Investigating Quality of Life in Veterans with Ankylosing Spondylitis

A Helping Paw: Rachel & Her Pooch

Patient Assistance Programs for Medication

Rachel Weiner and her dog, Kasey
Dear Friends,

Having just returned from the Annual Congress of the European League Against Rheumatism (EULAR) in London, I am greatly encouraged that once again the meeting was focused on spondyloarthritis research and specifically on accelerated diagnosis. Finally, early diagnosis is within our reach after so many years of unnecessary suffering by so many.

New studies presented at the meeting show that with the advancements in imaging, specifically in MRI, it is now possible to identify AS in its early stages, with potential to greatly accelerate the diagnostic process by the rheumatologist. This advance holds promise and hope for the future. Early diagnosis and appropriate treatment could potentially slow down or even prevent the devastating consequences of spondylitis that can occur in the most severe cases.

Furthermore, EULAR led the way this year in primary care education by developing a specific pilot tract for the generalist who often is the first medical professional to see the musculoskeletal patient. At this year’s meeting, in keeping with EULAR’s commitment to optimizing patient care, a new learning track was developed for the primary care physician. The sessions included state-of-the-art lectures on recent advances in management of these conditions and the importance of early diagnosis as well as the ongoing issue of appropriate pain management.

This year’s EULAR was an enormous conference with over 16,000 attendees. I applaud all those who made this meeting possible and thank them for taking the time to educate our colleagues in general practice as well as the advancements in imaging, both of which can lead to offering this critical learning opportunity to our colleagues in primary care.

Sincerely,

Laurie M. Savage
Executive Director

SPONDYLITIS PLUS
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Laurie M. Savage, Editor-in-Chief
Chris Miller, Managing Editor
Dianne Peterson, Editor
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Marilyn’s Surgery Outcome:

My hip replacement surgery went VERY well, by the way, and the one radiation treatment was done two days after the surgery. So far, all looks good. I went home from the hospital in two days, right after the radiation treatment, and have recovered exceptionally well. I’m walking nearly 2 miles per day, and am doing everything that I want to do – much more than I could do before the surgery! (The surgery was 8 weeks ago.) Having my question answered regarding the radiation helped relieve my mind.

Sincerely,

Laurie M. Savage
Executive Director

LETTERS TO THE EDITOR

Dear Readers: We want to hear from you, whether it be informative, uplifting or a concern you need to express. Include your full name, address and daytime phone number.

We reserve the right to edit for space and clarity.

Please send letters to: laurie.savage@spondylitis.org
Letters to the Editor/SAA
P.O. Box 5872, Sherman Oaks, CA 91413
The Concept of Non-radiographic Axial Spondyloarthritis

Non-radiographic axial spondyloarthritis (SpA) is a term commonly used to describe individuals with symptoms of ankylosing spondylitis (AS) whose x-rays are normal. To obtain a diagnosis of AS, x-ray changes at the sacroiliac joints are required. As these x-ray changes can take 10 years or more to appear, most patients who develop AS will first present to a health care professional with non-radiographic axial SpA.

Up to 80% of individuals with non-radiographic axial SpA will have changes of inflammation seen on magnetic resonance imaging (MRI) scan. MRI is currently the best imaging method for the detection of active inflammation in the sacroiliac joints and the spine. The advent of MRI has been a major milestone in identifying patients early in the course of their disorder. In addition, an impressive reduction of active inflammation has been demonstrated in several trials treating AS patients with TNF blockers such as etanercept (Enbrel®), infliximab (Remicade®), adalimumab (Humira®), and golimumab (Simponi®).

The treatment of non-radiographic axial SpA depends on the severity of symptoms and current features of the disease. As with AS, the cornerstone of management remains physiotherapy and nonsteroidal anti-inflammatory drugs (NSAIDs). Disease-modifying antirheumatic drugs (DMARDs) such as sulfasalazine and methotrexate are generally only used to treat peripheral arthritis.

To date, three clinical studies with TNF blockers have been performed in patients with non-radiographic axial SpA showing a very good response in a high percentage of patients with disease duration of less than 3 years. In one trial, all patients discontinued treatment after 4 months of treatment with a TNF blocker. After a follow-up period of 6 months, only 40% had a flare of symptoms requiring recommencement of a TNF blocker. Among almost all AS patients treated with a TNF blocker, long-term treatment is required. The results of this study suggest that early short-term treatment with a TNF blocker may result in long-term remission of symptoms. These results are still preliminary.

