



STUDY OF ARTHRITIS IN YOUR COMMUNITY

Arthritis Study Update

Spring 2007

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.

Advancing Surveillance of Arthritis in Primary Care

According to the 2001 Canadian Community Health Survey, approximately 91% of Canadians have seen a primary care physician in the prior year. It has been estimated that 1 in 5 visits to primary care physicians is for arthritis. Dr. Hawker and her colleagues believe that since primary care physicians follow their patients for many years and play a key role in health promotion and disease prevention, the primary care setting is the best environment for tracking arthritis in the population.

We are just about to start a new project, funded by the Public Health Agency of Canada, that will create an arthritis surveillance registry using the Women's College Hospital Family Health Team, one of the largest primary care provider teams in Canada. This registry will provide comprehensive data on the nature and impact of arthritis at a primary care level that would be too costly to collect on a national basis. The surveillance data will be used to raise awareness of arthritis among Canadians. It is hoped that this information will inform policy development, on issues such as reimbursement for physical therapy, in Ontario and other provinces.

Upcoming Research Projects in Osteoarthritis Pain

During the last couple of years, we have asked lots of questions about osteoarthritis (OA) pain. What does the pain feel like? Where does it hurt? How does it change over time? How does it affect your life? It seems that the more we learn about OA pain, the more questions we have! Is it similar to other painful conditions? How does it vary over the course of the day? We are interested in exploring all of these questions in an effort to better understand OA pain and ultimately improve treatment options. The more information we have about OA pain, the greater our ability will be to find ways to manage OA.

We have several new studies planned for 2007 that will explore the arthritis pain experience further. One study will be looking at characteristics of OA pain in more detail. Historically, OA pain has been presumed to be the result of tissue damage in the joint. More recently however, OA pain is being attributed not only to joint-tissue damage but to possible neurological (nerve-related) mechanisms. Pain that results from nervous system problems is called neuropathic pain. Dr. Jackie Hochman, a rheumatologist and MSc candidate at the University of Toronto, is studying the link between OA pain and the nervous system. Her research will take an important first step toward identifying the relationship of pain symptoms to nervous system signs in patients with knee OA. As effective medications exist for the treatment of neuropathic pain, the identification of this type of pain in patients with OA could lead to

improved treatment and quality of life, and reduced disability among people with OA.

We are also just beginning a new clinical research study. This 16 week long study will assess the effectiveness of duloxetine for treating knee OA pain. Duloxetine is a medication that has been used to treat fibromyalgia, depression and pain associated with peripheral diabetic neuropathy. There is evidence to suggest that it may be an effective way of helping to reduce OA knee pain. This international study will examine the effectiveness and safety of duloxetine for treating OA pain among men and women aged 40 years or older.

If you are interested in learning more about any of these projects, please contact the study office at (416) 323-6218 and we would be happy to provide you with more details.

New Consumer's Guide to Arthritis Medication



The Arthritis Society recently posted on their website a copy of a new guide called "The Consumer's Guide to Arthritis Medications." This guide reviews the medications and therapies that are currently available for treating osteoarthritis and rheumatoid arthritis.

This 44-page guide is designed to answer common questions about arthritis medications. It is not intended to replace your doctor or pharmacist. You should always speak with your doctor for a proper diagnosis and to discuss the treatment that is best for you and your overall health.

This Consumer's Guide to Arthritis Medication has been endorsed by the Canadian Rheumatology Association and can be accessed on the Arthritis Society's website at www.arthritis.ca/publications.

Interviews for the Study of Arthritis in Your Community

As many of you are aware, the current phase of *The Study of Arthritis In Your Community* is focusing on the pain and fatigue associated with OA. Some of you have contacted us to let us know that you haven't heard from our study interviewer in a while and were wondering why.

We know that one can experience pain and fatigue from other conditions, such as inflammatory arthritis or cancer. Some people tell us that they find it difficult to differentiate the impact of OA pain and fatigue from that of other conditions. As a result, we have been careful to ask you about whether you have other painful conditions.

In order to meet our study goals, it is very important that we clearly document the experience and consequences of living with OA. As a result, in the past two years, we have not been interviewing individuals with other chronic pain conditions.

To those of you who we haven't spoken with in a while, we appreciate your continued interest in the study and look forward to speaking with you again once the current phase is completed.

To those of you who have been interviewed in the past year, we would like to thank you again for contributing your time and for sharing your experiences with us. We have just started a new questionnaire, so you can expect to hear from Shirley, our interviewer, shortly.

If you have any questions about *The Study of Arthritis in Your Community*, or anything that you read about in this newsletter, please feel free to contact us at: (416) 323-6218 or toll-free at 1-877-437-1591

Are you a Martha or a Henry?

The following article was written by Olive Thorne, a Consumer Collaborator with the Canadian Osteoarthritis Research Program, for an upcoming issue of the "OA and You" newsletter. The OA and You newsletter



She's both! Canadian actress Martha Henry

highlights arthritis research being done across Canada. Copies of previous issues of "OA and You" can be accessed on our website www.osteoarthritisresearch.ca.

