



ARTHRITIS
TALKS

Catching inflammatory arthritis early:

Warning signs and next steps

March **25**, 2026



Presenters



Dr. Sian Bevan

Chief Science Officer
Arthritis Society Canada
(Moderator)

Toronto, Ontario



Dr. Liam O'Neil

Rheumatologist
Winnipeg, Manitoba



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 Arthritis Society Canada's chat moderator.
- If you have further issues, email arthritistalks@arthritis.ca

The image shows a webinar interface for Arthritis Society Canada. The main content area displays the organization's logo, which consists of a stylized yellow bird-like shape above the text "Arthritis SOCIETY CANADA". Below the logo are two dark buttons: "Q&A" with a speech bubble icon and "Chat" with a speech bubble icon. At the bottom of the interface, there is a "Leave" button in red. A yellow callout box at the top right points to a red icon in the top right corner of the interface, with the text "Click on the red icon to exit out of the Q&A or Chat". A yellow callout box at the bottom right points to the "Q&A" button, with the text "Click here to chat or to submit a question". A yellow callout box at the bottom left points to the "Audio Setting" icon, with the text "Click here to access your audio settings". On the right side, a white Q&A window is open, titled "Q&A", with the text "Welcome to Q&A" and "Questions you ask will show up here. Only host and panelists will be able to see all questions." Below this text is a text input field with the placeholder "Type your question here..."



Special thanks to our partners including:





**Introduction to
arthritis**



**Risk factors and
symptoms**



Early treatments



Q & A



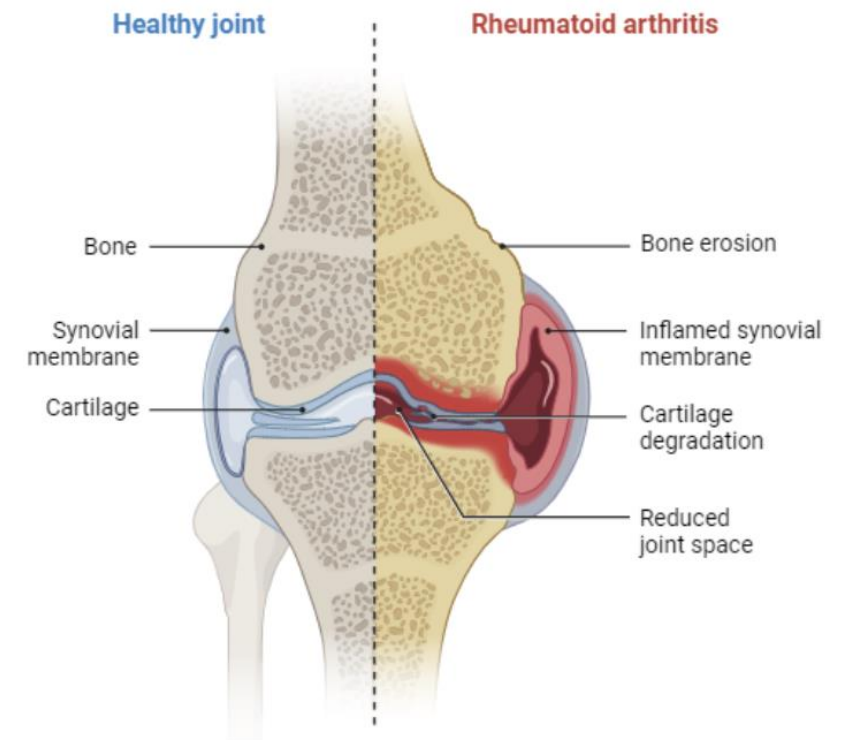


What is inflammatory arthritis?



Not all arthritis is the same

- Most people think of arthritis as "wear and tear" – the kind that comes with aging or an old injury. That's *osteoarthritis*, and it's very common
- *Inflammatory arthritis* is fundamentally different: it happens when the **immune system mistakenly attacks the joints**
- The most common form is **rheumatoid arthritis (RA)** – affecting about 1 in 100 adults
- Unlike osteoarthritis, RA can strike in your 30s, 40s, or 50s – and it affects women 2-3 times more often than men



What happens in rheumatoid arthritis?



