

# Arthritis Clinical Link Newsletter



Created and Distributed by the Mary Pack Arthritis Program

A newsletter for health professionals working with people with arthritis

December 2012

## Editor's Message

**The Rheumatologist**, a news magazine published by Wiley-Blackwell and distributed freely to members of the American College of Rheumatology (ACR) and the Association of Rheumatology Health Professionals (ARHP), has slowly changed its focus, such there are now more frequent articles discussing trends in the field of arthritis care. As many of these have relevance to the ACE membership, I've summarized a number of these for this issue on topics ranging from sexual concerns of people living with arthritis to hydroxychloroquine retinopathy, treating rheumatoid arthritis to target, and the place of orthotics in arthritis treatment.

I am also experimenting with a slightly different style format in this issue, as I received a suggestion that a single- rather than double-column newsletter would be easier to read online. Please let me know what you think about this change, and do let me know if you have other suggested improvements.

Paul Adam, Rheumatology Liaison & Outreach Services Coordinator [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca)

## Gearing up for MPAP Education Day 2013

Planning is well underway for the 2013 Mary Pack Arthritis Program Education Day. As we have done the past few years, the event will occur in the Paetzold Auditorium at Vancouver Hospital and will be videoconferenced to sites across the province. If you plan on participating, mark your calendars for **Monday, June 17th, 2013**. Formal registration for the event will not occur until February or March of next year, but in the meantime I'd be interested in hearing who might be open to hosting participation from a remote video conferencing site in BC or the Yukon Territories. Speakers and topics for the event are almost complete as we now have confirmed speakers for an *Update on Ankle and Foot Surgery*, *Managing Pain through Mindfulness*, an *Update on Mixed Connective Tissue Disease*, and *Sexual Health Issues in Arthritis*. I have also had tentative confirmation for a talk on the *Brain Coorelates of Pain*.

You'll have noted that the date for 2013 is a departure for us, as we typically have our education day at the end of the week and often in late May or early June. Chalk up this year's change to the difficulty in booking a suitable meeting room.

## Let's Talk About Sex

As noted above, one of the presentations planned for our June MPAP Education Day is a session on Sexual Health Issues in Arthritis. Coincidentally, the May 2012 issue of **The Rheumatologist** had a timely article by

Iris Zink, nurse practitioner, called, “Let’s Talk About Sex: A Rheumatologic Perspective on Intimacy and Chronic Illness”. In the article, Ms. Zink used three case studies to highlight common sexual concerns that can arise when living with arthritis. In describing lessons learned from each case study, she indicated that although not commonly discussed by health care providers, nearly 20% of respondents to a study on arthritis and sexuality reported being unable to engage in sexual intercourse due to limitations from arthritis. Sexual functioning may be limited by pain, fatigue, decreased joint range of motion, or extra-articular features, such as those related to Sjogren’s Syndrome. In addition to simply inquiring as to how your client’s arthritis has affected their sexuality and intimate relationships, it’s also important to have the following tools when discussing intimacy-related issues:

- S** Self-confidence and sense of self
- H** Honesty and sense of humour
- E** Enthusiasm, drive, and desire
- E** Education
- T** Tools and timing
- S** Self-esteem and some patience

### **ANSWER Goes Live**

ANSWER is an online decision aid designed to help people with rheumatoid arthritis (RA) decide if Methotrexate is the right treatment option for them. Funded by the Canadian Institutes of Health Research (CIHR), the decision aid provides written and narrated information about rheumatoid arthritis and methotrexate. It also has 6 animated videos that address different issues that may be of relevance to people considering use of this medication, such as side effects, Methotrexate & pregnancy, and Methotrexate & alcohol use. The tool provides information in written, audio and video formats in order to address the varied learning styles that we each have. This information, and the set of value questions that are contained in the tool, are meant to help people with RA be more confident in their decision to either take Methotrexate or to see their doctor to discuss other treatment options. The ANSWER tool is freely available at: <http://answerarc.arthritisresearch.ca/index.html>

