



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

We thank you for participating in the OBRI. The valuable information collected from our patients and rheumatologists allows OBRI to continue answering questions that can help patients with rheumatoid arthritis. In 2022:

- 1) We compared the disease activity and prescribed treatments in patients with late-onset RA (over 65 years old) to the younger-onset patients.
- 2) We looked at the physician and patient reported outcomes for patients using one of the newer RA treatments vs more established treatments.
- 3) We questioned if any of the individual components of the assessments used to measure disease activity influenced the disease scores more than the other components (for example, the patient global assessment of disease activity).
- 4) We discovered that medical cannabis use among rheumatology patients in Ontario was two times more than that reported for the general population of similar age. Cannabis use was associated with more severe disease, pain, and prior recreational use.

PSORIASIS ARTHRITIS REGISTRY

The OBRI Psoriatic Arthritis Registry, under the leadership of Dr. Sibel Aydin, has started enrolling patients this past year. The study will look at the characteristics of Psoriatic Arthritis, patient-reported outcomes and work productivity, and also look at response to treatment.

The first patient was enrolled in February 2022 and we are now looking to expand this project to other provinces.

Wishing you all the best in the year ahead.

OBRI Investigator Profile:
Dr. Tooba Ali



Dr. Tooba Ali is a rheumatologist practicing in Oshawa, ON and joined as an OBRI investigator in 2021.

Dr. Ali completed her rheumatology training at Queens University, Kingston, ON. She treats inflammatory arthritis and connective tissue disease. Her busy practice services patients across central and eastern Ontario.

Dr. Ali is a member of the Ontario Rheumatology Association and chairs the RheumOpportunity committee. The mandate of the committee is to improve educational and work opportunities for members across Ontario.

She is excited to join the OBRI in order to advance RA treatments and be part of an academic community.

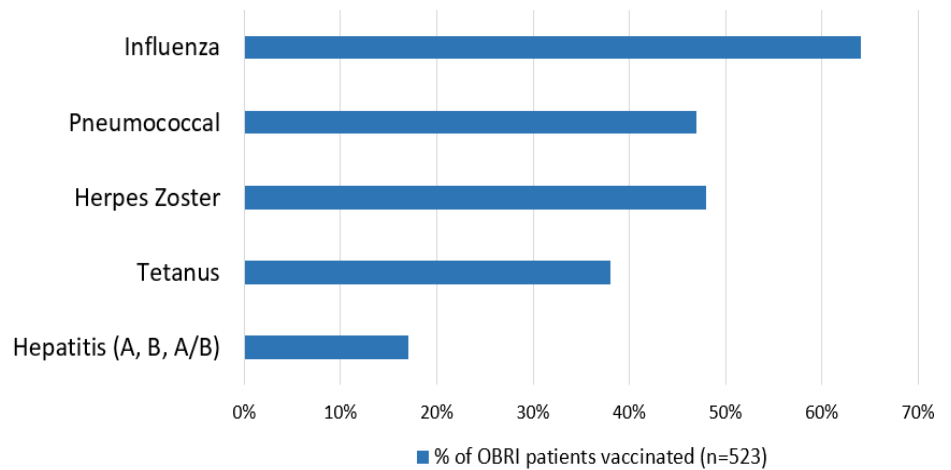
We are pleased to have Dr. Ali participate in the OBRI.

VACCINATIONS BEYOND COVID PROTECTION: DATA COLLECTED FROM OBRI PARTICIPANTS

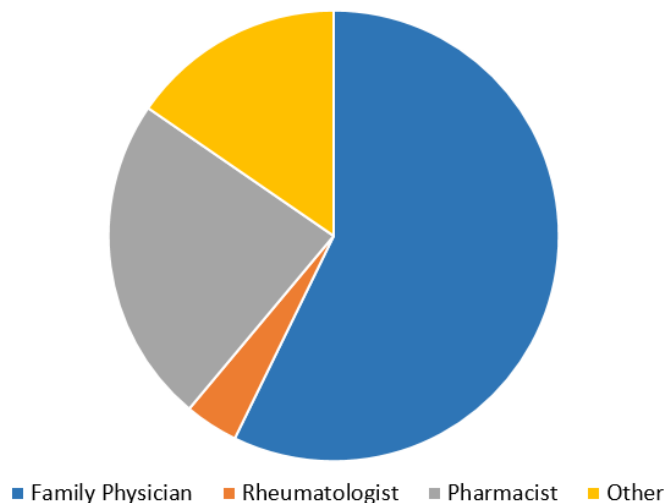
In the 2022 issue of In the Loop, pharmacist Carolyn Whiskin listed the vaccines most often recommended for people with inflammatory arthritis. Here is a first look at the information collected since the addition of the vaccination questions to the OBRI interviews in February 2021.

Of the 523 patients interviewed between February 8, 2021 and April 7, 2022, **80%** believe “that their vaccinations are up to date”. The data below shows that only 64% of those interviewed received their flu shot and less the 50% received the other recommended vaccines.

If you think your vaccinations are not up to date, or you have any other questions regarding your vaccinations, please speak to your rheumatologist or family doctor.



Who administered the vaccine?





