



# STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update

Spring 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.*

**NEW: Canadian Osteoporosis Research Program website!**



Visit the new Canadian Osteoarthritis Research Program website! This research program, led by our director, Dr. Gillian Hawker, is comprised of a team of clinical and health services researchers, staff and people living with arthritis. We share common interests and expertise in musculoskeletal conditions, joint replacement surgery, aging, pain, fatigue, sleep and mental health. The goal of the Canadian Osteoarthritis Research Program is to reduce the impact of osteoarthritis in people living with this condition.

The website is a comprehensive source of information on our research. It includes biographies of our research team and details about our current projects. You will also find results from our completed studies, including a list of our recent publications. Links to other websites related to arthritis are also available through the Canadian Osteoarthritis Research Program website.

The *Study of Arthritis in Your Community* is one of our many ongoing research projects. Visit the website to see how the information you

have given us about your experiences with arthritis has been used. You'll see how much we value and need your input and where we publish the study results! Through our website you can also access past issues of the *Study of Arthritis in Your Community* newsletters.

**Visit us online at:**

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

**The New Holland Orthopaedic & Arthritic Centre**

The future of orthopaedic and arthritic care has taken shape with a recent \$20 million gift from Susanne and William Holland. The Holland Orthopaedic & Arthritic Centre is taking a leadership role in managing, preventing, educating and discovering new ways of delivering the highest quality care.

Their donation addresses three key areas of need: patient access, increased technology and ongoing research into orthopaedic and arthritic care. With this gift and support from the Ontario government, the Centre hopes to increase patient access to hip and knee joint replacement surgery, significantly reducing wait times for Ontarians and tripling its volumes to more than four thousand cases a year.

Mr. Holland is concerned about the increased wait times for patients in need of hip and knee surgery. "I am confident that this gift will have a major impact on wait times for joint replacements in Ontario, and that it will have a significant and long-term impact on healthcare in this province and country," says Mr. Holland. "We want this gift to provide some of the resources necessary to keep our doctors in

Toronto and attract and train the next generation of medical leaders.”

With this donation, The Holland Orthopaedic & Arthritic Centre will strive to be a centre of excellence that is unique to North America, specializing in hips and knees. Women’s College Hospital will become the Holland Centre site for multidisciplinary osteoarthritis care, linked closely in research and patient care with the new Holland Orthopaedic & Arthritic Centre in joint replacement surgery.

Source: <http://www.sunnybrook.ca>

## New Interviews Have Started!

In late March, we kicked off a new study questionnaire. You may recall that the current objective of the *Study of Arthritis in Your Community* is to understand the physical, psychological and social aspects of living with osteoarthritis. This new interview will be focusing on your arthritis symptoms and how arthritis may impact your life.

You may notice that this interview is similar to the interviews that you did with us last spring and summer and wonder why we are asking some of the same questions again? No, we didn’t forget what you told us last time! We know that osteoarthritis isn’t the same all of the time. By asking you similar questions at each interview, it helps us to fully understand the experience of osteoarthritis and how it may change over time.

Some of you may have already spoken with our telephone interviewer, Shirley Griffin. If not, you can expect to hear from her again in the next several months. She always enjoys these interviews and looks forward to speaking with you again soon!

## Ready for joint replacement surgery?

In the past, the *Study of Arthritis in Your Community*, conducted by our principal investigator, Dr. Gillian Hawker, has examined factors that influence having joint replacement surgery with a particular focus on the effect of

the individuals’ willingness for care. In other words, we wanted to explore the reasons why some people are hesitant to receive hip or knee joint replacement surgery.

You may recall us asking you questions about joint replacement surgery in the past. For example, we may have asked you whether you were on a waiting list and whether you would be willing to consider having joint replacement surgery.

Over a five year period, 254 of the 2128 study participants we surveyed had a hip or knee joint replacement. We looked at factors that were related to having joint replacement surgery. Using the information gathered from this study, we found that need factors, such as the severity of one’s arthritis, were important predictors of time to joint replacement. But by far, the strongest explanation was the individual’s willingness to undergo the surgery.

Among study participants with similar arthritis attributes, the probability of receiving a hip or knee joint replacement was three and a half times greater among those willing to consider joint replacement than those who were unsure or unwilling.

We have previously shown that willingness is related to one’s perception of the risks and benefits of joint replacement surgery. From your responses, we learned that many people have significant misperceptions regarding the risks and benefits of this surgery. Our findings therefore support the need for public education programs about arthritis treatments, including joint replacement surgery.

