

Arthritis Talks: Osteoarthritis

Dr. Lauren King, Rheumatologist

February 21, 2023

Presenters



Shawn Brady
Vice-President, AREP and Innovation
Arthritis Society Canada
(Moderator)



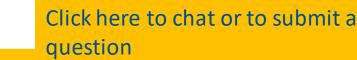
Dr. Lauren King
Rheumatologist
St. Michael's Hospital, Toronto, ON



Webinar tips

- Use the Q&A section to ask the presenters your questions.
 Some of the questions will be chosen for the live question period at the end of the webinar.
- Click on the Chat box to connect with other participants and the Arthritis Society's chat moderator.
- If you have further issues, email arthritistalks@arthritis.ca





Overview

[1] What is osteoarthritis?



[2] Osteoarthritis treatment



[3] **Questions**





With thanks to our partners

Diamond Sponsor:



Gold Sponsor:



Silver Sponsor:



Bronze Sponsors:









AMGEN







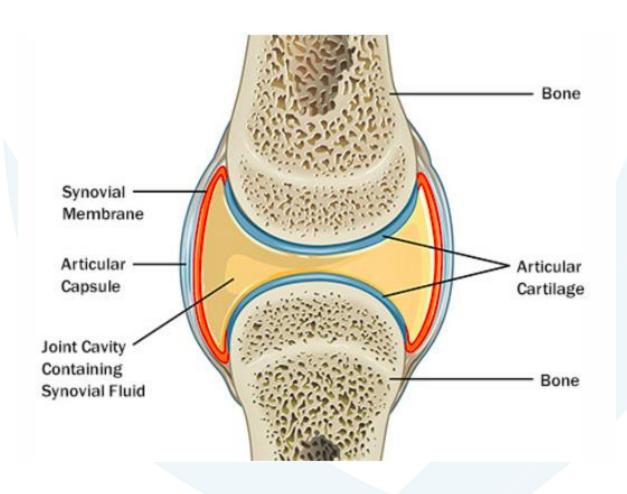


How does osteoarthritis differ from inflammatory arthritis?





There are many different types of arthritis!





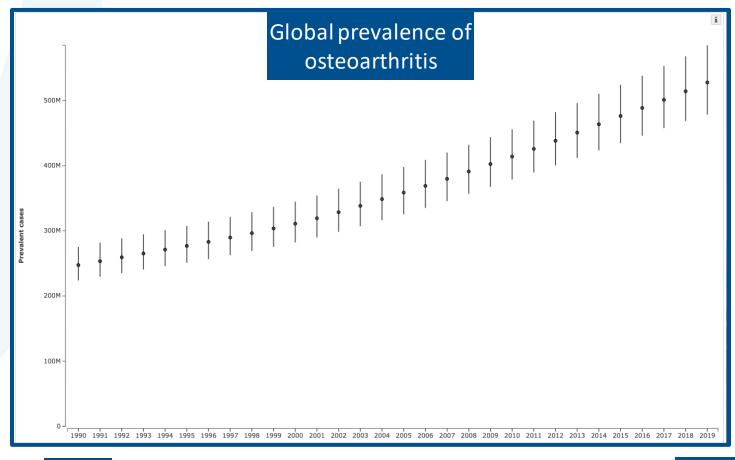


Osteoarthritis (OA) is the most common form of arthritis





Prevalent cases



1990

2019



Proportion of Canadians living with osteoarthritis





Osteoarthritis vs Rheumatoid Arthritis

Osteoarthritis

- Very Common 15% of Canadians
- Knee/hand (DIP/PIP/CMC)/hip most frequent
- Low-grade inflammation, failed joint repair/healing
- Mostly 40 years+
- Treatment: weight management, exercise, analgesia, splints/braces/supports







Rheumatoid arthritis

- ▼ Less Common 1% of Canadians
- Hands (MCPs/PIPs)/wrists, feet often involved
- Higher-grade inflammation, autoimmune
- Younger and older individuals
- Treatment: DMARDs, bDMARDs, tsDMARDs





Similarities between different forms of arthritis



	OA (n=149)		RA (DMARD naïve) (n=50)	
	Baseline	6 months	Baseline	6 months
Rapid 3 (0-30)	15.0	13.3	15.7	10.3
Function (0-10)	2.7	2.4	3.4	2.1
Pain (0-10)	7.0	6.0	6.6	4.3
Patient Global (0-10)	5.3	5.0	6.0	4.0
Fatigue (0-10)	3.9	3.6	4.4	2.9





Are there early symptoms of osteoarthritis? What are the risk factors?





