

A year *in review* 2016-17

Follow us:



How did we help people with arthritis?

Advocating for improved care for people with arthritis

We continue to advocate strongly to the Australian Government for action in three priority areas. These priorities are: building the rheumatology nurse workforce to provide consumer education, support and care coordination; boosting arthritis research funding; and advocating for better non-surgical management for people with osteoarthritis.

Building the case for rheumatology nursing

We commissioned a report, *Rheumatology Nurses: adding value to arthritis care*, to help us build the case for government funding for more rheumatology nurses in Australia. People diagnosed with severe and inflammatory forms of arthritis often do not receive enough support to help them manage the significant emotional and physical impact of their condition and its often complex treatment. Increasing specialist nursing care can help to address this issue.

The report will be launched by The Hon Greg Hunt MP, Minister for Health and Minister for Sport, at a special Parliamentary Friends of Arthritis event in Canberra in October 2017.

Boosting arthritis research

A major focus of our advocacy is for increased government funding for arthritis research. Research is the key to finding better ways to prevent, treat and potentially cure arthritis. However, government funding for research into arthritis and musculoskeletal conditions is disproportionately low relative to the burden and cost of these conditions.

The Government's recently established Medical Research Future Fund (MRFF) provides an excellent opportunity to increase research funding in the field. We have been advocating strongly to ensure that arthritis research receives a fair share of the future allocations from the MRFF.

Improving osteoarthritis management

We worked with the Australian Commission for Safety and Quality in Health Care to develop and promote new standards to support better non-surgical management for people with osteoarthritis of the knee.

We have also been monitoring the rollout of the Australian Government's Health Care Homes trial, which is designed to support GPs to provide better care for people with chronic conditions. We are concerned that the proposed eligibility criteria for the trial will exclude people with arthritis, especially osteoarthritis, because they do not consider the physical and emotional impact of pain and limited function and mobility. We have raised our concerns with those responsible for developing the trial and will continue to work to ensure people with arthritis have an opportunity to participate.

New resource launched to improve care for young adults with arthritis

This year, we launched a new information booklet, [*Living with arthritis – a guide for young adults*](#). This



important resource provides expert advice to young Australians living with the condition and explores issues such as staying connected, lifestyle choices, relationships, education, employment, travel and starting a family. The resource was developed with input from people who were diagnosed with arthritis at a young age.

Empowered.org.au launches new emotional wellbeing features

Our Empowered.org.au website was updated in May and now features new videos and information to help Australians living with rheumatoid arthritis, psoriatic arthritis and ankylosing spondylitis manage their mental and emotional wellbeing. The new features provide tips and insights, as well as highlight the link between arthritis and emotional wellbeing.

New Arthritis Australia website

We have been working to refresh and update our website to make it easier for people to use. Our new website will feature simpler and more intuitive navigation and an attractive user-friendly design which will allow visitors easier access to the information they need. The new website will be launched in late 2017.

Advanced technology solutions

Arthritis Australia continues to work on developing advanced technology solutions to help people with arthritis and other musculoskeletal conditions. The MyJointPain.org.au website for people with osteoarthritis allows screening for the condition and provides each consumer with a tailored management plan. Weekly checkups help consumers track their condition to see which treatments and medications work best to reduce their pain and improve their function and quality of life. Since its launch in March 2012, the website has been used by over 190,000 Australians and thousands globally.

During 2016-2017, and in collaboration with the University of Queensland, work commenced on a new website for people with low back pain. Using intelligent algorithms again, this website will provide tailored information for people who experience either acute and chronic back pain. A randomised control trial in late 2017 will provide further information about the use and value of such tailored technological approaches.

Arthritis Australia is working with collaborators to extend and develop such advanced technology solutions for people with low health literacy, with a vision to deliver evidence-based information and self-management programs to all especially those in rural and remote areas.

Got joint pain? Get long term

Let MyJointPain.org.au show you

SIGN UP FOR FREE NOW!



Educating the packaging industry about the impact of hard-to-open packaging

This year, we continued our work to educate the packaging industry about their potential impact on consumers with functional limitations when they produce hard-to-open packaging. At the Australian Institute of Packaging's National Technical Forums, Arthritis Australia's Consumer Director, Wendy Favorito, shared her personal experiences and struggles with packaging, and our Accessible Packaging Researcher, Alexandra Brayshaw, shared the development journey of the innovative 'Easy-to-Open Certified' SPC ProVital cup.

Advocating for pre-cut fruit and vegetables

In recent months, there has been a growing sentiment that packaging doesn't belong in the fruit and vegetable category, including the need for pre-cut options. However, for those with arthritis, using fresh pre-cut fruit and vegetables can reduce the pain and fatigue many consumers with arthritis feel when trying to prepare healthy meals independently. Pre-cut pumpkin, apple and carrot sticks are all examples of challenging items that consumers can benefit from having as a pre-cut option. Arthritis Australia contributed to the SBS TV show The Feed's story on the topic to help shift the argument away from the 'convenience gone mad' sentiment, to a more holistic perspective and to encourage understanding of the needs and benefits this offers to the broader community.

Make a complaint about hard-to-open packaging

This year we saw the amount of feedback from arthritis consumers using our online packaging feedback form increase significantly. These insights are highly valued and we share these first-hand experiences with the packaging industry to show the true impact they can have on consumers.



How did we work together?

New arthritis and emotional wellbeing information sheet

This year we teamed up with beyondblue to produce a new resource in recognition of the impact of arthritis on a person's emotional wellbeing. The new [Arthritis and emotional wellbeing](#) information sheet provides insights into the many links between arthritis and poor emotional wellbeing, along with practical advice and actionable strategies for its management

Working to ensure kids with arthritis get specialist care

Many kids with arthritis do not receive the care they need due to a shortage of qualified specialists (known as paediatric rheumatologists) in Australia. To meet this need and to be able to provide the best care for the 10,000 Australian children living with juvenile arthritis and related conditions, the current number of paediatric rheumatologists needs to be doubled.

To address this need Arthritis Australia and the Australian Paediatric Rheumatology Group joined forces to raise funds to support a Paediatric Rheumatology Scholarship Program, ensuring that doctors who wish to be trained in this specialty have the opportunity to do so. The first scholarship will be announced later this year, with more scholarships available in the future.

Working together to achieve our advocacy objectives

We work with a range of organisations to achieve our advocacy objectives. For example, improving non-surgical management of osteoarthritis is one of our advocacy priorities and is a major recommendation from our [Time to Move: Arthritis](#) strategy. This year, we worked with the Australian Commission of Safety and Quality in Health Care, a government agency, to launch a new clinical care standard to support non-surgical management for osteoarthritis of the knee. We are also working with the National Prescribing Service (NPS), on an education program for health care professionals and consumers to promote non-surgical management for osteoarthritis, which will be delivered in early 2018. NPS is a not-for-profit organisation whose programs are funded by the Department of Health.

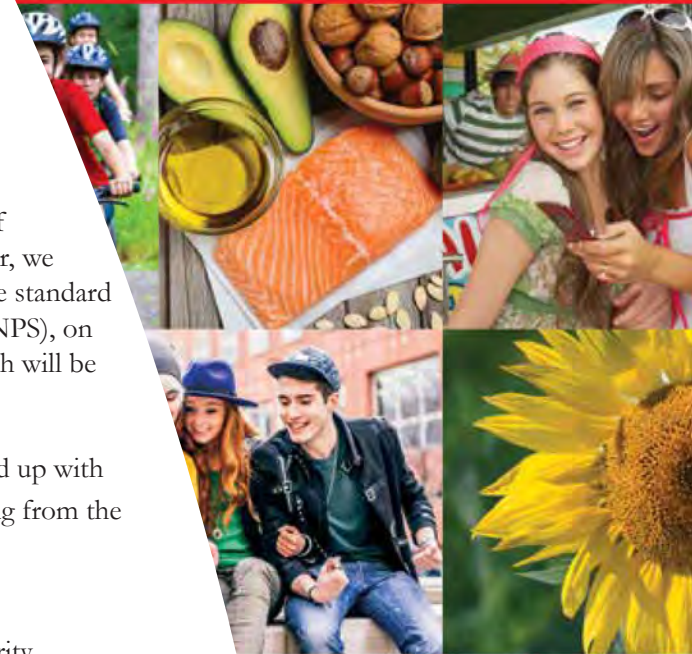
We also make joint submissions to government with other organisations with similar objectives. For example, this year we teamed up with nine peak organisations and world-leading individuals working in musculoskeletal care to make a joint submission seeking funding from the Medical Research Future Fund for research into these conditions.

Enabled by Design-athon

Arthritis Australia's Accessible Design Division went along to this year's Enabled by Design-athon to provide insights into dexterity limitations. Our arthritis simulation gloves proved to be a wonderful tool to inspire designers and challenge them to consider how to redesign products for consumers who have reduced fine motor skills.

Living with arthritis A guide for young adults

A practical guide to treatments,
services and lifestyle choices



Were our projects effective?

