All of Us

Your support in action

Stories, research and progress

90 years of life-changing progress

Arthritis UK

Celebrating 90 years of life-changing progress, thanks to the support of people like you.

1936

Our story began when **The Empire Rheumatism Council** was founded.

1953

Genetics are shown to play a role in rheumatoid arthritis for the first time.

1989

Researchers identify a protein called **TNF** (Tumour Necrosis Factor) as a key driver of inflammation in rheumatoid arthritis.

1994

Obesity is shown to be a major risk factor for osteoarthritis of the knee.

1999

The first anti-TNF therapy is licenced, transforming the lives of millions of people with inflammatory arthritis.

2004

People with fibromyalgia are found to process pain differently due to altered brain mechanisms.

2007

The ESCAPE-pain trial showed exercise is effective at improving symptoms of knee pain.

2008

Miner's Knee: research on occupational knee osteoarthritis helped qualifying workers gain access to disability benefits.

2012

arcOGEN, the largest genetic study of osteoarthritis, revealed eight new genetic clues as to why people may develop it.

2017

The Sycamore trial was critical to the approval of a new treatment for uveitis, now helping to prevent blindness in children with arthritis worldwide.

2017

The first cartilage cell transplantation procedure for arthritis is approved by the NHS for early knee osteoarthritis.

2024

The MAVIDOS trial finds continued higher bone density in children of women who took vitamin D supplements in pregnancy.

2025

Genetic data collected by arcOGEN is used in the world's largest study to advance understanding of osteoarthritis and identify new treatment targets.

90 years 2026

Landmark consortia-funding initiative underway: six UK-wide research collaborations tackling the biggest challenges in arthritis research.

The future

Your continued support keeps us moving towards a future free from arthritis, where everyone can live well and free from pain.

Thank you for being part of this incredible community.

Together, we're working to make sure that everyone with arthritis has access to the treatments and support they need to live the life they choose. And each year brings us closer to a cure.

Your support is driving amazing progress – which is why I'm so excited to share this year's **All of Us** magazine with you.

We know that there's still a lot of work to do. Too many people across the UK are living in pain and isolation due to arthritis. UK governments and health services need to take arthritis more seriously. And more needs to be done to support people to remain in and return to work.

But thanks to you, there is much to celebrate.

In this edition, we're celebrating 90 years of progress since our charity began, and sharing some of the brilliant successes that you've made possible over the last year. From research breakthroughs and campaigning wins to personal stories from members of our community. So thank you for your continued support, bringing us ever closer to a future free from arthritis.

Lucy Donaldson

Professor Lucy Donaldson
Director of Research, Arthritis UK

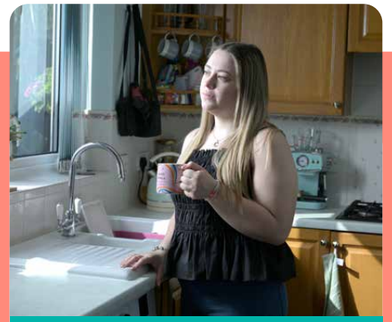
Catching up with research

Exciting updates from the research projects your generosity made possible.

Little fish, big discoveries...

In 2024, we shared how researchers are studying **zebrafish** to see how bones and nerve cells interact. Since then, Dr Erika Kague and her team have been studying these incredible fish to learn more about osteoarthritis pain, to identify new treatments.

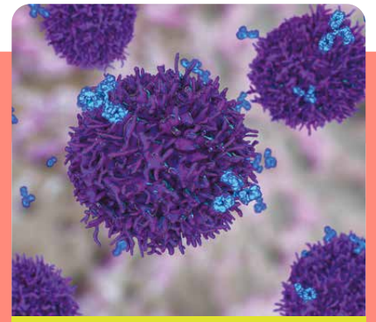
This January, she used virtual reality to bring her research to life at a House of Commons showcase – so the public, and policymakers, had the chance to learn more about the impact this research could have for people with arthritis.



Not just tiredness

Last winter, Professor Emma Dures talked to us about the **METRICS** study, funded by Arthritis UK and the Kennedy Trust. The study aimed to identify gaps in our understanding of fatigue to find better pathways towards treatments for this often-overlooked arthritis symptom.

Professor Dures' team have now published results, endorsing the best ways for researchers and clinicians to measure fatigue. This research is a big step forwards, especially in understanding how best to support children and young people experiencing fatigue.



Plan B successes

Last year, in an interview with three world-leading scientists, we talked about research looking at the role of **B cells** in inflammatory arthritis and other autoimmune conditions.

This year, a study jointly funded by Arthritis UK and partner organisations found that B cells play a key role in an arthritis-related eye disease (uveitis) that can cause long-term loss of vision in children. These findings are a major shift in how we understand the disease process of uveitis – and could lay the groundwork for more effective treatments in the future.

Research to help you work well

Yeliz Prior is a Professor of Clinical Rehabilitation and lives with axial spondyloarthritis (axSpA). She spoke to us about her research in the WORKWELL Digital Project that offers support and guidance to help people stay in work.

What is the WORKWELL project trying to achieve?