In rheumatoid arthritis, MRI and ultrasound are more sensitive in detecting early changes indicative of inflammation and that ultimately precede changes detectable on plain x-rays. We have also adopted treatment strategies that move toward more aggressive treatment algorithms in rheumatoid arthritis during early “window of opportunity” to improve long term prognosis and potentially to decrease radiographic damage. Similar studies to understand the stages of AS have recently been performed and offer the promise of decreasing the risk of spinal fusion and stiffness with appropriate early commencement of treatment.

Editor’s Note: The following article is reprinted in its entirety from Ankylosing Spondylitis Australia’s Autumn 2011 newsletter, “AStretch”. Used with permission.
INVESTIGATING QUALITY OF LIFE IN VETERANS WITH ANKYLOSING SPONDYLITIS

Editor’s Note: Below is an excerpt from “Investigating Quality of Life in Veterans with Ankylosing Spondylitis” a thesis paper by Kyle W. West, who recently received his Master of Science Degree at University of North Texas. His paper was prepared for the Department of Veterans Affairs North Texas Health Care System, Department of Rheumatology, under the guidance of Kara Prescott, MD.

We wanted to share with you, our readers, the final section of the paper: His discussion and personal thoughts. We have also added quotes from veterans with AS he interviewed on the following page.

Before being tasked with this subject matter, I had never heard of ankylosing spondylitis. In fact, it was more than a few years before the medical profession began to understand and research the disease.

In spite of this complete unfamiliarity, I learned a great deal about AS. In my preliminary research by familiarizing myself with the disease – its symptoms, progression, and treatments, I found myself impressed by the advancement of medical knowledge. My initial assumptions were that those with longer disease duration and higher disease activity would have a lower opinion of their quality of life. However, this is not necessarily the case.

Given the small population interviewed, very few concrete findings are to be taken from this study. However, the data gathered have allowed recommendations for the rheumatology clinicians to be made in order that they maintain their present high level of patient satisfaction. This study has also shown how medical anthropology can help resolve issues of patient non-compliance in the rheumatology department of the Dallas VA. If more detailed ethnographic investigation is employed, patient satisfaction would likely increase. Also, given the large number of medical residents that serve in the rheumatology clinic, there is a unique opportunity to expose these newly minted medical practitioners to the value of a “clinical social science.” By learning how to understand the difference between illness and disease and how to respond appropriately to both, the high quality of patient care in the Rheumatology Department can be spread as the residents move into other departments and into practice elsewhere.

The patients interviewed during this study were still military men, despite the fact that their fighting days are long past. As the main character of the 2009 film Avatar (a disabled marine) says, “You may be out, but you never lose the attitude.” This attitude can serve to both help and hurt those suffering from AS. The benefits could include being more likely to follow doctors’ orders as they are accustomed acquiescing to perceived authority figures and giving the patients the mental toughness to cope with the disease. However, continued military identification could hurt them by making them more reluctant to accept help when it is needed, increasing the likelihood of depression when they must rely on others. It can also serve as an obstacle to seeking proper care in a timely manner due to the “suck it up” attitude fostered by military service. This causes many to try to simply struggle against the pain.

Given the small population interviewed, very few concrete findings are to be taken from this study. However, the data gathered have allowed recommendations for the rheumatology clinicians to be made in order that they maintain their present high level of patient satisfaction. This study has also shown how medical anthropology can help resolve issues of patient non-compliance in the rheumatology department of the Dallas VA. If more detailed ethnographic investigation is employed, patient satisfaction would likely increase. Also, given the large number of medical residents that serve in the rheumatology clinic, there is a unique opportunity to expose these newly minted medical practitioners to the value of a “clinical social science.” By learning how to understand the difference between illness and disease and how to respond appropriately to both, the high quality of patient care in the Rheumatology Department can be spread as the residents move into other departments and into practice elsewhere.

It started when I was a teenager in the military and they tried to connect it to the environment because I worked down in the engine room with asbestos, lead, mercury, all those nasty things and they don’t give you no respirator or nothing. I just always thought it was related.

– AS sufferer for 42 years

They shoved us through the medical processing and I remember I got a vaccine for anthrax in one arm and God knows what else and then, within 24 hours – 48 at the most – I felt what I thought was a pulled muscle in my butt. I really think that it was those vaccines that started it.

– AS sufferer for four years

It was after an accident in the army when I was bounced out of the back of a truck. That’s the first time I ever noticed any back pain and it hasn’t cleared. One doctor told me that it may have activated the HLA-B27 gene. It’s active now, that’s for sure!