- In RA, immune cells invade the **lining of the joint** (called the synovium), causing it to thicken and become inflamed
- Over time, this inflammation erodes cartilage and bone – leading to pain, deformity, and loss of function
- RA typically affects joints **symmetrically** – both hands, both wrists, both feet
- But RA isn't just a joint disease: it increases risk of cardiovascular disease and fatigue can be profound



What does rheumatoid arthritis feel like?

- **Joint swelling, warmth, and tenderness** – especially the small joints of the hands and feet
- **Morning stiffness lasting more than 60 minutes** – a hallmark symptom that helps distinguish RA from osteoarthritis
- **Fatigue** – often severe, and frequently underappreciated by physicians
- **Symptoms often come in flares**, with better periods in between – which can make early diagnosis tricky





What are the risk factors and early symptoms of inflammatory arthritis?



Who is most likely to develop rheumatoid arthritis?

- **Sex:** Women are 2-3 times more likely to develop RA than men
- **Family history:** Having a parent or sibling with RA meaningfully raises your risk
- **Age:** Most commonly diagnosed between ages 30 and 60 – but it can happen at any age
- **Genetics:** Certain inherited gene variants (particularly one called the "shared epitope") increase susceptibility – this is why RA clusters in families
- **Exposures:** smoking, pollution, occupational, diet, obesity
- **RA autoimmunity: highest risk**



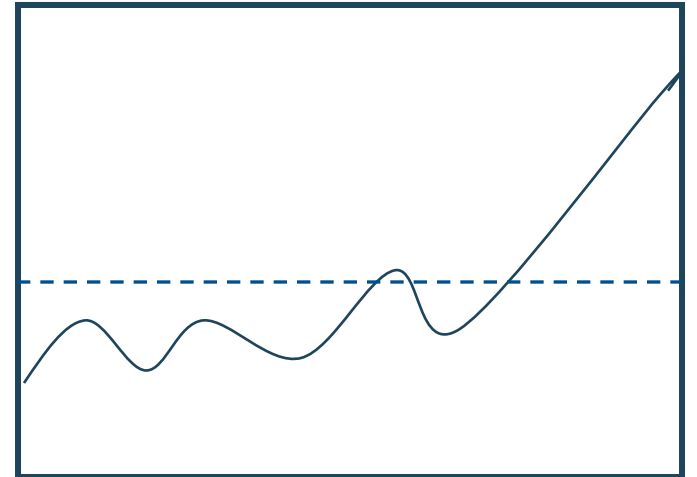
Modifiable risk factors - what can you change?

- **Smoking** is the single strongest modifiable risk factor – heavy smokers have **up to double the risk** of developing RA, and the risk is even higher if you have a family history
- **Obesity/high BMI** is associated with increased RA risk, particularly in women
- **Occupational exposures** – silica dust (mining, sandblasting), textile dust, and air pollution have all been linked to RA
- **Periodontal (gum) disease** – a surprising but well-established connection; the bacteria involved in gum disease can trigger the same immune responses seen in RA



Early warning signs

- **Persistent joint pain** or swelling lasting **more than 6 weeks**
- **Stiffness that is worst in the morning** and improves as you move around
- **Symmetrical symptoms** – same joints affected on both sides of the body
- **Unexplained fatigue** alongside joint complaints



These symptoms warrant a visit to your doctor. **Early detection** and **early treatment** dramatically change outcomes – **don't wait for the pain to become severe.**