Staying in work is one of the biggest concerns for many people with arthritis (a third of people with inflammatory arthritis stop working within three years of diagnosis and half within ten years). Work provides financial security, independence, social connection and a sense of identity. But symptoms such as pain, fatigue, and stiffness can make working life much harder, so WORKWELL was designed to support people who are in work but struggle due to their condition.

How is the project making a difference?

Earlier research showed that, when problems arose, people wanted a single, reliable source of guidance, as it was hard to know what information was trustworthy.

Based on these findings, we developed **WORKWELL Digital** – an online support tool which was co-designed with people with inflammatory arthritis, health professionals and digital learning experts – to offer accessible self-management support and provide practical guidance.

Involving people with lived experience brings perspectives that researchers alone can't provide. Having lived with arthritis since childhood, I know it affects far more than your joints and can influence so many parts of daily life.

What's next for the project?

We're looking to translate these resources into other languages, and here in the UK I'm working with widening participation groups to make sure the resources are relevant, applicable, and accessible for everyone to help more people with arthritis remain in work.

For advice about working well with arthritis, visit: workwelluk.org or arthritis-uk.org/work-and-arthritis

Working together to beat pain

The Advanced Pain Discovery Platform (APDP) is a research network bringing together experts from around the country to explore pain's complexities and find new treatments. And it's leading to exciting results.

Your support has helped drive years of research into the issue that affects people with arthritis most: pain.

APDP
ADVANCED PAIN DISCOVERY PLATFORM

Osteoarthritis breakthroughs

The pain caused by osteoarthritis can have a huge impact on quality of life. Researchers in the **INSPIRE trial**, based at the University of Nottingham, have published results showing that taking a prebiotic gut health supplement could have significant benefits for people with **knee osteoarthritis**. This trial tested the impact of taking a daily supplement of inulin, a natural dietary fibre that feeds beneficial gut bacteria, and found that inulin reduced both knee pain and pain sensitivity, while being easier to stick to than the exercise programme they compared it to.

This research is a big breakthrough in our understanding of the **role of the gut microbiome** in osteoarthritis pain. And thanks to your donations continuing to fund research projects like INSPIRE, this could lead to new perspectives on how we treat pain, and more exciting discoveries in the future that might reduce the impact of pain for people living with osteoarthritis.

Finding the source of cartilage damage

Inflammation of the synovial membrane, a thin layer of connective tissue lining joints, is a key driver of osteoarthritis for some people. Researchers from the University of Birmingham looking into synovial inflammation have found that small fluid-filled packages may be the cause of worsening pain and cartilage damage. These findings could give scientists a new way to stop the packages and hopefully prevent future inflammation and cartilage damage.

The role of the immune system in fibromyalgia

Fibromyalgia is a long-term condition causing pain and tenderness all over your body. While it isn't the same as arthritis, there is often a link between the conditions.

Despite estimates that it may affect around 1 in 20 people in the UK, fibromyalgia is hard to diagnose, with no specific diagnostic test currently available, and with symptoms that often can overlap with other conditions.

But APDP researchers at King's College London have recently published **a study showing that fibromyalgia may be a disease of the immune system**, rather than the brain, as some people had previously thought. The researchers found that the sensory abnormalities that can occur in fibromyalgia, such as pins and needles, tingling and extreme sensitivity to the cold, may be caused by changes in nerve cells in the body. These cells are called mechanoreceptors – specialised cells that send signals in the body to detect touch.

In the study, scientists showed that antibodies taken from people with fibromyalgia altered the 'firing' of mechanoreceptors, making them respond much more often to cold, when compared with the mechanoreceptors in healthy, pain-free individuals. It's these changes, caused by antibodies, that could be responsible for the sensory abnormalities that people with fibromyalgia experience.

This study paves the way for research into these antibody changes, which could lead to better tests to diagnose fibromyalgia and treatments to relieve symptoms for people living with it.

All these projects have the potential to make a real difference to the millions of people living with arthritis and MSK conditions around the UK – and none of these achievements would have been possible without you!

Advancing our understanding of pain

We spoke to two leading pain researchers across the APDP, to hear more about the social and biological sides of pain research and what their projects could mean for people with arthritis pain.

Professor Ewan St John Smith is a neurobiologist who researches the function of pain-sensing neurons in our bodies. He recently took over as the Director of the ADVANTAGE consortium*, which aims to find out why people with the same condition have different experiences of pain.

Professor Ed Keogh is the Director at CRIISP, a consortium that brings together researchers to understand how pain starts, why it persists, and the psychological and social factors that impact pain.

Why is pain such a complicated issue?