– AS sufferer for 25 years

I was in a car accident where I was rear-ended. Then all of a sudden, it got really bad. I guess that was about 2002 or 2003.

– AS sufferer for seven years

You come into this building and you think you’re having a bad day and you look around here and you say, “Boy, I’m glad I’ve got what I’ve got.” Coming to the VA is healthy, I think, at times.

– AS sufferer for 10 years

You have to learn coping skills in the military; you don’t have a choice. Here, I’ve got that same problem – I’m going to have to cope with it for the rest of my life.

– AS sufferer for 15 years

I have pain, but I can deal with it and it doesn’t bother me that much and I think that goes back to the army.

– AS sufferer for 46 years

I don’t go out anymore because it hurts too much. My social life sucks.

– AS sufferer for five years

I don’t have social relationships.

– AS sufferer for 13 years

I have friends, but it’s a burden on them to take me any place.

– AS sufferer for five years

I’ve become something of a recluse now.

– AS sufferer for 53 years

I’d have to say yes. It’s not that I’m highly dependent on her, but she understands my predicament.

– AS sufferer for 10 years (when asked if disease has strengthened relationship)

My daughter helps me out a lot. We’ve been closer.

– AS sufferer for 36 years

We’ve really grown closer together.

– AS sufferer for 42 years speaking of his marriage post-AS

Before I got on the [TNF-a Inhibitor], I was absolutely depressed. I was pissed off at the world, pissed off at everything. I just didn’t enjoy anything because every day was just pain. [The medication] has changed everything.

– AS sufferer for four years

I take [the medication] and I feel good. Every day, it’s doing me good.

– AS suffer for 20 years

[The medication is] great. I guess it’s helped stop my arthritis. It’s the best medication that I’ve taken so far.

– AS sufferer for nine years

I love the [TNF-a Inhibitor]!
As an SAA member, you know the array of benefits that are currently available to you. Four issues per year of Spondylitis Plus, our exclusive Member-to-Member Rheumatologist Directory, access to the Members Only section of our website and the AS Guidebook are just a few of the programs and services your yearly dues help to pay for.

But SAA provides many more programs and services than those covered by the membership fee. In fact, membership fees each year account for less than 15% of our operating budget. That’s why SAA recently mailed you our Spring Appeal letter.

Our three yearly appeals help to raise the money that can be put to work funding the programs and services that cannot be covered by membership fees alone. If you’ve already responded with a gift, please accept our most sincere thanks. If not, your tax-deductible gift today will be put to work to maintain -- and expand -- the wide menu of programs necessary to inform, educate and support the spondylitis community and the physicians who serve them. Please take a moment to think about all the important programs these additional gifts support:

- In July 2010, SAA’s Screening Tool for Ankylosing Spondylitis went live on its dedicated website, www.BackPainTest.org. To date, more than 13,000 people have taken the test with 23% being prompted to download information to facilitate referral to a rheumatologist who can help determine if the cause of their back pain is spondylitis.

- This summer, SAA plans to distribute our new “Mechanical vs. Inflammatory Back Pain” brochure to 2,500 members of the American Chiropractic Association. It’s critical that chiropractors recognize the signs of spondylitis before performing any kind of manipulation of the spine.

- Just this month, SAA debuted a “physician only” forum on our message boards. This password protected site will allow rheumatologists and other physicians who treat people with spondylitis to exchange information, ask and answer questions and discuss treatment outcomes.

- Each year in the fall, SAA joins over 10,000 clinicians and researchers at the annual scientific meeting of the American College of Rheumatology where advances in disease management and research are shared. SAA’s information booth is visited by thousands of medical professionals eager to obtain valuable resources to better serve their spondylitis patients.

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But all of these projects have one thing in common - they require funds above and beyond the membership fee that amounts to just 10 cents a day.

If you believe that it’s important for SAA to continue its work of educating and informing the medical community, please consider making a gift in addition to your annual membership dues. You can do so with the confidence that SAA will put your donation to work responsibly and with the specific needs of the spondylitis community in mind.

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A HEARTFELT AND GIANT THANK YOU from all of us at SAA to ALL of our wonderful, brilliant, committed Volunteers, who give of themselves selflessly to help others, and raise spondylitis awareness in their communities as well as online.

