EAST YORK HEALTH UNIT

STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update Winter 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.

Rock This Joint!

The Summit on Standards for Arthritis Prevention and Care, which took place November 1st to the 3rd in Ottawa, proved to be a successful and productive gathering of arthritis patients, caregivers, government representatives, arthritis researchers and clinicians, and representatives from the pharmaceutical industry.

"This is the beginning of a national arthritis strategy – led by patients. They're the ones who know what is needed and they are making their voices heard," said Summit co-chair **Dr. Gillian Hawker,** a rheumatologist and researcher at the University of Toronto.

The Summit discussed three key issues; Prevention, Management and Models of Care and Awareness. From the three key issues arose nine priority standards that will now be refined and presented to the government for action. The recommended standards are: Physical Activity; Injury Prevention; Access to a Diagnosis; Access to Medications; Access to Surgery; Manpower and Models of Care; Participation; General Public and Consumer Awareness and Medical/Health Professionals Education and Awareness.

"The Ministers made it clear that the government is looking for solutions that are realistic and can be acted upon and that is what this Summit has produced," said Summit co-chair Dr. Dianne Mosher, a rheumatologist and researcher at Dalhousie University.

For additional information, please visit the Alliance for the Canadian Arthritis Program website at **www.arthritisalliance.com**

How bad does the pain have to be? - Treatment Adherence in Osteoarthritis

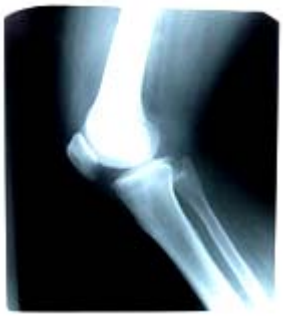
Approximately 51% of Ontario residents aged 75+ suffer from osteoarthritis (OA) with women twice as likely as men to be affected by this disease. While there is no cure for OA, there are drug and lifestyle treatments that can effectively reduce pain and improve physical functioning. Failure to adhere to treatment recommendations means that individuals are achieving sub-optimal pain relief, leading to significant costs to their families and the Canadian health care system. The purpose of this study was to explore adherence to prescribed pain medication in older adults with disabling hip and knee OA.

Eighteen adults (10 females, 8 males) aged 65+ from the *Study of Arthritis in Your Community* were interviewed last year by Joanna Sale, a postdoctoral fellow with the Canadian Osteoarthritis Research Program, to discuss their experiences with prescribed painkillers for OA. We found that adherence to pain medication differed from that of other prescribed medications. Participants were reluctant to take painkillers, and when they did, generally took them at a lower dose or frequency than prescribed. Extensive

rationalization of this behaviour was provided. Perceptions and attitudes to pain played an integral role in participants' adherence to painkillers. Participants belittled their pain, often using humour or claims of a high pain tolerance. Few took painkillers in advance of an activity that might cause pain and most took painkillers only when the pain became intolerable. These findings suggest that re-evaluation of the prescription of pain medication for OA is warranted and that the effectiveness of pain management in OA needs to account for adherence behaviour in older adults.

Results from this study have been presented at scientific conferences in the Netherlands and in Canada and will be published in an upcoming issue of Arthritis Care and Research, a well-respected scientific journal.

What does an improvement in self-reported osteoarthritis pain and disability really mean?



Current understanding is that, even with medical treatment, OA progresses slowly until joint replacement surgery becomes necessary. Prior work by our group, the *Study of Arthritis in Your Community*, has identified that among study participants, approximately 25% with advanced hip and knee OA have reported *improvements* in their pain and physical disability over the duration of their study involvement. There are at least two explanations for such improvement: they truly have improved or, as the disease progresses, individuals adapt to living with OA by changing their expectations or eliminating activities that aggravate their arthritis.

In 1997 and 2004, 43 volunteers with OA from the *Study of Arthritis in Your Community* completed joint examinations, hip and knee x-rays and questionnaires about their arthritis symptoms and disability. We used this information to determine if changes in self-reported symptoms and disability over time were associated with changes in clinical and x-ray findings. Did their arthritis really get better? We did not find a relationship between changes in self-reported pain and function and changes in OA on x-rays or physical examination. In other words, those who reported significant improvements in their arthritis pain and disability were just as likely as those who did not to have had worsening of their arthritis based on clinical examination and x-rays. This means that the severity of one's arthritis symptoms is not always reflected in clinical assessments or x-rays. This study underlines the limitations of existing tools to measure changes in OA symptoms over time and highlights the need for better ways to assess changes in OA.

Results from this study were presented at the annual scientific meetings of both the Canadian Rheumatology Association and the American College of Rheumatologists. We have recently submitted these results for publication in the journal, Arthritis and Rheumatism.

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 doctor has mentioned ankle replacement surgery. What does this involve and how well does it work?