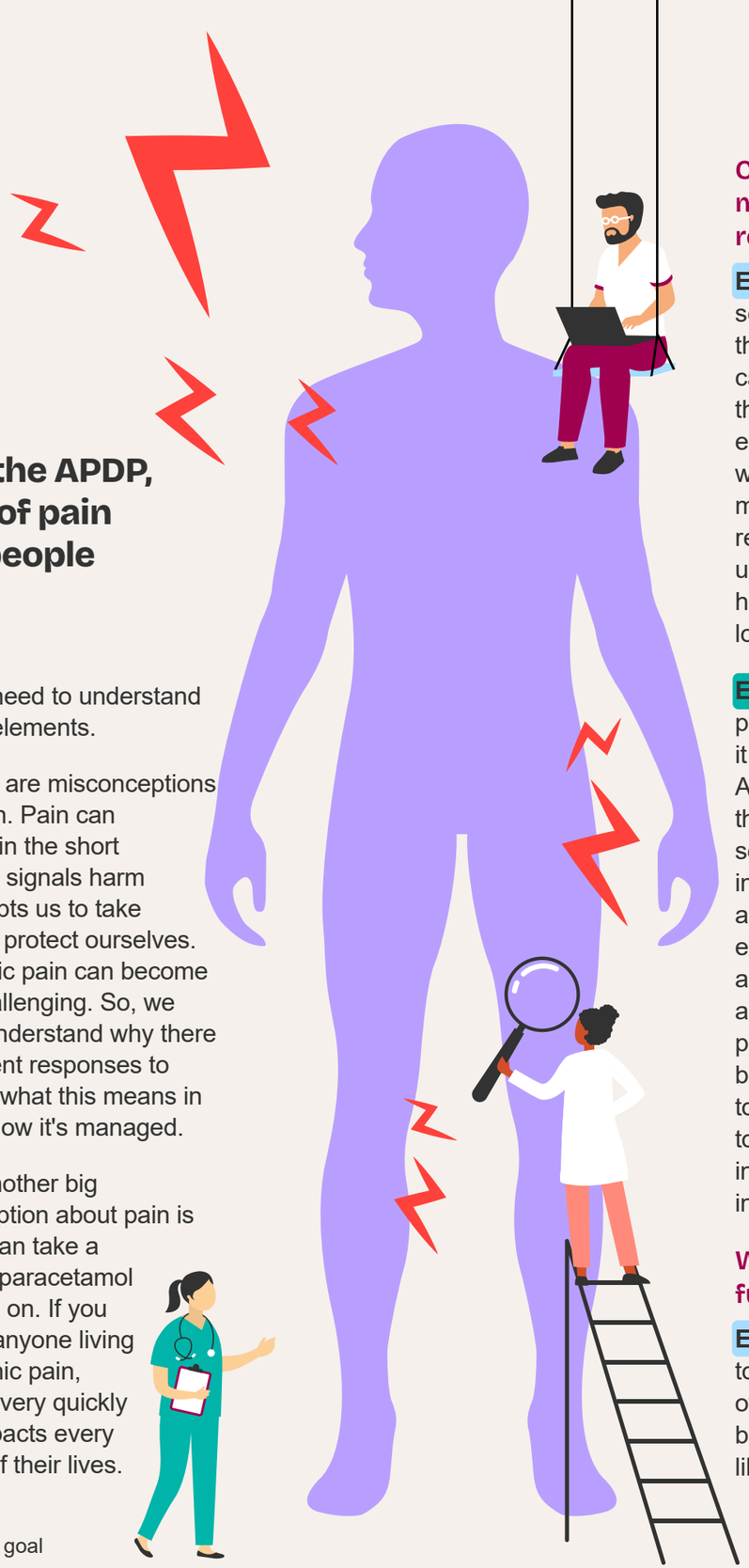
ESJS: Pain involves different organ systems interacting with each other. The immune system might be triggered by an injury of the musculoskeletal system, which then interacts with the nervous system to amplify the sensation of pain.

On top of this, everyone's experience of pain is unique. We often ask study volunteers to rate their pain from 0 (no pain at all) to 10 (the worst pain imaginable), but everyone has their own internal scale as to what 'worst pain imaginable' means.

EK: Pain involves physical, psychological, and social factors – so to understand pain, we need to understand all these elements.

And there are misconceptions about pain. Pain can be useful in the short term, as it signals harm and prompts us to take actions to protect ourselves. But chronic pain can become highly challenging. So, we need to understand why there are different responses to pain, and what this means in terms of how it's managed.

ESJS: Another big misconception about pain is that you can take a couple of paracetamol and move on. If you speak to anyone living with chronic pain, you learn very quickly how it impacts every element of their lives.



Can you tell us a little more about your research projects?

ESJS: We currently have several projects going on that aim to understand the causes of pain, from studying the human genetics of pain experience to seeing what we can learn from the naked mole-rat, an animal that's really unique due to its unusual pain sensitivity, high cancer resistance and long lifespan.

EK: I'm interested in the psychology of pain. How it captures our attention. And how emotions affect the way we interpret bodily sensations. I'm also interested in how gender-based beliefs and biases affect how we express discomfort. Women are more likely to report pain, and women with persistent pain often report not being believed. So I've been putting together an international team to offer guidance on how to incorporate this knowledge into their research.

What do you see for the future of pain research?

ESJS: We've been able to combine new ways of monitoring animals' behaviours with approaches like using human cells that can be reprogrammed to function like the sensory nerves that underlie the sensation of pain.

The ADVANTAGE consortium is also studying the genetic and immune systems of people with what's known as 'visceral pain' – that's pain that originates from the internal organs.

We're aiming to improve the understanding of pain from the perspective of people experiencing it, so taking this combined approach will hopefully lead to identifying new pain management tools, and disease-modifying therapies that deal with the underlying causes of pain.

