

TAKING CONTROL OF YOUR
**ANKYLOSING
SPONDYLITIS**



A practical guide to treatments,
services and lifestyle choices

How can this booklet help you?

This booklet is designed for people who have ankylosing spondylitis.

It will help you understand your condition so that you can better manage your symptoms and continue to lead an active and healthy life. This booklet offers information and practical advice to help you:

- understand what ankylosing spondylitis (AS) is and what it means for you
- work with your healthcare team to manage the disease and reduce symptoms
- choose foods and activities that are appropriate to your situation
- understand how your medicines can help in the short and long term
- find support to cope with the emotional and lifestyle impacts of the disease.

The information inside is based on the latest research and recommendations, and has been reviewed by Australian experts in the field of arthritis to make sure it is current and relevant to your needs.

So go ahead — take control of your ankylosing spondylitis!

© Copyright Arthritis Australia 2009.
Reviewed November 2019.

**Proudly sponsored by an unrestricted educational grant from:
UCB Australia Pty Ltd
ABN 48 005 799 208
Level 1, 1155 Malvern Road,
Malvern VIC 3144**

Original booklet produced by: Indegene Australia Pty Ltd AU-RHU-2013-64b

CONTENTS

UNDERSTANDING ANKYLOSING SPONDYLITIS	4
WHO CAN HELP?	8
WORKING WITH YOUR GP	9
SEEING A RHEUMATOLOGIST	10
OTHER HEALTH PROFESSIONALS	12
HEALTHY MOVES FOR YOUR SPINE AND JOINTS	14
MAKING THE MOST OF MEDICINES	18
SEEKING SUPPORT	22
GLOSSARY OF TERMS	25
USEFUL RESOURCES	26

MEDICAL AND CONSUMER CONSULTANTS

Dr Paul Bird,
Rheumatologist

Ms Tanya deKroo,
Information Resources
Coordinator, Arthritis Australia

Mr Matthew Leibowitz
Person living with ankylosing
spondylitis

Dr Mona Marabani,
Rheumatologist and President of
Arthritis Australia (2007-2010)

Ms Jean McQuade
Manager, Health & Education
Services, Arthritis WA

Dr Peter Nash,
Rheumatologist

Mrs Judith Nguyen,
Arthritis Australia, Board Member

Prof Susanna Proudman,
Arthritis Australia Medical Director and
Board member

Dr Scott Graf,
Rheumatologist

Jo Rayner,
Arthritis SA, Manager Education
Research and Advocacy

Dr Peter Youssef,
Rheumatologist and Chair of Arthritis
Australia Scientific Advisory Committee



Understanding ankylosing spondylitis

Axial spondylarthritis is an inflammatory arthritis that affects the spine. ‘Spondylitis’ means inflammation of the spine and ‘arthritis’ means joint disease. There are two forms of axial spondylarthritis – non-radiographic axial spondylarthritis and ankylosing spondylitis. This booklet will focus on ankylosing spondylitis (AS).

What is ankylosing spondylitis?

Ankylosing spondylitis is a disease which causes inflammation and pain in your spine (backbone).

Early symptoms often include back and neck pain, which is usually worse early in the morning and when you first get out of bed. This type of back pain is worse after rest and improves with exercise or activity. It can also affect other joints such as the shoulders, hips, knees, ankles and the joints between your ribs and breastbone. There may also be symptoms away from the spine, including bowel irritation, sore eyes and fatigue.

AS affects about 1–2% of Australians. The disease usually first appears between the ages of 15–40 years and is about three times more common in men than in women.

What causes ankylosing spondylitis (AS)?

The exact cause of AS is not known. There is a strong genetic component, particularly with the HLA-B27 gene, and the disease can often be seen to run in families. People who carry the HLA-B27 gene are at a greater risk of developing AS compared to those who don’t.

However, only about one in every eight people who have the HLA-B27 gene will develop AS, so having the gene does not necessarily mean that the person will get AS or pass it on to their children. For people who carry HLA-B27 and have a parent, brother or sister with ankylosing spondylitis, the risk of developing the disease is about one in five.

