



# STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update

Fall 2006

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

## Mood & Osteoarthritis

Symptoms of depression are very common in people with chronic arthritis pain. Yet depression often goes undiagnosed in people with osteoarthritis (OA). It has been found that people living with both depression and OA use more pain medication, use health care services more often, and may be less likely to follow the treatments recommended to them by their doctors. In addition, depression is often manifested as inactivity, which leads to muscle weakening and increased pain, thereby feeding the cycle of depression and pain.

Dr. Joanna Sale, who has recently completed a postdoctoral fellowship with the Canadian Osteoarthritis Research Program, conducted a study to examine the relationship between depression and coping behaviours in people living with OA. The study used information collected from the *Study of Arthritis in Your Community* interviews during 2004. She looked at how factors such as gender, stressful life events, treatments received for pain and mood disorders, and coping strategies affected mood, in particular, depression.

The study found that women were significantly more likely than men to suffer from depressive symptoms, and that a greater number of stressful life events were significantly associated with higher depressive symptoms.

Perhaps most interestingly, depressive symptoms were highest among individuals who reported using many ways of coping with OA pain and perceived these efforts to be unsuccessful in helping them to manage their arthritis. Depression was lowest among those who believed themselves to be coping successfully. Therefore, it is not enough to look only at how people with OA are managing their disease; it is also important to understand their perceptions of how well their efforts are working to alleviate difficulties related to living with OA.

The *Study of Arthritis in Your Community* will continue to explore the relationship between mood and osteoarthritis. Working with experts in psychology, we will examine factors that may predict depression in OA. We will also be exploring the impact of OA pain and depressive symptoms on physical limitations. We know that living with chronic pain can be challenging and we believe there may be a connection between OA pain, fatigue and mood that needs to be better understood.

### Have you visited our website yet?

You can find information on the Study of Arthritis in Your Community (including past study newsletters) and many of our other arthritis-related research studies on our website.

Please take a moment and visit us online at:

[www.osteoarthritisresearch.ca](http://www.osteoarthritisresearch.ca)

## Congratulations, Dr. Hawker!

Our principal investigator, Dr. Gillian Hawker has recently been awarded the Senior Distinguished Research Investigator Award from The Arthritis Society of Canada. This award recognizes individuals with international reputations for excellence in arthritis research that have made outstanding contributions to the field. The award provides funds to Dr. Hawker over the next five years as she works on two key projects. The first project addresses how to help people with osteoarthritis (OA) deal with pain, fatigue and mood complaints. The second project explores how to address observed disparities in access to surgery for OA.

Far too often, OA patients with pain and fatigue are told they're just getting old and that their complaints are a normal part of aging. This has acted as a barrier to research about the causes of pain, treatment of pain, fatigue and mood disorders in OA and may lead to these concerns being ignored.

Dr. Hawker is working with a multidisciplinary team of investigators to examine the risk factors associated with these conditions. In addition, Dr. Hawker and her team will look at strategies for avoiding or reducing the incidence of pain, fatigue and mood disorders.

Several investigators have noticed disparities in access to total joint replacement surgeries based on gender, race or socioeconomic status. Dr. Hawker's ongoing work seeks to confirm and understand these disparities and to address the underlying issues.

### Development of a New Tool to Assess Osteoarthritis Pain

During the past year we have met with some of you to learn about the experience of pain associated with arthritis and how this pain changes over time. This project, called "*Enhancing the Measurement of OA Pain*", is an international collaboration. Thirty-six discussion groups were held with 143 individuals in

## Fall Announcements

The *Study of Arthritis in Your Community* is moving along smoothly. Thank you again to everyone for your continued participation and enthusiasm for this research. We will be starting a new questionnaire this fall. Our new questionnaire will focus on the types of things you do to manage your pain (i.e. what type of health care practitioners you visit, medication you use or therapies you may have tried). These new interviews



will start in October 2006.

September is Arthritis Month. Please contact The Arthritis Society for information on upcoming arthritis-related events in your area.

You can reach them at:

**1-800-321-1433**

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

Canada, the United States, the United Kingdom and Australia.

We asked participants to comment on their hip and knee osteoarthritis (OA) pain and symptoms. We were concerned with what pain feels like, how often it occurs, how long it lasts, and whether there are consistent patterns. You will hear about the results from the focus group sessions in a future newsletter. Thanks to all those who participated, we appreciate your help!

Based on what we learned from the focus groups, we are developing a new tool to assess OA pain. The next step in this project is to find out how well our new tool performs. We will be asking some of you to help us with testing our new measure. You may hear from one of our interviewers in September with more details.