Ankle replacement surgery is performed when the ankle joint has been damaged severely either due to arthritis or injury, and therefore, is not functioning at an optimal level. It is usually considered after other treatments have been exhausted (e.g. taking medication, physical therapy, rest, etc). During the procedure, both sides of the ankle joint are removed and replaced with plastic and metal prostheses.

Individuals who opt for ankle replacement surgery experience relief from pain and discomfort, improved coordination and movement of the foot and leg. Because the

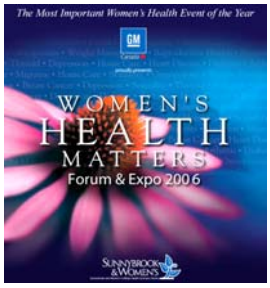
ankle is a small joint, it is subjected to forces that are greater than even those applied to the hip and knee joints. Data suggests that 85% of newer ankle replacements last up to 10 years. One of the controversies over ankle replacement is that the current operation for a failed implant - ankle fusion - can be difficult due to limited bone in the ankle. Few surgeons in Canada are offering ankle replacements so patients may face lengthy waiting lists for the procedure.

The decision to proceed with ankle replacement is a personal one affecting many aspects of an individual's life, and therefore, before it can be made, the pros and cons should be given tremendous consideration.

What happens with the results from the Study of Arthritis in Your Community?

The valuable information that you have provided as participants of the *Study of Arthritis in Your Community* is key to better understanding how arthritis affects pain, fatigue, and mood. As we did in the Spring 2005 issue, we will continue to highlight some of the results from the *Study of Arthritis in Your Community* and other arthritis-related projects in this and upcoming newsletters.

One of our main objectives is to reduce the impact of osteoarthritis in people living with this condition. We do this by sharing study results with the arthritis community, including other researchers, clinicians, government health policy makers and people with arthritis.



January 20-21 2006
Metro Toronto Convention Centre (South Building)

Come meet the Canadian Osteoarthritis Research Program team at Booth 428!

For more information go to:
www.womenshealthmatters.ca

Do you have OSTEOARTHRITIS PAIN in your hip?

Among people with OA, pain is the number one reason for doctor visits and for joint replacement surgery. Despite this, little is known about the quality and characteristics of OA pain, or changes in OA pain over time with disease progression.

As part of an international collaboration, this study is using focus groups and one-on-one interviews to increase our understanding of the natural progression of pain in OA and to determine which aspects of the pain experience are most distressing. From data collected in this study, we will develop different pain scenarios that describe the typical OA patient's pain experience from early to late disease. These scenarios will provide the basis for development of pain measures in OA.

Over the last 3-4 months, we've held 5 focus groups with 31 participants and 6 one-on-one interviews. All have been very useful in helping us understand the characteristics of osteoarthritis pain and how these change over time.

We're not done yet! We are still looking for more **men and women 40 years of age or older with hip osteoarthritis** to participate in our discussion groups. Your participation would involve attending a 2-2.5 hour discussion group and sharing your experiences of pain associated with your OSTEOARTHRITIS.

If you or anyone you know is interested, at least 40 years old and has osteoarthritis in a hip, please call us for more information.

Contact Sheena or Lindsay at:

(416) 323-6400 ext 4383
(416) 323-6218
1-877-437-1591 (toll-free)

Be Kind to Your Spine!

With the first major snowfall of the winter season that blanketed the city with snow, we were once again reminded of the joys of a Canadian winter. However, the beauty and serenity that snow leaves behind can also translate into a winter workout whether we like it or not. Snow shovelling can be a strenuous activity that, if done properly, will help you burn extra calories and give you a good cardiac workout. On the other hand, if done improperly, you may experience injuries to the back, shoulders and wrists. Here are some simple tips for happy and healthy snow shovelling:

DO

- **Brief warm up.** Before you begin, stretch your back, neck, arms and legs for 10 minutes.
- **Dress appropriately.** Light, layered and water-repellent clothing provides both ventilation and insulation.
- **Pace yourself.** Take frequent breaks and remember to replenish fluids to prevent dehydration.
- **Lift with your legs.** Bend from the knees while lifting and keeping the spine as straight as possible.
- **Use good equipment.** Use a shovel appropriate in length and weight and comfortable to your height and strength.

DON'T

- **Throw snow behind your back.** Avoid twisting your waist; that places stress on your back. Turn your entire body and step in the direction in which you are throwing the snow.
- **Shovel first thing in the morning.** The back is most vulnerable to injury after being at rest all night. Move around a bit and loosen up.
- **Lift large amounts at once.** To avoid back strain, shovel light to moderate amounts of snow per load.
- **Overwork yourself.** If you are huffing and puffing, stop immediately and rest.

It's always wise to consult your physician when performing strenuous tasks such as snow shovelling. Follow these simple dos and don'ts and you'll be dreaming of walking in a winter wonderland.

TO REACH US:

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