EK: I have high hopes for the future. By developing a better understanding of how psychological and social factors affect people's experience of pain, we're hoping to discover new ways to ease the impact of chronic pain, like that experienced by people with arthritis. We're also working closely with people with pain to identify what matters most to them, including what measures and methods best reflect their own experience, so that we can maximise the positive impact that pain research can have on people's lives.

*A group that comes together to achieve a common goal

Alex, 18, from Rugby, took on the London Landmarks Half Marathon to inspire other young people with arthritis.

“I was around a year old when I started getting unexplained high temperatures and rashes at night. Then one day I just couldn't stand up, so mum took me to A&E where they told us I had 'clicky' hips, but it wasn't anything to worry about.

After doing her own research, mum went back to the GP and didn't leave until we got a rheumatology referral.

We waited months for an appointment, during which time I was admitted to hospital because muscle wastage had left me unable to stand or walk alone. I couldn't eat or drink because my neck was that bad, and I was in a lot of pain.

I was diagnosed with juvenile idiopathic arthritis (JIA) when I was three years old, and in the last 15 years I've had so many joint injections, a hip biopsy, cataract surgery for uveitis, and a full ankle infusion.

Every time I started a new medication I was given information leaflets from Arthritis UK, so I looked into the charity's work and was really inspired.

It motivated me to want to give back to the charity that was working so hard to make a difference to people like me, so I decided to take part in the London Landmarks Half Marathon to fundraise for Arthritis UK.

I completed the half marathon in my manual wheelchair, supported by mum.

It was definitely a challenge – I injured my knee during the race, and my hands hurt from pushing myself on the wheels. But I just kept telling myself, 'I can do this'.

I want to give back and show others who have JIA that you can do anything. My arthritis is just one part of me, but I don’t let it hold me back."

Thank you to all who took part in this year's event – raising a whopping £36,785.10!

Supporting health and care professionals

Despite the fact that one in seven GP consultations are related to musculoskeletal (MSK) conditions like arthritis, its impact is often overlooked in primary care. This leads to patients struggling to get diagnosed, feeling unseen and left to advocate for themselves.

Thanks to funding from this amazing community, Arthritis UK is working to equip health and care professionals with the skills and confidence required to make sure MSK patients receive the high-quality care they need.

Thanks to your support, we've been able to develop our **MSK SKILLs training programme**, to increase knowledge and improve confidence in MSK care.

The programme is having a real impact. Since October 2025, we’ve delivered 34 training sessions to over 1,000 health and care professionals.

When surveyed, 99% of participants said they were better equipped to identify early signs of MSK conditions and persistent pain, and to facilitate appropriate referrals following their session. Alongside the training, we've also created our **SKILLs Community** – a space for over 7,000 professionals where we share resources, information and best practice. Community members also share insight with us here at Arthritis UK to help support and shape our work – so we're all working together to keep learning, and to improve the care that everyone with arthritis receives.

I was laughed away for many years as a teen with joint pain. Even following my diagnosis it has taken me time to get health professionals to take me seriously and be on my side.

Survey participant aged 18-44

It means I can explain things more clearly, pick up on concerns more quickly, and create a calmer, more supportive atmosphere during appointments.

MSK SKILLs participant

Support at every age

Arthritis can affect you at any age, and connecting with people who understand your experience can make all the difference. Thanks to you, we're able to provide information, community and support, so we can be there for people with arthritis throughout their lives.

There are over 10,000 young people under 16 living in the UK with juvenile idiopathic arthritis (JIA), a form of arthritis that can cause joint pain and inflammation, as well as swelling, stiffness and fatigue. And living with JIA can be isolating. But your support is helping to make sure no young person has to face arthritis alone.

Our Young People and Families Service (YPFS) provides essential support for young people living with arthritis and related conditions. We've worked together with young people to design a programme of online and in-person events throughout the UK, as well as offering one-to-one practical and emotional support, a supportive online community, and access to useful videos and other resources created for young people. We also offer young people the chance to shape world-class research and have their voices heard on the issues that matter most to them.

And with the help of our peer support volunteers, we run events, self-management workshops and residential weekends, creating safe spaces for young people and their families to connect with others.