Other genes, have also been found to be associated with AS, and research continues on their exact relationship to the development of the condition. Unlike other types of back pain, AS is not caused by

Understanding ankylosing spondylitis

particular jobs or lifestyle choices, and is usually not the result of particular injuries, infections or other medical conditions.

How will ankylosing spondylitis affect me?

AS affects different people in different ways. A common early symptom is deep aching in the lower back or the buttocks. This is due to inflammation of the joints between the tailbone and pelvis (sacroiliac joints). The pain may remain localised to the lower back or may spread to involve the entire spine.

Other parts of the body may also become inflamed resulting in pain, stiffness and swelling. These include the joints of the arms and legs (arthritis) and spots where muscles and tendons attach to the bone, such as the heels (enthesitis)

People with AS may also experience episodes of eye inflammation (iritis or uveitis), which results in red, sore eyes, blurry vision and permanent damage if left untreated. Uveitis can come on suddenly and will often re-occur. Around 30% of people with AS will get uveitis at some point.

The lining of your bowel may also

be affected, causing symptoms of inflammatory bowel disease such as diarrhoea and bloating.

Not everyone with AS will develop all of these symptoms and, in some cases, the symptoms may come (flare) and go (remission) over many years. For other people, the symptoms and disability may slowly worsen over time.

If left untreated, AS may lead to permanent stiffening of the spine and damage to other joints and parts of the body. In particular, there may be new bone growing around the spine, which can lead to pain and disability as the back becomes increasingly stiff.

Understanding ankylosing spondylitis (AS)

In severe cases, this extra growth can fuse the bones in the spine together, stopping the spine from moving and causing a permanently forward-stooped posture.

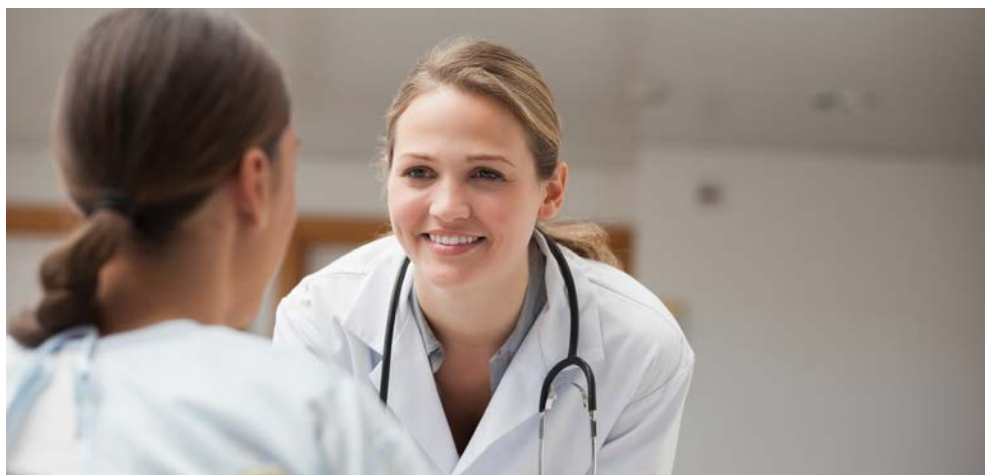
Most people with AS continue to study, work or carry out home duties, although some may need a change in study and working conditions to avoid long periods of sitting and allow adequate movement or activity throughout the day.

While there is still no 'cure' for AS, there has been real progress in managing the disease during recent years. Effective treatment as soon as possible can help reduce your symptoms and minimise any disability associated with spine and joint problems.

How will my doctor diagnose ankylosing spondylitis (AS)?

