

Providing

reliable and up to date
information to improve
the understanding of
arthritis and
osteoporosis

Promoting

healthy lifestyles and
self-management to
optimise health

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joinNTed Arthritis & Osteoporosis NT

August 2021

The following information is an extract only from the latest consumer information sheet developed by the Australian Rheumatology Association (ARA).

Please note: the full information sheet is available:

- through the ARA website
- at Arthritis & Osteoporosis NT, call 8948 5234

ARA COVID-19 Vaccination for People with autoimmune inflammatory rheumatic diseases (AIIRD) 30 June 2021

Why is it important for me to have the vaccine?

Some diseases (including rheumatoid arthritis) are caused by the body's immune system, which usually protects us from infection. When the immune system is affected by arthritis or drugs to treat the condition, the risk from COVID-19 may be increased.

If you get vaccinated, you will be less likely to get COVID-19. Even if you are infected, it is more likely to be a milder illness.

People who catch COVID-19 can become very unwell. Many people will need hospital treatment even if they do not have a health condition.

What vaccine will be available?

Two COVID-19 vaccines are currently available in Australia – the AstraZeneca (Oxford) vaccine and the Pfizer (Comirnaty) vaccine. Both are suitable for rheumatology patients whose immune system may not be strong. The AstraZeneca vaccine is a viral vector vaccine. The Pfizer vaccine uses messenger RNA (mRNA).



Australian
Rheumatology
Association

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How can I get up off the floor at home using my arms?



If you can't get up safely:

- It is important to get somebody's attention. You can:
 - ◊ Make a loud noise
 - ◊ Try and reach for the phone
 - ◊ Slide or crawl to the front door
 - ◊ Press your personal alarm
- Make sure you conserve your energy and lie quietly until someone who can help you arrives.
- Use pillows or blankets within reach to stay comfortable and warm.
- Once help has arrived tell someone you have fallen and see your doctor.

Membership

Thank you to those who have already renewed their annual membership. This income is greatly appreciated as it really does make a difference.

Sometimes we are asked what are the benefits of membership - it's a fair question.

1. Members receive regular newsletters, now six times per year, rather than the original four. We aim for these publications to be informative and helpful for arthritis and osteoporosis management as well as for general health. If you have any suggestions for the newsletter please don't hesitate to contact our office.
2. Our support groups are specifically for members, with our Palmerston group now running for more than 20 years. We are open to establishing a Darwin based group, so if you are interested please let us know.

Because of our very limited resources, both financial and volunteers, we are not able to hold regular social events for members. It could be said that the greatest benefit of membership is the ongoing financial contribution it makes to the organisation's viability.

Renewals fall due on 1st July each year and personalised reminder notices are included with this newsletter where appropriate.

Renewals may be made in person, over the phone, using the internet or by post. Further details of how to pay fees are included on the notices.

Membership fees have remained the same since July 2009. Rather than increase fees the Board would like to increase membership numbers.

Any ideas on how to grow our membership are most welcome!

Ring us on 89485232



Support groups

Palmerston

This group meets regularly at the Brennan Electorate Office, Palmerston Shopping Centre (opposite Target)

- Third Monday of each month
- 10:00 am



The role of a support group is for participants to leave feeling better than when they arrived! Guest speakers or special activities are organised for most meetings and there is always time for refreshments and a chat.

Are my bowels healthy?

Source: <https://www.continence.org.au/bristol-stool-chart>

What should my stools look like?

The type of stool or faeces depends on the time it spends in the colon. After you pass faeces, what you see in the toilet bowl is basically the result of your diet, fluids, medications and lifestyle. You can use the Bristol Stool Chart to check what your stools are telling you. The Bristol Stool Chart shows seven categories of stool. Every person will have different bowel habits, but the important thing is that your stools are soft and easy to pass – like types 3 and 4 below.

Type 1-2 indicate **constipation**,

Type 3-4 are **ideal stools** as they are easier to pass, and

Type 5-7 may indicate **diarrhoea and urgency**.

The Bristol Stool Form Scale is also referred to as Bristol Stool Chart.

What are the signs of a healthy bowel?

We often talk about our bowels being regular but this is often misunderstood as meaning that you go to the toilet to pass faeces every day.

It's common for people to empty their bowel once a day, although it's still normal to be more or less often. Being regular really means that soft yet well-formed bowel motions are easily passed and that this happens anywhere from 1–3 times a day to 3 times a week.

