JOINT SUPPORT

Living well with arthritis

Arthritis NZ
Mateponapona Aotearoa

How Coral reclaimed her mobility... p.3

IN THIS ISSUE · SPRING/SUMMER 2025

REBECCA'S Column

Welcome to the Spring–Summer 2025 issue of Joint Support.

This is a special moment for Arthritis NZ. Over the past year, we've been building towards a new chapter - one that brings our refreshed brand, our new website, and the gifting of our Tohu logo into the heart of our mahi.

At the launch, I had the privilege of speaking on behalf of our board, staff, and partners. My first thanks were to you, our community, to those living with arthritis, whose voices, experiences, and resilience guide and inspire everything we do, to our supporters and partners who stand alongside us, and to our current and past board members and staff, whose leadership has been vital in carrying us forward.

Next year marks our 60th anniversary - a milestone that reminds us how far we have come and challenges us to keep momentum as we look ahead. Our purpose remains clear: to improve the lives of the 750,000 New Zealanders living with arthritis. We do this through research, advocacy, education, innovation, and connection. And always, equity and inclusion guide us.

This is why I am so proud of the launch of our new website. It represents not only a fresh face for our organisation, but also a way to make it easier for people to connect, learn, and find support. It is the result of an enormous amount of work from the Arthritis NZ team, and it is only the beginning of how we will evolve to meet people's needs.

I also want to acknowledge our deepening partnerships with organisations such as Diabetes NZ, the Heart Foundation, and the Stroke Foundation. Together, we are working towards a shared vision of holistic wellbeing and equity for all New Zealanders.

Most importantly, we celebrated the gifting of our Tohu. Created by Manukorihi Winiata, with support from the Hive team, our Tohu is more than a symbol. It represents the lived experience of people with arthritis, our commitment to equity, and the hopeful future of our organisation. It connects us to each other and to the generations to come.

As we near the end of 2025, thank you for walking this journey with us. Together, we will ensure that every person with arthritis in Aotearoa can live their best life.

Ngā mihi nui,
Rebecca Roberts
Board Chair

Notice of Annual General Meeting 2025

The Arthritis NZ Mateponapona Aotearoa stakeholders are formally notified of the details for the FY2025 Annual General Meeting.

Wednesday 26 November 2025
3 pm to 3.30 pm
Online via Zoom

If you would like to attend, please scan the QR code and register your interest by **Friday 21 November 2025**, and we will send you a Zoom link to join the meeting.

HOW THE ORTHOPAEDIC ASSESSMENT JOURNEY

helped Coral reclaim her mobility

Coral knows what it is like to live with osteoarthritis. She was in constant pain, struggled with everyday activities such as dressing, hanging out washing, getting off the toilet, and even worse, couldn't play with her grandchildren. Her 83-year-old mother had better mobility than she did, and Coral knew she had to do something to improve her quality of life.

Coral is in her early 60s, has a background in teaching swimming and loves being fit and active, but her arthritis was preventing her from pursuing this passion, and her mental health was deteriorating. Sleep was a big issue for her as pain and discomfort kept her awake at night.

These feelings will be familiar to many people with arthritis.