We wish we could include all of your pictures, but due to limited space we were unable to do so. Please know that each and every one of you have our deep gratitude and respect for all that you do!
HOTEL COMFORT SURVEY FOR A.S. PATIENTS

Since our last issue, we have reported on a number of research and news articles on spondylitis.org (specifically, spondylitis.org/press) that are of particular interest to those in the spondylitis community. In this SAA Newsfeed, we look at research on medications, bone mineral density and psoriatic arthritis, community news on Spondylitis Awareness Month and World AS Day and more...

In February, we looked at a research study on etanercept (Enbrel) published in the Annals of Rheumatology. Researchers in this study on the effectiveness of the drug on those with advanced ankylosing spondylitis found that the drug “has short-term efficacy for patients with advanced AS, as was previously reported for less advanced disease.”

We also posted a news item on “Bone mineral density (BMD) and body composition in postmenopausal women with psoriasis and psoriatic arthritis (PsA).” This study was published in Arthritis Research & Therapy, and found that “PsA patients did not present lower BMD. However, they had a higher prevalence of osteoporotic fractures and higher risk of metabolic syndrome. Patients with a longer duration of disease, disability and recurrent falls need preventive measures.”

AS also got some exposure along with SAA in a story on ABC news. The story, “Bamboo Spine: Too Late for Dad, Not for Daughter”, focused on SAA Member and Support Group Leader, Steven Haskew and his daughter Kate. Dr. John Reveille was also interviewed in a video accompanying the story. It is always exciting when awareness of AS is raised in the general public. To read the full story online, go to: http://www.spondylitis.org/press/news/475.aspx.

In other news, April was dubbed “Spondylitis Awareness Month” by SAA Members and Volunteers, and the Ankylosing Spondylitis International Federation (ASIF) has made May 7th (or the first Saturday after May 1st each year) World AS Day. SAA’s Members were extremely active during April and May in helping raise AS awareness. Here are summaries of some of the events that took place, and links to the full news items online at spondylitis.org:

- Maya Klauber Walking for Spondylitis Awareness: Maya Klauber walked to fundraiser and help raise awareness of AS on Sunday, May 15th. From her Blog: “After enduring the pain of last year, I’m trying to celebrate what my body CAN do (and for a great cause).”

- Eleven year old Grace raised awareness and funds for spondylitis, in honor of Spondylitis Awareness Month! Armed with educational flyers, and sporting a “fusing together” shirt, she visited classrooms in her school, making announcements about Spondylitis Awareness Month, and talked about her spondylitis. She raised a total of $825 for SAA!

Follow this link to the survey: https://asif.any-survey.com

From “TalkBack” the Canadian Spondylitis Association (CSA) Newsletter

The Ankylosing Spondylitis International Federation (ASIF) [Editor’s note: SAA is a member of ASIF] is conducting an international survey designed specifically to help advocate for improved hotel comfort for AS patients. The CSA and SAA support this effort and encourage our members to participate by completing the survey.

This survey has been developed by a collaboration of ASIF and patient organizations in Holland, Belgium, Australia and Denmark to assess the scope of the problems AS patients encounter when staying in hotels. It will take 5-10 minutes to complete the survey.

The survey is confidential. You will not be asked to submit any information that may identify you. Your answers will be handled in accordance with best practice as recommended by the relevant protection data.

Follow this link to the survey: https://asif.any-survey.com
SAA has partnered with NeedyMeds to provide a Drug Discount Card for Prescription Medications!

WHO CAN USE THE CARD?
Anyone regardless of income level, insurance status, residency, or age can use the card - but it can’t be combined with insurance, Medicare or Medicaid. There is no registration, no cost, and no paperwork. Multiple people can use the same card.

WHAT DRUGSTORES ACCEPT THE CARD?
Over 54,000 stores throughout the country including all the major chains. On the NeedyMeds website there is a pharmacy finder. Please go to www.needymeds.org/drugcard/index.htm

WHAT IS COVERED?
The card may help with prescription drugs, over-the-counter medications and medical supplies, as well as pet prescription medicines purchased at a pharmacy. There isn’t a savings on every drug.

HOW MANY TIMES CAN I USE THE CARD?
There is no limit to how many times the card can be used or how many people can use the card.

WHAT IF I HAVE ADDITIONAL QUESTIONS?
Please visit: www.needymeds.org/drugcard/questions.shtml

• Simply present this card to a participating pharmacy to receive a discount on your prescription.

• 25 cents will be donated to SAA each time the card is used.