Advocacy starting to get results

Advocacy is considered a slow art, but we are starting to see positive results in some areas. In particular, support for improved non-surgical management of osteoarthritis in the health system is increasing. Improving non-surgical management of osteoarthritis is one of our advocacy priorities and is a major recommendation from our [Time to Move: Arthritis](#) strategy. A number of initiatives are currently underway or have recently been launched to support non-surgical management for people living with this condition. These initiatives include the launch of a new clinical care standard for osteoarthritis of the knee by the Australian Commission of Safety and Quality in Health Care and a major education program for health care practitioners and consumers from the National Prescribing Service.

Accessible Design Division - PIDA Awards 2017 winner

At the inaugural Packaging & Processing Innovation and Design Awards our Accessible Design Division's Alexandra Brayshaw was awarded the Young Packaging & Processing Professional of the Year Award in acknowledgment of her work, testing products and providing advice on how to develop easy-to-open packaging with companies such as Nestlé, SPC and Kellogg's.

She has also worked to improve packaging accessibility in the hospital system through the development of the national Packaging Accessibility Rating Database. The database informs consumers about which packaging is easier to open for patients, and is used by HealthShare NSW, Health Purchasing Victoria, and the Institute of Hospitality in Health Care members.



ARTHRITIS
INFORMATION SHEET

Arthritis and emotional wellbeing

Arthritis is a chronic health condition that can affect your physical health and mental wellbeing. It is understandable that the ongoing physical symptoms of chronic pain, fatigue and disturbed sleep can cause distress and affect you.



What research did we fund?

Along with education and assistance, Arthritis Australia spearheads the effort to further our knowledge of arthritis and to search for potential cures. Much of our work is directed toward raising funds to provide grants, fellowships and scholarships. A/Prof Susanna Proudman is Medical Director of Arthritis Australia and Prof Graeme Jones is Chair of Arthritis Australia's Research Grants Assessment Committee.

Arthritis Australia conducts an annual research grants program, open to both national and international researchers, and, as the result of a bequest, administers funds to support the Chair of Rheumatology at the University of Sydney, currently held by Prof David Hunter (refer page 17).

ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM – Projects currently being undertaken in 2017

AFA-ARA Heald Fellowship - \$50,000 *(jointly funded by Australian Rheumatology Association and Vincent Fairfax Family Foundation)*

Dr Feng Pan

Menzies Institute for Medical Research, University of Tasmania

Project: *Krill oil effects on osteoarthritis of the knee: A randomised control trial*

The Arthritis Queensland Fellowship - \$50,000 *(funded by Arthritis Queensland)*

Dr Indira Prasadam

Injury Prevention and Trauma Management Theme, Institute of Health and Biomedical Innovation, Queensland University of Technology

Project: *Osteoarthritis*

The ARA Victorian Fellowship - \$50,000 *(funded by Australian Rheumatology Association Victoria)*

Dr Shereen Oon

Departments of Rheumatology and Medicine, The University of Melbourne at St. Vincent's Hospital Melbourne

Project: *Factors influencing treatment decisions in SLE: development of a patient-physician centred treat-to-target algorithm*

Bruce Miller - Australian Rheumatology Association Post-Doctoral Fellowship - \$125,000

(jointly funded by BB & A Miller Foundation and Australian Rheumatology Association)

Dr Meghna Talekar

Diamantina Institute, The University of Queensland

Project: *Evaluating oral therapeutic strategies for Tolerizing Dendritic cells in rheumatoid arthritis*

The Ken Muirden Overseas Training Fellowship - \$36,000 *(jointly funded by an educational research grant by Australian Rheumatology Association and Roche Products Pty Limited)*

Dr Joanna Tieu

Vasculitis and Lupus service, Addenbrooke's Hospital, University of Cambridge

Project: *Optimising therapy in ANCA associated vasculitis*

The Ken Muirden Overseas Training Fellowship - \$39,000 (*jointly funded by an educational research grant by Australian Rheumatology Association and Roche Products Pty Limited*)

Dr Lauren Host

Centre of Rheumatology and Connective Tissue Diseases, Royal Free Hospital and University College Medical School, London, England

Project: *The clinical and biological significance of altered IL-7 expression in systemic sclerosis*

Leanne Stafford Award - \$50,000 (*funded by Australian Rheumatology Association*)

Dr Matthew Parker

Department of Rheumatology, Salford Royal NHS, the Centre for Musculoskeletal Research and the University of Manchester

Project: *A natural history study of patients with statin-associated necrotizing autoimmune myositis and modelling of the MHC-II/HMGCR epitope*

SCHOLARSHIPS

The Allan and Beryl Stephens Grant- \$30,000

(*funded by The Estate of the late Beryl Stephens*)

Dr Ayano Kelly

Medical School, The Australian National University

Project: *Understanding and improving adherence to disease modifying anti-rheumatic drugs in rheumatoid arthritis and spondyloarthritis*

Arthritis Australia and State/Territory Affiliate Translational Grant - \$30,000

(*funded by Arthritis South Australia*)

Dr Anthony Sammel

Rheumatology, Royal North Shore Hospital

Project: *Improving the diagnosis and prognostication of giant cell arteritis (GCA) through the use of positron emission tomography (PET), immune and microbiological biomarkers*

PROJECT GRANTS

ARA Project Grant - \$30,000 (*funded by Australian Rheumatology Association*)

Prof Catherine Hill

Rheumatology, The Queen Elizabeth Hospital

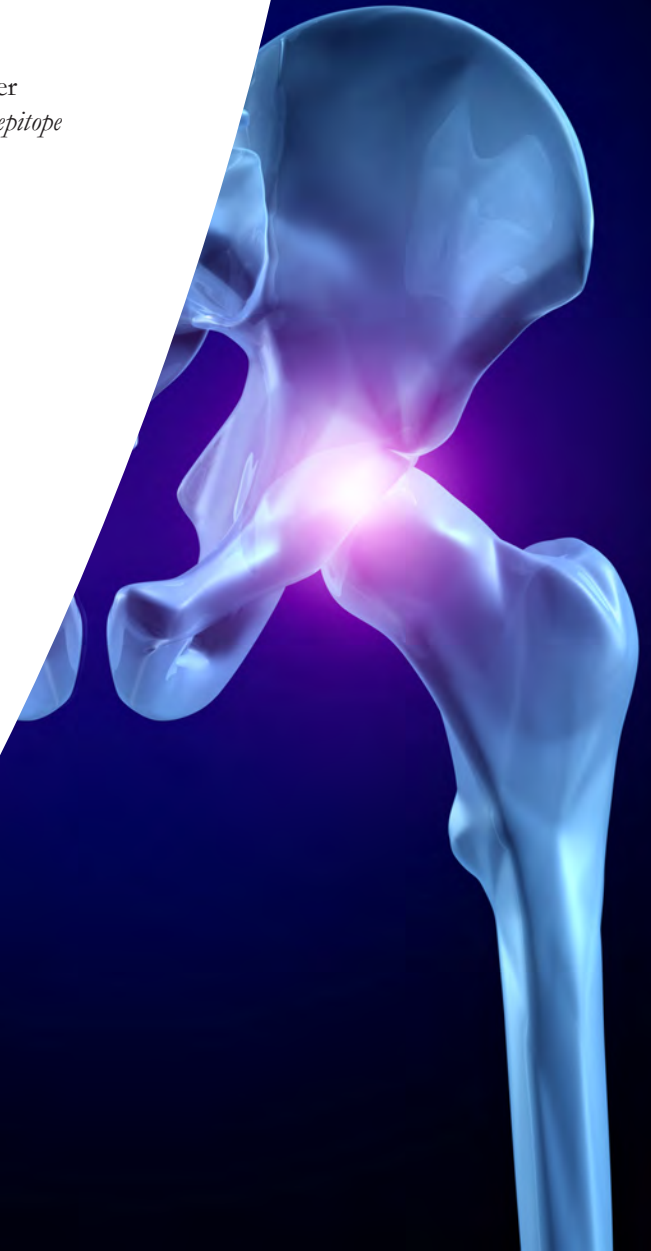
Project: *A randomized clinical trial of colchicine in inflammatory hand osteoarthritis*

ARA Project Grant - \$15,000 (*funded by Australian Rheumatology Association*)

Prof Johannes Nossent

School of Medicine & Pharmacology, The University of Western Australia

Project: *Investigating SLE in Western Australia*



ARA Project Grant - \$30,000 *(funded by Australian Rheumatology Association)*

Prof Ian Wicks

Inflammation Division, The Walter and Eliza Hall Institute of Medical Research

Project: *Exploring GM-CSF as a regulator and therapeutic target in vasculitis*

Arthritis Australia and State/Territory Affiliate Grant - \$30,000 *(funded by Arthritis South Australia)*

Dr Tania Crotti

Adelaide Medical School, Faculty of Health and Medical Sciences, University of Adelaide

Project: *Pain, bone and joint modification in a murine model of inflammatory arthritis*

Arthritis Australia and State/Territory Affiliate Translational Grant - \$30,000 *(funded by Arthritis South Australia)*

Dr Helen Keen

School of Medicine and Pharmacology, University of Western Australia

Project: *RCT of anti-inflammatory therapy in gout*

Arthritis Australia and State & Territory Affiliate Grant - \$30,000 *(jointly funded by Arthritis Western Australia and Arthritis Tasmania)*

Assoc Prof Jane Munro

Cell Biology Theme, Murdoch Children's Research Institute

Project: *Understanding the JIA experience from the patient perspective: Reconsidering the juvenile idiopathic arthritis core set -How patients and caregivers define disease activity.*