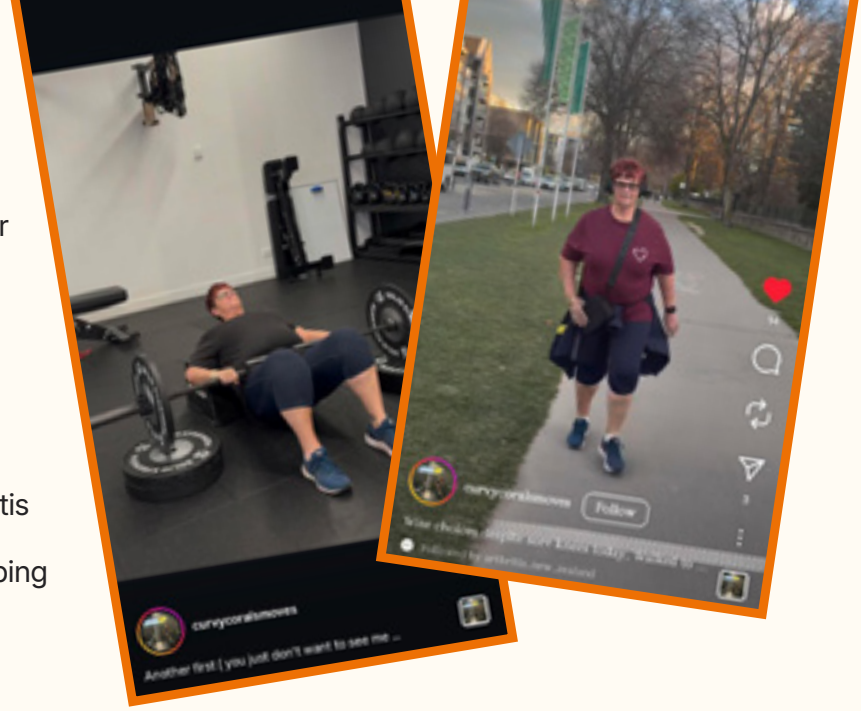
Thinking she needed surgery, she was referred to a specialist. However, her life-changing experience happened when she saw a physiotherapist at this referral. This was the orthopaedic assessment journey in action. Coral was assessed by the physiotherapist and discussed options with him.

After talking with the physiotherapist, she decided to treat her health as an investment and started exercising and working to improve her mobility with the exercises and encouragement she received from the physiotherapist. It took determination and sticking to the exercise plan developed for her. She joined a gym and kept going there no matter what! She wanted to get back to teaching swimming and being more mobile and knew it wouldn't happen overnight, but it was her goal, and she pursued it. Recently, Coral did a deadlift of 75 kg at the gym - something that would have been impossible for her in the past. She has lost weight, loves exercising again and is feeling so much better that she is looking at the possibility of teaching swimming again!

Coral's story is inspiring and a wonderful example of how the new orthopaedic assessment journey can work for people who have similar challenges.

Coral is keen to encourage others and stresses the importance of deciding to invest in yourself. She shares her story to help people understand that there is a way forward, and osteoarthritis does not have to rule your life.

Look her up on Instagram **@CurvyCoralsMoves** and you will see her riding a scooter alongside her grandson, exercising at the gym, lifting weights and enjoying life again!



What is the orthopaedic assessment journey?

For many New Zealanders living with arthritis or joint problems, being referred for an orthopaedic assessment can feel like stepping into the unknown. What happens at the hospital? Who will you see? What are your options?

An orthopaedic assessment is the first stage in determining how best to manage joint, bone, or muscle conditions. When your GP notices a concern, they send a referral letter to the hospital. Once the referral is received, the orthopaedic department will send you an appointment date and time. This first face-to-face meeting is your opportunity to talk with the hospital team about your pain, movement, and how your daily life is affected.

Depending on your needs, you may meet with an orthopaedic surgeon, an advanced clinical practice physiotherapist, an orthopaedic registrar, or a clinical nurse specialist. They may order scans such as X-rays or MRIs to understand your condition better.

What happens next?

The outcome of your assessment can vary. Some people may be offered surgery, often alongside a physiotherapy programme, called "prehab", to build strength before the operation. Others may be referred back to their GP or into community physiotherapy programmes. In some cases, surgery may not be possible due to health or resource limitations. If this happens, your GP will continue to support you, and services like Arthritis NZ's free service, Arthritis Assist can provide extra guidance.

Waiting times can differ depending on region, but the target is to be seen within four months of referral. However, delays are possible, and patients are encouraged to follow up with their GP or the hospital if they do not hear back. Private assessments are also an option for some people, though they involve costs or health insurance coverage.

While you wait

Waiting for appointments can be frustrating, but there are positive steps you can take in the meantime. Keeping active through regular exercise, joining a community class, or using guided online programmes can help maintain strength and wellbeing. Talking with your GP or pharmacist about pain relief, and connecting with health coaches or wellbeing practitioners, can also make a big difference.

Arthritis Assist can help you prepare for appointments, explain medical language, and explore treatment options. They can also provide practical advice on managing pain, staying active, and navigating the health system.

