that you can manage an hour or longer before feeling uncomfortable. It also allows you to practise how much movement is sufficient to relieve those symptoms.

The journey

Wherever you go, there may be times when you are sitting for long periods, whether that’s in a car, on a train, coach or flight. “Everyone’s muscles and joints can feel stiffer when they’re sat still for a period of time, and some people will tolerate journeys better than others,” says March. “A relatively short period of sitting still will not negatively impact your joints in the long term. The joint fluid that helps with lubrication is aided by movement, so the more you move, the better. Try to change position as often as possible. For example, stand from sitting to standing, and move your joints around when practical.

Moving every 20 to 30 minutes is ideal, but there needs to be a pragmatic approach to this – some people will be able to last longer than this. For car journeys, try a practice run on shorter routes and assess how the joints react to different periods of reduced movement. It may be that you can manage an hour or longer before feeling uncomfortable. It also allows you to practise how much movement is sufficient to relieve those symptoms.”

Accommodation

Do your research when it comes to where you are staying. If mobility is an issue for you, then book a room on the ground floor or near a lift. The journey to the accommodation is easier when practical. “There’s a step into the room,” says March. “The journey to the accommodation is easier to plan than the final few metres, as hotel rooms vary. Making it through an airport with travel assistance and planning is brought to nothing if there is a step into the room that isn’t suitable or access is too narrow.”

Exploring

Being on holiday means you might want to get out and about to explore the area. “How much you do is dependent on what it is that you want to achieve during your holiday,” says March. “It might be that you’re prepared to accept an increase in symptoms to complete activities or sightseeing for example.

“Be aware of what you can do before you travel: what you can do with no increase in symptoms; and what happens if you do with an acceptable increase in symptoms; and what happens if you go past this. This will allow you to plan activities with appropriate rest, or have a busy day followed by an easier one. “The key to your trip is to plan. Gain as much information about terrain, distances, location of amenities and help available before leaving. Prioritise the things you want to achieve during your holiday,” says March. “It might be that you’re ready to do, to make sure you don’t miss out. It’s OK to push yourself for activities you really want to do – just make sure you have planned downtime afterwards to recover.”

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TIPS FROM THOSE IN THE KNOW

Read our readers’ suggestions for better holidays

People tend to give you a wider berth if you use a walking stick or crutch, which can be useful in crowded spaces like airports and stations. Always use a small backpack to carry stuff.

Jeremy Latham

Airport assistance is great, but make sure to book it. Put your meds in your hand luggage and carry a letter from your doctor to show security if they ask. Check if drugs are legal in other countries – codeine is illegal in Greece, for example, so don’t get caught out. And get good travel insurance.

Catherine Manning

If your meds need refrigerating, then think about taking small, specialist cool bags. I always take my memory foam neck pillow as it makes such a difference.

Lynn Laidlaw

Wear supportive shoes for walking – the best you can afford and a pair of nice soft socks even when it’s hot. Keep biscuits or crackers in your hotel room so you have something to take your meds with if you forget them at popular meal times.

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Source: Versus Arthritis Twitter

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THE ARTHRITIS HELPLINE

YOU DON’T NEED TO FACE ARTHRITIS ALONE.

CALL US FOR FREE 0800 5200 520

Email us: helpline@versusarthritis.org

Write to us:
Helpline, Versus Arthritis
Copeman House, St Mary’s Court
St Mary’s Gate, Chesterfield S41 7TD

VERSUS ARTHRITIS