Eventide Homes & Arthritis Australia and State/Territory Affiliate Grant - \$25,000

(jointly funded by Eventide Homes NSW and Arthritis Australia)

Assoc Prof Pazit Levinger

Institute of Sport, Exercise & Active Living (ISEAL), Victoria University

Project: *High speed resistance training and balance training for people with knee osteoarthritis: A pilot randomised controlled trial*

H J & G J McKenzie Grant - \$25,000

(funded by The Estate of the late Heather Joy McKenzie)

Prof Jiake Xu

School of Pathology and Laboratory Medicine, The University of Western Australia

Project: *Molecular Mechanisms and therapeutic effects of Carnosol on collagen-induced arthritis and osteolysis*

Marion A Simpson Grant - \$25,000

(funded by The Estate of the Late Marion Alice Simpson)

Prof Matthew Brown

Institute of Health and Biomedical Innovation, Queensland University of Technology

Project: *Novel mediators of inflammation in ankylosing spondylitis*

Zimmer Biomet Australia Grant - \$30,000

(funded by Zimmer Biomet Australia)

Assoc Prof Rod Green

Department of Pharmacy & Applied Science, La Trobe University

Project: *The efficacy and feasibility of a targeted gluteal exercise program for improving hip function and increasing activity levels in people with hip osteoarthritis*

GRANTS IN AID

Arthritis Australia and State/Territory Affiliate Grant- \$15,000 (funded by Arthritis Tasmania)

Dr Joanne Kemp

La Trobe Sport & Exercise Medicine Research Centre, School of Allied Health, La Trobe University

Project: Reducing the impact of hip pain and disability (physioFIRST study): A randomised, controlled trial

Arthritis Australia and State/Territory Affiliate Grant- \$15,000 (jointly funded by Arthritis Australia and Arthritis South Australia)

Dr Penny Rudd

Institute for Glycomics, Griffith University

Project: *Investigating the use of Apremilast (Otezela®) for the treatment of alphaviral induced arthritis*

Ride for Arthritis Grant in aid - \$15,000 (funded by Chris Barrie and team)

Dr Helen Benham

School of Medicine, The University of Queensland

Project: *Patient-centred Treat-to-Target in rheumatoid arthritis*

Ride for Arthritis Grant in aid - \$15,000 (funded by Chris Barrie and team)

Dr Chloe Parton

School of Medicine, The University of Queensland

Project: *Motherhood and living with rheumatoid arthritis*

Zimmer Biomet Australia Grant - \$10,000 (funded by Zimmer Biomet Australia)

Mr Aron Downie

Musculoskeletal Health Sydney, Sydney School of Public Health, Sydney Medical School, The University of Sydney

Project: *Recovery from low back pain*

Zimmer Biomet Australia Grant - \$10,000 (funded by Zimmer Biomet Australia)

Ms Rita Kinsella

Physiotherapy Department, St Vincent's Hospital Melbourne

Project: *Isometric exercises for rehabilitation of rotator cuff tendinopathy/subacromial pain syndrome*



ARTHRITIS AUSTRALIA NATIONAL RESEARCH PROGRAM – 2016 Outcomes

To read a summary of each project outcome awarded in 2016 [click here](#).

ARTHRITIS AUSTRALIA / ZIMMER BIOMET ORTHOPAEDIC FELLOWSHIP PROGRAM:

Supported by an untied grant from Zimmer Biomet Pty Ltd since 2010, the Arthritis Australia/Zimmer Biomet Orthopaedic Fellowship Program promotes best practice treatment for Australians living with arthritis and provides educational, research and training opportunities for orthopaedic surgeons wishing to expand and hone their skills. The program also allows supervisors to improve their instructional skills and helps institutions to achieve their own educational goals and objectives. Arthritis Australia now manages and administers Australian and New Zealand fellows in overseas positions. Since inception, the Orthopaedic Fellowship Program has awarded 81 fellowships, with 65 completed as of June 2017. The total funding provided for this fellowship program to date is \$3,013,000.

2016

Fortius & Imperial Foot & Ankle Fellowship - \$55,000

Dr David Miller
Fortius Clinic & Imperial NHS Trust
London, United Kingdom

Fellow in Orthopaedic Surgery - \$55,000

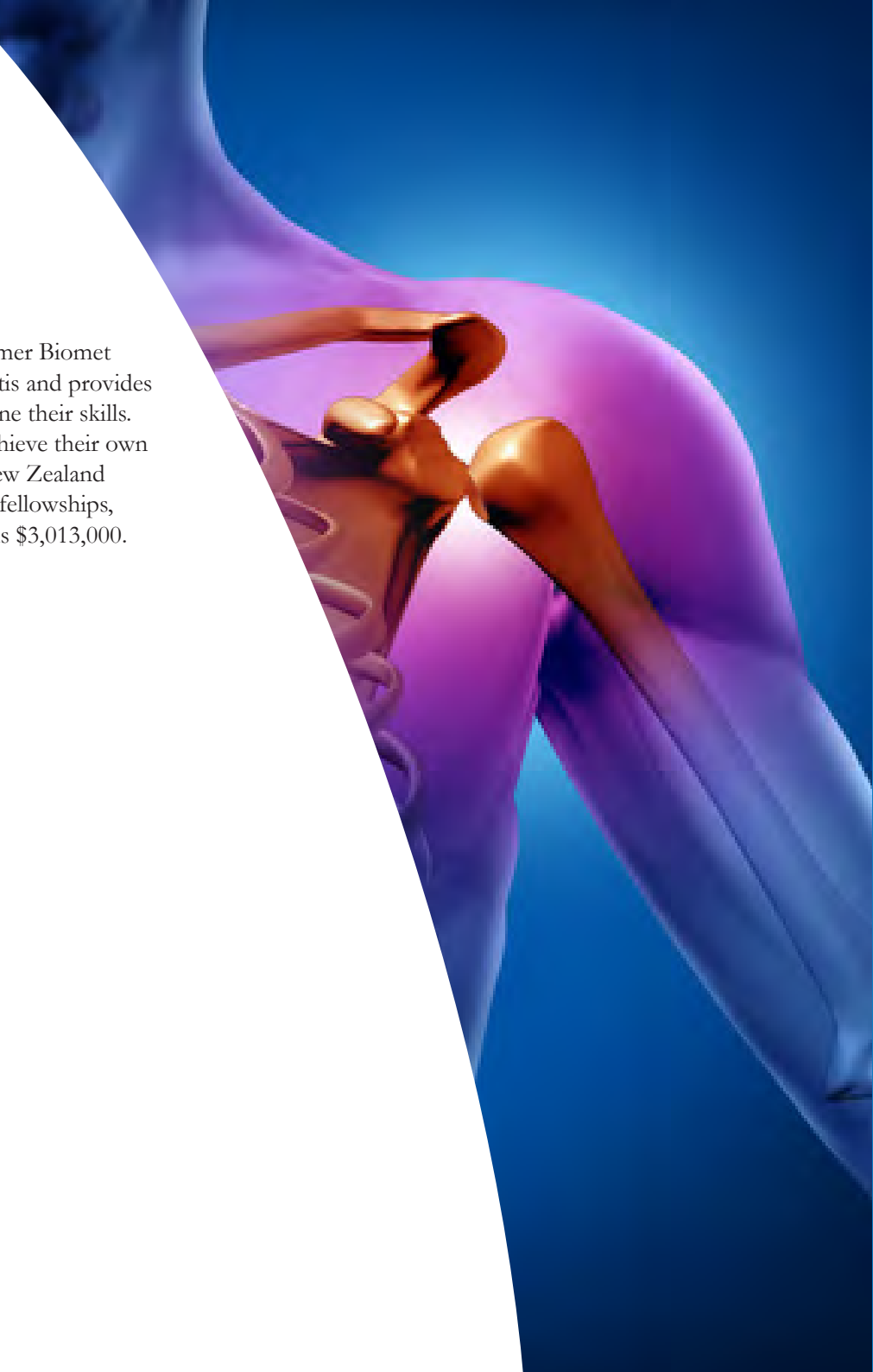
Dr David Ramsay
Royal Infirmary of Edinburgh
Edinburgh, United Kingdom

Adult Knee and Hip Reconstructive Surgery - \$27,500

Dr Horng Lii Oh
Specialist Orthopaedic Group
Wollstonecraft, NSW

Lower Limb Fellowship - \$27,500

Mr Luke Mooney
Wakefield Orthopaedic Clinic
Adelaide, SA



Bendigo Orthopaedic Fellowship - \$20,500

Dr Conal Quah

DSS James Pty Ltd / Bendigo Orthopaedic & Sports Medicine Clinic

Bendigo, VIC

2017

Fellowship in Shoulder Surgery - \$27,500

Mr Devinder Garewal

Centre Albert Trillat - Croix Rousse Hospital - Lyon University Centre

Lyon, France

Clinic Scholar in Shoulder and Elbow Surgery - \$55,000

Dr Deepak Cheriachan

Cleveland Clinic

Cleveland, USA

St Michael's Lower Limb Reconstruction & Trauma Fellowship - \$27,500

Dr Sam Benveniste

St Michael's Hospital

Toronto, Canada

The University of British Columbia's Hand and Upper Extremity Orthopaedic Fellowship - \$55,000

Dr Tendai Mwatutura

University of British Columbia (UBC)

Vancouver, Canada

UBC Sports Medicine & Arthroscopic Reconstruction surgery & joint preservation Fellowship - \$27,500

Dr Luke Mooney

University of British Columbia (UBC)

Vancouver, Canada

Western University Fowler Kennedy Orthopaedic Sports Medicine Fellowship - \$55,000

Dr Satyen Jesani

Fowler Kennedy Centre - Western University – London Health Sciences Centre

Ontario



What are our key people saying?