NEWS AND HIGHLIGHTS

SHARING OUR FINDINGS

In 2022, the OBRI used the data collected to submit 4 abstracts national / international conferences. We also had 5 articles published in 2022. For more information about our research, please visit our website: www.obri.ca.

AWARDS

Congratulations to Dr. Claire Bombardier, OBRI lead investigator. In the 2022 ranking of Top Female Scientists in the World, Dr. Bombardier was ranked 15th in Canada and 487th worldwide.

Congratulations also to OBRI investigator, Dr. Janet Pope, for receiving the 2023 Canadian Rheumatology Association Distinguished Teacher-Educator award.

BIOSIMILARS

On December 20, 2022, the Ontario government announced a policy to increase the use of biosimilars in Ontario. The government believes this move will save hundreds of thousands of dollars each year and allow them to fund new drug therapies.

If you have questions about biosimilars, please speak with your rheumatologist or visit the Ontario Rheumatology Association website 2022-ORA-Position-Statement-Biosimilar-Switching.pdf (ontariorheum.ca).

CAREGIVER PERSPECTIVE

By David Barker, OBRI Patient Advisory Committee Member

What's Your Belief Score?

Some time ago, I was listening to a CBC radio show talking about chronic pain, and I heard a question I have never heard before, “What’s your belief score?” The question asks, “Who believes you?” when a chronic sufferer talks about their ongoing pain. It is a score out of three domains of response—belief by your family, belief by your friends, and belief by your doctor(s). Of course, it is purely an informal rating and has no real diagnostic value. But many people who endure the relentless pain from arthritis face questions about whether they are really truly suffering, whether it is exaggerated, whether it is “all in your head” (my care-partner got that one), or whether “it can’t be that bad.” Sometimes it happens at the initial diagnosis; sometimes it happens well into the journey when it all seems so never-ending.

I would add a fourth category to the scoring—*belief by caregivers*. I would say, “We always believe.” The score should be at least 1 out of 4, all the time. But on top of believing, and often in the face of doubt and skepticism from others, caregivers must be advocates in the other three categories of “who believes you?” Sometimes we need to speak up to skeptical family members and go on the offensive and explain the realities their family member is dealing with. Sometimes we need to help friends understand why their friend is not at an event or needs to be helped or accommodated since the pain or disabling is so pervasive. Sometimes we can give information to medical professionals who are working hard to diagnose and provide treatment for our care-partners.

The ideal score is 4 out of 4 of course. Further, we know that within each category there is the full range of response—from skepticism to full belief. While the question is intriguing and the scoring highly informal, it has helped me as a caregiver. Firstly, it causes me to affirm an “I believe” answer to the question and maintain, if not intensify, my commitment to my care-partner. Secondly, it reminds me to be thankful for the “believers” and be encouraged by them. Thirdly, it helps me become more conscious of where doubt and skepticism from others may come, and to speak up, often when our care-partner is no longer being heard.

RESOURCES FOR PEOPLE LIVING WITH ARTHRITIS:

Canadian Arthritis Patient Alliance

www.arthritispatient.ca

Joint Health

www.jointhehealth.org

Rheuminfo

www.rheuminfo.com

The Arthritis Society

www.arthritis.ca

Canadian Spondylitis Association

www.spondylitis.ca

Arthritis Research Canada

www.arthritisresearch.ca

RESOURCES FOR CAREGIVERS

Ontario Caregiver Association

<https://ontariocaregiver.ca>



UPCOMING EVENTS

Save-the-Date for the

2023 Annual

OBRI Conference

Friday, September 22, 2023

Please check website for

updates www.obri.ca

RESEARCH UPDATE

Disease activity paths for early and long-term rheumatoid arthritis: Real-world data from the OBRI rheumatoid arthritis study cohort

Disease activity level described at one specific point in time does not accurately reflect disease course in chronic and relapsing diseases such as rheumatoid arthritis (RA). We described the disease activity paths in early RA (less than 2 years' disease duration) and long-term RA (more than 2 years disease duration) over time.

Patients with data available for two measures disease activity measures [28-Joint Disease Activity Score-erythrocyte sedimentation rate (DAS28-ESR) and Clinical Disease Activity Index (CDAI)] over two years were included. Using a statistical method known as latent growth curve modelling, subgroups of patients following distinct patterns were identified paths.

1920 patients were included with 34.4% in early RA. Using the two different measures, subgroups of different disease activity patterns were found.

The early RA group with moderate to high disease activity had a significantly higher number of additional medical conditions (comorbidities) and biologic medication and steroid use.

Conclusion: Disease course was different in early and long-term RA. Using DAS28-ESR, only 14.2% of long-term RA reached remission compared to 73.1% of early RA. Using CDAI, only 1.9% of early RA and none of the long-term RA achieved remission, likely reflecting the impact of the patient view of their disease in the measure. Sociodemographic characteristics (such as age, sex, marital status, education, and employment) and early treatment may have impact on disease course and therefore impacted health outcomes.

Mohammad Movahedi, Angela Cesta, Xiuying Li, Claire Bombardier, OBRI investigators. [Disease activity trajectories for early and established rheumatoid arthritis: Real-world data from a rheumatoid arthritis cohort.](#) PLoS One. 2022 Sep 7;17(9):e0274264. doi: 10.1371/journal.pone.0274264.



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