Patient Assistance Programs For Medication
SAA has gathered together a number of assistance programs in addition to NeedyMeds to help those who may be uninsured, under-insured or just need financial aid to help pay for their spondylitis medications. Some of the medications prescribed for spondylitis, such as the TNF-a inhibitors, can be costly depending on the individual’s situation. These are just some of the programs that may be able to help:

Chronic Disease Fund - Their focus is to provide assistance to those under-insured patients who are diagnosed with chronic or life altering diseases that require the use of expensive, specialty therapeutics. http://www.cdfund.org

HealthWell Foundation - From the site: “A nonprofit, charitable organization that helps individuals afford prescription medications they are taking for specific illnesses. The Foundation provides financial assistance to eligible patients to cover certain out-of-pocket healthcare costs, including prescription drug coinsurance, co-payments, and deductibles, health insurance premiums, and other selected out-of-pocket healthcare costs.” http://www.healthwellfoundation.org

The Patient Access Network Foundation - From the site: “The Patient Access Network Foundation is a non-profit 501(c)(3) organization dedicated to supporting the needs of patients who cannot access the treatments they need due to out-of-pocket health care costs.” https://www.panfoundation.org

Partnership for Prescription Assistance - From the site: “The Partnership for Prescription Assistance brings together America’s pharmaceutical companies, doctors, other health care providers, patient advocacy organizations and community groups to help qualifying patients who lack prescription coverage get the medicines they need through the public or private program that’s right for them.” http://www.pparx.org

RxHope - From the site: “RxHope is the only patient assistance Internet initiative financially supported by PhRMA (Pharmaceutical and Research Manufacturers of America) and participating pharmaceutical companies.” https://www.rxhope.com/home.aspx

Rx Outreach - From the site: “Rx Outreach is a patient assistance program (PAP) for people of all ages. The program makes prescription medicines affordable for uninsured and under-insured individuals and families.” http://www.rxoutreach.com

Together RX Access - From the site: “The Together Rx Access℠ Card was created as a public service by a group of some of the world’s largest pharmaceutical companies, in order to provide savings on prescriptions to eligible residents of the US and Puerto Rico who have no prescription drug coverage.” http://www.togetherrxaccess.com

You can see a complete list of assistance programs online at: http://spondylitis.org/patient_resources/assistance_programs.aspx

DRUG DISCOUNT CARD TIPS & ANSWERS

Who Can Use the Card?
The card may help with prescription drugs, over-the-counter medications and medical supplies, as well as pet prescription medicines purchased at a pharmacy. There isn’t a savings on every drug.

How Many Times Can I Use the Card?
There is no limit to how many times the card can be used or how many people can use the card.

What If I Have Additional Questions?
Please visit: www.needymeds.org/drugcard/questions.shtml

Who Can Use the Card?
Anyone regardless of income level, insurance status, residency, or age can use the card - but it can’t be combined with insurance, Medicare or Medicaid. There is no registration, no cost, and no paperwork. Multiple people can use the same card.

What Drugstores Accept the Card?
Over 54,000 stores throughout the country including all the major chains. On the NeedyMeds website there is a pharmacy finder. Please go to www.needymeds.org/drugcard/index.htm

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What If I Have Additional Questions?
Please visit: www.needymeds.org/drugcard/questions.shtml
If you prefer to reach out to others online, you can join us at:

- **The spondylitis.org forums**: forums@spondylitis.org. A free, public message board where you can share experiences with others, ask questions or seek advice from peers. The forums are home to a very supportive online community of nearly 17,000 registered users.

- Perhaps you frequent social networking sites like Facebook. You can connect with us and our members there by going to facebook.com/spondylitis. Join discussions on our wall, find new friends and read announcements about research and SAA News through our group. You can also follow us on Twitter (twitter.com/spondylitis) and check out new spondylitis-related videos on our YouTube channel: youtube.com/user/SPONDYLITISdotORG.

Making new connections online can be a great, safe way to reach out, but SAA Connections is much more than just websites:

- **Patient Educational Seminars** are a great way to hear the real information from expert rheumatologists, physical therapists and more and to meet others with spondylitis. In 2011 / 2012, SAA will be visiting Nashville, Salt Lake City, Chicago and Austin. Please check in with us regularly to get more information online at: spondylitis.org/patient_resources/seminar.aspx or getting in touch with Elin at the above listed email or phone number.

- Perhaps you would like to speak with someone one on one, or even would like to help mentor someone else who has spondylitis? Our PEERs program - People Educated and Empowered to Rise above Spondylitis - will allow you to speak with someone on an individual basis about spondylitis, voice your concerns and share your knowledge. To learn more about PEERS, you can contact Elin or visit us online at: spondylitis.org/patient_resources/peers.aspx

All these resources are here to help give you the support and information you need. That said, sometimes the best support can come from your immediate friends and family. Invite them to participate on our forums, join us on Facebook, attend a seminar or go to a support group meeting with you. Participation can help them to better understand what you are going through and bring all of you closer together.

