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**EMBARGOED UNTIL Tuesday July 6, 2010 12:01 a.m. EDT**

## **Majority of Ontarians suffering from rheumatoid arthritis not receiving the speciality care they need**

TORONTO, Ont., July 6, 2010 — Nearly 60 per cent of Ontarians with rheumatoid arthritis — an autoimmune disease that causes chronic inflammation of the joints — were not seen by a specialist within a one year period to treat the debilitating disease, according to a new study. Even more concerning is that women of child-bearing age are less likely to see a specialist than women 45 or older, say researchers from St. Michael's Hospital, the Institute for Clinical and Evaluative Sciences (ICES), and Women's College Hospital.

"People think the aches and pains associated with arthritis are a normal part of aging, leading to delays in seeking care," says Dr. Gillian Hawker, senior scientist at Women's College Research Institute and adjunct scientist at ICES. "But we know early diagnosis and treatment, especially within the first three to six months, is critical to preventing the long-term disability caused by rheumatoid arthritis."

Dr. Hawker is the lead author of the latest chapter of the Project for an Ontario Women's Health Evidence-Based Report (POWER) study. The joint study between St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES) – is the **first** in the province to provide a comprehensive overview of women's health in relation to gender, income, education, ethnicity and geography. Funded by Echo: Improving Women's Health in Ontario, an agency of the Ontario Ministry of Health and Long-Term Care, the results from the POWER Study are available for policymakers and health-care providers to improve access, quality and outcomes of care for Ontario women.

In Ontario, an estimated 55,000 women and 22,000 men have been diagnosed with rheumatoid arthritis, with women twice as likely to be affected as men.

"Unfortunately, only 42 per cent of women with rheumatoid arthritis in Ontario see specialists each year, says Dr. Arlene Bierman, a physician at St. Michael's Hospital and principal investigator of the POWER Study. "Low income women are less likely to have seen a specialist than those with higher incomes and a person's likelihood of seeing a specialist depends on where they live in the province. Access to these services is important and there is much that can be done to improve this access through innovations in how we organize and deliver care for chronic disease."

Studies show that primary care physicians may fail to refer patients to specialists because they lack confidence in performing the joint exams necessary to identify and diagnose inflammatory arthritis. And with a limited number of arthritis specialists — only 350 in Canada – including some who are strictly academics and don't see patients, access to speciality care may be limited.

For 45-year-old Lynn Robinson, the lack of early diagnosis and treatment kept her off work and in severe pain for months.

“Each day, the pain became progressively worse until I couldn’t dress myself, brush my teeth or even hold a pen,” said Robinson, who first began experiencing the symptoms of rheumatoid arthritis in 2008. “I was off work and in excruciating pain. My doctor dismissed the idea that the symptoms could be arthritis until I finally pushed to see a specialist who confirmed my suspicion. Now I’m on treatment and have been able to resume my daily activities, pain free.”

The POWER study released today examined the impact of musculoskeletal conditions – diseases that affect the bones, ligaments, tendons, muscles and joints — on health status and disability and quality of care for Ontarians with osteoarthritis and osteoporosis. Key findings include:

- About 40 per cent of women and 35 per cent of men living with a musculoskeletal disease, including arthritis, also suffer from at least one other common chronic condition, such as diabetes or heart disease.
- Women who have musculoskeletal disease have higher rates of disability than men with these conditions. Nearly 40 per cent of women and about 23 per cent of men living with musculoskeletal disease reported moderate to severe disability including limitations to their daily activities such as housework, laundry, grocery shopping, dressing, or washing.
- Physical therapy is important to managing musculoskeletal conditions. But only 15 per cent of adults with these conditions reported seeing a physiotherapist at least once in the previous year.
- Gaps in the care of osteoporosis — a common musculoskeletal disease — persist. Two thirds of men and women who required it after a fracture did not receive a bone mineral density test or medication to reduce the risk of a subsequent fracture.

“The findings reinforce what we’ve been seeing in previous chapters,” says Pat Campbell, Echo CEO. “There is a need to improve access to services and strengthen the integration of services across our health-care system. Policy-makers need to address these issues to ensure equity and quality care for all.”

For more information on the POWER Study and its partners visit [www.powerstudy.ca](http://www.powerstudy.ca). Additional findings will be released later this year.

Dr. Arlene Bierman is a researcher in the Keenan Research Centre at the Li Ka Shing Knowledge Institute of St. Michael's Hospital, a scientist at ICES and Echo's Ontario Women's Health Council Chair in Women's Health at St. Michael's Hospital and the University of Toronto (Lawrence S. Bloomberg Faculty of Nursing).

Dr. Gillian Hawker is a senior scientist at the Women's College Research Institute, Physician-in-Chief of Medicine at Women's College Hospital and Professor in the Departments of Medicine and Health Policy, Management and Evaluation at the University of Toronto. She is a Distinguished Senior Research Investigator of the Arthritis Society and F.M. Hill Chair in Academic Women's Medicine.