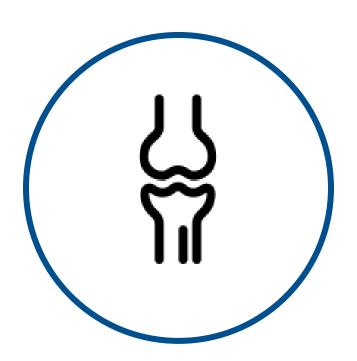
Risk factors for osteoarthritis





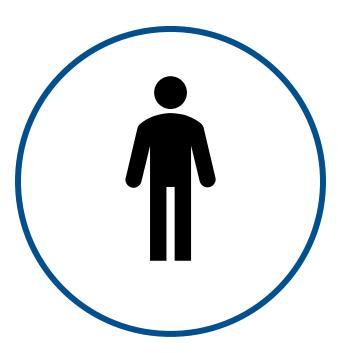


Risk factors for osteoarthritis



JOINT-LEVEL

- Traumatic joint injury
- High occupational loading
- Altered joint shape and malalignment
- Muscle weakness around the joint



PERSON-LEVEL

- Older age
- Female sex
- Genetic factors
- Overweight/obesity



Running is <u>not</u> a risk factor for osteoarthritis



Recreational running may ↓
risk of being diagnosed with
OA or going on to joint
replacement surgery



Symptoms of osteoarthritis



Pain



Physical function





Downstream effects of symptoms of osteoarthritis





Delay to osteoarthritis diagnosis

Just aches and pains of aging



Too many other things to address...no time to address joint pain





Early osteoarthritis





ESSKOA INITIATIVE

Early-stage

Symptomatic

Knee Osteoarthritis







Contents lists available at ScienceDirect

Osteoarthritis and Cartilage Open

journal homepage: www.elsevier.com/journals/osteoarthritis-and-cartilage-open/2665-9131



"You don't put it down to arthritis": A qualitative study of the first symptoms recalled by individuals with knee osteoarthritis



L.K. King ^{a,b,*}, A. Mahmoudian ^{c,d}, E.J. Waugh ^e, I. Stanaitis ^f, M. Gomes ^f, V. Hung ^f, C. MacKay ^{g,e}, J.W. Liew ^h, Q. Wang ^{i,j}, A. Turkiewicz ^c, I.K. Haugen ^k, C.T. Appleton ^{l,m}, S. Lohmander ⁿ, M. Englund ^c, J. Runhaar ^j, T. Neogi ^h, G.A. Hawker ^b, on behalf of the OARSI Early-stage Symptomatic Knee Osteoarthritis Initiative

ⁿ Department of Clinical Sciences Lund, Orthopedics, Lund University, Lund, Sweden



^a St. Michael's Hospital, Unity Health Toronto, Toronto, Canada

^b Department of Medicine, University of Toronto, Toronto, Canada

^c Department of Clinical Sciences Lund, Orthopedics, Clinical Epidemiology Unit, Lund University, Lund, Sweden

^d Department of Movement Sciences and Health, University of West Florida, FL, USA

^e Department of Physical Therapy, University of Toronto, Toronto, Canada

f Women's College Research Institute, Women's College Hospital, Toronto, Canada

g West Park Healthcare Centre, Toronto, Canada and Department of Physical Therapy, University of Toronto, Toronto, Canada