Martha and Henry grew up in the 1930's and 1940's, so they're in their 70's now. People like Martha and Henry have been the subject of many studies by the researchers of the Pain and Fatigue in OA - New Emerging Team at Dr. Gillian Hawker's Canadian Osteoarthritis Research Program.

Martha and Henry lived through the depression years, those years when you didn't buy things you didn't need, when you saved new clothes for "Sunday Best", when you ate all that was on your plate and wished for more, when you looked out for others who might be suffering, and when you would spend an hour to pick up a dropped penny through a crack in the wooden sidewalk. In the depression years, Martha and Henry saved and saved, they were self-reliant and they "made-do"! These habits served them well through the years, but now that Martha and Henry have OA, some of those habits may not always serve them so well.

Recent research at the Canadian Osteoarthritis Research Program shows that Martha and Henry may suffer needlessly from OA pain

because they either do not take pain medication regularly, take less than the amount prescribed, or sometimes don't take it at all! People like Martha and Henry often belittle their pain saying it comes with age, or they state they have a high pain tolerance. They make fun of their pain. They personify it and fight it. They avoid social outings and exercise because of it. They fear they may become addicted to pain medication. They say they are not as badly off as they could be while they don't think their friends should have to suffer any pain. They feel that their pain is not life-threatening so it becomes part of their life. They feel proud if they have not given in to it. They say there is nothing they can do about it even though they have not experienced the possible pain relief that might be forthcoming by taking their pain medication (prescription or over-the-counter) as pre-scribed.

Because of the pain, Martha and Henry can't tie their shoelaces, can't comb their hair, can't walk more than a few steps and can't get enough sleep. OA pain has affected their social life and makes it difficult for them to exercise. As a result, they are unable to take advantage of the physical, psychological and social benefits that are often realized if pain is controlled properly.

Further research on younger and more culturally diverse groups is necessary, but to benefit the current Martha and Henry subjects, researchers conclude that it is necessary to rethink how pain medication for OA is prescribed. The "take as needed" instruction may be one of the reasons that Martha and Henry don't take pain prescriptions or over-the-counter pain medicine efficiently. Researchers think that people with OA should be more closely observed for disabling pain by their clinicians. Perhaps the most important conclusion to be observed by Martha and Henry is that failure to adhere to treatment recommendations for pain medication means that they are achieving less-than-satisfactory pain relief. This results in significant loss in quality of life to themselves and their families,

and costs to the Canadian health care system. In order to provide an appropriate level of pain relief, people living with OA, like Martha and Henry, and the clinicians that treat them need to address the reasons why pain medications are not taken in the ways recommended to provide the most benefit.

Spring Fun with the Kids in Your Life!

Many kids these days lead lives just as hectic and as tightly scheduled as their parents'. But with the arrival of spring, and summer coming up quick, the children in your life will be looking for things to do, and you may well have something their parents don't have much of – free time! Here are some tips on ways to have fun that may fit your lifestyle and your budget.

Excursions & Events: Information on free activities in your community is available on the Internet, in the newspaper, at the local community centre, library or bookstore. Museums and galleries often have one afternoon or night a week that is free, and with a membership (often available at reduced rates for seniors or families), you frequently gain admission to affiliated institutions, attractions and events. Go on a discovery walk in a park, make notes on what you find: how many different animals or types of leaves can you spot? Or, take them to the dog park. Children often enjoy seeing the wide variety of dog breeds, watching them interact, and asking questions.

Cooking & Gardening: Eating on the go tends to mean eating a limited range of easy, quick foods. Go out for Chinese, Greek, Indian, Thai,

Japanese or Mexican – often just as cheap and better for them than 'fast food'. Cooking together could ignite a child's life-long interest in feeding him or herself well. Pick a recipe and shop together, but make sure you're not rushed when it comes time to cook. Or garden together: let the child pick the seeds and it becomes an ongoing project that you can spend a little time on each week.

Games: Many children these days have never learned how to play classic board games and card games. Pick one appropriate to the child's level, one that appeals to their imagination, or invent your own games.



Reading & Learning: Approach it in a relaxed, unstructured way and kids may delight in picking up some sign language, foreign phrases, or learning about astronomy, plants, insects, you name it. Once you've found something of interest, get a few books from the library and read aloud to each other.

A Few Final Tips: Be prepared to improvise. A visit with a grandparent, favourite aunt, uncle, or family friend, shouldn't be just another scheduled appointment. Having time to relax is part of what makes time shared between you special. And remember, kids have limits to their energy too. Plan your activities around their regular nap times (especially with younger children), as this will help keep the peace between you, the kids, and their parents too.

HAVE FUN THIS SPRING!

TO REACH US:

Study of Arthritis In Your Community

Dr. Gillian Hawker, Principal Investigator
Canadian Osteoarthritis Research Program

Division of Rheumatology, Women's College Hospital, 76 Grenville Street, 8th Floor East Toronto, Ontario M5S 1B2

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

www.osteoarthritisresearch.ca