Support for you and your whānau

Arthritis NZ emphasises cultural respect and encourages people to bring whānau to appointments. Asking questions is always welcome, whether about surgery, rehabilitation, or alternatives. Suggested questions include: *What are my options? How long will each option take? If I need surgery, what will rehabilitation involve?*

Moving forward with confidence

An orthopaedic assessment is not just a hospital appointment; it is a step toward understanding your condition and choosing the best pathway for you. With the right information, support, and services, you can feel more confident navigating the journey and making decisions that work for your health and your life.

ARTHRITIS NZ JOINS
Consumer and Patient Working Group

Consumer and Patient Working Group members, back row left to right: Tracy Tierney (Epilepsy NZ), Francesca Holloway (Arthritis NZ), Tim Edmonds (Leukaemia and Blood Foundation), Gerard Rushton (Meningitis Foundation). Front row left to right: Chris Higgins (Rare Disorders NZ), Dr Malcolm Mulholland (Patient Voice Aotearoa), Libby Burgess (Breast Cancer Aotearoa Coalition), Deon York (Haemophilia NZ), and absent are Rachel Smalley (The Medicine Gap) and Trent Lash (Heartbeats Charitable Trust).

We are proud to be part of the newly formed Consumer and Patient Working Group, which is partnering with Pharmac to reshape how consumers are involved in decision-making.

The working group has been created to support Pharmac's reset programme – an important step toward building greater transparency, trust, and collaboration with the communities it serves. Over the next 12 months, the group will help lay the foundations for change, contributing insight, lived experience, and practical advice.

The reset programme has three key focus areas:

1. Developing a new strategic vision
2. Strengthening consumer engagement and trust
3. Improving processes

Our Advocacy Manager, **Francesca Holloway**, is representing Arthritis NZ in the group. Her role will be to ensure the voices of people with arthritis are heard and reflected as Pharmac works toward a more outward-focused and inclusive approach.

While the group will not provide advice on the funding of medicines – which is outside the reset scope – it will play an important role in shaping how Pharmac partners with consumers in the future.

The Consumer and Patient Working Group is scheduled to run until June 2026, when new governance arrangements will take over for the remaining four years of Pharmac's wider improvement programme.

Being part of this mahi is a significant opportunity for Arthritis NZ to stand alongside other consumer voices and contribute to lasting change. We are delighted to be involved and look forward to ensuring that the experiences and perspectives of people living with arthritis continue to shape the health system in New Zealand.

> "This is an important opportunity to make sure the lived experiences of people with arthritis are not only heard, but valued. By bringing consumer voices to the table, we can help shape a system that is more transparent, inclusive, and responsive to the real needs of our communities."
>
> **— Francesca Holloway, Advocacy Manager, Arthritis NZ**

PUSHING FOR CHANGE:

Arthritis NZ takes your stories to Parliament

Teariki Tuiono

2025 has seen us actively meeting with and submitting to MPs - both opposition and government parties.

We presented to the Health Select Committee in May on the need for gout arthritis to become a health priority and for a public campaign about the causes and management of gout to align with the pending reclassification of allopurinol, which will make it more accessible for consumers. Our presentation was very well received, not least due to the imaginative gesture of our CEO, **Philip Kearney**, who used a bag of chips to illustrate his point that allopurinol was as cheap as chips and the importance of an education campaign around managing gout. We continue to follow up with MPs and Health NZ on this issue, and this month, we will see Health NZ respond to our submission to the Committee.

In early June, we met with the Minister of Health, and our focus for this meeting was improving the management of osteoarthritis, particularly the development of a nonsurgical pathway that can greatly enhance both the management and treatment of osteoarthritis.

Once again, we were well received and are now involved in working with Health NZ at the Minister's request to help further develop this pathway, particularly communicating how it can help people with osteoarthritis.

We are keen to hear from you if you are interested in visiting or communicating with your local MP. We are building a network of MPs with whom we are working to highlight issues that consumers raise with us, whether national or local. We have found consumer stories very powerful in illustrating issues to MPs and are keen to continue gathering these. Our presentation to the Health Select Committee around gout was significantly enhanced by **Teariki Tuiono**, who has gout. He spoke to the Committee about his personal experience of gout and how good management significantly improved his quality of life.