### Thank you for your response!

Over the past several months, we’ve asked those of you who have had joint replacement surgeries in the past for permission to contact your physicians to confirm the dates that your surgery was done. The information has been useful in making sure that our study records are accurate.

We have had a tremendous response to this request and would like to thank all of you who have taken the time to return these forms to us. Thank you!



We launched our new website at the Women's Health Forum & Exhibition in January 2006. Visit us online at [www.osteoarthritisresearch.ca](http://www.osteoarthritisresearch.ca).

## 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.*

***My arthritis symptoms are better than they used to be and are not that bad compared to other people that I know. Should I still be participating in the study?***

Yes! We know that some people's arthritis will have gotten better or worse, however it's still important that we speak to you because one of our goals is to describe the nature of the pattern of arthritis regardless of how severe it is.

Also, because we have established a relationship with you, we are able to evaluate how your arthritis symptoms have changed over time. It's this feature of the study that makes this information so exciting as no researchers have ever followed people in the community before.

***What is the difference between osteoporosis and osteoarthritis?***

Osteoporosis and osteoarthritis are two different diseases that are commonly mistaken for each other. Having a good understanding of the differences between the two diseases is important in prevention and treatment.

Osteoporosis is characterized by thin, fragile bones that can break easily. A fracture is the first symptom that the disease is present. Osteoporosis is diagnosed by a bone mineral density assessment. Women over the age of fifty are twice as likely to be at risk for osteoporosis, especially those with a small and thin body frame, however the disease can strike anyone at any age.

Osteoarthritis can be described as a loss of cartilage in the joint, extra bone formation and reduced joint movement. Typical symptoms include pain, loss of movement and stiffness and most commonly occur in the hands, base of thumbs, neck, back, hips, knees and bunions. Again, women are more prone to getting the disease. Other risk factors include obesity, diabetes, cartilage disorders and those who've had sports injuries or occupational trauma over time.

### **More volunteers with osteoarthritis needed!**

Do you have a friend, family member or neighbour with osteoarthritis? *The Study of Arthritis in Your Community* is currently looking for more volunteers to participate in our telephone interviews.

Participation in the study would involve two telephone interviews each year – the same ones that you have been completing with us in the past.

If you or anyone you know is interested, is at least 50 years old and has osteoarthritis, please let them know about the study.

For more information, please call us or visit us at our new website.

(416) 323-6218 (Toronto)

or

1-877-437-1591 (Toll-free in Ontario)

or

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

## Home Safe Home

Falling is a very common and serious problem. Oftentimes, falling results in injuries such as broken bones, bruising, cuts, admission to the hospital or the need for long-term care in a nursing home facility. Both the incidence and severity of falling rise steadily the older one gets and thus, fall prevention becomes more important. Seventy-five percent of falls occur in the home! Many times, falling can be prevented by relatively simple measures. Here are a few easy around-the-house tips to keep in mind:

- **Lighting.** Make sure you have good lighting in your house. Consider using night-lights in your bedroom, bathroom, hallway or stairwell.
- **Rugs.** Make sure rugs are firmly fastened to the floor or use a non-skid backing. Tack down loose ends.
- **Electrical cords.** Move electrical cords so they are not lying on the floor in walking areas.
- **Bathroom.** Install handrails in the bath, shower and near the toilet to improve accessibility.
- **Stairs.** Always use the handrails when going up or down the stairs for extra support. Be sure the stairwells are well lit.
- **Kitchen.** Make sure items are within easy reach. Don't store things too high or low, and then you can avoid using step stools.
- **Footwear.** Wear shoes with firm non-skid, non-friction soles. Avoid wearing loose-fitting slippers that can cause you to trip.



Here are some other tips for reducing the risk of falling:

- Use aids for walking, balancing, hearing and seeing – view them as sources of strength to help you do things, not signs of weakness.
- Try to be physically active every day to improve posture, muscle strength and balance. Enrol in Tai Chi or an exercise program to improve flexibility.
- Before you get up out of a chair or up from bed, wait 10 seconds before rising to your feet to prevent dizziness.

Talk to a physiotherapist or occupational therapist if you require further information of their benefits or how they can assist you or someone you know.

*Ontario Society of Occupational Therapists: [www.osot.on.ca](http://www.osot.on.ca)  
Canadian Physiotherapy Association: [www.physiotherapy.ca](http://www.physiotherapy.ca)*

TO REACH US:

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