CHAIR'S REPORT

Roger Mattar



This year, Arthritis Australia was looking to consolidate on its past accomplishments and, with our State and Territory Affiliates, build on existing foundation cornerstones such as our *Time to Move: Arthritis* strategy, to continue to advocate and be the voice of the millions of Australians living with arthritis and arthritis-related conditions.

Earlier in the year, Arthritis Australia participated in a project managed by the Australian Commission on Safety and Quality in Health Care to identify priorities for the potential development of clinical quality registers. We are delighted to now note that musculoskeletal conditions have been identified as a top priority for development of clinical quality registries and the Medical Research Future Fund. This is an important public and governmental recognition to advance the need for care and management of arthritis.

This year Arthritis Australia invested a significant amount of time and money in the Juvenile Idiopathic Arthritis National Capital Appeal, instigated last year. We are pleased to report that the appeal has yielded an excellent result, especially in these challenging times, in establishing scholarships for future advanced trainees in paediatric rheumatology.

During Arthritis Awareness Week this year, the booklet *Living with arthritis – a guide for young adults* and the *Arthritis and emotional wellbeing* information sheet were published together with the launch of updates to our Empowered.org.au website. We are proud to have received the award for outstanding achievement as the 2016 Asia-Pacific Winner of the Johnson & Johnson James E. Burke award for Collaborations and Partnerships. The award was for developing the Empowered.org.au website, in partnership with Janssen-Cilag, which empowers consumers to better understand and manage their condition.

Our ongoing campaign to promote ways to make packaging easier for our consumers to open or use has also continued to make a positive impression with industry and government bodies. Our Accessible Design Division sets the benchmark for easy-to-open packaging and this year we were especially pleased for our Accessible Design Researcher, Alexandra Brayshaw, who earned the Young Packaging & Processing Professional of the Year Award from the Australian Institute of Packaging for the work she does for accessible design within Australia. Congratulations Alex!

With our focus on translational research that looks to assist or relieve those living with arthritis and arthritis-related conditions, this year, through the contributions of our affiliates and their members, Arthritis Australia paid in excess of \$960,000 in research grants to doctors, researchers and other clinicians.

Arthritis Australia would like to thank and acknowledge its State and Territory Affiliates, the extraordinary efforts of our Chief Executive Officer, Ainslie Cahill, and her dedicated team, the many volunteers, donors, rheumatologists, medical and health service professionals and all our other partners in their support and contributions to our cause.

Despite the challenges facing many not-for-profit organisations in the coming year, Arthritis Australia plans to continue advocating for those living with arthritis and arthritis-related conditions, investing in critical research and, as always, be the national peak organisation that is the independent, evidence-based and unbiased voice on arthritis and arthritis-related conditions in Australia.

“ We are pleased to report that the (JIA) appeal has yielded an excellent result, especially in these challenging times... ”

CEO'S REPORT

Ainslie Cahill



It is particularly gratifying to summarise our achievements and the significant progress we've made during a period when many not-for-profits struggled financially. I am pleased to report a small financial surplus for 2016-17, despite our total revenue falling by 13.5%. New initiatives have been implemented for the coming year to improve revenue generation into the future.

Our [*Time to Move: Arthritis*](#) strategy, which provides a roadmap for all stakeholders to work together to improve care and support for people with arthritis, guides our advocacy work. We continue to urge the Federal, State & Territory governments to address the serious impact of arthritis on more than 3.9 million Australians. Areas to be improved include insufficient services, inequity of access, delays in diagnosis and treatment, limited access to multidisciplinary care, fragmented care, inadequate information and support for self-management, lack of psychosocial support and a heavy financial burden.

Fortunately, I can report that our deliberate and exacting advocacy work is starting to show positive results and I look forward to what we can accomplish in future with Federal and State/Territory Government support.

I am proud of our partnerships with the Australian Paediatric Rheumatology Group (APRG) and Australian Commission for Safety and Quality in Health Care (the Commission). With the APRG we completed a successful fundraising campaign for paediatric rheumatology training in Australia and intend launching a scholarship program before the end of 2017. This will help to address the serious shortfall in the paediatric rheumatology workforce in Australia and allow more children with arthritis to receive better care for their condition. With the Commission, we collaborated on the development and promotion of [new clinical standards to support better non-surgical management for people with osteoarthritis of the knee](#). I am looking forward to future collaborations of this type, where 'the clinical' meets 'the practical'.

Our work in advocating for and guiding easy-to-open packaging and easy-to-read labelling, which includes representing the views and experiences of millions of Australians living with functional limitations due to arthritis, has awoken understanding and generated momentum within the packaging industry, hospitals, media and community.

Arthritis Australia's online presence has expanded, embracing a wider variety of people who share their own insights into the importance of the internet in the daily management of their arthritis. Our website development is based on their views and experiences. This year, our partnership with beyondblue and our Empowered.org.au website shone a spotlight on emotional wellbeing, an often ignored but pervasive part of living with arthritis.

Our achievements, as always, are the result of the dedication and talent of the Arthritis Australia 'A Team' (page 29) and our volunteers - the Arthritis Australia Board, Council of Advice, National Arthritis Consumer Reference Group, Scientific Advisory Committee and Grants Assessment Committee. I also wish to applaud our principal colleagues in the State/Territory Arthritis Affiliates, the Australian Rheumatology Association and our partners and supporters.

The year was driven by the need to build, adapt and innovate, always with one mission in mind - reducing the impact and severity of arthritis. With our collective, ongoing zeal and the continued commitment of our supporters, I look forward to even better things next year!

“...our deliberate and exacting advocacy work is starting to show positive results...”

MEDICAL DIRECTOR'S REPORT

Assoc Prof Susanna Proudman



The Arthritis Australia National Research Program distributes research funds, carefully accumulated by the Affiliates and augmented by bequests and funds from other professional bodies such as the Australian Rheumatology Association (ARA). It continues to be highly competitive with applications from rheumatological, allied health and basic science researchers from around the country. The increased emphasis on funding projects with strong translational potential is bearing fruit with an impressive array of projects with a clinical focus selected for funding in 2017 by the Grant Assessment Committee, again chaired by Prof Graeme Jones. A record number of applications for scholarships and fellowships was received, which augurs well for musculoskeletal research in the future.

The research funding program was boosted this year by a very generous pledge from Ms Ann Miller. The Australian Rheumatology Association agreed to match the funds making this a substantial offering. The 'Bruce Miller – Australian Rheumatology Association Research Grant' funds post-doctoral fellowships for research projects in rheumatoid arthritis that are of significance and translational, ie bridge the gap between research and health consumer priorities. While Arthritis Australia funding continues to support young and emerging researchers through scholarships and small project grants, this meets a growing need for support for post-doctoral researchers who are embarking on more complex research programs.

Arthritis Australia continues to build relationships nationally with outstanding support from staff with extensive experience such as National Policy and Government Relations Manager, Franca Marine. These include a proposed collaboration with other not-for-profit organisations representing other immune-based diseases, the 'Immunology Alliance', that has the potential to extend our prospects for research activities in immune-mediated diseases and a collaborative application to the Medical Research Future Fund. Challenges posed by the uncontrolled switching of biosimilars and originator medications for inflammatory arthritis require continued vigilance and education of health consumers and prescribers.

We also continue to take requests to endorse products and clinical trials very seriously, ensuring that only safe and evidence-based therapies and well-designed clinical trials with ethical approval are endorsed.

“ A record number of applications for scholarships and fellowships was received, which augurs well for musculoskeletal research in the future... ”

CONSUMER DIRECTOR'S REPORT

Wendy Favorito



The past 12 months have been busy contributing to Arthritis Australia's important work advocating for our consumers. My main role with consumer advocacy has again been chairing the National Arthritis Consumer Reference Group (NACRG) with valuable organisational support from Arthritis Australia's National Policy and Government Relations Manager, Franca Marine. Two of our original members of the consumer group, Suzie May and Cosi Pupo, resigned after several years of volunteering their time. Franca was successful in recruiting two new members, Murray Smith and Max Stoneman. We welcome them to the group and look forward to their contributions.

As a strategy to ensure we have a representation of consumer voices, opportunities for participation in advocacy and resource development work is shared within the NACRG. I would like to thank the consumers who were able to volunteer their time to participate in a range of activities such as: attending an interstate meeting for a rheumatoid arthritis program developed by the National Prescribing Service; providing written feedback on the experiences of private health insurance for people living with arthritis; giving feedback on a draft survey determining consumer experiences with and attitudes towards rheumatology nurses; providing input to the development of a new resource for parents of children with juvenile arthritis; and giving feedback on the development of Arthritis Australia's exciting new website, due to be launched in late 2017. The input of the group helps Arthritis Australia directly with their advocacy work and resource development.

