



# STUDY OF ARTHRITIS IN YOUR COMMUNITY

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Arthritis Study Update

Winter 2008

*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.*

## Multidisciplinary OA Program

The Multidisciplinary Osteoarthritis Program at Women's College Hospital uses a "one stop" patient-centred approach, which encourages individuals to participate in all aspects of their care. It has been developed in collaboration with our research program and represents an example of how what we have learned from our research is being used to help people living with OA.

The Multidisciplinary Osteoarthritis Program **specializes in hip and knee osteoarthritis**. The program is geared to consulting with **patients who have medical histories that necessitate a more complex level of care** by a team of health care professionals, or which may limit their ability to access appropriate treatment (e.g. patients who have other complex health issues that need to be addressed in order to make them suitable candidates for joint replacement surgery, or those who are seeking other options for the management of their hip or knee osteoarthritis).

Individuals are assessed by a team of specially-educated professionals; each professional provides one-on-one individualized, in-depth assessment. Health team members include a physician, pharmacist, physical therapist, occupational

therapist and clinical nurse specialist. An individualized, comprehensive treatment plan is developed with the individual to promote a healthy, active lifestyle. Patients learn about their treatment options, and strategies to help them self-manage their osteoarthritis.

A physician referral is required for this program. For more information please visit the Women's College Hospital website at [www.womenscollegehospital.ca/programs/program100.htm](http://www.womenscollegehospital.ca/programs/program100.htm) or call 416-323-2663.

## Study Update

As the current phase of the Study of Arthritis in Your Community wraps up this spring, we are beginning to plan for the next phase. We have many interesting questions that we believe need to be answered in order to help improve the lives of people living with OA.

Many of our research ideas have come from you! Thank you for sharing with us what is important to you. We are doing our best to integrate your interests with our research objectives. One of the challenges that we hear about a lot is how to manage one's arthritis when other health conditions are also a concern. Our next study interviews will focus on how you manage your OA in the context of other health problems that you may have. We want to know what other health conditions you have, what you are doing to manage them and how your OA fits into your health priorities. By better understanding the complexity of one's health

problems, particularly as people get older, we can develop new models for chronic disease management that better meet your needs.

We will be contacting you starting this spring with more details on the next exciting steps. Stay tuned!

## **ARTHRITIS Q & A**

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

### **How do changes in the weather affect my OA pain?**

Many people have told us that their osteoarthritis is influenced by weather – specifically, that they experience more pain on cold, rainy days and less pain on warm, dry days – and have asked us why this might be.

There has been relatively little formal research conducted into this. Recently, Johns Hopkins Health Alerts reported on two studies on the relationship between weather and OA pain. The first study looked at the relationship between weather and pain in people with OA, rheumatoid arthritis and fibromyalgia in Argentina over a one year period. A weak association was found between increased OA pain and cold as well as high humidity. The second study followed a group of people with OA in Florida over two years. There was no significant association found between pain and any weather condition.

However, OA sufferers and their doctors continue to report a change in OA symptoms when there is a change in weather. Several theories have been suggested to explain why a change in climate seems to affect

osteoarthritis pain. One theory holds that a drop in barometric pressure (which often accompanies cold, rainy weather) allows tissues in the body to expand, meaning that already inflamed tissue can swell even more and therefore cause increased pain. Another possibility is that a person's pain threshold may drop in colder weather, resulting in increased sensitivity to pain. It has also been suggested that as cold, rainy days are known to have an effect on mood, this may also affect pain perception. Alternatively, colder weather may mean that people are less likely to be outside and getting the exercise that normally helps keep their pain in check.

So would it help your OA if you were to move to a warmer climate? The answer seems to be No, especially if it means leaving your friends, family, doctors and support system behind. In the long term, weather does not seem to make a difference to OA pain; the body seems to establish a new equilibrium in a different climate. It appears that no environment is totally arthritis proof; people living in a variety of climates (warm or cold) struggle with arthritis pain.

## **OA in Parliament**

On November 27<sup>th</sup>, 2007, Senator Gerald Comeau addressed the Canadian Senate to raise awareness about the effect of arthritis on Canadians and the current state of arthritis research in this country.