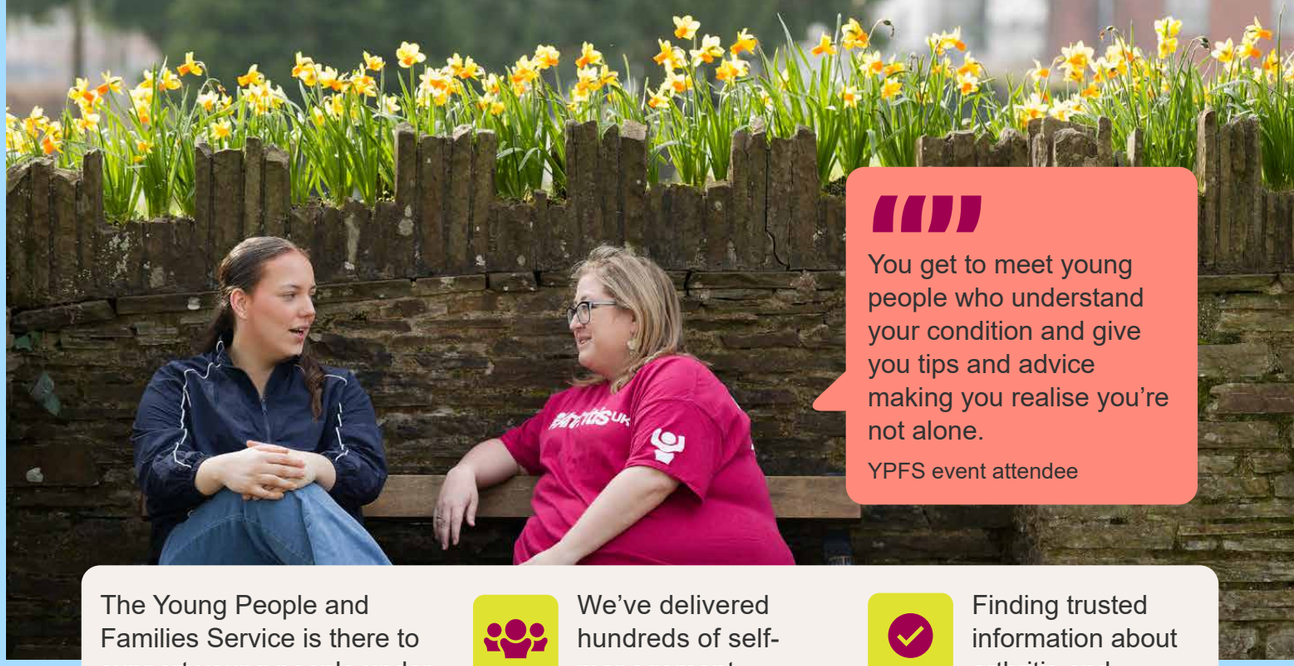
Young People & Families

Since October, we've held five residentials across the country, including an overnight stay in Northern Ireland that welcomed 18 families.

96%
of our young attendees would recommend our activities, workshops, and residential events.

After attending an event, most young people felt more confident being themselves and more able to manage their symptoms.

> You will be understood without any judgement.
>
> YPFS event attendee



> You get to meet young people who understand your condition and give you tips and advice making you realise you're not alone.
>
> YPFS event attendee

The Young People and Families Service is there to support young people under the age of 26 living with arthritis, but we know the journey with arthritis doesn't end there – and neither does the support.

Over the last year, we've delivered over **67,000** acts of free support, so we can be there for people with arthritis when they need it most.

Our knowledgeable Helpline advisors support over **1,000** people each month, providing information, treatment guidance, and support for navigating an arthritis diagnosis.

We've delivered hundreds of self-management courses, information talks and support groups across the country – helping people with arthritis to connect with others and gain skills and confidence to manage their condition.

80% of participants said that attending a self-management course improved their understanding of arthritis.

Our supportive online community **Arthritis Connect**, available 24/7, provides a safe space for people living with arthritis to ask questions and share their experiences with people who understand.

Finding trusted information about arthritis and musculoskeletal conditions can be difficult, but your support has enabled our expert team to produce and share clear, evidence-based information booklets about conditions, treatments and so much more.

In the last year, over **1.08 million** information booklets have been delivered to and downloaded by people with arthritis, while our online chatbot, AVA, has helped over **8,000** people to access the support and information they need.

Thank you for making all this possible!
Find out more about the support we offer using the handy links on the back page.

What we've achieved together already gives me hope.

Andy, 56, from Norfolk, shares his experience of campaigning to protect Personal Independence Payment (PIP).

"I've been living with widespread osteoarthritis for over 40 years and have recently been diagnosed with Ehlers-Danlos syndrome and fibromyalgia. I've had both my knees and hips replaced, and I'm currently on a waiting list for spinal fusion and shoulder replacements. **Like so many of us with arthritis, I'm caught in the middle of the disconnect between healthcare delays and the benefits process.** I can't work due to untreated medical issues, but the benefits system doesn't take those delays into account.

People with musculoskeletal conditions like arthritis are one of the largest groups who rely on benefits like PIP to live, work, and socialise. PIP can help cover the extra costs of living with the condition. For so many, it's a lifeline.

When the UK Government announced plans to cut PIP last summer, I was devastated. But I also know how hard it is to get PIP in the first place.

That's why I joined **Arthritis UK's Cut to the Bone campaign** to speak out against cuts to PIP.

Almost **40,000** of us came together to tell MPs to stop the cuts – and our campaigning worked. The UK Government scrapped their plans to cut PIP and committed to reviewing how we apply and get assessed.

As part of this review, I was proud to represent our community and speak to the minister in charge of these changes, Sir Stephen Timms MP. I told him that the system is in desperate need of change – and that we all deserve dignity and respect, no matter what.

We have already forced the UK Government to listen once – and we'll keep campaigning for a fairer and more compassionate benefits system for everyone."

This year, our community backed our campaigns 47,114 times, making our collective voice stronger. Thank you!

Beyond BMI:

removing harmful barriers to joint replacement surgery

Joint replacement surgery can be life-changing for people with arthritis, giving back movement and hugely improving people's quality of life. But **new research has revealed that across England, unfair barriers to accessing surgery have been put in place** by almost a fifth of the Integrated Care Boards (ICBs) responsible for planning and coordinating local health services.