Our advocacy team can provide support and assistance in helping you link with your MPs.

Gout prevention medication will soon be easier to access

In a world-first move, people in New Zealand will soon be able to get their gout prevention medication from their local pharmacist without needing a prescription. Arthritis NZ supports this change, which aims to make it easier for people to stay on top of their health and avoid painful gout attacks.

The medication, called allopurinol, is the most common gout prevention medicine in New Zealand. Right now, it can only be prescribed by a doctor. But from later this year, pharmacists may be able to supply it every three months without needing a new prescription each time, as long as the person sees their doctor for a check-up at least once a year.

In some places, pharmacists will also help adjust the dose slowly over time, working together with doctors to make sure it's just right for the person.

Dr Natalie Gauld, who led this project, says New Zealand is leading the world in making important medicines easier to get. "This change will help people with gout stay well and avoid painful flare-ups."

It's expected that specially trained pharmacists will be able to provide allopurinol without a prescription later this year.

BRINGING RESEARCH TO LIFE:

What we learnt at the 2025 Osteoarthritis Summit

Arthritis NZ joined the 2025 Osteoarthritis Summit, highlighting research, Māori voices, and lived experience shaping the future of arthritis care.

In July, Arthritis NZ attended the 2025 Osteoarthritis Summit at the Auckland University of Technology. This event brought together researchers, clinicians, physiotherapists, GPs, and people with lived experience of osteoarthritis (OA).

While much of the content focused on the latest research in OA, the real highlight was how accessible, engaging and relevant it was for consumers.

Early-career voices with fresh ideas

The OA Summit opened with the OA NZ Research Network's Symposium, which gave early-career researchers a supportive platform to share their work. Topics included pain science, joint biomechanics, employment and OA, and culturally appropriate models of care.

Physiotherapy student Amiria Koopu (Te whānau-ā-Apanui, Ngāti Porou, me Ngāti Kahu) presented research that she and fellow fourth-year student Kona-Ariki Hippolite (Ngāpuhi, Ngāti Koata, Te Whakatōhea, me Ngāti Toa Rangatira) completed as part of Arthritis NZ's summer scholarship programme. Amiria and Kona-Ariki's study, "I am more than a condition, I am a person", explored the experiences and perceptions of kiritaki Māori receiving physiotherapy services for hip and knee osteoarthritis. Kaupapa Māori principles guided their qualitative research. This research highlighted how young Māori researchers are already shaping the future of arthritis care in New Zealand.

Other speakers covered various topics around helping people manage osteoarthritis at different stages of life. This included presentations on reducing the risk of OA from a younger age and using innovative new technology in patient care. Dr Louisa Barter, a GP specialising in sports and menopause medicine, acknowledged that while OA can affect women's quality of life during menopause, exercise and lifestyle changes can also help.

Many attendees agreed they'd love to see and hear more consumer voices, particularly those living with OA, at the centre of future events.

Why this event matters to you

This OA Summit showed us that research doesn't have to be dry or distant – it can be about real people, real life, and real solutions. Arthritis NZ ensures that the community's voice is at the heart of future OA research, services, and advocacy. We are exploring ways to involve more of our Link Group and wider arthritis community in shaping what comes next.

Do you have a story or a topic you'd like researchers to explore? Get in touch – we're listening.

A FRESH NEW WEBSITE
for people with arthritis

We are excited to share that we have launched a brand-new website – designed with you in mind. Our goal was simple: to make it easier, clearer, and more supportive for people living with arthritis, their families, and the wider community to find trusted information exactly when they need it, and connect with our services.

Why we built a new site

Our old website had grown over many years and held more than 500 pages of information. While this showed how much we do, it also made it difficult to find what you needed quickly. We wanted to simplify the experience, highlight the most important resources, and reflect our updated brand and vision.

The new site brings all of this together. We reduced and restructured the content to around 200 pages, carefully rewriting it so it is easier to read and navigate. Every page has been built to answer the real questions people ask when they are wondering if they have arthritis, when they are first faced with arthritis, when they're learning how to live with it, or when they want to support our work.