A rheumatologist (specialist) will look at the results from many tests to help them decide whether you are likely to have AS. Your rheumatologist will:

- talk to you about your symptoms, including how old you were when you first noticed them, where and when you feel back pain, and whether it feels better or worse when you move
- ask if anyone in your family has had AS, back problems or other types of arthritis



Understanding ankylosing spondylitis (AS)

- carefully examine your spine, eyes, shoulders, hips, knees and feet to check how well they can move, and to look for signs of inflammation such as tenderness, warmth or swelling
- take a blood sample to help decide if your symptoms are caused by inflammation and to test for the HLA-B27 gene
- possibly send you to a radiologist for an x-ray or other scan such as a CT or an MRI of your spine and pelvis.

What about pregnancy?

For women, the disease should not interfere with pregnancy, but you will need to discuss your medications with your doctor to minimise potential harm to your unborn baby. Some arthritis medicines can still be used during pregnancy if necessary, but some can harm the foetus and should not be taken while trying to conceive, when pregnant or during breastfeeding. For men, you should discuss your family's pregnancy plans with your doctor so that they can review your medications if necessary.

Arthritis Australia's new website www.empowered.org.au presents a detailed section on pregnancy, including hearing directly from women with arthritis about their journeys to motherhood.



Who can help?

Your friends & family

Exercise physiologist

Counsellor or psychologist

Pharmacist

Rheumatologist

Your doctor

Physiotherapist

Complementary therapist

Arthritis information & support group

Weight loss specialist

Arthritis Australia and arthritis affiliate offices

Occupational therapist

Rheumatology nurse



The good news is that AS can be effectively managed – and a team approach is the best way to tackle it. This involves you and your healthcare professionals together with support from family, friends and community organisations.

How can you help?

This will help you be actively involved in your care and decision-making about treatments. With the right treatment and advice, AS doesn't have to get in the way of working, travelling, relationships, pregnancy or parenting.

Working with your GP

Understand how your treatments will help and how to get the most out of them.

Contact your State/Territory Arthritis Office on 1800 011 041 for guidance. They can provide information and introduce you to support groups, exercise programs and other arthritis management services.

Arthritis Australia has developed a new website www.empowered.org.au with a range of resources designed to help you live, and live well, with ankylosing spondylitis. You can also see Arthritis Australia's range of information sheets for more about treatments for AS at www.arthritisaustralia.com.au.

How can my GP help?

Your GP is an important partner in managing your AS. They can also help you to access other specialists, health professionals and services. For example, if you have AS, or your doctor suspects you may, your GP will refer you to a rheumatologist (bone and joint specialist).

Once your AS is fully assessed, your GP or specialist may prepare a care plan to manage the services and treatments you require.

They will also see you regularly to check on your treatment and its progress.

Your GP may employ a practice nurse, who may coordinate your care and access to services.

How do I find a GP?

If you don't have a regular GP, speak to your local practice or medical centre.

When should I see my GP?

- Once your treatment is underway, you should visit your GP at least every 2–3 months for review
- Visit your GP immediately if you notice a sudden worsening in symptoms or disability, Visit your GP immediately if you experience eye problems. Your GP may refer you to an Ophthalmologist (eye specialist).

Seeing a rheumatologist

How can a rheumatologist help?

Rheumatologists are doctors who specialise in diseases of the joints, including AS.

All people with suspected or diagnosed AS should visit a rheumatologist, and in some cases the rheumatologist will organise your ongoing care.

The rheumatologist will refer you to a physiotherapist and will probably start you on medicine to slow down the disease and reduce pain. Because every person's AS is different, your rheumatologist will probably select different treatments over time to find the best one for you.

If there are specific problems in other parts of your body, your rheumatologist may refer you to other doctors such as an ophthalmologist (eye specialist), gastroenterologist (gut specialist), dermatologist (skin specialist) or an orthopaedic surgeon (a specialist in bone and joint surgery).

How do I find a rheumatologist?

Your GP will refer you to a rheumatologist — they will then stay in touch to coordinate your care

Your GP may recommend a rheumatologist or you can contact the Australian Rheumatology Association on (02) 9252 2356 or visit www.rheumatology.org.au to find a rheumatologist in your area (but you will still need a referral from your GP).