This year we also provided consumer representative training for NACRG members to increase their confidence in participating in external committees and groups, so that the arthritis consumer voice can be heard more widely.

My fellow board member, Judith Nguyen, and I participated respectively in the knee and hip orthopaedic clinical committees as part of the federal government's review of the Medicare Benefits Schedule (MBS). We both felt fortunate to be able to have input at this level of policy decision-making, including input into the drafting of the consumer summary for the MBS report.

Judith and I participated in Arthritis Australia's Grants Assessment Committee to provide consumer input into the decision-making regarding allocation of valuable research funding. We provided our input for consideration along with the opinions of rheumatologists and researchers on the committee ensuring that a balanced view is applied to the assessment of all applications.

A highlight for the year was the opportunity to co-present with Arthritis Australia's Alexandra Brayshaw, Accessible Packaging Researcher, at the Australian Institute of Packaging annual conference. This has been a strong area of advocacy interest for me helping the wider community benefit from improved packaging solutions. The work being done by Arthritis Australia with the packaging industry is an outstanding example of the day-to-day benefit of their advocacy work for our consumers aiming to maintain their independence.

I look forward to another rewarding year working with the Board of Directors and the hard working staff at Arthritis Australia as they strive to improve the experiences of people living with arthritis across Australia.

“... to ensure we have a representation of consumer voices, opportunities for participation in advocacy and resource development...”

FLORANCE AND COPE CHAIR'S REPORT

Prof David Hunter



Professor Hunter is a clinician scientist rheumatologist whose major focus is clinical research on osteoarthritis (OA). Translational research is at the centre of his work – endeavouring to make sure that his research findings are implemented into medical practice and provide meaningful health outcomes.

Research objectives

I continue to focus on the key elements of osteoarthritis including epidemiology, the application of imaging to better understand structure and function with application to both epidemiologic research and clinical trials, novel therapies, and health service system delivery.

My research and clinical group remains active in dissemination and implementation activities to optimise the care received by consumers with osteoarthritis. It is encouraging to see the impact that this is making in new guidelines, dissemination activities (particularly through the National Prescribing Service) and implementation of new models of care both locally and internationally. Ultimately, it is through the development and translation of new knowledge that we will start to lift the painful burden that people with osteoarthritis carry.

2017 Affiliations and Ongoing Contribution

- Florance and Cope Chair of Rheumatology
- Professor of Medicine, University of Sydney
- Chair, Institute of Bone and Joint Research
- Deputy Dean, Northern Clinical School
- Supervision of 9 Ph.D. students and a team of 14 researchers
- Visiting Professor at University of Queensland, University of Melbourne, and three universities in China (Anhui Medical University, Southern Medical University and Harbin Medical University)
- Associate Editor, Arthritis and Rheumatology
- Editorial Board Member, Arthritis Care and Research and Osteoarthritis and Cartilage
- Section Editor, UpToDate Osteoarthritis

2017 Achievements

- Ranked as the leading expert on OA in the world by expertscape.com, for the fourth consecutive year.
- Funding: my research group is well supported by a National Health and Medical Research Council (NHMRC) program grant, Partnership Project, CRE, Project Grant and am personally supported by an NHMRC Practitioner Fellowship.
- Community engagement: through the Institute of Bone and Joint Research, we run monthly webinars in addition to an active social media strategy to facilitate diffusion of appropriate information to consumers. There has been increased and regular media attention given to the work by my team and I am pleased to contribute to raising community awareness through a range of media interviews. We also host regular “Walk With Your Doc” events where consumers can walk while learning about bone and joint health.
- Research publications: I’ve added more than 40 publications to the more than 400 peer-reviewed publications in international journals, my work is cited >1000 times per year. I also gave a number of keynote presentations at international meetings including OARSI and ACR.
- With colleagues we organised the 2017 Australian Osteoarthritis Summit focused on identifying and prioritising the research strategies for the next five years. With the support of the Medibank Foundation, the summit brought together consumers, experts and opinion leaders with a view to enhancing research efforts by targeting research and fostering collaboration.
- Hosted the 2017 International Osteoarthritis Imaging Workshop in Sydney in June.

TREASURER'S REPORT

Wayne Jarman



Trading Results for the year

I am pleased to report an overall surplus for the year of \$ 12,015 in a tough year where charities are increasingly under pressure for funding from all sources.

The finances are segregated into two streams – restricted funds and unrestricted funds.

The total restricted funds under administration have increased by \$ 94,144, with decrease in share portfolio valuations of \$ 27,812, and a surplus of \$ 121,956 for the year.

Restricted funds reported a net surplus for the year of \$ 121,956 mainly as a result of share portfolio profits taken throughout the year.

Restricted funds are sourced from several long-standing bequests. The income or corpus of which provide specific funding; research donations, including from Affiliates, for the National Arthritis Research Grants Program; and private sector funding for national programs, some of which are subcontracted to Affiliates for service delivery.

The total unrestricted funds under administration have decreased by \$ 132,071 with a net decrease on share portfolio valuations of \$ 22,130 and a deficit of \$ 109,941 for the year.

Unrestricted funds reported a net deficit for the year of \$ 109,941 mainly as a result of difficult trading conditions and the loss of approximately \$ 400,000 in Federal funding for the year. The Department of Health and Ageing has advised that Arthritis Australia cannot rely on Federal funding for future programs due to major cuts to government funding programs for community-based health consumer organisations.

Unrestricted funds are for general and administration expenses. These are sourced from voluntary administration donations from Affiliates, public donations, and bequests sponsorships, accessible design initiatives and general investment funds.

Balance Sheet

Net cash position has reduced by \$ 425,719 since last year. Cash flows for the coming year will be under pressure with uncertainties in forecast revenue and expenditure.

Receivables have increased by \$ 154,211 since last year as a result of research contributions invoiced at year end.

Investment portfolios have increased by \$ 311,628, with the overall increase in market values of \$ 116,643 and net purchases and sales for the year of \$ 194,985.

Total liabilities have increased by \$ 68,288 over last year, which is not considered a material variation.

General

Due to the astute advice from our investment advisers, Morgans, our investment portfolios have performed relatively well this year considering the volatility of the market in the latter half of the financial year.

Notwithstanding the withdrawal of Federal Funding our financial reporting structure is strong on detail enabling focus on strategy and project implementation for the coming years to increase income streams for unrestricted use thus ensuring future financial viability.

‘ ...overall surplus for the year of \$ 12,015 in a tough year where charities are increasingly under pressure for funding from all sources... ’

What is our financial position?

STATEMENT OF FINANCIAL POSITION

	16/17	15/16
	\$	\$
Current Assets		
Cash and cash equivalents	1,413,240	1,838,959
Receivables	319,417	165,206
Total Current Assets	1,732,657	2,004,165
Non-Current Assets		
Financial assets	6,605,776	6,294,148
Property, Plant & Equipment	25,109	34,868
Total Non-Current Assets	6,630,885	6,329,016
Total Assets	8,363,542	8,333,181
Current Liabilities		
Payables	1,191,110	1,227,275
Short term provisions	603,162	513,211
Total Current Liabilities	1,794,272	1,740,486
Non Current Liabilities		
Long term provisions	23,810	9,308
Total Non Current Liabilities	23,810	9,308
Total Liabilities	1,818,082	1,749,794
Net Assets	6,545,460	6,583,387
Accumulated Funds		
Contractually restricted funds	5,943,316	5,849,172
General funds	602,144	734,215
	6,545,460	6,583,387

Total Foundation Funds at 30 June 2017 include \$ 5,943,316 (2016 \$ 5,849,172) of contractually restricted research funds administered by the Foundation.

The above table showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2017 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

STATEMENT OF PROFIT OR LOSS AND OTHER COMPREHENSIVE INCOME

	16/17	15/16
Income	\$	\$
Donations/fundraising		
General	1,818,215	2,429,447
Affiliates	277,750	212,750
Total	2,095,965	2,642,197
Membership Fees	1,196	1,320
Investments		
Interest	34,519	33,568
Profit on Sale	204,466	147,879
Dividends	407,690	356,544
Total	646,675	537,991
Other	-	-
Total Income	2,743,836	3,181,508
Expenses		
Research	1,142,044	872,225
Education & Awareness	1,125,107	1,706,193
Administration	342,024	315,821
Fundraising	112,888	99,834
Depreciation	9,758	15,026
Total Expenses	2,731,821	3,009,099
Surplus/(Deficit)	12,015	172,409
Contribution to contractually restricted funds		782,772
Net Gain on revaluation of Financial Assets	(49,942)	(572,381)
Change in Foundation Funds	(37,927)	382,800

Total Foundation Funds at 30 June 2017 include \$ 5,943,316 (2016 \$ 5,849,172) of contractually restricted research funds administered by the Foundation.

The above table showing the Statement of Financial Position and Statement of Comprehensive Income for the year ended 30 June 2017 have been prepared from audited financial statements passed by the Board of Directors, who are responsible for the presentation of the financial statements and the information they contain. The complete financial report of the Foundation and the audit report by William Buck is available from Arthritis Australia PO Box 550 Broadway NSW 2007.

