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Scleroderma

support group

newsletter

Welcome to autumn and a support group that is growing

Greetings to all and welcome to our Autumn issue.

We had a most successful meeting in February at which we sought contributions for this newsletter and the web site. Already, Yvonne Bird has contributed a plain English guide to the acronyms and scientific jargon that surround those regular blood tests that most members undergo. Yvonne strips the jargon and sets out the words so that you can have a better idea of what is going on under the hood; in plain English.

Our membership has spread from Wellington and the Hutt Valley to the deep south.

We welcome scleroderma sufferers Jenny Andrews from Winton, and Kath Tilyard from Invercargill, and Lex who is also from Winton.

We hope your interest in this group prompts you to support others who have this disease in your area. As you know information and support is essential when you have been recently diagnosed.



Autumn...

We began the scleroderma support group back in the middle of last winter and now autumn is rolling around. The quarterly meeting is well-attended, we have potential members from the deep south and with luck there will be a web site running in a few weeks.

The group seems well on the way to becoming a focus for those with scleroderma to help each other and learn more about the disease and how to mitigate its effects by swapping experiences and information sources.

Information from Arthritis New Zealand



Living a Healthy Life Course

Riddiford House, Level 1,

94 Riddiford St, Newtown

Date: **Thursday 13th May - 17th June 2010**

Time: **10.00am - 12.30pm**

Cost: Free

Contact: Melissa O'Connell on (04) 570 5790 or melissa.oconnell@arthritis.org.nz

The Living a Healthy Lifestyle group meets for 2 - 2.5 hours each week, for 6 consecutive weeks, in a safe non-judgemental environment.

The aim of the course is to provide participants with the knowledge, skills and support necessary to increase personal confidence in their own abilities to deal with the effects of their conditions, and thereby maintain full lives.

The course is also held at :

Karori Community Centre,

7 Beauchamp St, Karori

Date: **Thursday 25th March - 29th April 2010**

Time: **5.00pm - 7.30pm**

Cost: Free

Hydrotherapy Classes (Water-based exercise)

Kilbirnie, Hutt Hospital, Kenepuru and Kapiti (Sevenoaks)

These are held weekly or fortnightly for Kapiti

Contact: Melissa on (04) 569 1125

Please phone for more details. This is available for members of Arthritis New Zealand pending medical approval.

Free Arthritis Clinics

Stephanie Clare, Arthritis Educator, offers 45-minute private consultations to answer questions and assist with self-management of arthritis including exercise, diet and pain management.

Don't forget to look at the Arthritis New Zealand's web site. They have lots of helpful information. For an example, go to [about Arthritis and then treatment options and you will find some very good advice.](http://www.arthritis.org.nz)

www.arthritis.org.nz

**NEXT
MEETING**

Saturday,
8 May 2010

CONTACTS

Newsletter: Barbara Spavin Email Barbara@netco.co.nz

links: www.arthritis.org.nz | www.scleroderma.org

Blood Tests - Why have them, & what do they mean?

If you have scleroderma, you may be taking a cytotoxic drug, such as methotrexate. A cytotoxic aims to kill more of the faster-dividing cells (which are producing damaging antibodies) than healthy cells. If you are taking one of these drugs, you are most likely also having regular blood tests.

These blood tests are done to check that the drug is not doing too much damage to healthy tissue. Tissue that is likely to be affected by methotrexate includes the bone marrow (which produces blood cells), liver, & kidney.

Some of the blood tests your doctor may ask for include the following:

CBC or FBC:

Complete Blood Count, also called Full Blood Count. This test counts the number of red cells, & the number of white cells, present in the blood sample. Cytotoxic drugs tend to suppress the bone marrow, lowering the white cell count, & also the number of red cells. If the white cell count drops too low, the body is less able to fight infection. If the red cell count drops, the patient may become anaemic.

Summary: Full blood count is measured to make sure the cytotoxic drug is not causing destruction of too many blood cells.

ESR:

Erythrocyte Sedimentation Rate. This is a measure of how fast the red blood cells fall through the plasma (the liquid part of blood) when the blood sample is left standing undisturbed. The cells will fall faster - that is, the ESR will be higher - for many reasons, but especially as a result of infection or inflammation.

Summary: ESR is measured as a non-specific indicator of inflammation &/or infection.

CRP:

C-reactive Protein. This is a protein produced specifically in response to infection or inflammation. A raised CRP level indicates an infectious or inflammatory process somewhere in the body. Infection can occur if the white cell count drops too low, which may happen when taking cytotoxic drugs.

Summary: CRP is measured as a specific indicator of infection or inflammation.

Urea & Creatinine:

These are two compounds normally found in the blood as end-products of protein metabolism. Excess amounts are filtered through the kidneys & passed out in urine. Raised levels of urea & creatinine in the blood indicate impaired renal function.

Summary: Urea & creatinine are measured to check renal (kidney) function.

LFTs:

Liver Function Tests. This actually measures five different chemical compounds normally found in the blood; total protein, albumin, bilirubin, alkaline phosphatase (ALP), & alanine transaminase (ALT). Together, the levels of these different compounds give a picture of how well the liver is working, & whether liver tissue is being damaged by the drugs. As liver damage increases, the total protein & albumin levels drop, & the bilirubin, ALP, & ALT levels rise.

Summary: LFTs are measured to check for liver damage.

AST & GGT:

Aspartate Transaminase & Gamma Glutamyl Transferase. These are two enzymes which are further indicators of liver damage. They are both raised in response to liver injury; however AST may also be raised due to other tissue damage.

Summary: These enzymes are measured to check for liver damage.

ANA:

Anti Nuclear Antibodies. These are antibodies produced against the nuclear material of the body's own cells. If the ANA levels are high, special fluorescent staining techniques enable them to be "seen" within the cells. People who have scleroderma will have a high ANA level, & the antibodies will stain positive at the centromere part of dividing cells.

Summary: This test gives a positive diagnosis of scleroderma.