When should I see my rheumatologist?

- At first, you will probably see the rheumatologist every 4–6 weeks
- After that you should visit about every 3 months, depending on your treatment.

See www.empowered.org.au to learn more about rheumatologists, including what to expect at your first appointment and how to work with your specialist.



Other health professionals

How can a physiotherapist help?

An essential health partner for your AS is a **physiotherapist** (physio). Your physio will use various therapies, including mobilisation techniques, stretches and exercises, to keep your spine and joints as flexible, strong and pain-free as possible.

They will also suggest the best posture for your back and show you exercises that you should do at home to keep your spine mobile. They may also offer an intensive physiotherapy course, or encourage you to attend classes or group sessions for people with similar back conditions.

When should I see a physiotherapist?

- You should be referred to a physio or a physiotherapy clinic soon after your diagnosis of AS
- You will probably need to return to your physio on a regular basis, particularly in the early stages of the disease, so that they can reassess the mobility of your spine, adjust your exercises and help you stay motivated

If you take part in physiotherapy classes, these may happen every 1–2 weeks depending upon what is available in your area

Other health professionals

You might also visit an **occupational therapist** (OT), or they may come to your home or work. OTs can provide advice on how to do things, at home, work and when you're out and about, in ways that reduce strain and pain for your back.

A rheumatology nurse is a specially trained nurse working with your rheumatologist that can help you learn more about your condition, understand your treatments and provide support.

A pharmacist can give you information about your medicines, side effects and interactions, as well as helping you to manage your medicines (eg. checking dosage, managing repeats).

What changes might they suggest?

Your physio or OT may suggest changes to your furniture and posture to make your home and work more comfortable and better for your back. This can include finding an appropriate

Other health professionals

chair to provide good support for your spine.

If you will be sitting for a long time, sit up straight in your chair and move regularly — stand up and stretch every 20 minutes. When driving, a small cushion on the seat back will support your lower back, and you should also stop regularly for stretches.

Make sure that your bed is firm but not too hard, and use only one soft pillow. You may also need to re-assess with your physio or OT how you carry out your work or home duties to make sure that you continue to move your back without straining it.

How do I find a therapist?

- Your GP or specialist can provide a referral, or you can contact a private therapist directly (see page 26 for information about finding a private therapist).
- If you have private health insurance, your health fund may cover part of the cost of seeing certain private health professionals.

- If your GP refers you to a health professional as part of a care plan, you may be able to have five sessions per year funded by Medicare. Ask your GP for more information.
- Most health professionals are available in the public health system (such as at a community health centre or public hospital). There is often a waiting list and you will usually need a referral from your GP. Their services are usually free or low cost.

Visit www.empowered.org.au to hear more about building your healthcare team and receive practical tips from various health professionals. Different people will have different preferences about the type of health professional or therapist they wish to see. There is no 'right' or 'wrong' but ensure your health professional is qualified and registered. You can check the registration of many types of health professionals with the Australian Health Practitioner Regulation Agency (AHPRA) at www.ahpra.gov.au or by calling **1300 419 495**.

Healthy moves for your spine and joints

While healthcare professionals can offer a range of treatments for your ankylosing spondylitis, there are many things you can do too.

Smoking is a risk factor for developing AS and continuing to smoke can increase pain, bone damage and reduce the way the body responds to some medications.

Quitting smoking is an important first step to help your joints and better manage your condition – call the Quitline on 13 78 48 or visit www.quitnow.gov.au Talk to your doctor or other care team members before making lifestyle changes.

Eating well

What foods are good or bad for ankylosing spondylitis?