### **Hydroxychloroquine Retinopathy**

The May 2011 issue of **The Rheumatologist** had an interesting article by Dr. Michael Marmor called, “Hydroxychloroquine Retinopathy Still Alive and Well”. The article stated that retinal complications from hydroxychloroquine (plaquenil) use are rare, if the medication is used at the proper dosage. And with good screening the risk of visual loss is very low. That said, retinopathy begins to appear with long-term use and can be serious, as there is no known treatment. The article also noted that retinopathy can continue to progress for a year or more after stopping Plaquenil, and if not caught early during a yearly eye examination, can lead to functional blindness. Dosage should be calculated using both height and weight. After five to seven years of plaquenil use, the risk of retinal toxicity exceeds 1%. When eye examinations should start and their frequency is related to such factors as a person’s age (harder to assess macular changes in older adults), or presence of underlying retinal disease, or pre-existing renal or liver disease (slower drug clearance). Finally, the article advised clinicians about the importance of reminding patients to obtain regular eye examinations, as most patients do not typically notice early eye damage. Ophthalmological evaluations must include appropriate visual field testing, as this picks up changes at a preclinical stage when changes are still reversible. The revised recommendations from the American Academy of Ophthalmology can be found at: *Marmor MF, Kellner U, Lai TY, Lyons JS, Mieler WF; American Academy of Ophthalmology. Revised recommendations on screening for chloroquine and hydroxy-*

*chloroquine retinopathy: Ophthalmology. 2011;118:415-422 or on the web as a pdf document called, "New Plaquenil Guidelines". [http://www.optometricretinasociety.org/component/docman/cat\\_view/1-2011meeting](http://www.optometricretinasociety.org/component/docman/cat_view/1-2011meeting)*

## **New Arthritis Research Centre Videos**

The Arthritis Research Centre (ARC) continues to add to the videos available on the ARC website. Each of these 2 - 3 minute videos are geared to patients, and outline a study and the key findings from that study. These professionally-created videos are highly engaging and are a welcome addition to the world of online patient education materials. Recent additions include:

- **Systemic Auto-Immune Rheumatic Diseases - SARDs**

Systemic Auto-Immune Rheumatic Diseases (SARDs) are six types of arthritis that are grouped together because they share symptoms, treatments and complications. Dr. Antonio Avina-Zubieta, Research Scientist with the Arthritis Research Centre of Canada, explains that because each SARDs disease is rare, studying them together provides a better understanding of the associated risks and complications and can improve the lives of people with SARDs.

- **Psoriasis, Psoriatic Arthritis and Weight**

Thirty percent of people with psoriasis are at risk of developing psoriatic arthritis. Dr. Jan Dutz, Research Scientist with the Arthritis Research Centre of Canada, explains the relationship between obesity and psoriasis, obesity and psoriatic arthritis, and the importance of maintaining a healthy weight.

- **The Impact of Arthritis on Mothers**

People living with arthritis have difficulties with everyday activities, including caring for their children. Dr. Catherine Backman, Research Scientist with the Arthritis Research Centre of Canada, studied the impact of arthritis on mothers, including fatigue, financial challenges, and the lack of appropriate services. She found that despite these challenges they experienced the same joy and satisfaction as mothers without arthritis.

- **Pharmacists Can Help Identify Osteoarthritis**

Pharmacists are ideally positioned to help tackle the anticipated increase in osteoarthritis (OA). Pharmacoeconomist Dr. Carlo Marra with the Arthritis Research Centre of Canada explains that pharmacists can identify people with knee OA early on in the disease while it is still mild and treatable.

- **Aboriginal Peoples and Arthritis Self-Management**

Arthritis is the most common chronic disease in Aboriginal Peoples in Canada. Learn how the Arthritis Research Centre of Canada is working with Aboriginal communities to create an arthritis self-management program to provide coping skills and improve the quality of life for those with arthritis.

- **Hip Replacements - Surgical Techniques Compared**

Last year over 58,000 people in Canada needed hip or knee replacement surgery. Dr. Nelson Greidanus, Research Scientist with the Arthritis Research Centre of Canada, studied hip surgery patients who received either a new technique using a smaller incision or the standard surgical technique. He found that with the new procedure there were more fractures and re-operations.