^h Boston University Chobanian & Avedisian School of Medicine, Boston, MA, USA

¹ Department of Orthopedics, Shanghai Sixth People's Hospital, Shanghai, China

^j Department of General Practice, Erasmus MC University Medical Center, Rotterdam, the Netherlands

^k Center for Treatment of Rheumatic and Musculoskeletal Diseases (REMEDY), Diakonhjemmet Hospital, Oslo, Norway

¹ Department of Medicine and Department of Physiology and Pharmacology, Schulich School of Medicine and Dentistry, The University of Western Ontario, London, Canada

^m Western Bone and Joint Institute, London, Canada

1. Slow, insidious onset

Gradual tempo:

"But it came basically, gradually"

Focus Group Canada Toronto 2

Episodic nature:

"It was like it would come on and then disappear, and come on again."

Focus Group USA 3

Delay to symptom registration:

"Started off as soreness and you stopped thinking about it."

Focus Group Australia 1



2. Diverse early symptoms

Frequently reported symptoms include activityexacerbated pain and stiffness:

"... doing stairs, that's when I first noticed it."

- FG Canada, Toronto 3

Different types of symptoms:

"Mine started about ten to twelve years ago, but no pain, only stiffness."

Focus Group Australia 3

"My knees were swollen ..."

- FG Canada, Vancouver 1

"Ahm, it was more of a weakness in the knees."

- FG Canada, Toronto 2



3. Something else must have caused these symptoms

Dismissal of first symptoms:

"Well, because at first you're in denial and you don't, I mean I didn't think it was arthritis."

Focus Group Canada Vancouver 1

Rationalizing symptoms:

"I didn't imagine it was arthritis, I thought, well I must have done something to it, but I couldn't remember what."

Focus Group Canada Toronto 5



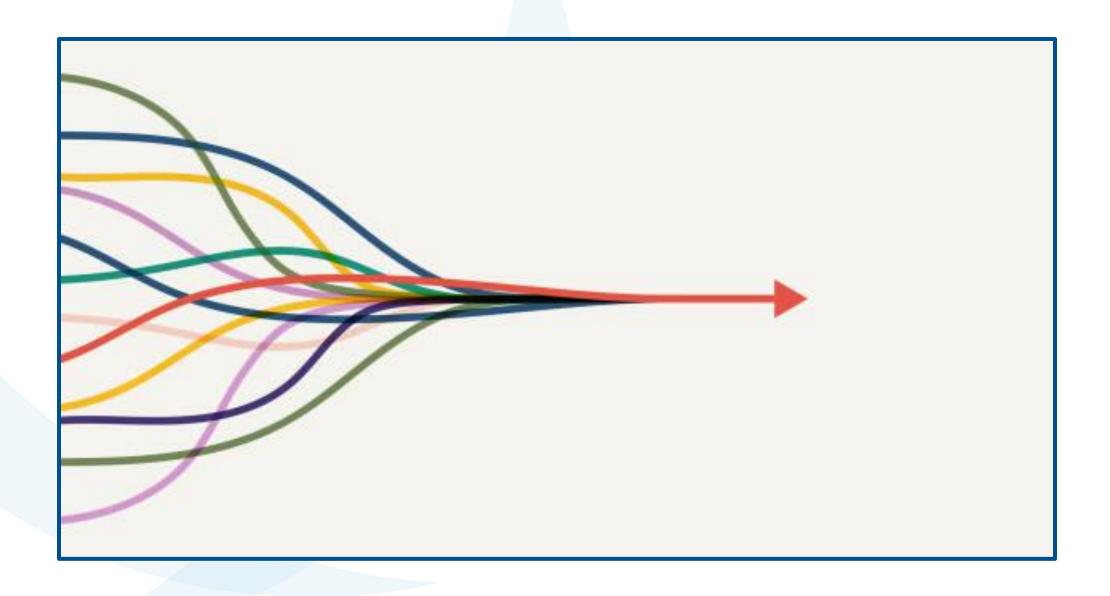
4. Adjustments

"So I guess I wasn't thinking arthritis, but it hurt to jog so I started walking, and that didn't seem to be a problem."

