

Making the Connection: Bones, Joints, & Patients

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Since 1948, The Arthritis Society has been working toward finding causes and cures for arthritis and to promote healthy living for those suffering from the disease. More than 4 million Canadians have arthritis and this number will continue to increase at a rate of 1 million per decade, at least until 2031. From a financial standpoint, this will have a large impact, considering the total cost of illness in Canada in 1993 was estimated at \$157 billion.

As a result of the increase, the World Health Organization has declared the period 2000 to 2010 the Bone and Joint Decade, signalling the need for a higher priority for musculoskeletal diseases in the scientific literature and in health care.

As one of the ways to meet the goals established by the Bone and Joint Decade, arthritis stakeholders have come together to create the Alliance for a Canadian Arthritis Program

(ACAP), with focus on access to care, research, and education. The mission of the ACAP is to improve the health of Canadians and the Canadian health-care system by reducing the impact of arthritis on the individual and society. This alliance will help ensure that people living with arthritis today have hope for the future.

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Already bringing hope to bone and joint disease sufferers are advances in state-of-the-art orthopedic surgery and rheumatology, as well as advances in pharmacology (such as the coxibs, the bisphosphonates, and the biologic agents). Bone and joint disease sufferers have also benefited from the newer techniques of imaging and surgery, where man-made materials replace diseased or damaged bone and cartilage.

As we move through the Bone and Joint Decade, new pharmaceutical agents will move

Table 1

Educational organizations of the Arthritis Society

Educational programs and services are offered by:

- The Arthritis Society Web site
- The Arthritis Information Line
- Public Forums
- The Arthritis Self-Management Program

These programs are well used and attended by people with arthritis and their caregivers country-wide.

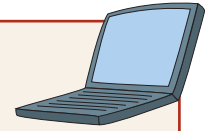
our level of expectation from control to possible prevention and cure. The human genome project will provide us with a better understanding of disease genes and of gene manipulation to prevent or treat specific diseases. Tissue engineering will allow real cells to replace man-made materials in joint repair or replacement.

As we are already witnessing, societal needs and limited resources will increase the need for disease management. The first examples of this have been the Concertation pour une Utilisation Raisonnée des Anti-inflammatoires dans le Traitement de l'Arthrose (CURATA) and the Recognizing Osteoporosis and its Consequences in Quebec (ROCQ) models of partnership in the better use of non-steroidal anti-inflammatories and the treatment of osteoporosis in Quebec.

As our research continues, a broader measurement of outcomes will include a relation to health and quality of life, as we continue to improve therapeutic choices.

Most importantly, with the Canadian Arthritis Bill of Rights and Responsibilities having been inaugurated this decade, patients will move into the limelight. Patients will ask for a redefinition of their role, becoming active participants in their

Surf your way to...



1. The Arthritis Society:
www.arthritis.ca
2. Rheumawire:
www.jointandbone.org
3. The Canadian Rheumatology Association:
www.cra-scr.ca

care, rather than passive recipients. Active patient roles now include decision-making and self-management, as well as help- and information-seeking (Table 1).

Patients are also becoming more involved in influencing health policy and the research agenda in a variety of ways, such as participating in Health Canada committees and peer-reviewed research programs.

From the perspective of arthritis patients, clinicians or researchers, this is indeed the Bone and Joint Decade, and one of the proudest and most significant periods in the history of rheumatology. 