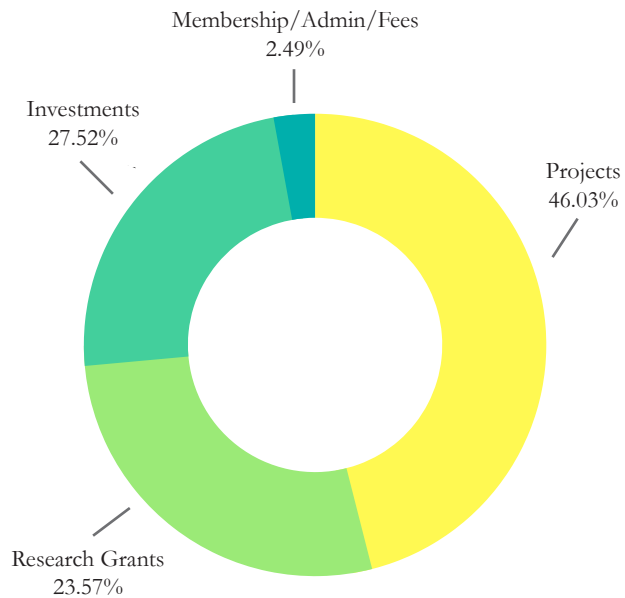
ARTHRITIS AUSTRALIA SUMMARY

Following is the summary of revenue and expenditure of Arthritis Australia.
Assets held 8,363,542 and liabilities held \$ 1,818,082

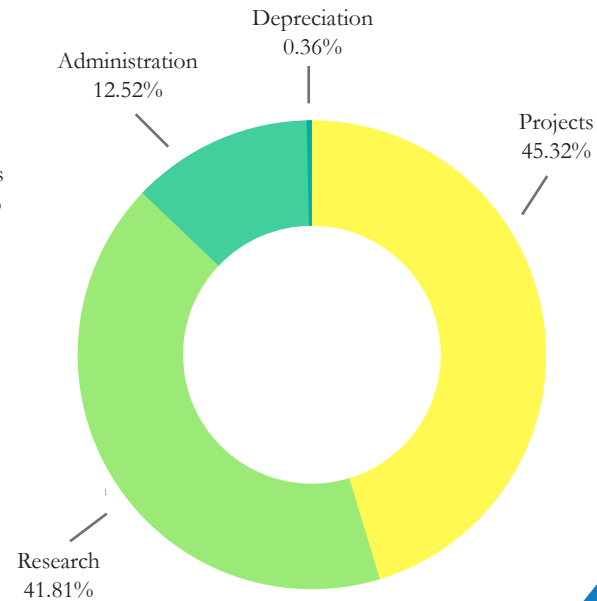
Revenue		\$	
Projects	1,263,091		46.03%
Research Grants	755,000		27.52%
Investments	646,675		23.57%
Membership/ Admin/Fees	79,070		2.88%
Total	2,743,836		100%

Expenditure			
Projects	1,237,995		45.32%
Research	1,142,044		41.81%
Administration	342,024		12.52%
Depreciation	9,758		0.36%
Total	2,731,821		100%

REVENUE



EXPENDITURE



How are we governed?

The constitution of Arthritis Australia allows for an independent board of six to eight members elected by the members of Arthritis Australia, and a Council of Advice consisting of nominees of organisations that are affiliated with Arthritis Australia. A formal Memorandum of Understanding between Arthritis Australia and Affiliated organisations establishes guidelines for collaboration and outlines clear roles, responsibilities and obligations of each partner.

Board members

Mr Roger Mattar – Chair
Mr David Motteram OAM – Deputy Chair
Mr Wayne Jarman – Treasurer
Assoc Prof Susanna Proudman – Medical Director
Mrs Wendy Favorito – Consumer Director
Mrs Judith Nguyen OAM – Board Member
Ms Kristine Riethmiller – Board Member

Chief Executive Officer and Company Secretary

Ms Ainslie Cahill

Emeritus Directors

Ms Ita Buttrose AO OBE
Dr Mona Marabani
Prof Patrick McNeil

Scientific Advisory Committee

Assoc Prof Peter Youssef – Chair
Prof Jim Bertouch
Prof Peter Brooks AM
Dr Simon Burnet
Dr Julien de Jager
Dr Anna Dorai Raj
Prof David Hunter
Prof Graeme Jones
Prof Michelle Leech
Dr Mona Marabani
Dr Andrew Taylor

Patron

His Excellency General the Honourable Sir Peter Cosgrove AK MC (Retd),
Governor-General of the Commonwealth of Australia.

Grants Assessment Committee

Prof Graeme Jones – Chair
Dr Helen Benham
Dr Tania Crotti
Mrs Wendy Favorito
Assoc Prof Catherine Hill
Assoc Prof Rana Hinman
Prof Chris Little
Dr Mandana Nikpour
Mrs Judith Nguyen
Prof Johannes Nossent
Assoc Prof Susanna Proudman

Council of Advice

Ms Colette Smith – (Chair)
Mr Andrew Walker – (Deputy Chair)
Dr Ian Dover – until April 2017
Ms Hilary Fowler
Dr Irene Froyland
Ms Jenni Gough – appointed November 2016
Mr Garry Heald – until October 2016
Mr Allan Ryan
Ms Kate Templeman – appointed April 2017

Who are our supporters?

We are extremely grateful to our supporters who have allowed us to continue our work in raising awareness, delivering education and support services, providing annual research grants and developing advocacy programs. Many have contributed expertise, time, funding, goods and services.

Awareness and education

AbbVie Pty Ltd
Australian Institute of Packaging
Australian Rheumatology Association
Blink Print Pty Ltd
Commonwealth Department of Health
DePuy Synthes
Eli Lilly Pty Ltd
Janssen-Cilag Pty Ltd
Lanham Public Relations
Menarini Australia Pty Ltd
pdq design Pty Ltd
Pfizer Australia Pty Ltd
Roche Products Pty Ltd
UCB Australia Pty Ltd
Zimmer Biomet

2016-2017 Donations of \$500+

Vlad Blagus
Howard Boxall
Fiona Boyle
John Burville
Dr Graeme Carroll
Belinda Cochrane
Gregory Collins
Robyn Ellis
Eventide Homes (NSW)
CW & J A Famer
In memory of Shirley Griffith Fernon
D & R Field
Fuchs Lubricants (Australasia) Pty Ltd
Steve Goodey
Clare Hourigan

Libby Higgin
Phoebe Hill
Eileen Hukins
Debra Jenkins
In memory of Stacey Jenkins
Meng Xiong Kuok
Tony Lear
Amelia Lim
Betty Lim
In memory of Dr Shirlene Lim
Grant Lintern
Niamh Marzol
Craig Mayo
Luke Mitchell
Estate of Joyce Merle Moore
David Motteram OAM
NSNA Northern Suburbs Netball Association
Robert Palmer
Lloyd Pearce
Patricia Reyes
Rajdeep Basu Roy
Estate of Molly Saint
Ben and Gloria Sharma Foundation
Jonathan Shead
Estate of Reginald George Troeth
Amanda Ugo
Bruce Wallis
Estate of Patricia Ann Withofs
Christine Woodruff

Thank you
for your
contributions.

2016-2017 Fundraising of \$500+

Shannyn Anderson
Yew Teik Khor
Bonnie Rowe

In-kind support

Anchor Hosting
Michael Downes
Georgia Tech Research Institute
Halltech Services
Kemp Strang Pty Ltd
RBS Morgans Ltd

Sarah McHarg
Alison Park
Cosi Pupo
Murray Smith
Linda Spurrier
Max Stoneman
Adrian Talbot

2016-2017 JIA Scholarship Appeal

AbbVie Pty Limited
Dr Navid Adib
Victoria Allen
Martin Aylward & Jenny Purdie
Dr Christina Boros
Dr Jeffrey Chaitow
Janssen-Cilag Pty Ltd
Charlotte & Adrian MacKenzie
Pfizer Australia
Roche Products Pty Ltd
Dr Davinder Singh-Grewal
Maxine & Brett Tattershall
UCB Australia Pty Limited
Dr Pavla Walsh
Lesley Weiner & Byron Angelpulo
Zoe's Angels

Medicines Australia Community Chest Program

AbbVie Pty Ltd
Eli Lilly Pty Ltd
Janssen-Cilag Pty Ltd
Pfizer Australia Pty Ltd
Roche Products Pty Ltd
Sanofi-Aventis Australia Pty Ltd

Parliamentary Friends

The Hon Kevin Andrews MP, Convenor, House of Representatives, Canberra
Senator Carol Brown, Convenor, the Senate, Canberra
Senator Rachel Siewert, the Senate, Canberra

National Consumer Reference Group

Wendy Favorito (chair)
Danielle Dunlevey
Michelle Graham
Suzie Edward May

“ Thank you for
your support. ”

abbvie



APRG
Australian Paediatric
Rheumatology Group



MEDICINES
Australia



stryker®



“Thank you
for your
support.”

Where can you find arthritis information?