All videos can be found at <http://www.arthritisresearch.ca/video-gallery-all.html>

## **Treat Rheumatoid Arthritis to Target**

An interesting article from the April 2011 issue of **The Rheumatologist** by Dr. EJ Bernstein and Dr. A Gibofsky titled, "Treat Rheumatoid Arthritis to Target: The time has come for goal-directed management of RA", makes the case that the accurate measurement of disease activity in conditions such as diabetes has helped to avoid both the undertreatment and overtreatment of patients. In the field of arthritis care several large studies, such as the Tight Control of Rheumatoid Arthritis (TICORA) study and the Computer Assisted Management in Early

Rheumatoid Arthritis (CAMERA) study, have shown that “the use of an outcome that includes an objective measure to guide therapy will ultimately facilitate patient care.” Two pertinent questions these raise are what are the best tools to measure disease activity and what is the most appropriate or realistic target in RA disease management? In relation to the first question, several tools for measuring disease activity are in consideration including the CDAI, SDAI, DAS28, or RAPID4. Using one of these or another measure of disease activity is important in order to evaluate the progress of the patient on an ongoing basis. The second question relating to target pertains to whether clinicians should aim for getting patients into clinical remission or if a state of low disease activity is sufficient. Clinically, the authors recommend setting a target that makes the most sense for each individual patient. For example, the authors query the feasibility of achieving remission in patients with late- or very late-stage disease. Another worthy question is what is the ideal frequency for evaluating patient disease activity? That is, should patients be monitored monthly or every three months? Again, the authors recommend that monitoring be patient-specific and that patients with more active disease be monitored more frequently.

As I mentioned in the last newsletter, I am part of a research team assessing the feasibility and satisfaction of rheumatoid arthritis patients in using an online tool to measure disease activity. If successful, this tool would help to empower patients to better know when they should be seeking care from their rheumatologist.

### **Introduction to the Assessment and Management of Rheumatic Disease**

The next **Introduction to the Assessment and Management of Rheumatic Disease** course is taking place in Vancouver from **April 8th to 11th, 2013**. This 4-day event for physiotherapists, occupational therapists and nurses is a great introduction to the field of rheumatology care for practitioners new to arthritis. As the course is constantly updated, it can also be a nice refresher for ACE clinicians and therapists who last had formal arthritis education many years ago. As in past years, The Arthritis Society has generously provided a travel bursary to help defer the travel costs for BC and Yukon Territories attendees living outside the Lower Mainland of British Columbia. The deadline for the submission of applications is Friday, March 8th, 2013. Application forms can be obtained by contacting [Paul.Adam@vch.ca](mailto:Paul.Adam@vch.ca)

### **Arthritis Broadcast Network**

The Arthritis Broadcast Network (ABN) is a multi-media platform for the arthritis community to share news, information, and stories about living well with arthritis. This information is organized in 5 major sections:

- 1) News: Arthritis news, anytime, anywhere
- 2) Life: Living your best life with arthritis
- 3) Arthritis Intel: Helping you detect, treat and manage arthritis
- 4) A Team: Partnering with your healthcare team
- 5) Women: Exploring women’s arthritis issues and needs

A sample of recently posted articles and videos include: “RA and pregnancy linked in Aboriginal women”, “No increased risk of infections with rituximab”, “About systemic vasculitides”, “Understanding pain”, and “Poor balance is leading cause of falls”.

The site has versatility in that one can either browse the site or sign up to receive information updates.

### **Vancouver Rheumatologist Wins Award**

Another article on the Arthritis Broadcast Network described Dr. John Esdaile having won the 2012 ACR Masters Award. This is one of the highest honours bestowed by the American College of Rheumatology (ACR), and

as such, he is only the second Canadian to have been granted this award. The award is given to ACR members, age 65 and older, who “have made outstanding contributions to the field of rheumatology through scholarly achievement and/or service to their patients, students, and profession”.

Dr. Esdaile is the Scientific Director of the Arthritis Research Centre of Canada. His areas of research include rheumatoid arthritis, osteoarthritis and systemic lupus erythematosus. He has written more than 180 publications in peer-reviewed journals, as well as more than two dozen books and book chapters.