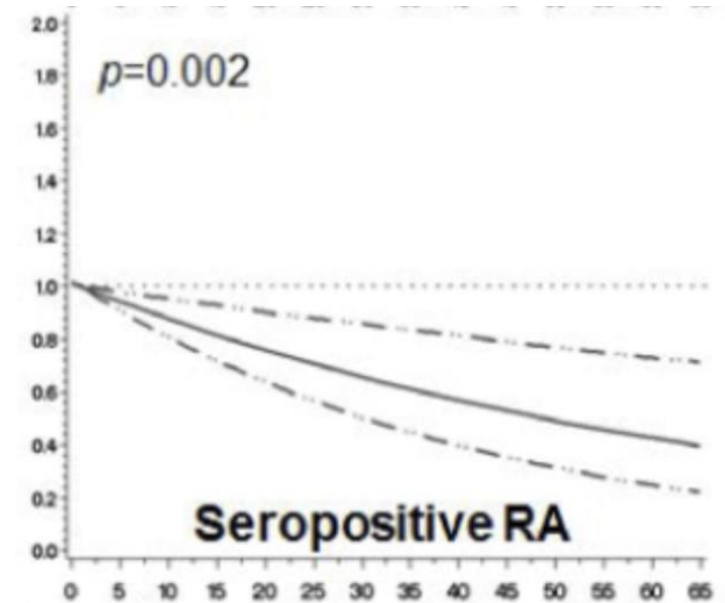


Can you lower your risk of arthritis or slow its progression?



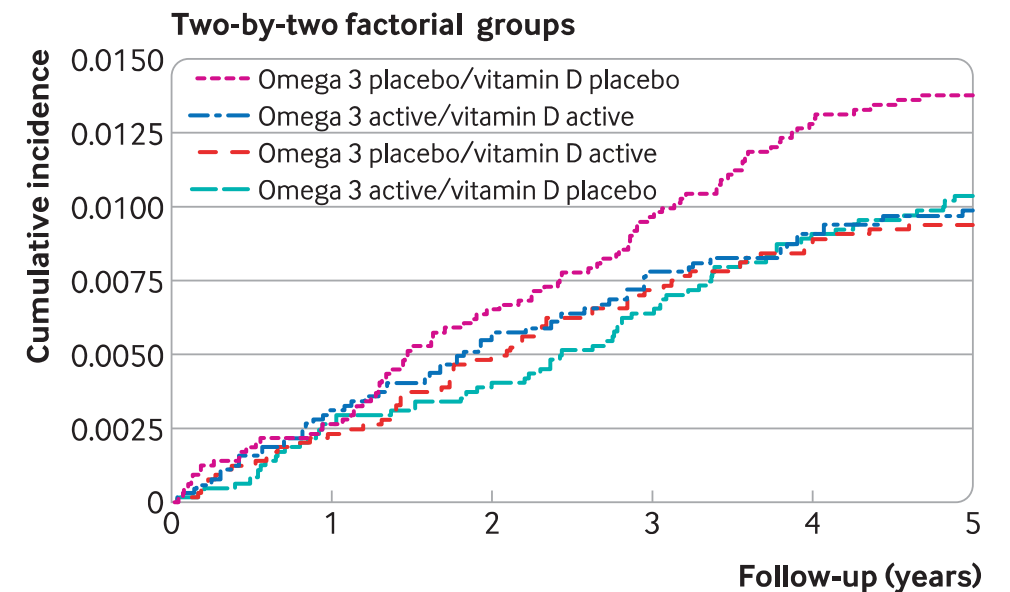
Quit smoking

- Quitting smoking reduces RA risk – in one large study, women who quit had a **40% reduction** in seropositive RA incidence
- If you already have RA: smoking cessation is associated with **lower disease activity** and reduced cardiovascular risk
- The risk from past smoking persists for years – which makes *when* you quit matter. The sooner, the better
- Resources are available: your doctor can help with nicotine replacement, medications, and counselling



Vitamin D and omega-3

- **VITAL** enrolled nearly **26,000 adults** to test whether vitamin D and omega-3 fatty acid supplements could prevent disease
- **Key finding for autoimmune disease:** When both supplements were taken together, the reduction was approximately **30%**
- **RA specifically:** the combination showed a striking 73% reduction in RA incidence (HR 0.27), though numbers were small – this is an area of active research



Know your risk

- If a parent or sibling has RA, **tell your doctor** – even if you feel completely well
- Most relatives of RA patients will never develop it, but your risk is elevated and your doctor should take joint symptoms more seriously
- Getting tested for ACPA can help you understand your risk**
- Early referral to a rheumatologist at the first sign of symptoms can make a significant difference
- In the future, screening programs (like blood tests for early immune markers) may help identify at-risk individuals even before any symptoms appear

First Nations
**Rheumatoid
Arthritis (RA)**
Auto-antibody
Detection study

You Are Invited!