The new website is centred around three key audiences:

- **Before being diagnosed** – people who are experiencing pain and other symptoms but have not been diagnosed. This part of the journey can be long and filled with fear and uncertainty.
- **Newly diagnosed** – people who are just beginning their arthritis journey, looking for clear explanations and pathways to care.
- **Living with arthritis** – those managing their condition day-to-day, who want practical tips on movement, nutrition, sleep, pain management, and support.

We are also expanding on content for families, young people, and caregivers – whānau who want to understand how to help and connect with others through camps, youth programmes, and resources.

Beyond health content, we've highlighted our research work, advocacy for equity, and the services we provide to the community – from Arthritis Assist to our support groups and events.

Designed to be accessible

Accessibility and inclusion guided our decisions. Pages are written in plain language, supported with headings, links, and simple navigation to help you get where you need to go. The website works well on mobile devices since so many people use their phones to search for information. Our vision is to ensure that everyone in New Zealand has access to the knowledge and support they need to live well with arthritis.

We invite you to explore the new site at arthritis.org.nz. Take a look around, try out the resources, and let us know what you think. This is your website – built to support, inform, and connect our community.

OUR NEW BRAND and Tohu

We are proud to share our refreshed brand and Tohu – a symbol that carries deep meaning, reflecting who we are and the values that guide us.

Designed by **Manukorihi Winiata** (Ngāti Raukawa, Te Ātiawa, Ngāti Awa, Ngāti Tūwharetoa), our Tohu is both a work of art and a visual promise. It embodies our purpose and vision: to support people with arthritis to live well, while standing alongside whānau and communities.

The Tohu captures a sense of lightness, freedom, movement, and connection. At its heart is a free-flowing abstract figure, partly inspired by the interweaving strands of harakeke. This weaving represents whanaungatanga – the principle of connection and relationships. Harakeke is a powerful symbol of whānau (pā harakeke), reminding us that we are strongest when we are woven together.

The four outer strands of the Tohu represent the foundations of Arthritis NZ:

Tautoko – support

Tika – doing the right thing

Pono – honesty

Whānau Oranga – self-determined health and wellbeing

These principles shape everything we do, from providing services and advocacy to supporting people with arthritis across New Zealand.

The two inner strands flow into the upper section of the Tohu, which represents the mauri (life force) and mana (dignity and authority) of people. Here, two traditional Māori patterns – puhoro and koru – highlight the importance of uplifting others in ways that enhance mana and protect mauri. This is a constant reminder for us to engage in a mana-enhancing way with everyone we serve.

Our new brand and Tohu are more than a design – they are a living reflection of our values and our commitment to connection, honesty, wellbeing, and support.

You will see the Tohu being used on its own and as part of our new logo.

Scan to watch our Tohu Design Story

TRAVELLING WITH AMGEVITA: how I took my medication across Europe

by Danielle Thornton

After years of working through autoimmune diagnoses and managing my health as best I could, my partner and I finally did it, we booked a one-way ticket to Europe! For a long time, we'd been saving for a house, like so many others during COVID. But after a lot of reflection (and a few conversations about what we really wanted), we decided to swap house keys for backpacks and make travel our priority.

What made this trip possible was the improvement in my health since starting Amgevita. For a while, international travel felt out of reach — something others around me were starting to do but I couldn't quite access. Between flares, fatigue, and medication routines, the thought of being on the road seemed totally out of reach. But once I settled into treatment on Amgevita, everything changed. I felt stronger, more stable, and for the first time in a long time, I had hope that my body could keep up with the life I wanted to live.

Of course, the dream of backpacking across Europe didn't erase the very real logistical challenge of travelling with a chilled medication that must be stored between 2 and 8°C at all times.

So, how do you take Amgevita halfway across the world?

It turns out, there's no clear manual. I started by speaking with my rheumatologist, who helped me develop a medication plan that included a customs letter and a backup script in case the cool chain was broken. But when I asked about the how - the actual logistics of keeping Amgevita cold for 30+ hours of travel, they couldn't give specific advice.