MYJOINTPAIN.ORG.AU

Information and self-management plans tailored for people who have joint pain or been diagnosed with osteoarthritis. myjointpain.org.au

EMPOWERED.ORG.AU

Online support for Australians living with rheumatoid arthritis, ankylosing spondylitis and psoriatic arthritis. www.empowered.org.au

ARTHRITIS AUSTRALIA.COM.AU

Information booklets

- 10 steps for living well with arthritis
- Living with arthritis – a guide for young adult
- Taking control of your Ankylosing spondylitis
- Taking control of your Back pain
- Taking control of your Gout
- Joint replacement – A practical guide to understanding joint replacement surgery
- Taking control of your Osteoarthritis
- Taking control of your Psoriatic arthritis
- Taking control of your Rheumatoid arthritis
- Finding out your child has arthritis
- At home with arthritis – Simple steps for managing in the home

Information sheets

Areas of the body:

- Back pain
- Feet and arthritis
- Hands and arthritis
- Neck pain
- Shoulder pain
- Tips for osteoarthritis of the hip/knee

Complementary therapies/supplements:

- Complementary therapies
- Fish oils
- Glucosamine and chondroitin

10 steps for
living well
with arthritis

Taking control of your
Ankylosing
Spondylitis

A practical guide to treatments,
services and lifestyle choices

At home
with arthritis

Simple steps for managing in the home

Arthritis
AUSTRALIA

Arthritis
AUSTRALIA

Joint
replacement

A practical guide to understanding
joint replacement surgery

Taking control of your
Osteoarthritis

A practical guide to treatments,
services and lifestyle choices

Arthritis
AUSTRALIA

Arthritis
AUSTRALIA

Taking control of your
Psoriatic
Arthritis

A practical guide to treatments,
services and lifestyle choices

Taking control of your
Rheumatoid
Arthritis

A practical guide to treatments,
services and lifestyle choices

Arthritis
AUSTRALIA

Arthritis
AUSTRALIA

Condition specific:

- Ankylosing spondylitis
- Fibromyalgia
- Gout
- Haemochromatosis and Haemochromatotic arthritis
- Juvenile arthritis
- Lupus (systemic lupus erythematosus)
- Osteoarthritis
- Polymyalgia rheumatica
- Psoriatic arthritis
- Reactive arthritis
- Rheumatoid arthritis
- Ross River virus
- Scleroderma
- Sjogren's syndrome
- Spondyloarthritis
- What is arthritis?

General management:

- Arthritis and emotional wellbeing
- A to Z of arthritis
- Dealing with pain
- Exercise and RA
- Exercise and fibromyalgia
- Gout and diet
- Healthy eating and arthritis
- Juvenile arthritis
- Juvenile arthritis A Teachers Guide
- Massage and arthritis
- Physical activity
- Saving energy
- Sex and Arthritis
- Strength training
- Tai Chi
- Water Exercise

Medical management:

- Blood tests for arthritis
- Medicines and arthritis

- Surgery for arthritis
- Working with your healthcare team

JIA (juvenile idiopathic arthritis) - Condition specific/general management:

- Anterior knee pain
- Chilblains
- Chronic pain
- Chronic recurrent multifocal osteomyelitis (CRMO)
- Familial Mediterranean fever (FMF)
- Good sleep habits
- Growing pains (Benign nocturnal limb pains (BNLP))
- Hypermobility syndromes
- Juvenile dermatomyositis (JDM)
- Localised scleroderma
- Server's disease
- Uveitis in Juvenile idiopathic arthritis

JIA (juvenile idiopathic arthritis) - Medicines:

- Amitriptyline
- Azathioprine
- Cyclophosphamide
- Hydroxychloroquine
- Leftunomide
- Methotrexate
- Mycophenolate mofetil
- NSAIDs
- Steroids
- Sulfasalazine

Multicultural Information Sheets:

- Arabic
- Chinese (Cantonese)
- Croatian
- Greek
- Italian
- Korean
- Macedonian
- Persian
- Spanish
- Vietnamese

Arthritis and emotions

Arthritis and Arthritis Australia have developed this information sheet to raise awareness of the risks and impact of depression and anxiety in people with arthritis. This sheet provides general information about the symptoms of depression and anxiety and what you can do to manage them.

What is anxiety?
Anxiety is more than just feeling nervous or worried. Anxiety can be a normal reaction to a situation where a person feels under pressure and usually passes once the stressful situation has passed or is over. However, for some people these feelings become so severe that they interfere with their ability to carry out their normal activities. Anxiety is a common symptom of depression and is brought on by the same factors that cause depression. Treatments are available. The sooner a person gets help, the sooner they can recover.

Signs of anxiety
The symptoms of anxiety can often develop gradually over time. There are many types of anxiety and there are a range of symptoms for each. Anxiety can be expressed in different ways such as: unexplained worry, constant feelings of panic attacks, sweating, dizziness or fainting, or a constant sense of dread. Some common symptoms of anxiety include:
• feeling nervous, restless and being unable to relax
• withdrawing from close friends and becoming isolated
• being unable to concentrate and not getting things done at work or school
• feeling overwhelmed, irritable and getting angry
• increased sweating and shaking
• loss of sleep
• loss of appetite and significant weight loss
• trouble getting to sleep, waking often and being tired during the day
• feeling restless, fatigued and dizzy
• increased difficulty breathing and palpitations
• thoughts such as "This is awful," "I'll be unable to live like this," "I might be better off without me."

What are the links between depression, anxiety and arthritis?
Up to one third of people with arthritis who have arthritis have affected their emotionally. People living with arthritis pain are four times more likely to experience depression or anxiety than people living without pain.

What are the links between depression, anxiety and arthritis?
Up to one third of people with arthritis who have arthritis have affected their emotionally. People living with arthritis pain are four times more likely to experience depression or anxiety than people living without pain.

What is depression?
Depression is a mood disorder that affects how you think, feel and act. It is more than just feeling sad or down. People who experience depression often have a loss of interest in things they used to enjoy, changes in their eating and sleeping patterns, and a sense of hopelessness. Depression is a serious condition that has an impact on both physical and mental health. The good news is that depression is treatable and effective treatments are available.

What are the links between depression, anxiety and arthritis?
Up to one third of people with arthritis who have arthritis have affected their emotionally. People living with arthritis pain are four times more likely to experience depression or anxiety than people living without pain.



For your local Arthritis Office: 1800 811 811 www.arthritisaustralia.com.au



Complementary therapies

This sheet has been written to provide general information about complementary therapies for people with arthritis. It provides a summary of the current evidence about complementary therapies for arthritis as well as tips for the safe use of these therapies. Sources of further information are also included.

What are complementary therapies?
Complementary therapies are any treatments or therapies that are used in addition to conventional medicine to help manage the symptoms of a disease. Examples of complementary therapies include: acupuncture, massage, aromatherapy, exercise and mind-body practices and herbal medicine.

Do complementary therapies work?
The effectiveness of complementary therapies has been the subject of many scientific studies. Some studies have shown that complementary therapies can help reduce pain, improve function and reduce the need for painkillers. However, not all studies have found that complementary therapies are effective. It is important to talk to your doctor about the risks and benefits of any complementary therapy you are considering.

Using essential oils

Essential oils to avoid	Essential oils to use
• Camphor	• Eucalyptus
• Clove	• Geranium
• Citrus oils (lemon, orange, grapefruit)	• Lavender
• Peppermint	• Tea tree
• Wintergreen	

Herbal medicine

Herbal medicine to avoid	Herbal medicine to use
• St. John's Wort	• Chamomile
• Ginkgo biloba	• Valerian
• Garlic	
• Ginseng	
• Licorice	
• St. John's Wort	
• Valerian	

Acupuncture

Acupuncture is a traditional Chinese medicine practice that involves the insertion of thin needles into specific points on the body. It is used to treat a wide range of conditions, including pain, stress, and anxiety. Research has shown that acupuncture can be effective for pain management in people with arthritis.

Massage

Massage is a therapeutic technique that involves the manipulation of soft tissues in the body. It can help to reduce pain, improve circulation, and promote relaxation. Research has shown that massage can be effective for pain management in people with arthritis.

Yoga

Yoga is a physical, mental, and spiritual practice that involves a combination of postures, breathing exercises, and meditation. It can help to improve flexibility, strength, and balance. Research has shown that yoga can be effective for pain management in people with arthritis.

Meditation

Meditation is a practice that involves focusing the mind on a particular object, thought, or activity. It can help to reduce stress, improve concentration, and promote relaxation. Research has shown that meditation can be effective for pain management in people with arthritis.



For your local Arthritis Office: 1800 811 811 www.arthritisaustralia.com.au



Fibromyalgia

This sheet has been written for people affected by fibromyalgia. It provides general information to help you understand how fibromyalgia affects you and what you can do to manage it. It also tells you where to find further information and advice.