These ICBs have policies that ration joint surgery based on a patient's Body Mass Index (BMI) leading to delays in surgery, so people with arthritis are left waiting in pain for longer.

That's why Arthritis UK have published a report showing the impact of these policies, calling for them to be changed.

ICBs are trying to justify these policies by stating that there's a greater surgical risk for patients with a higher BMI score. But **multiple studies show the benefits of surgery outweigh the risks, making surgery cost effective for the vast majority of patients**. And patients with a higher BMI can still expect significant improvements to their symptoms.

While BMI can be used as part of a wider risk assessment, the use of BMI policies found in these ICBs goes against national clinical guidance.

Not only do these policies lead to people waiting longer than clinically necessary for potentially life-changing treatment, prolonging their pain and discomfort, delays in surgery can impact people's ability to work, their social activities, and their mental health.

We're calling on ICBs to scrap BMI threshold requirements and instead base access to surgery on individual clinical need. Thanks to your support, we can hold decision-makers accountable, so no one is left waiting for treatment.

Read our full policy briefing by scanning the QR code, or visit: arthritis-uk.org/beyondbmi

Putting arthritis on the agenda:

campaigning for change ahead of the elections in Scotland and Wales

The elections in Scotland and Wales in May this year marked a major turning point. Thanks to the amazing efforts of our community across the UK, you helped promote arthritis as a key priority for the new Scottish and Welsh Governments.

Taking lives off hold in Wales

In Wales, **991,000** people live with a musculoskeletal (MSK) condition such as arthritis, making MSK conditions one of the biggest causes of long-term pain, disability and working days lost. And as waiting times for orthopaedic services remain far too long across Wales, people have told us they are waiting in pain while it feels like their life is left on hold.

That's why we launched our Wales manifesto ahead of the Senedd elections – a call to action to make arthritis a national public health priority – so **No Life is Left on Hold** in the future.

In the manifesto, we set out actions for the next Senedd:

Call 1: Take decisive action to reduce orthopaedic waiting times and clear the backlog, by appointing a new ministerial role, committing to one-year waits, and developing national guidance for access to surgery, so patients can wait well for surgery.

Call 2: Make MSK conditions a national public health priority, reducing the impact of arthritis and improving people's quality of life through early diagnoses and proactive early interventions.

Call 3: Better support children and young people with arthritis and MSK conditions, ensuring equitable access to high-quality paediatric rheumatology services across Wales, better education support, and raised awareness of the impact of arthritis on young lives.

Imaani, South East Wales, lives with JIA

To bring about real change, we needed as many candidates as possible to see and understand our calls – and our incredible campaigning community made this happen. You sent over **13,300** emails, reaching future Members of the Senedd (MSs) in every single constituency in Wales. **This means that MSs across the whole of Wales heard about the challenges people with arthritis face – and how they can stand up for our community in the Senedd.**

Acting now for arthritis in Scotland

In Scotland, arthritis and MSK conditions affect **1 in 3** people, including **48,000** children and young people – yet they remain invisible in national health planning. Arthritis UK's Scottish Election manifesto called on Members of Scottish Parliament (MSPs) to **Act Now for Arthritis**:

Call 1: Make arthritis and MSK conditions a public health and policy priority for Scotland. The lack of a national strategy and leadership around MSK conditions means they are under-resourced, leaving people with arthritis across Scotland waiting years for diagnosis, struggling to access treatment, and facing barriers to independence.

Call 2: Commit to a relentless focus on tackling orthopaedic waiting times. Delays in orthopaedic surgery significantly impact people with arthritis and their quality of life – and orthopaedic waiting lists remain the single largest component of Scotland's overall waiting lists. We're calling on the new Scottish Government to commit to sustained investment to tackle this backlog.

Bobby, Scotland, lives with osteoarthritis

Our community made sure that future MSPs heard these calls. You sent over **33,000** emails to candidates across Scotland, reaching candidates in every single constituency.

New MSPs have the power to make arthritis a government priority – and the **Arthritis UK community made sure they heard about the challenges people with arthritis face, and how they can stand up for our community.**

Just the beginning

To mark Arthritis Awareness Month in Wales, we tabled a Statement of Opinion – a formal motion that Senedd Members can sign to show their support – calling on the new Senedd to recognise the seriousness of arthritis and its devastating impact. **It received more support than any other Statement of Opinion in the Senedd's history. A whopping 45 MSs from all parties represented in the Senedd have signed it – showing just how powerful our voice can be when we come together!**

While in Northern Ireland, we published our landmark report, From Breaking Point to Recovery, and began work on our 2027 manifesto ahead of next year's election. Together, we'll continue to push for real change for people with arthritis and MSK conditions across the nations.

Finding Arthritis UK changed everything, I've never looked back.

Kathy Morrison, a volunteer from Helensburgh, Scotland, shares how finding Arthritis UK helped her achieve things she never believed possible.

"I've been in pain as far back as I remember. All my life I've struggled with walking distances and standing for long periods of time, but I had no real answers. Five years ago, I was finally diagnosed with osteoarthritis in my spine and hips.

Despite the relief of the diagnosis, life was a nightmare. The pain affected my mental health so badly that I was diagnosed with severe depression, compounded by grief after losing my husband 11 years ago. I closed myself away. I didn't know how to deal with the pain, and nobody was helping me.