**SAA CONNECTIONS**

**Finding support from the right resources can be difficult when you have spondylitis. Many different factors will have an influence over what kind of support you may need: age; gender; disease severity; location; internet access and current knowledge base, to name a few. That is why this year SAA will continue to expand our support programs and better tailor them to your needs. Welcome to "SAA Connections."**

SAA Connections is a compilation of all our support programs under one umbrella. Let’s look at some of the various ways to find information and connect with others who have spondylitis, all of which are part of SAA Connections.

**SWIFT: SPONDYLITIS WEB INFO FOR TEENS**

Our SWIFT website, with tips, stories and information from teens with spondylitis for teens with spondylitis, is coming out with an all new look, content and functionality. If you are a teenager with ankylosing spondylitis or related disease, or have a teen in your life who could use some support from their peers, join us at teens.spondylitis.org to get tips for school, life stories from teens, information for transitioning to college, and more.
A Helping Paw

At age 28, mother of a young son, a wife, and a professional photographer, I was stuck on the commode. My knees where so inflamed by Spondylitis I could not physically stand up from the standard home latrine. The humiliation I felt was far worse than the physical pain of a body ravaged with spondylitis for 20 years.

However, that moment was also the exact moment that I found my saving grace in the most unexpected place…my hallway. Kasey, my young 105lb Doberman, took a step forward into the powder room to comfort me where he had been watching my struggle from the hallway. Through my tears, I put one arm on top of his neck and one on top of his back. I whispered, “Stand, Kasey” and as I put more pressure on his back to help me stand, this amazing dog squared his shoulders and leaned the opposite way helping me get to my feet.

When we picked out our 7lb bundle of Doberman joy out of a litter of 10 puppies from a registered breeder in 2006, having a disease let alone needing a service dog was not a part of the buying decision. I had lost my dog of 7 years only 2 months before we found Kasey and I was just trying to fill a hole in my heart.

My husband Chad and I are avid dog lovers and strongly believe in puppy socialization and training. We worked with Kasey a little bit every day from the day he arrived to learn proper manners and commands. By the time he was 5 months old he learned everything I knew how to teach a dog! So we went to school at to our local AKC club’s obedience classes. I never imagined how important that education would be to my daily life.

The Doberman is a working dog that thrives on having a job to do and Kasey is no exception. He quickly earned his Service Dog Certification due to our early obedience training. As a service dog he is legally allowed to go into any public or private place to assist me. His size, strength, sweet demeanor and work ethic are so essential for him to be a service dog.

Kasey’s assistance to go up stairs and to get to my feet from a seated position keeps my independence and pride intact during the worst flares. His backpacks hold my wallet, keys, sunglasses, medications and drinks when I am out and about shopping so I don’t aggravate my neck. Together as a team we come up new ways for him to help regularly.

The psychological benefit to having a service dog is almost better than the physical benefits. Just about anyone who has ever owned a dog understands the bond that forms; multiply that bond by at least a 1000 when you become a service pair. He anticipates my moves, my moods and I know he has a partner I can count on any time of the day or night. He elevates my confidence, lowers my stress and brings a smile to just about everybody’s face when we go out.

“So who are you training him for?” is the number one question people just can’t help but ask. We all know way too well that Spondylitis is an invisible disease that makes us feel isolated and in the public’s quick judgment of me…I don’t look the part. Kasey gives me the opportunity to educate complete strangers about Spondylitis and show them what the face of arthritic disease looks like: a 30 year old woman, mom, wife, professional photographer and spondylitis warrior.
SAA participates in the Combined Federal Campaign -- the largest and most successful annual workplace charity campaign. Simply enter CFC code #89466 on your pledge card during your agency’s fund drive or contact your Human Resources Department or the Office of Personnel Management (www.opm.gov).

She can’t drive yet - but she can use your car

Kids get spondylitis too. Donating an unwanted vehicle to SAA will help ensure that they have the resources they need to live life to the fullest, in spite of the disease. The process is quick, includes free pick-up or towing - and best of all - the proceeds go to improving the lives of spondylitis patients of all ages. The vehicle doesn’t even have to run and you’ll get a great tax deduction for your donation!

Please call 1-888-SAA-3424