The bowel usually wants to empty about 30 minutes after a meal (commonly breakfast), but bowel movements can vary from person to person.

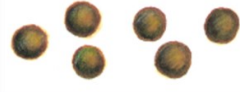




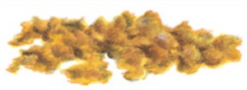

Good bowel function for adults

There's more to good bowel function than just being regular. For example, you should be able to:

- hold on for a short time after you feel the first urge to go to the toilet
- pass a bowel motion within about a minute of sitting down on the toilet.

Continued next page

The Bristol Stool Form Scale

Type 1		Separate hard lumps, like nuts (hard to pass)
Type 2		Sausage-shaped but lumpy
Type 3		Like a sausage but with cracks on its surface
Type 4		Like a sausage or snake, smooth and soft
Type 5		Soft blobs with clear-cut edges (passed easily)
Type 6		Fluffy pieces with ragged edges, a mushy stool
Type 7		Watery, no solid pieces ENTIRELY LIQUID

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UKCOR/0118/0853. Date of preparation: January 2018

Are my bowels healthy - Continued from previous page

Do you:

- pass a bowel motion easily and without pain? You shouldn't be straining on the toilet or struggling to pass a bowel motion that is hard and dry.
- completely empty your bowel when you pass a motion? You shouldn't have to return to the toilet soon after to pass more.

Bowel control problems

People who pass bowel motions at the wrong time or in the wrong place may be experiencing poor bowel control, or **faecal incontinence**. They may also pass wind when they don't want to.

Poor bowel control is more common than you think. About 1 in 20 people experience poor bowel control and it affects both men and women. It's more common as you get older, but young people can also have poor bowel control. In some cases, people with poor bowel control also have poor bladder control and may leak urine (**urinary incontinence**).

Seek help for bowel problems

In many cases incontinence can be prevented, better managed and even cured. Talk to your family doctor or contact the **National Continence Helpline on 1800 33 00 66**.

The National Continence Helpline is staffed by continence nurse specialists who offer free and confidential information, advice and support. They also provide a wide range of continence-related resources and referrals to local services.

Thank you to the NT Government Community Benefit Fund - Minor community grant

for once again supporting us: this time in the purchase of two much needed replacement computers as well as an essential storage cupboard.

Is life becoming a pain?

Don't let chronic pain stop you doing the things you enjoy!

Book in to our pain management course "Take Charge of Pain"

Two part course suitable for anyone with chronic pain, whatever the cause.

When:

Wednesday mornings:
25th August *and* 1st September
10:00 am to 12:30 pm

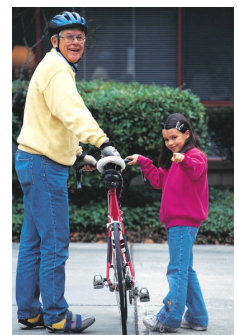
Where:

Leanyer
Hibiscus shopping centre, Community Meeting Room

Cost:

Gold coin donation towards materials & morning tea.

**Bookings
Essential!**



ARA COVID vaccination advice -

Continued from front page



What vaccine will be available?

Other vaccines are likely to be available in Australia later in 2021. The COVID-19 vaccines which will be available in Australia are safe for people with arthritis and people taking drugs that suppress the immune system, even if the condition is active. This is because none of these is a “live” vaccine.

When will people with rheumatology conditions receive the vaccine?

In Australia anyone > 40 years can receive the vaccine. If you are aged 16-39 years you may be eligible for a vaccination. Most patients with rheumatic diseases were eligible in Phase 1b. The Australian Government has an online eligibility checker; <https://covid-vaccine.healthdirect.gov.au/eligibility> The questions will let you know if you are eligible to receive the vaccine and help you to find the right clinic and book an appointment.

Protection from COVID-19

Both the AstraZeneca and Pfizer COVID-19 vaccines are very good at stopping symptoms caused by COVID-19. This is what real world use of the vaccines has shown so far:

- Both the AstraZeneca (Oxford) and Pfizer (Comirnaty) vaccines: Prevented COVID-19 symptoms in 55-70% of people after the first dose and in 85-90% of people after the second dose.

Need for a second dose

The AstraZeneca vaccine will require a second dose, usually 12 weeks after the first dose. The Pfizer vaccine will require a second dose, usually 21 days after the first dose. The first dose does provide some protection. The second dose gives more long-term protection from COVID-19.