Amgevita NZ couldn't recommend specific products either, though they did point me toward their FAQs and suggested I speak to a pharmacist. I also contacted the airline to ask if they could store my medication on board, but they couldn't guarantee access to a fridge. That was the moment I realised I'd have to take matters into my own hands.

After some extensive Googling, I found a cooler bag through a diabetes supplier called Mediray. It was large enough to hold all my injections and used ice packs that could maintain a steady 2 to 8°C for up to 36 hours

(perfect for the flight and arrival window). It wasn't designed specifically for Amgevita, but it was the best local solution I could find - and it worked brilliantly.

Still, I knew I needed a long-term solution for the months we'd be on the road. Budget accommodation like hostels often meant unreliable fridges, or no fridge at all! So, I started digging deeper into portable fridge options and eventually found a compact medical-grade cooler online. It looked like a mini thermos fridge, designed to maintain the exact temperature range needed and run off multiple power sources, including a power bank. Thankfully, we had a stopover in Australia and friends to stay with, so I ordered the fridge to their address and picked it up on the way through. That fridge became one of the most important products of our entire trip.

It was a total game-changer. Whether we were staying in a remote village or a hostel with an overpacked kitchen fridge, I always had peace of mind knowing my meds were safe. I'd plug the fridge into mains power overnight or run it off a portable battery on long travel days. It was compact enough to carry in my day pack and reliable enough that I didn't stress about it failing me.

There was only one small hiccup - on a Greek island, we accidentally cut the power to the fridge when we removed our hotel keycard from the energy switch (lesson learned!). We lost two injections, but thanks to the planning and backup meds I'd brought, it wasn't a disaster.

Airport security did flag the cooler a few times, but as soon as I showed my documents and explained the contents, staff were always understanding. One agent even said, "this is the most organised medication setup I've ever seen." I'll take that as a win!

Travelling with an autoimmune disease is more possible than I ever thought.

This trip reminded me how far I've come. I used to be nervous about planning a night away but now I've spent months on the road, climbing mountains, catching overnight buses, and hiking the iconic Cinque Terre track in Italy, I've become more confident. I'll never forget stopping halfway along the cliffside path, looking out at the water, and feeling this huge wave of pride. My body was keeping up. I was no longer sitting on the sidelines of my own life. I remember feeling completely overcome with emotion, feeling proud, grateful, and a bit teary. I couldn't believe I was doing it.

If you're living with a chronic illness and dreaming of travel, I'm here to tell you: it is possible. Yes, it takes planning. Yes, there are risks. But with the right tools, research, and mindset, the world can open back up.

My biggest lessons? Be prepared, be flexible, and don't be afraid to ask questions, even if the answer is "we don't know." Sometimes you'll need to build your own system. But once you do, it's incredibly empowering.

And now that I know it's possible, I'm already thinking about where we'll go next.

TOP 10 TIPS for managing osteoarthritis

by Martin Kidd
Clinical Lead, Southern Community Orthopaedic Triage Service (SCOTS), Health NZ Southern.

1. **Re-calibrate.** Your engine is different now. You probably can't fire on all the cylinders you used to. We have supported 1500 people with OA through the SCOTS programme, yet we have not cured a single one. Two out of three of them report that they have made significant functional gains with less pain. Sure, they have strengthened muscles, improved balance and may be more flexible, but much of the improvement comes down to a shift in attitude: "OK, this is me. How can I make the best of what I have? My glass is half *full*, as it were."

2. **Grieve.** Before you can move on, you might recognise the following stages that you go through. First, denial: this can't happen to me, I am too young, I have too much to do, I am only just retired, it's not fair! Then you might become angry: it's NOT fair! Then, you bargain: well, what if I did this, or that, maybe my knee would get better. Finally, acceptance: OK, this is me, so what should/can I do to help myself. It is good to grieve for something you lose. For some, the process is a quick one, for others it takes time. That's OK.

3. **Support.** Whether you live with someone or alone, your journey with OA will not succeed without support. You may need to make changes in your life because you have OA. These changes may affect those around you. If you are changing your expectations of yourself by recalibrating, then those within your circle of influence will need to as well. Be honest with them so they can be a tailwind. Don't forget non-human support, e.g. a shoe horn, a walking stick, and the new Arthritis NZ website. Every bit of support counts, because there will be times when the journey is hard.