There is very little evidence that particular foods are good or bad for people with inflammatory conditions such as AS and there is certainly no diet proven to ‘cure’ it. Eating a balanced diet that is low in saturated fat, sugar and salt, but high in fruit, vegetables and cereals is good for most people. Eating a balanced diet can also help you maintain a healthy

weight. Being overweight increases the burden on joints, such as the lower back, hips, legs and feet, and can increase pain

The Australian Government provides advice about the amount and kinds of foods that we need to eat for health and wellbeing, including Australian Dietary Guidelines, at www.eatforhealth.gov.au

For help in working out the best things to eat, you can ask your GP to refer you to a dietitian or find one directly via the Dietitians Association of Australia — call 1800 812 942 or visit www.daa.asn.au

For more information about diet and suggestions from a dietitian visit www.empowered.org.au

Fish oils

Current research suggests eating foods rich in Omega-3 fats can help reduce inflammation in some forms of arthritis, but have not yet been proven for AS. While these effects are modest compared with medicines, omega-3 fats do not have serious side effects. Foods rich in omega-3 fats include oily fish, like sardines and salmon, plus canola oil and walnuts. If you cannot eat these foods regularly, daily fish oil supplements that provide around 2.7g of omega-3 (EPA plus DHA) may be a useful substitute.

Visit www.arthritisaustralia.com.au to view our factsheet: Fish Oils

Keeping active

What exercise should I be doing?

Regular physical activity benefits everyone, and is one of the most effective treatments for AS. It helps to reduce your pain, strengthen your muscles, maintain good posture and improve your sleep and overall health.

Inflammation in your muscles, tendons and other tissues may make it harder for you to stand up straight, turn and bend or take a deep breath.

Regular stretching exercises can help, and your physio can suggest suitable exercises to stretch and strengthen your muscles. These exercises will help your posture and help to maintain mobility in your spine. You should aim to do this stretching program daily or at least five times per week.

Always check with your health care professional before starting any new exercise program. Choosing the right type of exercise is important to avoid injury or causing a 'flare' of symptoms.



AS exercises with Michael Slater

Australian cricketing legend, Michael Slater, has partnered with Arthritis Australia to produce an AS exercise video. Slater, who has AS, demonstrates specific stretching exercises which have been designed to help people with AS manage their symptoms. The exercises were developed by physiotherapists and the video is endorsed by the Australian Physiotherapy Association and Australian Rheumatology Association. This video is available from the AS section of the Arthritis Australia website. Visit

www.arthritisaustralia.com.au

In addition to your stretching and posture exercises, it is important to do at least 30 minutes of moderate exercise on most days of the week for your general fitness. You can do this either in one go or break your exercise into smaller efforts (for instance, three 10-minute or two 15-minute blocks per day). Activities that are likely to be good for your fitness and posture include swimming, walking, jogging, low-impact aerobics and tennis. If you prefer riding a bike or exercise bike, talk to your physio about how to modify your bike to maintain good posture. Your physio or exercise physiologist can also suggest other exercises that are appropriate for your situation.

Healthy moves for your spine and joints

Ask your State/Territory Arthritis Office about appropriate exercise programs in your local area, including community groups, sports centres or gyms that run programs specifically for people with arthritis.

The UK National Ankylosing Spondylitis Society publishes useful videos showing many practical exercises — you can find it at

www.nass.co.uk

For more information about staying active and suggestions from a physiotherapist visit

www.empowered.org.au

What if it hurts to exercise?

The level and type of exercise you will be able to do varies from person to person — while some people can aim to keep or improve their fitness through exercise, others may be aiming to remain mobile.

Some people will experience pain in their soft tissue and muscles when first exercising. If pain feels unusual or severe, or lasts for more than two hours after you have stopped an activity, it is probably best to avoid or change that activity. Applying a heat or cold pack to a sore area may ease swelling and/or pain.

Try to plan your exercise for times when you are experiencing the least pain — generally when you are least tired and your medicine is having maximum effect.



Making the most of medicines

Will medicine cure my ankylosing spondylitis?

At present there is no ‘cure’ for ankylosing spondylitis. However, early use of the right medicines can help slow down the damage caused by the disease, relieve pain and stiffness, and reduce long-term disability. The aim of treatment is remission — to be symptom-free and return to normal function.