Senator Comeau stated, "I do not have arthritis, but I have observed the suffering it can cause. It is difficult for a family to watch a loved one who suffers from this ailment. When one looks at the statistics, it is surprising and alarming that arthritis receives so little attention from the general population and so little attention on the public health agenda. When we consider

## **PATIENT PARTNERS® PROGRAM**

### **IS LOOKING FOR VOLUNTEERS WITH OA!**

#### ***What is a Patient Partner?***

Patient Partners are people who have been diagnosed with arthritis and who are trained to demonstrate a musculoskeletal (bone and joint) examination to physicians and other health-care professionals.

#### ***How does the program work?***

Participants undergo extensive training to prepare them to demonstrate the examination using their bodies as the teaching tool. The program is currently looking to increase the number of Patient Partners with OA.

There are thirteen training sites across Canada and on-going education is an integral part of the program. Experienced Patient Partners lend support & encouragement to the new recruits throughout the training program.

#### ***What is the benefit?***

The program provides an unparalleled opportunity for people with arthritis to raise awareness of the disease within the medical community from physicians in medical school to those in practice. This may lead to earlier diagnoses, improved treatment, and improved quality of life for others suffering from arthritis. Patient Partners offers an opportunity to volunteer in a very meaningful & rewarding way.

#### ***Who can I contact for further information?***

If you would like more information or are interested in volunteering, you can complete the enclosed registration form or visit [www.arthritis.ca/patientpartners](http://www.arthritis.ca/patientpartners)

that it affects one in six Canadians — and this number is much larger when we factor in the families and friends of arthritis sufferers — it impacts all of us.”

The Senator went on to cite some of Dr. Hawker’s findings on provincial disparities affecting OA treatment. He declared it a ‘disgrace’ that as the number one cause of

disability, arthritis research receives less than 1.3 per cent of medical research funding in Canada. However, beyond propositioning the government for increased funding, Senator Comeau also urged greater awareness among members of parliament and wider society about the debilitating nature of OA and steps that can be taken for prevention and management.

### **Do You Have Knee Pain?**

We are currently looking for volunteers between the ages of 40 and 80 years with knee problems to participate in an interview by telephone. The new study aims to better understand knee pain and disability across all stages of knee OA, from the earliest symptoms to late disease. We also want to learn about what people know about OA and how one prefers to learn new information about this condition. For information about this research study, please call Kerri Moore at: Toll Free: 1-877-437-1591 or Toronto area: (416) 323-6400 ext 4119.

### **Joint Replacement Candidate?**

Over the past two years, we have been working with arthritis researchers from around the world to develop tools that can be used to assess pain and function in ways that are meaningful to people living with OA. This research, which some of you have participated in, has resulted in new tools to measure OA pain and function.

We are now working with the same research group to see if we can identify a cut-point, or score, on these new pain and function questionnaires that identifies patients who are potential candidates for joint replacement surgery. We hope to use these simple tools to establish a set of criteria that can be used by family physicians and other clinicians when considering an OA patient for joint replacement surgery that takes into consideration levels of pain and function as well as disease severity on x-ray.

## The Flu and You

We may not be able to prevent the cold and storms of winter from happening, but we can take steps to protect ourselves and others from one of winter's worst 'side effects' - influenza, or the flu. The flu is an infection in the airways of the nose and throat. It is caused by one of the influenza viruses. These viruses can be passed from person to person by breathing droplets that have been sneezed or coughed into the air by someone who has the flu, or having these droplets land on the surface of your eye. The flu can also be passed on by shaking hands with an infected person or touching a contaminated surface, and then touching your own eyes, nose or mouth. You can play an active role in staying healthy and preventing the spread of influenza by following a few simple steps:

### Get an annual flu shot

- The best prevention is an annual flu shot. Because the influenza viruses are constantly changing, the flu shot gives protection that only lasts through one influenza season. It is best to get your flu shot before flu season, which usually goes from December through April. But vaccinations in January and February can still provide protection.

### Wash your hands frequently

- Twenty seconds of hand washing with warm water and soap helps to remove bacteria and viruses. Remember to wash before and after eating, after using the bathroom, after coughing and sneezing, and after touching surfaces that may have been contaminated by other people.

### Cover your nose and mouth when you cough or sneeze

- Be sure to wash your hands and if you use a tissue, dispose of it as quickly as possible.

### Keep shared surfaces clean

- Viruses can live for days on the surface of toys, coffee makers, doorknobs, computer keyboards, and other hard surfaces. Regular cleaning and disinfecting of these surfaces can help.

### If you get sick, stay home!

- If you go out when you are sick, you may spread your illness to others. It also may take you longer to get better if you are not well rested. Wait until you no longer have a fever and your cough is improving.

#### TO REACH US:

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