



# IN THE LOOP



## Keeping OBRI patients informed

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The Ontario Best Practices Research Initiative was developed to improve the treatment and outcomes of Ontarians living with Rheumatoid Arthritis through the cooperative efforts of patients, researchers, rheumatologists and allied health care professionals.

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The information contained in this newsletter is not medical advice.

The Ontario Best Practices Research Initiative offers evidence-based information and support to help you better understand your Rheumatoid Arthritis. Always seek the expert advice of your rheumatologist or other health care professional before making changes or additions to your treatment plan.



### MESSAGE FROM THE OBRI

As we begin 2022, it is time to reflect back on two years of life with COVID-19. The OBRI team is very fortunate that we have continued our work with little impact. Admittedly, we miss in-person meetings and the creative flow that comes from meeting and working together but the infrastructure of OBRI has allowed the research to continue uninterrupted. We continue to collect physician and patient-reported data; to participate in national and international conferences; and to publish manuscripts.

Our latest work looks at the time to remission as measured by patient reported measures versus swollen joint counts; cardiovascular risks in patients with rheumatoid arthritis; and changes in the RA medications used by OBRI patients since the inception of OBRI.

Looking forward to the coming year, we will be examining the data collected in the newly added interview questionnaires addressing the vaccination status of our patients, including COVID-19. We will also look at some of the newer RA treatments as compared to the more established treatments. After pandemic-related delays, we will expand our data collection to include patients with Psoriatic Arthritis.

Our best wishes for the New Year and a big thank you to all our patients, rheumatologists and sponsors without whom none of our work would be possible.

## OBRI Investigator Profile: Dr. Saara Rawn



Welcome to Dr. Saara Rawn, the newest OBRI investigator.

Dr. Rawn is a Rheumatologist in Sault Ste. Marie. Upon Dr. Patricia Ciaschini's retirement last summer, Dr. Rawn has taken over as the principal investigator in Sault Ste. Marie.

Dr. Rawn grew up in the Algoma District. She completed the clinician scientist (MD/PhD) program at the University of Calgary and has a Ph.D. in biochemistry and molecular biology. Dr. Rawn completed Internal Medicine at the Northern Ontario School of Medicine and did her fellowship in Rheumatology at McMaster University. She opened her practice 3 years ago and treats inflammatory arthritis, connective tissue disease, and vasculitis. As one of only two full-time rheumatologists in the area, her practice is very busy.

Dr. Rawn is a member of the Ontario Rheumatology Association Northern Ontario Committee, working to improve access to care for patients in rural and underserved areas. She is excited to join the OBRI to help advocate for improved health outcomes in the North.

We are pleased to have Dr. Rawn participate in the OBRI.

## VACCINATIONS BEYOND COVID PROTECTION: ARE YOU UP-TO-DATE?

Carolyn Whiskin, RPh, BScPhm, NCMP, Clinical Pharmacist, Charlton Health

In the last year, there has been a focus on protecting the public through COVID vaccinations. Although this is of great importance, there are many vaccines adults should consider.

Medical professionals will commonly ask the question: "Are your vaccinations up to date?" According to the 2016 adult National Immunization Coverage Survey, 88% of Canadians believe they are up-to date, yet only 3% of Canadians received all vaccines recommended for their age and risk group.

People with inflammatory arthritis (ankylosing spondylitis, rheumatoid arthritis, or psoriatic arthritis) have a greater risk of infection than the general public, based on having an autoimmune disease. Medications used to treat these conditions may also increase infection risk. Therefore, at the time of diagnosis, updating adult vaccinations should be considered. However, even after treatments have been started, many vaccines can be given.

While on disease modifying treatments such as methotrexate, leflunomide, biologic treatments or newer advanced treatments called JAK inhibitors, any non-live vaccine can be given. Listed below are some of the vaccines to be considered:

- **Influenza Vaccine**- annually (High Dose flu shot for adults age 65 and over)
- **Tetanus/Diphtheria Vaccine** every 10 years (Tdap- tetanus, diphtheria and pertussis once in adulthood)
- **Pneumonia Vaccines** : Prevnar 13 given once in adulthood when increased risk is identified  
Pneumovax is given at least 8 weeks after Prevnar 13 for protection of 10 additional strains of pneumonia but lasts 5-8 years and may be repeated
- **Shingles Vaccine**- Shingrix is a series of two doses given 2-6 months apart. Given at age 50 with consideration for vaccination for adults age 18 + who are immune compromised
- **Hepatitis A and B vaccines can be considered based on lifestyle and risk.**  
Twinrix is commonly given as a series of three doses with dose two at one month and a booster at month 6.

The province of Ontario provides many vaccines through public health. However, using a private insurance plan or paying out of pocket, is often done to receive vaccines such as pneumonia or shingles at the time they are recommended, rather than waiting to a later age when public funding is available. (ie. Prevnar 13 at age 50+, Shingrix age 65-70)

If you have been delayed in completing a vaccination series during the pandemic, you do not need to repeat the entire series. All that is needed is to complete the doses that are remaining.