Focus Group USA 2

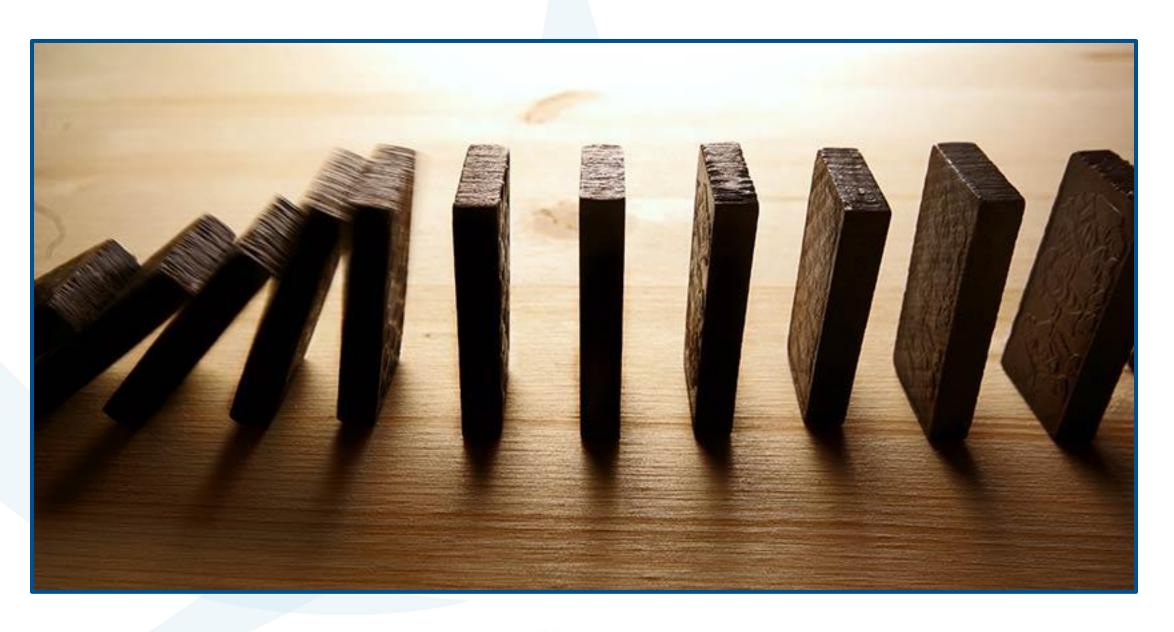


OA is a heterogenous condition





Addressing OA is important







What should you do after being diagnosed with osteoarthritis?





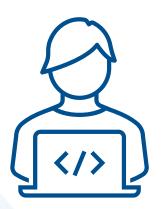
Five things to do after being diagnosed with osteoarthritis

















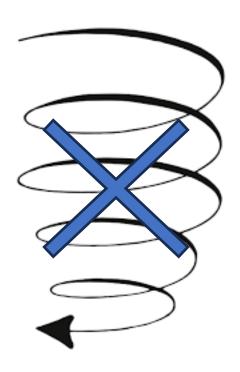
- Understand your OA
- Understand your treatment options
- Understand what are and are not risk factors for progression



