

## **Unprecedented National Standards on Arthritis Prevention and Care Delivered to Federal and Provincial Health Ministers**

*Groundbreaking collaboration of more than 20 arthritis stakeholder organizations  
sets stage for national arthritis strategy*

OTTAWA, April 6, 2006 – A comprehensive coalition of patient, professional and industry groups today called upon federal and provincial health ministries to endorse its collective recommendations for national standards in arthritis prevention and care. The Alliance for the Canadian Arthritis Program (ACAP) developed 12 national standards from the landmark Summit on Standards in Arthritis Prevention and Care in late 2005, and has committed to working with governments to develop action plans to make the standards a reality. The standards detail the minimal acceptable levels for arthritis care and prevention irrespective of where someone resides.

“Four million Canadians, young and old, are living with arthritis, but where they live often has more impact on their treatment than how sick they are,” said ACAP Co-Chair Gordon Whitehead, a 30-year survivor of rheumatoid arthritis from British Columbia. “They wait far too long for necessary joint replacement surgery, and may not be able to get the medication they need. We must work towards acceptable and equal access to care and treatment. These national standards are the united vision of patients, health care providers, researchers and the pharmaceutical industry, and provide the blueprint for achieving that equality.”

### **Definitive national standards developed, prioritized**

The official report of the Summit on Standards for Arthritis Prevention and Care, outlining the 12 evidence- and consensus-based national standards and three provisional standards, as well as identifying critical unmet research needs, was delivered to health ministers at the federal, provincial and territorial levels today. ACAP members plan to meet with government officials to outline the recommended standards with the goal of developing a comprehensive national arthritis strategy that builds on provincial arthritis initiatives in development (or underway).

The report identifies three immediate priorities among the standards:

1. Every Canadian must be aware of arthritis.
2. All relevant health professionals must be able to perform a valid, standardized, age appropriate musculoskeletal screening assessment.
3. Every Canadian with arthritis must have timely and equal access to appropriate medications.

“By defining what is acceptable in arthritis prevention and care, we can work with our governments to implement concrete action plans to achieve these standards,” said ACAP Co-chair Dianne Mosher, a rheumatologist at Dalhousie University. “In fact, we are already hard at work on plans to address the three immediate priority standards. Our momentum is strong, and the continued involvement of our government partners will make sure the pressing issue of arthritis remains an important national focus.”

Along with the priority standards, ACAP identified nine other important standards:

1. Every Canadian with arthritis must have access to accurate information and education on arthritis that meets a defined set of criteria and are appropriate to their age and stage of disease.
2. Participation in social, leisure, education, community and work activities must be an integral measure used to evaluate outcomes by health professionals, educators, policy makers and researchers.
3. Every Canadian must be informed about the importance of achieving and maintaining a healthy body weight, and actively encouraged to engage in physical activity to prevent the onset and worsening of arthritis.
4. Inflammatory arthritis must be identified and treated appropriately within four weeks of seeing a health-care professional.
5. Health-care professionals must recognize osteoarthritis as a significant health issue and treat it according to current treatment guidelines.
6. Bone mineral density testing must be offered free to all women > 65 years, all men and women with low-trauma fracture after age 40, and every Canadian of any age with risk factors for osteoporosis, according to current prevention and treatment guidelines.
7. Post-approval evaluation of arthritis medications must be part of drug approval.
8. Patient preferences, including risk-benefit trade-offs, must be incorporated into regulatory-decision making and prescribing of arthritis medications.
9. Every Canadian requiring joint surgery must wait no longer than six months from the time the decision to have surgery is made by the patient and physician.

### **About arthritis**

Arthritis is the leading cause of deformity and long-term disability in Canada, and accounts for billions of dollars in direct and indirect costs. Arthritis comprises more than 100 different conditions and can affect people of all ages. A disproportionate number of off-reserve aboriginal Canadians are two-and-a-half times more likely to have arthritis than other Canadians. Access to arthritis treatment, along with availability of chronic illness self-management strategies, rehabilitation services and surgery varies widely by province. In addition, wait times for joint replacement and other orthopaedic surgeries has grown exponentially; nearly 30 per cent of patients in 2001 waited more than one year for a first knee replacement.

“It is very clear that the time is now to make changes to address the needs of those living with arthritis, as well as prepare for those who will have arthritis in the coming years,” said Dr. Cy Frank, Institute of Musculoskeletal Health and Arthritis, Canadian Institutes of Health Research. “As well as development of the arthritis standards, during the Summit we also laid out the unmet research areas that are critical for this disease. Continued research is crucial to achieving our goal of meeting the extraordinary needs of people living with arthritis both today and tomorrow.”

**About ACAP**

The Alliance for the Canadian Arthritis Program (ACAP), an umbrella group with membership from a wide cross-section of arthritis stakeholders, organized the Summit and is committed to following through on its recommendations. ACAP was formed two years ago when more than 20 groups joined together to effect change in the inequities that exist across Canada in arthritis prevention and care to help people with arthritis live better lives. For further information, visit the ACAP website at [www.arthritisalliance.ca](http://www.arthritisalliance.ca) .

ACAP member organizations supporting the needs of people with arthritis include Arthritis Community Research & Evaluation Unit, Arthritis Consumer Experts, Arthritis Health Professions Association, Arthritis Research Centre of Canada, Bone and Joint Decade, Canadian Arthritis Network, Canadian Arthritis Patient Alliance, Canadian Orthopaedic Association, Canadian Orthopaedic Foundation, Canadian Paediatric Rheumatology Association, Canadian Rheumatology Association, Cochrane Collaboration, Consumer Advisory Council of the Canadian Arthritis Network, Consumer Advisory Board of the Arthritis Research Centre of Canada, Institute of Musculoskeletal Health and Arthritis, Patient Partners in Arthritis and The Arthritis Society.

ACAP member companies supporting the needs of people with arthritis include Abbott Laboratories Inc., Amgen Canada Inc., Pfizer Canada Inc., Schering Canada Inc. and Wyeth Pharmaceuticals.

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The following members of ACAP are available for interviews:

Atlantic Canada:

**Dr. Dianne Mosher, ACAP Co-Chair**, Summit Co-Chair, rheumatologist  
Ms. Linda Wilhelm, Canadian Arthritis Patient Alliance, The Arthritis Society  
Ms. Mary Brachaniac, Canadian Arthritis Patient Alliance, The Arthritis Society

Quebec:

Dr. Michel Zummer, ACAP Steering Committee, rheumatologist  
M. Jean Legare, Patient Partners in Arthritis  
Dr. Gunnar Kraag, President, Canadian Rheumatology Association, rheumatologist

Ontario:

Dr. Gillian Hawker, Summit Co-Chair, rheumatologist/researcher  
Ms. Mary Kim, Canadian Arthritis Patient Alliance  
Mr. John Fleming, President and CEO, The Arthritis Society

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Manitoba:

Ms. Joyce Greene, Canadian Arthritis Network, Consumer Advisory Council

Alberta:

Dr. Cy Frank, Institute of Musculoskeletal Health and Arthritis, CIHR, orthopaedic surgeon/researcher

Ms. Lorena Totton, Canadian Arthritis Patient Alliance

British Columbia:

Dr. Diane Lacaille, rheumatologist/researcher

**Gordon Whitehead, ACAP Co-Chair**, Patient Partners, Consumer Advisory Board

Colleen Maloney, Canadian Arthritis Patient Alliance

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