What is the right medicine for me?

All medicines have risks and benefits, so before you start treatment talk to your doctor and pharmacist about how each medicine should be helping you and what risks it might have. Make sure your doctor knows about any other health problems that you or your family members have, as this can help them choose the best medicine for you.

You should also make sure that you understand what side effects the medicine might have, including what to do or who to speak to if you experience any unwanted effects from your medication.

Many medicines for AS need to be taken regularly to work properly and should not be stopped suddenly — talk to your doctor if you have concerns about side effects, safety or cost.

Each person responds differently to medicines, which means that you will need to work with your specialist and GP to find the best medications and doses for you. This can take time, but by finding the most effective medicines with the least side effects, you can hope to really make a difference in controlling your AS. This means that you may need to change or add medicines over the course of your treatment.

How will the medicines help?

For many people with ankylosing spondylitis, the combination of regular medication and exercise can control symptoms and reduce the long-term effects of the disease.

A group of drugs called NSAIDs (anti-inflammatory drugs) are the first and most common type of medication that people with AS use. NSAIDs can help relieve pain, reduce swelling and stiffness, and may limit harmful changes to the bones of the spine and pelvis.

The other type of medicines used to treat AS are called biologics. These medicines work by blocking specific components in the immune system, to reduce inflammation and pain. A number of biologic drugs are currently available and your rheumatologist will decide whether you need them.

Regular blood tests may be necessary to test the effectiveness of the drugs you are taking and to check for any unwanted side effects.

What side effects do these medicines have?

To understand more about your medicines and any risks or side effects that they may have, read the Consumer Medicine Information (CMI) leaflet that is available from your doctor or pharmacist. CMI leaflets provide easy to understand information including what the medicine is for and how it is used; things to consider before using the medicine; and possible side effects and what to do if they occur. Speak to your specialist or GP, especially if you have concerns about the long-term effect of medicines, or whether they should be taken during pregnancy or breastfeeding.

The Australian Rheumatology Association and Arthritis Australia publish medicine information sheets. Call the Arthritis Infoline on 1800 011 041 for copies or visit www.rheumatology.org.au or www.arthritisaustralia.com.au

Making the most of medicines



Biosimilar medicines are beginning to enter the Australian market. These are copies of biologic medicines that are very similar, but not identical to, the original medicine. To make sure you get the medicine that is right for you, talk to your rheumatologist about whether you should keep taking the same brand of biologic or whether it could be substituted. Visit www.arthritisaustralia.com.au to find out more.

What other treatments can help?

Very few non-medical ‘cures’ or treatments have been scientifically proven to help reduce symptoms of AS. Acupuncture has been found to help relieve long-term back pain, but not specifically back pain related to AS.

Ensure your practitioner is qualified and registered. There are professional associations for most therapies that you can contact for more information, or they can help you find an accredited practitioner. Some qualifications, for example Chinese Medicine Practitioners, can be checked at the Australian

Making the most of medicines

Health Practitioner Regulation Agency (AHPRA) www.ahpra.gov.au or by calling **1300 419 495**.

Because herbal, homeopathic, Ayurvedic or Chinese medicines may affect the treatments prescribed by your doctor, please tell your GP and specialist what other treatments you are thinking about using.

You may feel concerned that your doctor or other members of your healthcare team will disapprove of complementary therapies. However it is very important to keep your healthcare team informed, even if they do not approve. Your healthcare team, particularly your doctor and pharmacist, can't give you the best professional advice

without knowing all the treatments you are using. This includes vitamin supplements, herbal medicines and other therapies.

See Arthritis Australia's Complementary Therapies information sheet for more about the safe use of these types of treatments at

www.arthritisaustralia.com.au or visit www.empowered.org.au

You should also talk to your specialist or GP before having treatment from a chiropractor or osteopath. Manipulation of the spine may not be a suitable treatment option for people with AS.



Seeking support

Why me?