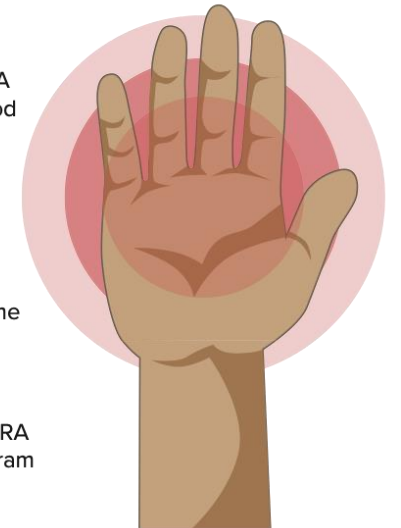


WHAT WE ARE LOOKING FOR

- To measure your risk of RA by using a fingerstick blood test you can do at home and mail back to us.

WHAT YOU WOULD GET

- Compensation for your time
- Your test results
- If you are at higher risk, a chance to participate in a RA prevention research program



TO SIGN UP OR ASK QUESTIONS:

scan →



or

e: RA.Research@umanitoba.ca
p: 204-787-8601

WHY WE'RE DOING THIS RESEARCH

02.02.23

RA is a lifelong disease that causes painful swelling and stiffness in the joints

First Nations people are at increased risk of developing **RA**

Our research is looking for ways to reduce the risk of getting **RA**





What early treatment options are available?



Non-pharmacologic approaches

- In 2022, the **American College of Rheumatology** published its first formal guideline on lifestyle interventions for RA
- **Exercise: strongly recommended** – the only lifestyle intervention with a *strong* (not just conditional) recommendation.
 - Any type! Walking, swimming, resistance training, yoga, Tai Chi
- **Physical therapy and occupational therapy** to preserve function and joint health
- **Mediterranean-style eating and weight management** are conditionally recommended alongside medications



Medications with a goal

- Modern RA treatment has transformed outcomes – **remission** (no active disease) is now a realistic target for most patients
- The approach is called "**treat to target**": set a clear goal, measure disease activity regularly, and adjust treatment until you reach it (similar to how we manage blood pressure or diabetes)
- **Getting there early is critical** – joint damage begins in the first weeks to months. The longer RA goes untreated, the harder it is to get under control
- **Disease modifying therapy**
 - **Methotrexate** – the cornerstone of RA treatment for 40+ years; taken once weekly, very effective, manageable side effects
 - **Biologics/JAKi's** – precise targeting of the immune pathways driving RA



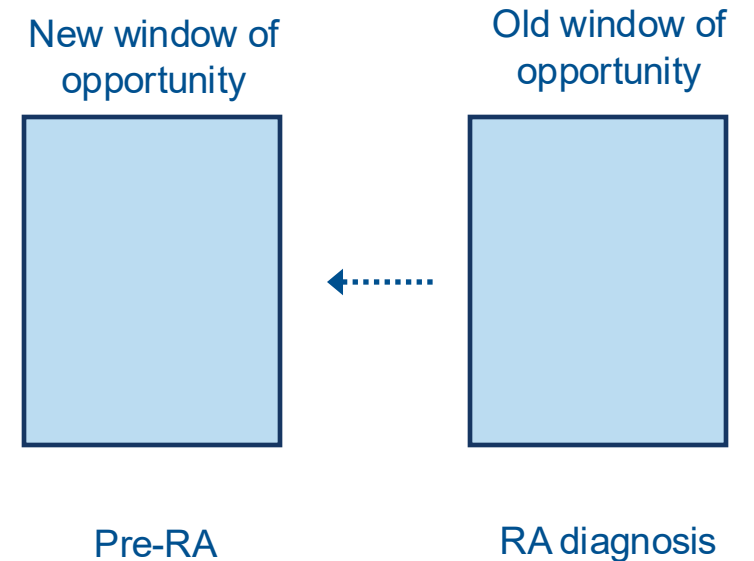


Q: What excites you about the future for those diagnosed with arthritis today?