2. Surround yourself with a team

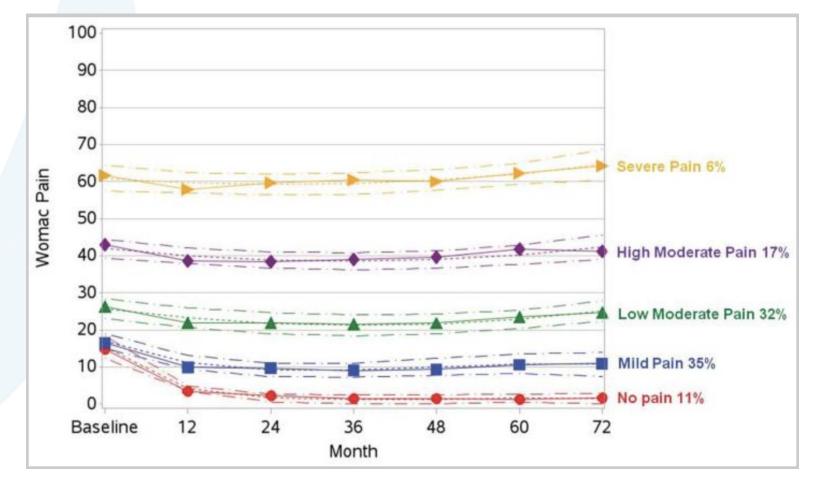






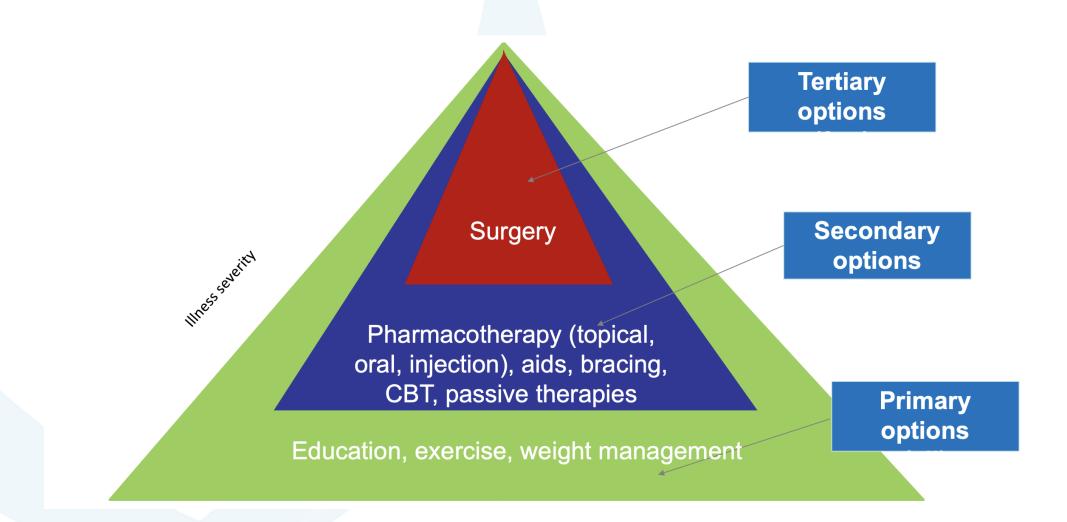
3. Stay positive







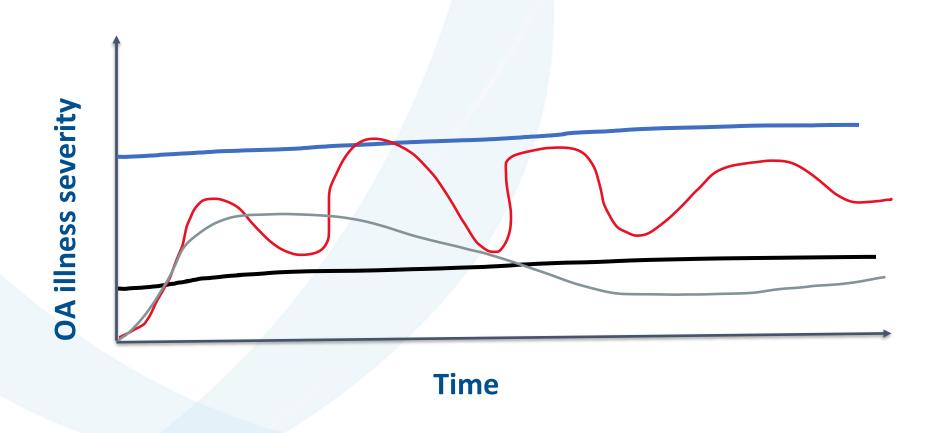
4. Find ways to engage in first-line (primary) measures





5. Advocate for yourself when necessary

People with OA have different illness experiences







Are there things that can be done to prevent osteoarthritis from progressing?