Congratulations, Dr. Esdaile, on your well-deserved award!

### **Is Acupuncture for Pain a Placebo Treatment? An Examination of the Evidence**

A November 2010 article in **The Rheumatologist** by Dr. Donald Marcus summarized the results of recent clinical trials of acupuncture for pain and found that “the preponderance of current evidence indicates that TCA (traditional Chinese acupuncture) is no more effective than a variety of sham acupuncture procedures in relieving low back pain or knee pain caused by osteoarthritis. As a result of these findings, his recommendation is that acupuncture not be considered as an adjunctive treatment. Rather, his suggested approach is to encourage patients who inquire about acupuncture to first try conventional measures with known efficacy. He bases this on the evidence that there is a likelihood of 50% or less that pain will be relieved, the limited duration of the relief, the cost of treatment, and ethical considerations. However, he notes that some patients may have medical conditions that limit the feasibility of conventional measures or patients may derive limited relief from these measures. In these situations, when asked about acupuncture he typically replies that acupuncture seems to help some people.

### **The eHealth Revolution**

I came across a presentation recently called, “Children/Youth with Complex Chronic Conditions: Use of modern communication technology to improve care. Written by Dr. Jean-Paul Collet, the Associate Director of Clinical Research at the UBC Department of Pediatrics, it summarizes some of the changes happening in the field of eHealth. Based on a recent environmental scan of parents of children with complex conditions, the presentation detailed the following preferences:

- 61% would like to send emails, SMS, or participate in live online conversations with practitioners
- 73% would like to have reminders, or management advice sent to them via mobile or online
- 40% would like to participate in webinars held by healthcare workers to educate themselves and their family about their child’s condition

I mention these statistics because although the study population was parents of children with complex conditions, I would hazard that many adults with arthritis would express similar preferences for how they perceive eHealth improving their own healthcare experience.

In addition to patient’s expressed needs, part of the drive for eHealth has also come from the push for standardized, evidence-based care. Clinical practice guidelines, assessment tools and checklists are some aspects of evidence-based care that can often be easily adapted to mobile applications. A June 2012 article in **The Rheumatologist** by Thomas Collins outlined some of the apps that are being produced in the field of rheumatology including **Mediquations** (available on iPod, iPad, Android, \$4.99 US\$) - this app includes 232 equations for medical scores and indices ranging from mental health conditions to neurological conditions and rheumatology, and everything in between. Rheumatology calculators on this app include DAS scores, the Bath Ankylosing Spondylitis Disease Activity index (BASDAI), and the SLE Disease Activity Index (SLEDAI).



**iShould** (under development for iPhone) - this app, developed by researchers at the Swiss Federal Institute of Technology, is for measuring shoulder ROM and is meant to be worn as a device on a patient's arm. It gives the patient instructions and then calculates the angle of arm elevation and a functional score by comparing the healthy arm and the arm with disease, simultaneously.

**ACR Wiley app** (iPhone, iPad, Android; free) - this app includes study abstracts, news articles, and more from the journals *Arthritis Care & Research*, *Arthritis & Rheumatism*, and *The Rheumatologist*.

### **Orthotics Part of Arthritis Treatment**

In the June 2012 issue of **The Rheumatologist**, an article "Orthotics Part of Arthritis Treatment", discussed the current use of knee braces and foot orthotics in the treatment of knee OA and foot pathologies. The author interviewed several experts in the fields of surgery and physical therapy.

Dr Howard Hillman PhD, from the Hospital for Special Surgery in New York, felt that orthotics "can assist a part of the body to achieve functional tasks" and "can address pain as well, at its root causes". Malalignment, high BMI and tissue injury are all major factors in the development of OA. Orthotics address these issues by improving alignment and redistributing joint loads. Dr Hillstrom cited research that reported that "bracing and orthotics can result in mean pain reductions of 30% or more on visual analog scales". Dr Nolan, a PT from Massachusetts General Hospital and Northeastern University, suggested that "they are more effective when there is a component of the problem that is linked to biomechanics" as reducing the load on one compartment of the knee "can certainly impact pathology". To prescribe an appropriate orthotic the clinician needs to consider joint mobility, and determine that there is sufficient flexibility to allow realignment or offloading by the device. The lifestyle of the client, and their acceptance an orthotic and supportive shoes needs to be addressed.