Will the drugs that I take for my condition affect the way the vaccine works?

Some people who are taking drugs that suppress the immune system may be given advice to continue avoiding exposure to COVID-19 after they have had the vaccine. This is because their medications could mean their immune system doesn't respond as strongly to the vaccine as people who don't take these drugs. **This does not mean you should stop your treatment, because this can result in a flare of your condition which puts you at greater risk from COVID-19.** Everyone in Australia will need to follow Government advice on reducing the spread of COVID-19, even after they have had the vaccine.

Can I have other vaccines (e.g. influenza vaccine) at the same time as the COVID-19 vaccine?

The administration of any other vaccine on the same day as the COVID-19 vaccine is not recommended. The preferred minimal interval between another vaccine and the COVID-19 vaccine is 7 days (previously 14 days). In some situations a shorter interval is acceptable (including co-administration). You do not need to delay your influenza vaccine until you complete the course of two COVID-19 vaccines.

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Board Update—Positions still vacant!!

Once again, the Board appeals to you, our members, to consider becoming involved as a Board member, not necessarily President. All Board Members, regardless of their experience, make a valuable contribution. All positions fall vacant at the next AGM, so now is an opportunity for a trial run of attending just two or three monthly board meetings before then.

ARA COVID vaccination advice - Continued from previous page

Should I delay my rituximab treatment so that I can have the COVID-19 vaccine?

To ensure the best response to the COVID-19 vaccine, it is recommended that vaccination is performed towards the end of a rituximab dosing cycle or before initiation of rituximab therapy. Please discuss the timing with your rheumatologist.

Should I continue to take methotrexate when I have the COVID-19 vaccine?

There is some evidence that responses to the COVID-19 vaccine are reduced in people treated with methotrexate. Therefore, interruption of methotrexate therapy during COVID-19 vaccination may be considered, but only in patients with stable rheumatic disease at low risk of flare, or those for whom protection from COVID-19 is of particular importance. **This decision to hold methotrexate for one or two doses following each vaccination should be individualised and discussed with your treating rheumatologist.**

What about other disease modifying anti-rheumatic drugs (DMARDs)?

A number of anti-rheumatic drugs can reduce the response to the COVID-19 vaccine. Please follow the advice of your rheumatologist.

More information on the use of other immunomodulatory medicines with the COVID-19 vaccine is available here:

<https://drive.google.com/file/d/16uiV5Ug51NiuPi5m1TolsXMfrhxbqgFX/view>

Can I have denosumab (Prolia) at the same time as the COVID-19 vaccine?

There is currently no evidence to support separating the doses of denosumab and the COVID-19 vaccine. If they are to be given on the same day it would be advised to use different injection sites for both to minimise the possibility of an injection site reaction.

Can I have surgery after having the COVID-19 vaccine?

Surgery guidelines recommend people do not have major surgery and vaccines within one week of each other. This is because both surgery and the vaccine can cause a fever.

Please encourage your household members and other close contacts to have the COVID-19 vaccine once they are eligible as this may offer you further protection from getting COVID-19. This is known as the “ring” vaccination concept.

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

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Vice President

Margaret Murray

Secretary

Hilary Fowler

Treasurer and Public Officer

Ruth Garden

Non-executive

Board Members

Anne Coutts
Amin Islam

What We Do

Our work includes:

- Responding to walk in, email and telephone enquiries with tailored made information packs
- Producing this newsletter six times a year
- Conducting pain management courses for consumers – relevant to anyone experiencing chronic pain, whatever the cause
- Providing information stands at a range of forums throughout the year, to showcase and share our resources
- Keeping in touch with other community health organisations and the services they provide
- Delivering bulk materials to various providers on request
- Giving presentations on pre-arranged topics to community groups
- Collaborating with Arthritis Australia on various national projects to contribute towards better outcomes for those with arthritis.
- Sourcing the latest information from our national bodies, Arthritis Australia and Healthy Bones Australia, so we can provide reliable and up to date material to clients.

Reunion morning tea:

Peg Gellert, former long-time volunteer, Newsletter editor and President was in Darwin for a visit, as was Gail Keddie, also a former long-time volunteer & Vice-president. A wonderful opportunity to get together!

Margaret,
Natalie,
Maureen, Gail,
Mary, Peg,
Charles (by long
distance), Indah
& Ruth.



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