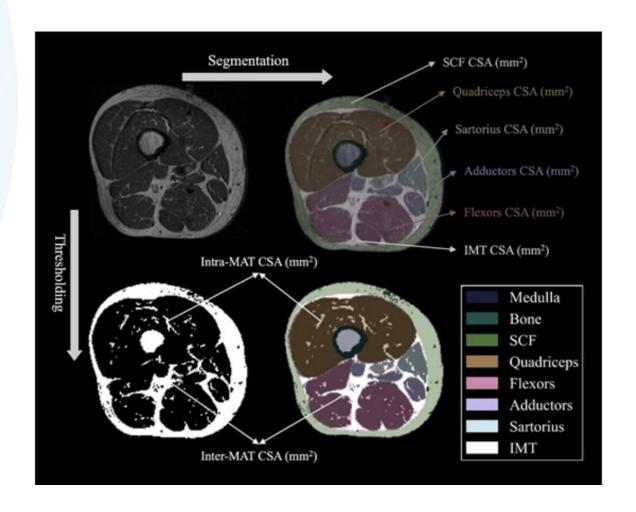




Preventing progression of osteoarthritis

Improve joint strength and stability

Having stronger muscles surrounding the joint may ↓ knee OA progression

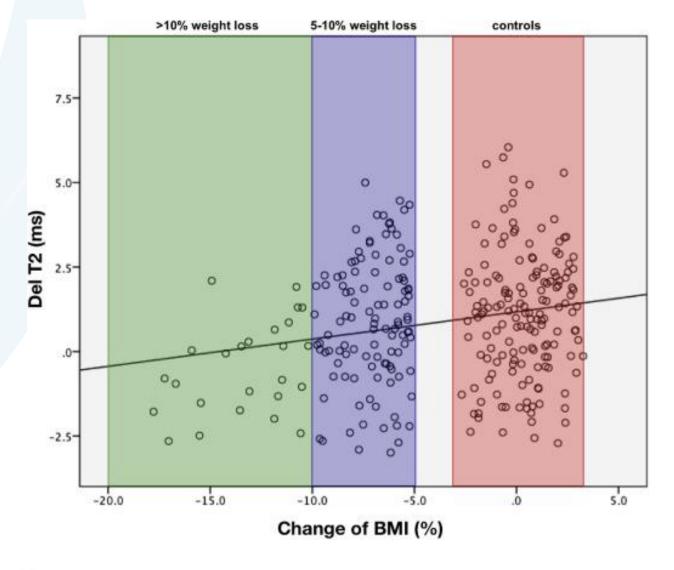




Preventing progression of osteoarthritis

Weight management

In people with overweight/obesity, weight loss association with \$\sqrt{k}\$ knee OA progression





Gersing AS, Solka M, Joseph GB, et al. Progression of cartilage degeneration and clinical symptoms in obese and over-weight individuals is dependent on the amount of weight loss: 48-month data from the Osteoarthritis Initiative. Osteoarthritis Cartilage 2016;24:1126-34.

