

## STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update

June 2004

*This newsletter provides quarterly updates on the Study of Arthritis in Your Community and related topics. It is provided to study participants as well as individuals who have expressed an interest in our research.*

### Study Results

If you attended one of our luncheons last fall in East York or Woodstock, you may recall that Dr. Gillian Hawker presented some of the preliminary study results. We are happy to share with you more of the results that have recently come out of the study.

### Costs Associated with Living with Arthritis

The costs associated with living with arthritis have been understudied. We used the information from your telephone interviews to look at out-of-pocket and time costs of living with arthritis from your, (the patient's) perspective. Costs related to arthritis pain and disability included money spent on equipment, time lost from employment, time lost from household chores, paid help with chores including out-of-pocket expenses for community services and the value of unpaid care provided by your family and friends.

Sixty percent of our participants reported out-of-pocket costs and/or time costs related to their arthritis. For those of you that reported arthritis-related expenses, the average cost was \$12,200 per year. Most of these costs (80%) were associated with time lost from employment and leisure activities and for unpaid caregivers, such as family and friends providing care or help with chores. The more



Study of Arthritis Luncheon 2003

### Osteoarthritis Status and Physical Assessments

In 1997, some of you were visited in your home by an Arthritis Society therapist who examined your joints and asked you about your arthritis symptoms and disability. You also had x-rays of your hips and knees done at Toronto East General Hospital. We used this information to determine if your self-reported symptoms and disability were associated with clinical and x-ray findings. Now, we are interested in determining whether changes in self-reported arthritis status are reflected in changes in physical status over time.

We are asking participants from East York, who participated in the 1997 assessment, to complete a follow-up visit including an examination of your joints by a physician (rheumatologist), x-rays of the hips and knees and a brief questionnaire. We would like to thank those of you that have already participated in this follow-up study during the past month and look forward to seeing more of you over the upcoming weeks.

severe your arthritis was, or the poorer your general health was, the more likely you were to have higher out-of-pocket and time costs.

Another interesting fact was that men were half as likely to report having costs than women (maybe because they are more likely to be living with someone). But when men *did* report costs, their expenses were 25% higher than those reported by women.

### Costs to the Health Care System

In addition to the costs to people living with arthritis, we were interested in looking at costs to the health care system due to arthritis. To estimate these costs, we linked the information you gave us during your telephone interviews to provincial data on physician use, hospital visits, home care, long term care and use of prescription drugs.

We found that, over a 1 year period, the average health care costs due to arthritis was \$6,150 per person (ranging from \$0 - \$114,330). Physician services and lab tests accounted for about half of the costs to the health care system. One quarter of these costs were related to prescription medications. The rest of the costs were due to hospitalizations, long-term and home care, and for Emergency Department visits. Arthritis related costs may be even higher than our estimates because the cost of non-prescription medications and services such as physiotherapy or chiropractic care were not included in our estimate of health care costs.

As you might expect, costs were higher for older individuals, individuals with greater arthritis disability and those with poorer general health. Health care costs were also higher in the urban region (East York) than in the rural region (Oxford County), possibly reflecting differences in access to arthritis care between the two regions.

### Using the Internet for Health Information

Today, the Internet and email play increasingly important roles in providing information and

communicating with the public. Many health organizations are using these methods as their main means of communicating with the public. We were concerned that this might not be the best method for older people in our communities. So we looked at Internet and email use among our participants to find out how many are using the Internet. Most of you (91.5%) had heard of the Internet or the World Wide Web but only 16.4% said that you currently use the Internet to access information.

#### Health Card Number Request

Previously, you gave us your permission to link the information collected during each interview with provincial health information, such as O.H.I.P., to follow your visits to arthritis health care providers and hospitalizations over the study period. This additional information has been very useful in identifying gaps and needs for arthritis care in Ontario.

By allowing us to link your information with provincial databases, we were able to estimate the costs associated with arthritis (See "Costs to the Health Care System" above). This is important information as it draws attention to the impact of arthritis on both patients and the health care system. We would like to continue to examine your use of health care services, such as visits to hospitals, clinics, physician offices or other services provided by the province.

Due to strict privacy laws, without your health card number we are unable to confirm that the information we are currently linking to you is actually yours. In the near future, we will be contacting you to request permission to use your health card number to ensure that we link you with your *own* information and not someone else's. This information will be used for statistical purposes only, in order to determine your use of health care services for arthritis. This will give us a better understanding of the impact of arthritis from both a cost and health care delivery perspective on individuals living in the community.

Another eighteen percent said that you planned to use the Internet in the future. Use of email was similar. While most of you had heard of email, only 14.7% said that you currently use email and 16% plan to use email in the future. Our study shows that Internet and email use among older adults with arthritis is limited. This leads us to believe that the trend towards the use of the Internet and email to communicate health information may not be an effective way of reaching older adults.

### Cost Effectiveness of Joint Replacement

Health system costs were higher for people on the waiting list for a total knee and hip replacement. We looked to see if health care costs (excluding the costs related to the surgery itself) were lower after hip or knee joint replacement. We found that arthritis-related health care costs decreased following a joint replacement, providing further proof that this surgery is cost-effective.