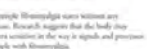
What is fibromyalgia?
Fibromyalgia is a complex disorder that causes widespread pain and tenderness throughout the body. It is a chronic condition that affects many people with arthritis. Research has shown that fibromyalgia is not caused by any damage to the muscles or joints. It is important to understand that fibromyalgia is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis. Fibromyalgia is a complex disorder that causes widespread pain and tenderness throughout the body. It is a chronic condition that affects many people with arthritis. Research has shown that fibromyalgia is not caused by any damage to the muscles or joints. It is important to understand that fibromyalgia is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

How is it diagnosed?
Fibromyalgia can be very difficult to diagnose. It does not have any visible signs or symptoms that can be seen or measured. It is diagnosed based on the patient's history and physical examination. The doctor will ask about the patient's symptoms and how long they have been present. They will also perform a physical examination to check for any signs of arthritis or other conditions. Fibromyalgia is a complex disorder that causes widespread pain and tenderness throughout the body. It is a chronic condition that affects many people with arthritis. Research has shown that fibromyalgia is not caused by any damage to the muscles or joints. It is important to understand that fibromyalgia is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

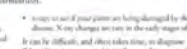
What are the symptoms?
The most common symptoms of fibromyalgia are:
• widespread pain, stiffness and tenderness of muscles
• fatigue
• trouble sleeping
• problems with concentration and memory
• irritable bowel syndrome, stomach pain
• joint pain, swelling, and tenderness to touch
• increased pain during the morning
• increased pain during the day
• increased pain during the night
• increased pain during the afternoon
• increased pain during the evening
• increased pain during the night
• increased pain during the afternoon
• increased pain during the evening
• increased pain during the night

What happens to me?
Fibromyalgia is a chronic condition that causes widespread pain and tenderness throughout the body. It is a complex disorder that affects many people with arthritis. Research has shown that fibromyalgia is not caused by any damage to the muscles or joints. It is important to understand that fibromyalgia is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

What causes it?
The exact cause of fibromyalgia is not known. It is thought to be caused by a combination of factors, including genetics, environmental factors, and psychological factors. Research has shown that fibromyalgia is not caused by any damage to the muscles or joints. It is important to understand that fibromyalgia is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.



For your local Arthritis Office: 1800 811 811 www.arthritisaustralia.com.au



Rheumatoid arthritis

This sheet has been written for people affected by rheumatoid arthritis. It provides general information to help you understand how rheumatoid arthritis affects you and what you can do to manage it. It also tells you where to find further information and advice.

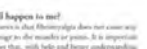
What is rheumatoid arthritis?
Rheumatoid arthritis (RA) is an autoimmune disease that causes joint pain and swelling. It is a chronic condition that affects many people with arthritis. Research has shown that RA is not caused by any damage to the joints. It is important to understand that RA is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

How is it diagnosed?
Rheumatoid arthritis can be very difficult to diagnose. It does not have any visible signs or symptoms that can be seen or measured. It is diagnosed based on the patient's history and physical examination. The doctor will ask about the patient's symptoms and how long they have been present. They will also perform a physical examination to check for any signs of arthritis or other conditions. RA is a complex disorder that causes joint pain and swelling. It is a chronic condition that affects many people with arthritis. Research has shown that RA is not caused by any damage to the joints. It is important to understand that RA is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

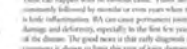
What are the symptoms?
The most common symptoms of RA are:
• joint pain, swelling, and tenderness to touch
• increased pain during the morning
• increased pain during the day
• increased pain during the night
• increased pain during the afternoon
• increased pain during the evening
• increased pain during the night
• increased pain during the afternoon
• increased pain during the evening
• increased pain during the night

What happens to me?
RA is a chronic condition that causes joint pain and swelling. It is a complex disorder that affects many people with arthritis. Research has shown that RA is not caused by any damage to the joints. It is important to understand that RA is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.

What causes it?
The exact cause of RA is not known. It is thought to be caused by a combination of factors, including genetics, environmental factors, and psychological factors. Research has shown that RA is not caused by any damage to the joints. It is important to understand that RA is not a form of arthritis. It is a separate condition that can occur on its own or alongside arthritis.



For your local Arthritis Office: 1800 811 811 www.arthritisaustralia.com.au



Who can you contact?

For all arthritis information:
Arthritis Infoline **1800 011 041**
www.arthritisaustralia.com.au

Arthritis Australia

Level 2/255 Broadway Glebe NSW 2037
PO Box 550 Broadway NSW 2007
P: 02 9518 4441
F: 02 9518 4011
E: info@arthritisaustralia.com.au
www.arthritisaustralia.com.au

AFFILIATE OFFICES

Arthritis ACT

Level 2B Grant Cameron Community Centre
27 Mulley Street Holder ACT 2611
PO Box 4017 Weston Creek ACT 2611
P: 02 6288 4244
F: 02 6288 4277
www.arthritisact.org.au
Rebecca Davey – Chief Executive Officer

Arthritis New South Wales

Unit 1, 15/32 Delhi Road
North Ryde NSW 2113
Locked Bag 2216 North Ryde NSW 1670
P: 02 9857 3300
F: 02 9857 3399
www.arthritisnsw.org.au
Sandra Vincent – Chief Executive Officer

Arthritis Northern Territory

Shop 18 Rapid Creek Business Village
48 Trower Road Millner NT 0810
PO Box 452 Nightcliff NT 0814
P: 08 8948 5232
F: 08 8948 5234
www.aont.org.au
Hilary Fowler – Secretary

Arthritis Queensland

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Arthritis Australia is an independent national organisation for people affected by arthritis and musculoskeletal conditions.

Our Arthritis Affiliates in the States and Territories deliver services and support at the local level.

Arthritis Australia's Council of Advice is the 'Voice of Affiliates' at Board level. Its purpose is to provide a formalised engagement between the Arthritis Australia Board and Affiliate Boards to share strategic initiatives of interest to all parties. Dialogue is two way and is desinated to assist with our organisation's charter of supporting and advocating for people with arthritis and other musculoskeletal conditions. We achieve this by sharing knowledge that is relevant for board level discussions whether it be to enhance delivery, reduce duplication, increase funding or other.

We also work with national and international partner organisations to improve the quality of care, services, information and resources available within Australia.

Strategic Priorities

2017

Consumer advocacy



- Connecting with consumers and listening to their views, issues and needs
- Representing consumer interests at the national level



Relationship with government: Key topics and initiatives (AA & Federal) and (State Affiliates & State Governments)

Raise profile of Arthritis: Advocacy, lifting profile, strategic initiatives such as JIA fundraiser. State initiatives that could be national

Consumers: National Consumer Reference Group feedback. National and regional updates of a strategic nature

Information provision



- Delivering accurate, reliable and unbiased information
- Conducting rigorous scientific assessment of evidence-base and consumer usability



Knowledge sharing: Access to national collateral and materials. Updates from CoA members about strategic initiatives and materials from their region of potential interest to all. Forum to discuss new initiatives that have stemmed from a region that may be best placed to be co-ordinated nationally, yet delivered locally

National coordination



- Facilitating national projects, programs and services
- Partnering for service delivery if an Affiliate, specifically requests unification or, is absent



Co-ordinated national programs: Large programs that require national and regional support. Board awareness & governance discussion rather than about delivery (link to CEO's). Communication about regional programs that may be of value to others

Communication & engagement model: Quarterly meetings, email correspondence and ad-hoc meetings as required. Preferably one face to face meeting per annum. Subjects of interest taken off line and progressed with relevant parties

Research



- Funding research, fellowships and projects based on public and transparent assessment process
- Ensuring this research will be translational, or leads to improving treatment and quality of life



National Research Strategy: Access to database on research and summary of outcomes. Communication about State driven research programs and rationale. Transparency of research spend / reduce duplication. Share future priorities (National and State)

Organisational Sustainability



- Resourcing and maintaining effective stakeholder relationships, communication and coordination
- Fostering workforce skills and innovation and promoting efficiency and organizational agility
- Expanding capacity through prudent financial management and growth of income base



Efficiencies & cost reduction (Suggest these items sit with CEO's, info may be tabled at CoA but not part of our remit):

• **Performance:** success measures

• **Skills and resources:** economies of scale by sharing resources / knowledge

• **Continuity of messaging / marketing:** So as not to confuse market

What are we doing next year?

IN 2018 WE WILL:

- Continue to advocate strongly to the Australian Government for action in our priority areas.
- Launch the *Rheumatology Nurses: adding value to arthritis care*, a report into rheumatology nursing in Australia in October 2017. This report will support our advocacy priority of building the rheumatology nurse workforce to provide consumer education, support and care coordination. It will also guide our next steps in increasing consumer access to rheumatology nursing care.
- Continue to advocate for increased funding for arthritis research from the Australian Government's Medical Research Future Fund and for better non-surgical care for people with osteoarthritis.
- Complete an audit of NSW Health's portion controlled products to ensure they have the most accurate data on our national Packaging Accessibility Rating Database. This will allow those who are purchasing portion-controlled food to make informed decisions about how hard or easy packaging will be for patients to open. The project continues to grow and achieve positive outcomes for companies innovating with easy-to-open designs.
- Launch a major new website for people with low back pain in collaboration with the University of Queensland. With nearly 25% of all Australians having back pain at any time, and it being the leading worldwide cause of disability, it's surprising that care is poor for this condition. The new website will create tailored management plans for each consumer and allow people in the health system to access the latest evidence based treatment information.
- Continue to support and maintain the MyJointPain.org.au website. With over 250,000 visitors from around the world, our osteoarthritis website continues to be the most comprehensive website for this disabling and prevalent condition.
- Launch a new and improved Arthritis Australia website, featuring a simpler and more intuitive navigation and an attractive user-friendly design which will allow visitors easier access to the information they need. The new website will be launched in late 2017.
- Launch the Paediatric Rheumatology Scholarship Program, which will support training positions.
- Build on our pool of information sheets and booklets based on health consumer, health educator and health professional feedback.

Arthritis Infoline
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