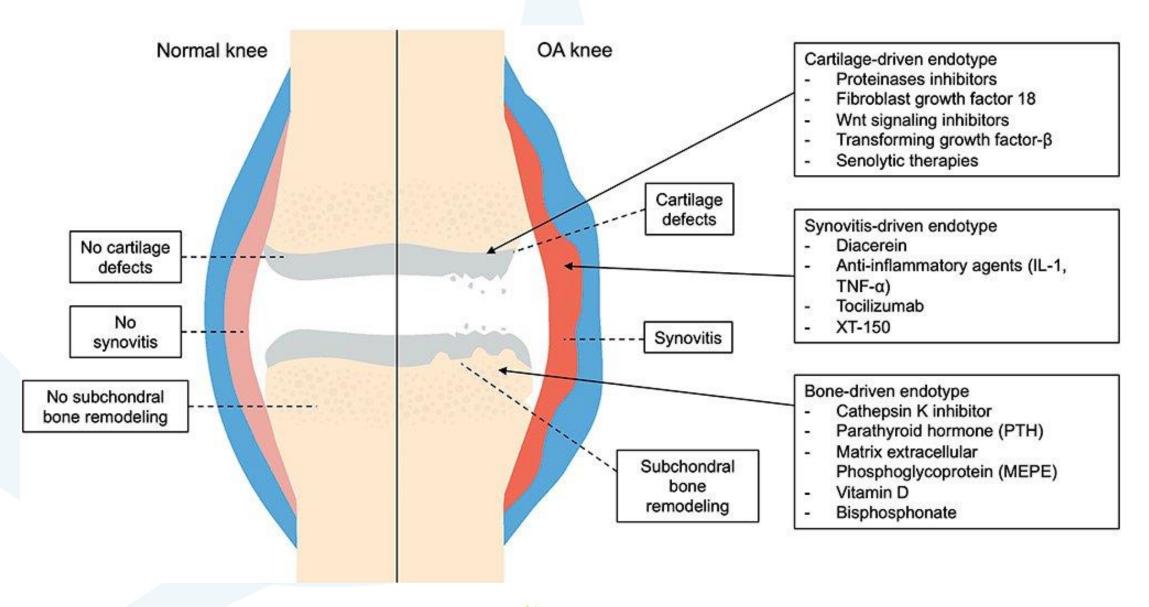


What excites you about the future of osteoarthritis treatment and care?



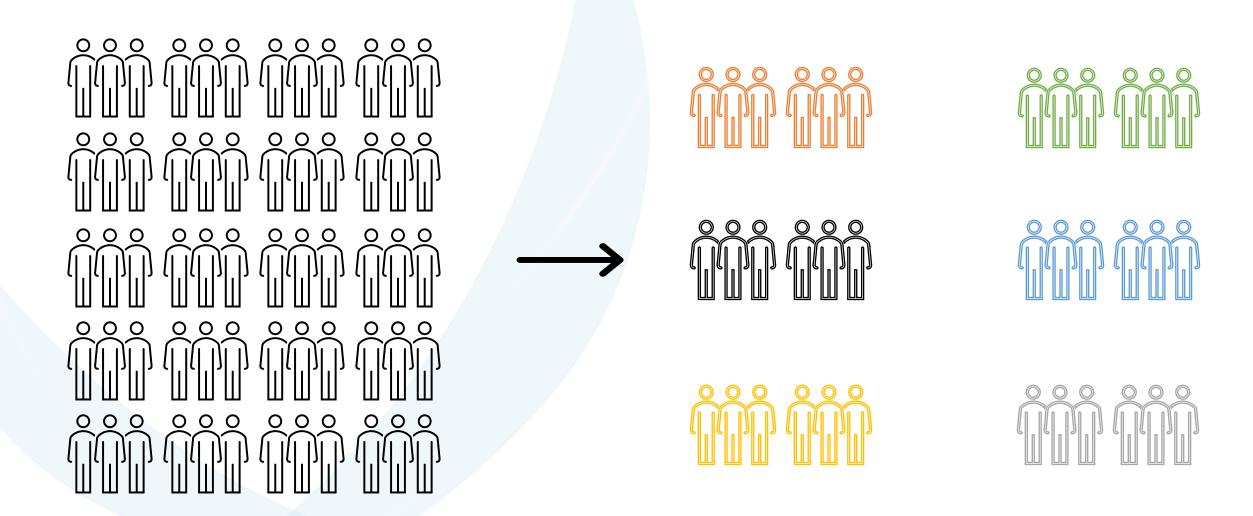


Osteoarthritis treatments on the horizon





Increasingly personalized approaches to OA care





Any final thoughts or recommendations?





You can live your best life with osteoarthritis!

- You can live a rich and fulfilling life with osteoarthritis
- There's lot you can do to manage joint symptoms
- Some treatments require effort, but worth it
- Your symptoms are NOT destined to get worse
- The minority go on to joint replacement surgery



Acknowledgements













Questions





Tell us what you think...