It's perfectly normal to wonder why you have developed AS, and to feel angry, sad, frightened or confused about it. By taking control of your condition and working with your healthcare team, you can approach the disease with a positive attitude. However, sometimes the condition can get you down, especially if pain, stiffness or disability are affecting your everyday life. It may also feel as though people around you — even close friends or family — don't understand what you're going through.

Who can help?

There are many people who can help you deal with the emotional side of AS. Your first step is to try to talk honestly with your partner, parents or children about how you feel. Give them a chance to talk too — they might have worries or feel that they don't know enough about your disease and how it is affecting you. Visit your GP if you are worried that unwanted feelings are too strong or have been there for a long time.

Your GP may be able to suggest ways of coping, or may prescribe medicines if you are especially worried or depressed.

Visit www.empowered.org.au to hear directly from people with AS and similar conditions on how they learned to deal with the emotional ups and downs of living with arthritis.

They may also refer you to a counsellor or **psychologist**, who can talk to you about your worries, feelings and moods, then suggest practical ways to work through them. If you want to contact a psychologist directly, call the Australian Psychological Society on 1800 333 497 or visit www.psychology.org.au

beyondblue provides information and advice about depression, anxiety, available treatments and where to get help. Visit www.beyondblue.org.au or call **1300 224 636**.

Lifeline provides a 24hr confidential telephone crisis support service for anyone across Australia experiencing a personal crisis. Call **13 11 14**.

Seeking support

What other assistance is available?

There are many resources available to help people with AS. Your doctor may put you in touch with a social worker, who can help explain the financial and health services that are available to you. These can include any pensions or allowances that you might be entitled to, plus any financial assistance such as Health

Care Concession Cards or low-cost treatment programs.

Your local council, community health centre, community group or religious organisation may also offer programs that include practical advice, activities, social networks or just someone to talk to.



Seeking support

There are also Independent Living Centres in each state that provide advice on products and services, including aids and devices, that can help with day-to-day activities. Visit www.ilaustralia.org.au or call 1300 885 886 to find your closest centre or more information.

Contact your State/Territory Arthritis Office to find out about their wide range of resources, management programs and support groups — call 1800 011 041 or visit www.arthritisaustralia.com.au

Arthritis Australia has a website www.empowered.org.au that allows you to hear directly from people living with AS and similar conditions about how they have managed to survive, and thrive, with arthritis. Arthritis Australia also has a designated AS section on its website, which includes Australian cricketer legend, Michael Slater's story about his 20-year journey, as well as other personal stories from people living with the condition. An Ankylosing Spondylitis exercise video, featuring Michael Slater and physiotherapists can be downloaded. Visit www.arthritisaustralia.com.au

What about information from other websites?

The web can be a useful source of information and support. However, not everyone who puts information on the web is a qualified health practitioner. Some organisations make unrealistic promises in order to sell their products.

Treatment options and practices from overseas may also not be relevant or approved in Australia. Always check information from the web with a trusted member of your healthcare team.

The Australian Government's Health Direct website www.healthdirect.gov.au is an excellent starting point for web searches, as every site that Health Direct links to has been checked for quality and accuracy of information.

The UK's National Ankylosing Spondylitis Society has a broad range of reliable advice, factsheets, videos and forums through which you can learn more about managing your condition www.nass.co.uk

Glossary of terms

Analgesic **an-al-jee-zik**

A medicine that helps relieve pain.

Ankylosing spondylitis**an-kee-lo-zing spon-dee-ly-tiss**

A disease where the joints in the spine become inflamed and, if untreated, may lead to the spinal bones joining together.

Corticosteroid **core-tick-o-ster-oyd**

A type of medicine that is very effective in reducing inflammation.

Dietitian **die-et-ish-un**

A health professional who can recommend what foods you should and shouldn't eat.

DMARD **dee-mard**

A range of medicines that are known as disease-modifying anti-rheumatic drugs. These help reduce damage to your joints as well as relieving symptoms.

Enthesitis **en-thee-sy-tiss**

Inflammation of the places where your muscles and tendons join your bones.