The article also discussed OTC orthotics, which are more widely available and affordable. They have gained greater acceptance because they are fabricated from a variety of materials, offering differing levels of rigidity, shock absorption and shearing. Stronger and lighter materials have made orthotics easier, cooler and less bulky to wear. According to Dr. Nolan "a number of studies show that there is not much variance between custom and non-custom orthotics."

Finally, the article advised physicians that they should be aware of these assistive devices, appropriately select patients that may benefit from them and to refer them to knowledgeable providers. In BC, where funding for custom orthotics has become increasingly difficult to procure, the use of OTC devices that can be altered or adapted by a clinician, may become a reasonable option to a custom orthotic.

Submitted by Cathy Busby OT

### **Update from the 2012 ACR/ARHP Annual Scientific Meeting**

On the move. Those words concisely describe the 2012 ACR Scientific Meeting in Washington, DC. Whether moving from venue to venue in the huge Washington, DC conference center or hearing about the rapid movement on many fronts in rheumatology research, everything and everyone was in motion.

Dr. Ellen M. Gravellese presented the Glick Memorial Lectureship on bone growth and remodeling and it's effects on such diseases as RA, AS, SLE and other autoimmune diseases on Sunday. The next 5 to 10 years promises to be very exciting in terms of our understanding of bone growth and related research. It will be an exciting time to see the effects on the treatment for our clients living with many diseases.

Pain was the other major lecture that I was fortunate to attend. The lecture hall was crowded and the room hushed as Dr. Andreas Goebel presented the latest in research regarding pain and pain physiology. It will be exciting to see how this research will translate to our clients.

Poster presentations and abstract sessions presented many new insights, but with the vast amount of information present it was hard to see even a fraction of the offerings during my time in Washington. Overall it was great to have reinforcement for the fact that, especially according to current best practice and research, we are doing a great job in the Mary Pack Arthritis Program.

*Michael Pohlmann, BSc(Micb), BSc(PT), Physical Therapist at MPAP*

I was very impressed with the quantity and quality of the sessions that were available at the 2012 ACR/ARHP Annual Scientific Meeting in Washington D.C. If I were to pick one session that stood out, it would be Depression in Rheumatic Disease that was facilitated by a psychiatrist, Dr. Lesley Arnold, and a pharmacist, Dr. Jessica Farrell. Many of the arthritis patients I see in my clinical practice are experiencing depression and anxiety. The research presented showed that 20% of OA patients have depression (whereas it's 12% in the general population); and the percentages are even higher for inflammatory arthritis and fibromyalgia. Ruminating and magnifying negative events predicts increased pain levels for both RA and FM. Furthermore, mood and anxiety disorders are associated with functional disability. Depression can not only cause poor response to biologics, but it can negatively impact post-operative outcomes too.

You may be surprised at the number of arthritis patients I have encountered who are taking three or more anti-depressants, plus something to treat anxiety. I encourage my clients to be seen by a psychiatrist if their medications for mood have not been reviewed (often measured in years) fairly recently. I learned the class, and combination of two classes, of anti-depressants that are the treatment of choice in rheumatic disease. It was also noteworthy to hear that serotonin norepinephrine re-uptake inhibitors (SNRIs), such as Effexor and Cymbalta, may be best for arthritis due to their impact on pain.

*Greg Taylor MSW, RCSW, Social Work Services, Mary Pack Arthritis Program*

## **Essential Evidence PLUS**

Essential Evidence is a powerful, one-stop, state-of-the-art reference that includes best-evidence answers to important clinical questions concerning symptoms, diseases, and treatments. A smattering of recent questions and bottom-line summaries include:

### **What is the best interval for repeat bone mineral density testing in older women?**

The United States Preventive Services Task Force indicates that women should have an initial bone mineral density (BMD) test at age 65 or at any age if their 10-year risk of fracture exceeds 10%. The goal of this research was to determine how long it took before 10% of the women progressed from normal BMD or osteopenia to osteoporosis (and therefore became candidates for bisphosphonate therapy), but before they experienced a fracture. The research showed that women with normal BMD or mild osteopenia (T score greater than -1.5) it would take more than 15 years to progress to being a candidate for drug therapy. For women with moderate osteopenia, it would take approximately 5 years, and for those with severe osteopenia only one year.