4. **Motivation.** To help me here, I refer to the book *So What Happens Now* by AEM Kidd, where the author describes the importance of motivation better than I:

   "As a child, spending time on a simple activity that you enjoyed was the only motivation you needed: playing with your trucks, your dolls, painting, dancing, singing or reading. Your motivation was purely intrinsic. Only when someone else offered a reward for you to do an activity, such as a gold star or a grade or a prize, that motivation changed. This is called extrinsic motivation. To get the best out of your recovery plan it is a good idea to tap into what will work for you. Finding someone who can motivate you in a scheduled manner: an app, a physiotherapist, a community worker, can help you establish a routine: this is extrinsic. Then, reflect on how you can maintain this through activities you love and enjoy. Ask yourself "Why do I want to achieve this goal?" Then put the word "because" next to it. For example, I want to walk without support because I want to walk my dog (which I love) with confidence." P. 43.

   Tap into your intrinsic motivation and work out your why. Be realistic with your goals and relate them to what is important to you.

5. **Nutrition.** Food defines culture. Food is integral to social engagement. Food is fuel. Food, in a nutshell, is important. Making good choices around food can profoundly influence our journey with OA. One of the most influential and modifiable OA risk factors is body weight. Not only does an increase in weight increase the load through some joints, but increasing obesity leads to an environment of low-grade systemic (whole body) inflammation that results in an increase in inflammation in OA*. Keep weight management simple, making one change at a time. Start with looking at portion sizes: a serving of red meat no bigger than your palm, a serving of carbohydrates no bigger than your fist, a serving of fresh vegetables the size of two open hands. Maybe try eating your main meal off a small plate. Include protein with every meal: it will fill you up and prevent snacking later on. Make nutrition changes small and sustainable. If you want to lose weight, aim for a 1kg change, achieve it (yay!) then re-set and aim for another 1kg.

6. **Medication.** We are lucky at SCOTS to have the services of the School of Pharmacy clinic and its lead clinician, Emma Smith. I have heard her presentation many times and the messages are consistent. The better a medication is at removing pain, the more side effects it has. If there were a single ideal pain reliever, we would use it all the time. There isn't. However, it is a good idea to understand risks and benefits of different types of analgesia (pain relief medication). Whether you use opioids such as codeine or tramadol, non-steroidal anti-inflammatories like Voltaren, Brufen or Celebrex, or you use paracetamol, you should ask for and understand side effects. The best place to go for this information is your local pharmacist. Bring them out from behind their counter and have them explain exactly what this or that does and what side effects there are. Spoiler alert: The medication with the fewest side effects is paracetamol.

7. **Incidental exercise.** Every bit counts. Park half a block further away from your destination. Bring in less firewood each time so you can do it more often. Walk to the letter box by going all the way around the house. There are many ways you can mindfully increase exercise outside of the formal exercise programmes or gym and pool sessions you might be part of.

8. **Pacing.** Give yourself permission to slow down. Break down tasks into smaller chunks. For example, clean one room a day rather than the whole house in one go. Maybe leave the weeding of that garden section to another day, or mow only part of the lawn. Even in New Zealand, where some outdoor activities are so weather-dependent and we feel we need to make the most of rain-free days, it is OK to slow down and leave things for another day. Pacing needs practice, especially if we are the "bull at a gate" type of person. Remember, do no more on a "good" day and no less on a "bad" day.

9. **Belonging.** OA can be very socially isolating. Moving hurts and it is sometimes just easier to stay put. After all, you've got your telly and your books and craft, your phone and your computer. You have your groceries delivered. Why go out when it hurts so much? Well, if the SCOTS participants over the years have told us anything, it is the value of the group, being able to share a journey with others in the same direction. Whether it is a formal programme like SCOTS or Steady As You Go, or less structured like a few of you in the pool together, place a high value on making the effort to get out to spend time with others who share your journey with OA. They will teach you more and support you more sustainably than any health professional. Your story also has value and should be shared with others.