Then, three years ago, a community link worker took me to an Arthritis UK group, and my whole life changed. It was the best thing that ever happened to me.

The group brought me out of my shell. I learned what I could do differently for myself and for the pain.

Over the past year, I decided to try running. Before I knew it, I was running 5km, so when someone suggested a half-marathon, I thought I'd give it a go. I ran my first one last year and was in tears by the end, just the disbelief really, that someone with osteoarthritis could achieve that.

I now speak openly about how arthritis impacted me physically and mentally because I want to help other people who find themselves where I was. I always refer people to Arthritis UK's information, and I've started volunteering. I love making a difference, seeing people with arthritis realise that there is hope."

Your generosity means we can continue to provide these life-changing groups for free. Thank you for helping to transform lives like Kathy's.

Inside Arthritis:

using art to shine a light on young people's experiences of arthritis

An arthritis diagnosis at a young age can be an overwhelming and isolating experience. But having a creative outlet can make living with a long-term health condition less intimidating, and encourages young people to feel in control of their condition.

That's why we offer an art-based self-management programme called **Joint Creativity** that educates young people about the science behind their conditions through accessible mediums. It gives young people the opportunity to engage with their condition through art and connect with a community that understands the difficulties of growing up with a chronic illness.

In March this year, we launched **Inside Arthritis** – an exhibition at the UK Parliament – showcasing the art produced by young people in the programme.

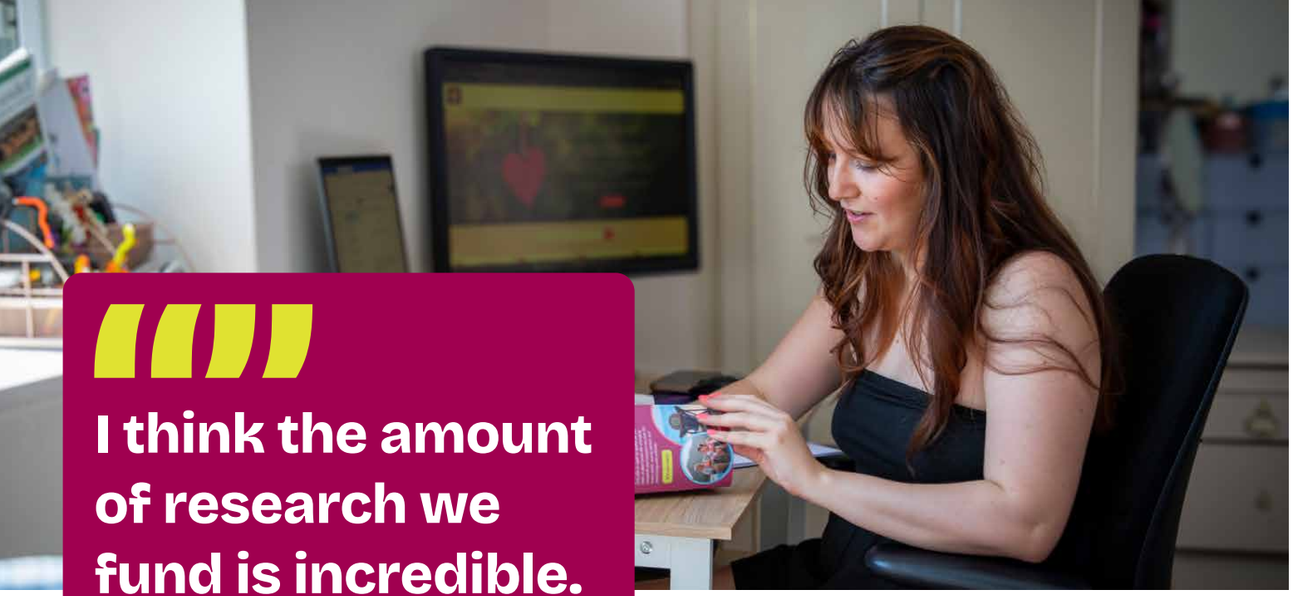
The exhibition was a key opportunity for people in Government to hear first-hand from our young community about the stigma and challenges of living with arthritis, and to inspire MPs to advocate for greater change for people of all ages living with arthritis.

Each session has helped me better understand my condition. By creating art I can express how JIA affects me, when finding the words to explain can be tricky. It has been really great to connect with others going through similar things, which has helped me to feel less alone in my condition.

Penny, Joint Creativity participant

To find out more about our support and initiatives for young people and families, visit **arthritis-uk.org/young-people-and-families**

Young People & Families



> **I think the amount of research we fund is incredible.**

Evie, 29, had a double hip replacement at 16 and now lives with arthritis in both knees. As a member of Arthritis UK's fundraising team, she shares what it's like behind the scenes and reflects on her personal journey with arthritis.

"I was diagnosed with juvenile idiopathic arthritis (JIA) when I was 14 years old. After years of problems with my walking and being passed around various consultants, we eventually found the rheumatology team who confirmed I had arthritis.

Despite being on various medications, I developed osteoporosis and even had a wheelchair due to the pain of walking. The consultants confirmed my hips were so damaged I had to have both replaced at 16.

I remember being excited because I felt like I'd been missing out on my youth, I just wanted to feel normal.