**In patients with chronic illness complicated by depressive symptoms, is exercise effective in decreasing these symptoms?** Overall, exercise had a moderate effect on symptoms of depression with the greatest response in those who have higher depression scores and/or who exercise regularly.

**Is telephone support or in-person support better for weight loss?**

In an intervention study that evaluated a structured program of web-based support, encouragement by the physician, and either in-person or telephone contact by “weight loss coaches” there was no difference in whether the support was in-person or by telephone.

### **Arthritis-related Citations**

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**DeWitt EM, Kimura Y, Beukelman T, et al.** Consensus treatment plans for new-onset juvenile idiopathic arthritis. *Arthritis Care & Research* July 2012; 64(7): 1001-1010.

**Purser JL, Golightly YM, Feng Q, et al.** Association of slower walking speed with incident knee osteoarthritis-related outcomes. *Arthritis Care & Research* July 2012; 64(7): 1028-1035.

**Hooper L, Bowen CJ, Gates L, et al.** Prognostic indicators of foot-related disability in patients with rheumatoid arthritis: Results of a prospective three-year study. *Arthritis Care & Research* August 2012; 64(8): 1116-1124.

**Sakai R, Komano Y, Tanaka M, et al.** Time-dependent increased risk for serious infection from continuous use of Tumor Necrosis Factor Antagonists over three years in patients with rheumatoid arthritis. *Arthritis Care & Research* August 2012; 64(8): 1125-1134.

**Omori CH, Silva CAA, Sallum AME, et al.** Exercise training in juvenile dermatomyositis. *Arthritis Care & Research* August 2012; 64(8): 1186-1194.

**Curtis JR, John A & Baser O.** Dyslipidemia and changes in lipid profiles associated with rheumatoid arthritis and initiation of Anti-Tumor Necrosis Factor therapy. *Arthritis Care & Research* September 2012; 64(9): 1282-1291.

**Tong A, Jones J Craig JC & Singh-Grewal D.** Children's experiences of living with juvenile idiopathic arthritis: A thematic synthesis of qualitative studies. *Arthritis Care & Research* September 2012; 64(9): 1392-1404.

**Wolfe F & Michaud K.** Effect of body mass index on mortality and clinical status in rheumatoid arthritis. *Arthritis Care & Research* October 2012; 64(10): 1471-1479.

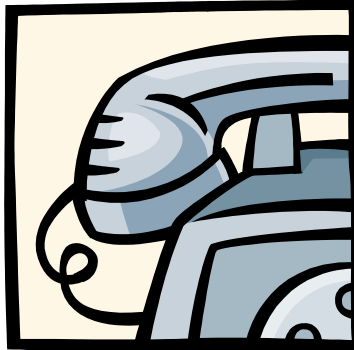
**Haque UJ, Bathon JM & Giles JT.** Association of Vitamin D with cardiometabolic risk factors in rheumatoid arthritis. *Arthritis Care & Research* October 2012; 64(10): 1497-1504.

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**Holden MA, Nicholls EE, Young J, et al.** Role of exercise for knee pain: What do older adults in the community think? *Arthritis Care & Research* October 2012; 64(10): 1554-1564.

## Clinical Consultation available through your ACE membership



As an ACE member, you have access to physical therapists, occupational therapists and nurses with many years of rheumatology experience. If you have a clinical question or complex or challenging client and would like to consult with one of our experienced clinicians, please contact one of the people listed below. We will return your call or e-mail as quickly as possible.

You can also contact senior clinicians in our regional centres (Cranbrook, Penticton & Victoria). They are a valuable local resource.

An ACE member who has used this service in the past stated: "Great resource. Please continue!"

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