10. **Self-advocacy.** Be proactive. Ask questions and seek answers. Of your GP, your physiotherapist, your pharmacist, your health coach, your friends. There are many thousands of folks with OA in New Zealand, but you are the only one with your special blend of symptoms, personality and motivation. Therefore, any question that you have is valuable and important. Go ask it.

*Wang T, He C. Cytokine and Growth Factor Reviews 44: Dec 2028, 38-50

LONG-TERM COMMUNITY SERVICE AWARDS - WHANGĀREI

Arthritis NZ's CE Philip Kearney and Community Development Lead Georgie-Anne Cox had the privilege of visiting our Whangārei Support Group – and what an incredible group of people they are.

During our visit, we presented Community Service Awards to four long-standing members who have been instrumental in the group's success and the wider journey of Arthritis NZ. Thelma Moffitt, Val and Steve Compton, and Els Dutton have each made lasting contributions through their time, energy, and commitment to supporting others. It was a privilege to acknowledge their mahi and celebrate their stories with the group.

While everyone in the group shares one thing in common – arthritis – at its heart, this is a community built on friendship, connection, and genuine support.

What struck us most was how often people spoke about the group not just as a space to talk about arthritis, but as a place where they feel seen, valued, and lifted – especially during life's tougher moments. The power of peer support was undeniable. One member summed it up beautifully when she shared:

"When I first came to this group, I could barely walk through the doors. But when I left, I almost danced home. I felt so joyful and supported."

That sense of belonging and strength has carried many members through significant challenges over the years. Some have been attending for decades, and it was truly special to witness how much love and care has been poured into this group.

Thank you to everyone in the Whangārei Support Group for the warm welcome and for showing us what true community looks like. We look forward to continuing to support your journey.

"When I first came to this group, I could barely walk through the doors. But when I left, I almost danced home. I felt so joyful and supported."

– Support group member

Philip Kearney awarding long-standing members from left: Els Dutton , Steve Compton, Thelma Moffitt and Val Compton.

YOUR VOICE, YOUR ARTHRITIS, OUR SERVICES:
the Arthritis Confidence Index 2025

When you live with arthritis, every day brings a mix of challenges and small victories. Some days it's the stiffness in the morning, other days it's the relief of finding something that helps. What if all those moments – the struggles and the successes – could come together to shape the future of arthritis support in New Zealand?

That's exactly what we use the Arthritis Confidence Index for. **On World Arthritis Day, 12 October 2025**, we are launching the second instalment of this survey to capture the everyday experiences of people with arthritis.

The insights will guide Arthritis NZ's services, strengthen our advocacy with the health sector, and give the arthritis community a stronger, united voice.

Being the second survey (the first was launched on World Arthritis Day in 2024) it will allow us to track important changes and keep the conversation alive. Over time, we'll be able to see what's improving, where the challenges remain, and how support can be better targeted.

What's involved

- **2025 survey open** from 12 October until 16 November
- **Weekly $50 Pak'nSave voucher** prize draw for participants

Why take part?

Because your experience is valuable. Your voice has the power to influence change. By joining in, you're not only helping yourself, but also thousands of others across Aotearoa New Zealand who live with arthritis.

Scan to take part!

Together we can transform lives and ensure all New Zealanders with arthritis can live well.

People we love are suffering from arthritis. Many forms of arthritis an be managed well with the right support, education, and resources.

By supporting Arthritis NZ you can help improve:

DEEPER UNDERSTANDING

We can provide personalised information packs, with the latest medical advice.

PRACTICAL SUPPORT

Advice for people about their arthritis through our Arthritis Assist service.

PAIN MANAGEMENT

Information about how to manage pain and feel better faster.

TO DONATE, SIMPLY SCAN THE QR CODE, OR VISIT

www.arthritis.org.nz

You can also give our friendly fundraising team a call on 0800 663 463

If you would prefer, you can donate by direct deposit or internet transfer directly into our bank account.

If you donate via direct deposit, please email us with your details so we can send you a receipt.

ACCOUNT NAME: Arthritis New Zealand
ACCOUNT NUMBER: 03-0502-0468578-00
YOUR REFERENCE: First Name and Last Name

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