After a few months, I started to feel amazing. I came off methotrexate and had a couple of years living my best, youthful life.

I never thought about the arthritis coming back because I was like, well, that's impossible. I never really understood the whole immune system – that it could attack another joint. Until a few years later when I noticed my knees would start to swell up and become painful.

It was only when I started working at Arthritis UK that I heard about biologics, when a colleague from the research team explained them to me.

I'm grateful I've been able to be on biologics for two years now, to stop the attack of any other joints, along with a lower dose of methotrexate. But because of the years I've had active inflammation in my knees, I now have osteoporosis, again. I have a lot of mechanical flare-ups, which are incredibly painful and can only be solved with surgery.

I can't help feeling that if biologics had been discussed with me a few years ago a lot of damage could have been avoided.

There's not the same urgency around arthritis that there is around some other conditions, because you can live with it.

But just because you can live with something doesn't mean you're living, you know?

I try to be as active as possible but there's not a moment in the day when I don't have pain. Even at night I get waves of pain.

I was already working in the charity sector when I discovered Arthritis UK through the young people's stories they shared on Instagram.

I work mostly from home and without this sort of flexible working, I feel like I wouldn't be able to work, which is awful because I love my work!

Everyone is understanding and supportive. I've met a lot of people through this job who have a musculoskeletal condition, there's a real community here.

I think the amount of research we fund is incredible. And that it's not always just arthritis, it's other MSK conditions as well and how they link together – because finding a solution for one thing might be the answer to all these other conditions too.

I want supporters to know that we're genuinely listening.

I like that we work with people with experience of arthritis and that people's voices are heard. That's why I'm passionate about the work that I do in fundraising because I really want the supporters to know that we're genuinely listening to you."

> **Sometimes it feels like arthritis is going to take all the good things away from my life – from who I am as a person. But I don't want it to rule my life. Thanks to our incredible supporters and researchers, I have hope for my future.**

Find us on social media by searching 'Arthritis UK'.

Investing in a future free from arthritis

Thanks to your support, Arthritis UK has become the world's largest dedicated funder of arthritis research.

Over the last 20 years, we've **funded over £373.9 million of research**, and currently have **£104.7 million invested** in ongoing research projects.

Your donations are funding **169 cutting-edge research projects and hundreds of dedicated researchers**, each one with the potential to change lives and bring hope for the future of arthritis treatment.

And we're making sure that the research we fund will reach everyone with arthritis, whatever their condition. That's why we're funding projects on bone conditions, gout and crystal diseases, inflammatory arthritis, juvenile idiopathic arthritis, osteoarthritis and so much more.

Because we know that behind every donation is someone hoping for a better future.

Despite how far we've come, arthritis research still isn't prioritised the way it should be – but your support is changing that. Every pound helps bring us closer to better care and innovative new treatments for everyone living with arthritis.

£

Over £373.9 million
invested into research projects over the last 20 years

169 active grants
for cutting-edge research projects

For a future free from arthritis

Thank you for making progress possible. We couldn't do it without you.

"A small token of my appreciation."

Inspired by research funded by this incredible community, Penny decided to leave a gift in her Will to Arthritis UK. Her story highlights the powerful difference research can make.

"I've seen the devastating effect of rheumatoid arthritis. It took hold of my dear mother and ended her life far too young at 67.

She coped with a lot of pain, and at the end of her life was paralysed by the condition. So, when I received my own diagnosis of axial spondyloarthritis and I too was living in pain, I was filled with dread – I didn't want to go through what my mum had.

But, thanks to research advancements making new treatments available, I'm now able to lead a healthy, active, pain-free life.

I know I'm one of the lucky ones. That's why I wanted to leave a gift in my Will – a small token of appreciation for the amazing progress that's been made because of other people's generosity and the dedication of the scientists. It's the least I can do and a true legacy of my mum."

"My hopes are that people will no longer have to suffer the excruciating pain arthritis brings.

Did you know? Gifts in Wills are our largest source of income as a charity. Without this generosity, we wouldn't be able to continue our vital work.

For any questions or to talk with the Gifts in Wills team, speak to Gill:

t 0300 7900 406 or
e giftsinwills@arthritis-uk.org

We're here for you

Call our free Helpline, Monday to Friday, 9am to 6pm:
0800 5200 520

Join our online community (Arthritis Connect) at:
community.arthritis-uk.org

Chat with our online assistant AVA at:
arthritis-uk.org/ask-AVA-our-virtual-assistant

Track your symptoms with our easy My Arthritis app, go to:
arthritis-uk.org/track-my-arthritis-symptoms-app

Order our free arthritis information booklets at:
shop.arthritis-uk.org

Explore activities in your area, go to:
arthritis-uk.org/in-your-area

Contact us

Contact Supporter Care if you have any queries about donations on **0300 790 0444**, email us at **hello@arthritis-uk.org** or send a letter to: **Arthritis UK Supporter Care, Floor 1, 3 St. Pauls Place, 129 Norfolk Street, Sheffield, S1 2JE**

If you would like to speak to someone about a gift in your Will, contact Gill in the Gifts in Wills team at **giftsinwills@arthritis-uk.org** or by phone on **0300 7900 406**

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