Prevention of rheumatoid arthritis

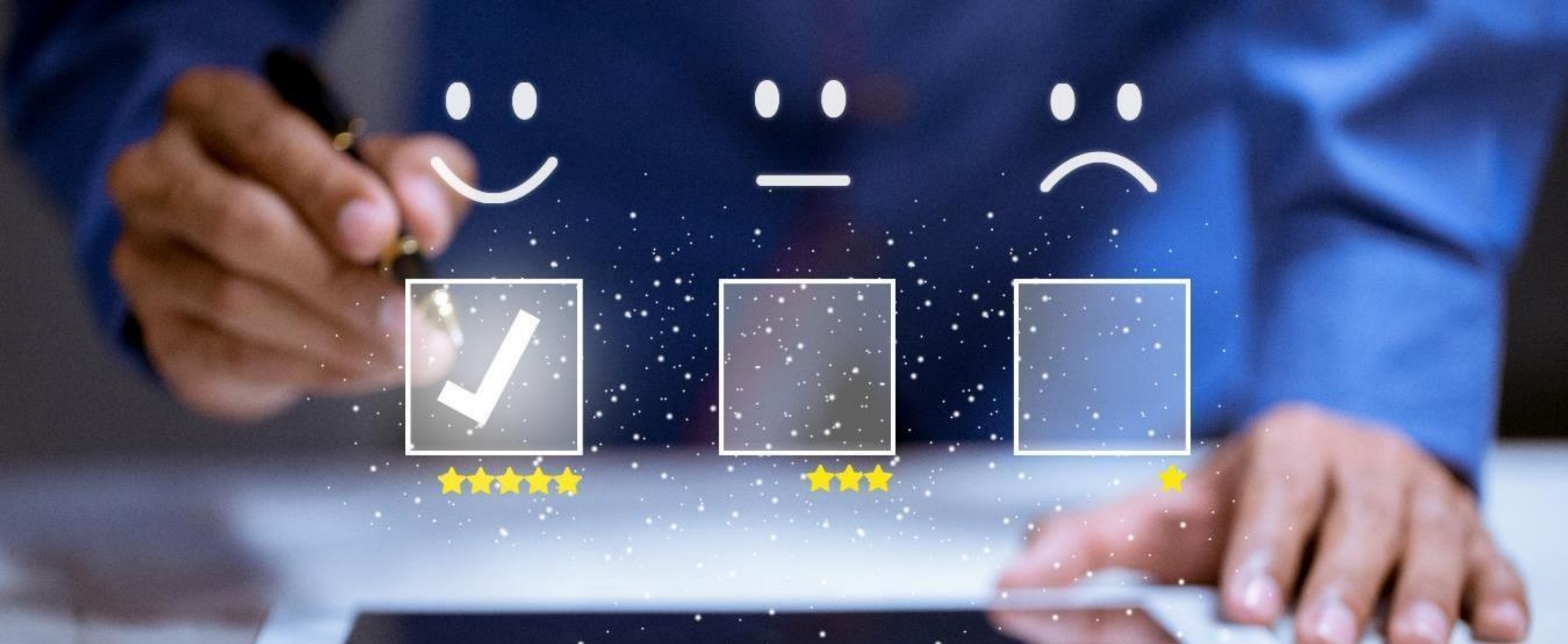
- We are entering an era where RA may be **prevented**, not just treated
- Researchers are developing screening tools to identify people at risk *before* they develop joint inflammation
- Clinical trials are testing whether lifestyle interventions or biologics can prevent RA in high-risk individuals





Questions





Tell us what you think...



**Donations power critical
research and programs
like Arthritis Talks**

**Text PAIN to 45678 to donate \$10
or visit arthritis.ca/donate**



Upcoming webinar



Hip surgery: What you need to know

with Dr. Amit Atrey

April 22, 2026