Dr. Gillian Hawker

### Diet and Arthritis\*

As promised, we will be addressing a different topic in each of our newsletters. This month, we'll address a topic about which we received many questions – diet.

In days of old, when starving mobs would bang on the king's gates for a few scraps of bread, nutritional concerns were mostly about getting enough to eat. Nowadays, we know that food quality is equally important.

### Osteoarthritis Pain and Fatigue

Over the course of this study, individuals with arthritis have told us that pain and fatigue are their number one concerns for arthritis research. As you may recall from the newsletter earlier this year, we have received additional funding to continue this important study. Over the next five years, with the help of funding from the Canadian Institutes of Health Research and the Canadian Arthritis Network, we are shifting our attention to include a greater focus on the pain and fatigue experienced by people living with arthritis. Better understanding of pain and fatigue in relation to arthritis will assist in increased attention, assessment, and treatment for these important complaints. To understand your experiences of pain and fatigue related to arthritis, we would like to meet with people with arthritis to discuss their experiences.

We are holding several focus group sessions to learn more from you. A focus group is a group of people (usually 6-8 individuals) who are invited to come together to discuss how they feel or think about an issue or idea. We recently held several sessions in both East York and in Woodstock (Oxford County) and had the opportunity to learn about your experiences of pain and/or fatigue associated with osteoarthritis. Thank you to those of you that have participated already! We will be holding more of these sessions in the upcoming months.

We are also looking for up to 20 study participants who would be available to meet with one of our interviewers, one-on-one, to discuss your experiences of pain, fatigue and mood and how they relate to your arthritis. All of these interviews (both focus group and one-on-one) are confidential and provide us with a learning opportunity.

If you are interested in participating in either a focus group or a one-on-one interview, please contact us at the toll-free study number below:

**1 (877) 437-1591**

That simple difference is what separates modern nutrition from the dark ages of diet.

But what if you have arthritis; are diet and nutrition still such a simple matter? Can what you eat cure your arthritis? Can food prevent it from occurring? Are there foods that can cause your arthritis to 'flare' or go into remission? What role do vitamins and nutritional supplements play in the treatment of arthritis? Will losing (or gaining) weight help ease your symptoms? Will taking powerful anti-arthritic medications affect your appetite or your ability to eat certain foods?

These are the sorts of questions that people with arthritis often ask, and they're valid questions. Some questions (Can what you eat cure your arthritis?) have simple answers (No). Some questions (Are there foods that can cause your arthritis to 'flare' or go into remission?) aren't so straightforward (Perhaps...).

Most of what you need to know about diet and nutrition is common sense; healthy eating is pretty much the same for anyone, whether you have arthritis or not. But there are exceptions. If a healthy diet promotes healthy living (you are what you eat) does that mean that altering what you eat changes who you are? After all, if certain foods promote health, doesn't it make sense that others could make you sick? If you re-tool your diet, in other words, can you prevent or cure arthritis, or reduce its symptoms?

From the perspective of arthritis specialists, most theories about food causing, curing or even affecting arthritis are just that, theories that remain to be proven true, untrue or partially true. The medical community has repeatedly noted that there's no connection between diet and arthritis until scientific evidence proves otherwise, particularly when other safe and effective treatment options are available.

However, some doctors at least, are opening their minds to the possibility that certain long-held beliefs have to be re-examined in the light of new knowledge, and with the recognition that some things (food and its potential role in arthritis, for instance) may not be so easily determined or dismissed as they once were. They're beginning to accept that there may well be exceptions to the established rules. There are simply too many people claiming that this or that has had an affect on how they feel to be ignored.

There are ways in which food might be connected with arthritis. First, some people are allergic to certain foods, and it's conceivable that these individuals may have a type of allergic reaction in their joints. Second, certain types of diets, with particular amounts of calories, protein and fatty acids, may affect the inflammation that occurs with arthritis.

Eating a balanced mix of nutritious foods is the best approach to controlling symptoms. Most people do just fine without consulting a dietitian, especially if they have a copy of Canada's Food Guide, an eight-page handbook to healthy eating that's available free through hospitals, government health services, doctors, dietitians, even some dentists and chiropractors. The Guide spells out daily dietary requirements from the four food groups, fruits and vegetables, bread and cereal products, dairy products, and meats and fish. The Guide also recommends maintaining a healthy weight, getting regular exercise and limiting the amount of salt, alcohol and caffeine and sugar you ingest. Its philosophy, in short, can be summed up in three words: variety, moderation and balance.

For more information on arthritis and diet contact the Arthritis Society at 1-800-321-1433 or [www.arthritis.ca](http://www.arthritis.ca)

*\*source: [www.arthritis.ca](http://www.arthritis.ca)*

**TO REACH US:**

**Study of Arthritis In Your Community**

Dr Gillian Hawker, Principal Investigator

Sunnybrook & Women's College Health Sciences Centre

Division of Rheumatology, Women's College Campus 76 Grenville Street, 10<sup>th</sup> Floor East Toronto, Ontario M5S 1B2

**Toll Free: 1 (877) 437 - 1591 In Toronto: (416) 323 - 6218**