## RESEARCH HIGHLIGHTS

*In this new section of our newsletter, we will be highlighting some of the other research studies that are being conducted by researchers at the Canadian Osteoarthritis Research Program.*

### **Medication Use Among Older Adults with OA**

Due to the chronic nature of the OA, pain is often managed with the use of a variety of oral medications taken over a long period of time. Age-related changes and the presence of other chronic diseases can increase the risk of drug-related problems. Judith Fisher, a pharmacist currently doing her PhD at the University of Toronto, is working with us to study the patterns of pain medication use over time in older adults with OA. This research study will look at the types of prescription medications, over the counter drugs and natural health products used by people with OA and how the use of these drugs changes over time. We will also look specifically for inappropriate use of pain medication to identify any potentially serious side effects of drug-drug interactions.

### **Sleep and Osteoarthritis**

Many do not consider the possibility that sleepiness and night-time sleep problems may directly contribute to pain and other symptoms experienced by people with OA. Last year, we asked for volunteers to participate in a study looking at sleepiness and sleep problems among people with OA. Preliminary data from this study suggests a surprising degree of daytime sleepiness in some individuals with hip/knee OA. We are currently planning a much larger study to help us determine how common sleep problems are in OA. This study will look at the relationship between sleep loss, daytime sleepiness and pain in OA. We hope to start this project in 2007.

## ARTHRITIS Q & A

*In each issue, we will try to address your arthritis-related questions. If you have a question that you would like answered, please let us know.*

### ***How is fatigue related to arthritis?***

Fatigue is the feeling of extreme tiredness or exhaustion. It can result from a combination of factors. Physical factors include anemia, muscle weakness, ongoing inflammation, side effects of medication, sleep disturbances, lack of regular exercise. Emotional factors may include depression, overdoing it, or trying to hide an illness. In addition, one's surroundings, such as noise, stairs, or a warm climate, may also contribute to fatigue.

Fatigue is not routinely evaluated in OA care and there has been very little research on the relationship between OA and fatigue. People with OA have told us that fatigue should be a priority for future research. We listened! One of the main goals of the *Study of Arthritis in Your Community* is to determine how common fatigue is among individuals with OA and to understand the relationship between pain, fatigue, sleep and mood. You may have noticed that we ask you questions about fatigue during each of our telephone interviews. We believe that better understanding of the role of fatigue in OA could lead to increased recognition, assessment and treatment for this important complaint.

### ***How does hot weather or a hot climate affect arthritis?***

Sun exposure can trigger flares in some people with rheumatic disease, namely those with lupus and the connective tissue diseases. Some people's skin is sun sensitive as a result of their rheumatic disease, so a sunburn could result in a flare. It is crucial to wear a good sun block (SPF #30 or higher) and to try and cover exposed skin in the direct sunlight.

Source: [www.arthritis.ca](http://www.arthritis.ca)

## Fall Gardening Tips

It is almost that time of year – as the leaves begin to fall and the grass continues to grow, it will soon be time to begin the fall clean up, and maybe even to plant bulbs for the spring. The good news is that yard work is an excellent form of exercise. It is a great activity for maintaining joint flexibility and strength.

### ***Moving the right way***

As you move about the yard, be careful not to put undue stress on your joints. Use tools such as hoes or rakes that have long handles so you avoid bending or stooping. Wrap the handles with foam padding or electrical tape so they will be easier to grip. If you have to work close to the ground, place only one knee on the ground and keep your back straight, or use a stool. If you normally use a cane or walker, take them with you in the garden to prevent trips or falls on uneven ground.



(c) Christopher Walsh

### ***Some helpful tips for getting in gardening shape and staying there***

- Pace yourself. Do the hard things first, before you're tired out and more likely to overexert.
- Don't hunch. If you squat when you weed, keep your back as straight as possible and move along as you go without reaching too far.
- When lifting, always bend from the knees, not the waist, and try to keep your back straight. Use your thigh muscles to do the lifting. Move your feet closer to the object you are lifting and take a wide stance to balance yourself. Keep the object close to your body as you lift it.
- Don't twist as you lift. Use a kneepad and kneel on both knees to avoid the temptation to twist or strain.
- Use tools with comfortable handles. Wrap the tool handles with electrical tape or foam padding to enlarge them for comfort. Remember to change hands from time to time.
- When using long handled tools, stand straight and keep knees relaxed. If you need to twist or pivot, step into the twist to ease tension on the back.

TO REACH US:

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