Inflammation **in-fla-may-shun**

The body's response to damage or infection, which mistakenly affects your spine and other joints in ankylosing spondylitis. Inflammation can cause pain, swelling, warmth, redness and difficulty moving the joint.

NSAID **en-sayd**

A group of medicines known as non-steroidal anti-inflammatory drugs. These can reduce inflammation, swelling and stiffness.

Occupational therapist **OT**

A health professional who looks at your activities at home or work, then suggests changes or devices to make everyday life easier on your spine.

Physiotherapist**fizz-ee-o-ther-a-pist**

A health professional who uses treatments to keep your spine mobile, and can suggest exercises for you to use at home.

Rheumatologist **roo-ma-tol-o-jist**

A doctor who is a specialist in treating problems of the joints such as gout.

Useful resources

Australian resources

For more on ankylosing spondylitis including personal stories, and to download the Arthritis Australia/ Michael Slater exercise video
www.arthritisaustralia.com.au

For more on living, and living well, with ankylosing spondylitis
www.empowered.org.au

For access to quality online information about ankylosing spondylitis, start at Health Direct
www.healthdirect.gov.au

For advice on quitting smoking, contact the Quitline on 13 78 48 or visit **www.quitnow.gov.au**

To find a specialist, contact the Australian Rheumatology Association
Ph: (02) 9252 2356
www.rheumatology.org.au

To find a physiotherapist, contact the Australian Physiotherapy Association
Ph: 1300 306 622
www.physiotherapy.asn.au

To find an exercise physiologist, contact Exercise and Sports Science Australia
Ph: (07) 3171 3335
www.essa.org.au

To find an occupational therapist, contact the Australian Association of Occupational Therapists
Ph: 1300 682 878
www.otaus.com.au

To find a dietitian, contact the Dietitians Association of Australia
Ph: 1800 812 942
www.daa.asn.au

To find a psychologist, contact the Australian Psychological Society
Ph: 1800 333 497
www.psychology.org.au

My contact details

My name:

Telephone:

My GP:

Name:

Telephone:

My specialist:

Name:

Telephone:

My support team:

Name:

Telephone:

Name:

Telephone:

My medicines

Name	Dosage	Instructions

ARTHRITIS AUSTRALIA

Arthritis Australia is a not-for-profit organisation that provides support and information for all Australians affected by arthritis, including ankylosing spondylitis.

Contact your State/Territory Arthritis Office to find out about the range of awareness and education programs, support services and resources available.



i

ARTHRITIS ACT

Building 18, 170 Haydon Drive
Bruce ACT 2617
PO Box 908 Belconnen ACT 2616

ARTHRITIS NEW SOUTH WALES

Suite 1, 15/32 Delhi Road
North Ryde NSW 2113
Locked Bag 2216 North Ryde NSW 1670

ARTHRITIS NORTHERN TERRITORY

Shop 18, Rapid Creek Business Village
48 Trower Road, Millner NT 0810
PO Box 452 Nightcliff NT 0814

ARTHRITIS QUEENSLAND

WOTSO Chermside, Level 2 Westfield
Chermside, Chermside QLD 4032
PO Box 2121 Lutwyche QLD 4030

ARTHRITIS SOUTH AUSTRALIA 111A

Welland Avenue
Welland SA 5007

ARTHRITIS TASMANIA

19A Main Road, Moonah TAS 7009
PO Box 780 Moonah TAS 7009

ARTHRITIS WESTERN AUSTRALIA

17 Lemnos Street
Shenton Park WA 6008
PO Box 34 Wembley WA 6913



ARTHRITIS AUSTRALIA

Level 2, 255 Broadway
Glebe NSW 2037
PO Box 550 Broadway NSW 2007
Phone: 02 9518 4441
Fax: 02 9518 4011
Email: info@arthritisaustralia.com.au

ISBN: 978-0-9805024-0-4

Arthritis Infoline: 1800 011 041 www.arthritisaustralia.com.au