## OBRI Patient Advisory Committee Profile:

### David Barker – Caregiver Representative



David Barker is married to Lorraine who was diagnosed with Rheumatoid Arthritis when she was seventeen years old. They were married in their early twenties and RA has been their constant companion for over forty years now. David has journeyed with Lorraine through the ups and downs of the ebb and flow of pain and intensity, and the various medical approaches (aspirin, chloroquine, gold, naproxen, plaquenil, methotrexate, and Enbrel) that have been available along the way. Lorraine is a member of the OBRI study, and David joined the Patient Advisory Council (PAC) as a voice from the caregiver perspective. David is an ordained Baptist minister, and a faculty member and the Vice President of Academics and Student Services at Heritage College and Seminary in Cambridge, ON. The journey with Lorraine has given him a deeper sense of care for people in general, and sufferers in particular. Further, it has given him a more reflective understanding of those who endure chronic illness which is often not noticeable or understood by others. It has also helped him become a voice for those who live with arthritis as a caregiver and advocate. David and Lorraine have five married children and fourteen grandchildren.

## CAREGIVER PERSPECTIVE

By David Barker, OBRI Patient Advisory Committee Member

### A Resource on Caregiving from the Arthritis Society

Several months ago, I was contacted by some folks from the Arthritis Society to be a volunteer consultant to help them create a guide on caregiving. The result is an excellent resource and I pass it on to our OBRI newsletter readers to have a look: <https://arthritis.ca/support-education/online-learning/caregiver-guide>.

There are fourteen short easy-to-read-and-comprehend sections, often with illustrations and videos. The guide starts with a helpful introduction to arthritis, its nature and some treatment and medical overviews. The bulk of the guide talks about forms of caregiving and gives serious attention to respectful relationships and to the power dynamics that are very much part of caregiving. This includes one section that covers some scenarios that caregivers often experience. A helpful part of the guide addresses the issue of self-care and burnout, and includes a section on respite care and the need for two-way communication. It concludes with a section on frequently asked questions (FAQs).

While the pandemic has perhaps focused attention on caregiving and self-care in general, these things have been part of the world of arthritis for a long time now. The Arthritis Society is to be commended for developing this guide specifically for caregivers as part of its numerous resources available to those suffering with arthritis along with their families, friends and others who journey with them.



## NEWS AND HIGHLIGHTS

We are excited to announce that three OBRI manuscripts were accepted for publication in 2021 and that OBRI contributed data for a fourth publication looking at patient characteristics and treatment patterns in four Canadian RA registries. The OBRI team presented new research at two international conferences and three national conferences this past year. For more information about our research, please visit our website: [www.obri.ca](http://www.obri.ca).

We happily welcome the following rheumatologists to the OBRI team: Dr. Tooba Ali (Oshawa); Dr. Saara Rawn (Sault Ste. Marie); Dr. Amanda Steiman, Dr. Medha Soowamber, Dr. Alexandra Saltman, Dr. Ahmed Omar (Sinai Healthcare System, Toronto).

We wish the best to the OBRI rheumatologists who have retired in the past 2 years and thank them for their contribution to the OBRI: Dr. Patricia Ciaschini (Sault Ste. Marie), Dr. Jacob Karsh (Ottawa) and Dr. Edward Keystone (Toronto).

## RESOURCES FOR PEOPLE LIVING WITH ARTHRITIS:

Canadian Arthritis Patient Alliance

[www.arthritispatient.ca](http://www.arthritispatient.ca)

Joint Health

[www.jointhealth.org](http://www.jointhealth.org)

Rheuminfo

[www.rheuminfo.com](http://www.rheuminfo.com)

The Arthritis Society

[www.arthritis.ca](http://www.arthritis.ca)

Canadian Spondylitis Association

<http://www.spondylitis.ca/>

Arthritis Research Canada

<https://www.arthritisresearch.ca/>

## RESOURCES FOR CAREGIVERS

Ontario Caregiver Association

<https://ontariocaregiver.ca>



## UPCOMING EVENTS

Save-the-Date for the  
**2022 Annual  
OBRI Conference**

**Friday, September 23, 2022**

Please check website for updates [www.obri.ca](http://www.obri.ca)

## RESEARCH UPDATE

### Disease Activity Trajectories for Early and Established Rheumatoid Arthritis: Results from The Ontario Best Practices Research Initiative (OBRI)

**Authors:** Mohammad Movahedi; Angela Cesta; Xiuying Li; Claire Bombardier; OBRI investigators

**Objectives:** During routine visits, rheumatologists collect information such as swollen and tender joint counts as well as other clinical variables that are combined to generate a score (or composite measure) to describe the patient's disease activity at that time. However, in chronic or relapsing diseases such as rheumatoid arthritis (RA), these measures do not reflect a patient's disease course over time. The purpose of this study was to describe the longitudinal (over time) disease activity trajectory (path) for patients with early and established RA over a two-year period of follow up in routine clinical care.

**Methods:** OBRI patients with a Disease Activity Score (DAS)-Erythrocyte Sedimentation Rate (ESR) available (a composite measure which combines information on the number of swollen and tender joints present out of 28, a lab value collected during routine care and global health) were included. Patients were subdivided into an early RA group (had RA for one year or less) and an established RA group (had RA for longer than one year). Advanced statistical analyses were used to identify groups of patients that followed a distinct pattern of change over time.

**Results:** A total of 1273 patients were included, 454 (36%) with early RA and 819 (64%) with established RA. After 2 years of follow-up, 70% of early RA patients with moderate or high disease profiles at baseline reached remission, but only 17% of established RA patients with high disease activity achieved remission.

**Conclusion:** The findings suggest the potential effect of receiving early treatment and health care.



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***Have questions? Want to provide feedback?  
Don't hesitate to contact us!***