

# active

## Volume 2 ■ Issue 3

■ Pioneering research on RA in Aboriginals

■ Bruce Clark and the Canadian Spondylitis Association

■ Abbott CHE: The Collaboration of SpA

■ Update on the Power of Movement

In this issue of **ACTIVE**, your rheumatology newsletter, you'll hear from a leading Canadian expert on RA in Aboriginals. Bruce Clark discusses the birth of the Canadian Spondylitis Association. Learn about Abbott's latest CHE program, The Collaboration of SpA, which takes a multidisciplinary approach to the assessment of spondyloarthritis patients. And find out how you can join the Power of Movement, an Abbott-sponsored yoga challenge to raise funds for arthritis research.



POWER of MOVEMENT™



# Spotlight on research

## University of Manitoba researcher looks at RA in First Nations

**R**heumatoid arthritis (RA) already presents a significant burden to sufferers at an individual level. Among First Nations, however, the weight of an RA diagnosis is more likely to also be shouldered by extended families and even entire communities.



The elevated frequency of RA in First Nations is something Dr. El-Gabalawy noticed early on in his own clinical practice. The phenomenon has been noted anecdotally by rheumatologists for generations. In the US, the National Institutes of Health began conducting studies of RA among the Pima, Chippewa and Yakima tribes in the 1960s and '70s. However, his research group was one of the first to spearhead investigation of Canada's First Nations.

"Six years ago, I secured an operating grant from the Canadian Institutes of Health Research to study the early identification of rheumatoid arthritis in First Nations, ongoing until 2013. We were given an opportunity to look at both genetic and environmental risk factors, thanks in part to the support of Aboriginal communities and influential leaders, who helped us obtain unprecedented access," says Dr. El-Gabalawy.

He is trying to address why RA incidence is so much higher in this community – double the rate of any other population – in addition to its onset being at least 10 years



Dr. Hani El-Gabalawy

"Arthritis is a common and severe illness among indigenous Canadians, with a high prevalence of familial clustering,"

says Dr. Hani El-Gabalawy, Professor in Medicine and Immunology, Endowed Rheumatology Research Chair.

earlier than among Caucasians. Unlike the normal course of disease in Caucasians, there is also a greater likelihood for RA in First Nations to affect large joints, such as the knees, elbows and shoulders, even in the absence of hand and foot-involvement. And, while RA is about 10 percent familial in most populations, there is a familial connection in 30 to 50 percent of First Nations with RA.

"We see a lot more clustering in families within Aboriginal populations compared to Caucasian populations, where RA is more sporadic. In First Nations communities, a third of individuals with a family history of rheumatic disease, but who are disease-free themselves, test positive for anti-cyclic citrullinated peptide (anti-CCP) and other RA-associated cytokines," he says.

Dr. El-Gabalawy believes that a substantial combination of risk factors are at work in Native populations, including a high prevalence of smoking, periodontal disease and HLA-DRB1, a human leukocyte antigen allele. Researchers suspect it may have conferred some protective mechanism

against infections in ancestral populations, which they believe may predispose present-day carriers toward autoimmune disorders.

His research to date has looked at pro-inflammatory cytokines and compared Aboriginal individuals with and without a family history of rheumatic illness against the Caucasian population. Upon testing, seemingly healthy individuals who had a family history of RA shared the same risk markers and looked more like the population with disease. Meanwhile, those without a family history of RA resembled the RA-free Caucasian population.

“These findings support the case for clustering of risk factors among affected families, with the implication that

He advises rheumatologists to take advantage of First Nations family- and community-orientation: “Try to meet with patients in a family or group setting. It will help with compliance and understanding, as well as getting the word out to family members who are potentially at risk.”

He also emphasizes the importance of finding out which community a patient comes from, and whether there are any leaders or nurse practitioners who could become treatment advocates. “If so, determine if they will need to be brought up to speed on the latest practices,” he says.

In terms of outreach, he highly recommends using community radio. “When we started out, we set up town hall meetings with various enticements, from food to



RA may be a familial issue, rather than an ethnic one,” he affirms. In the next round of research, his team will investigate the association in First Nations between autoimmunity and conditions such as cardiovascular disease, gum disease and diabetes.

Other important considerations are prevailing cultural perceptions: latent mistrust of Western medicine and reliance on traditional healing, coupled with an underlying attitude that being afflicted with a disease may simply be one’s lot in life. “Many factors are intertwined, and consequently, it takes many different approaches from the different researchers involved in this field to try to unravel it all,” says Dr. El-Gabalawy.

He argues that educational programs could be improved to help First Nations communities better understand RA and its treatment. At the same time, health care practitioners need to be sensitized toward these patients’ traditions and attitudes.

prominent speakers, but only four or five people would show up,” he says, adding that his team eventually learned that radio call-in shows were the most effective public forum, especially since they allow callers a level of anonymity.

Along with spreading the word among potential patients, Dr. El-Gabalawy recently presented new data in a panel discussion at a meeting of the American College of Rheumatology. His team has been collaborating with researchers in the US and Europe in a longitudinal study of pre-clinical risk factors of RA.

The ultimate goal of their investigations is RA prevention. “Our main considerations are how to develop a risk model for RA, like the one that exists for cardiovascular disease. Eventually, we hope to determine the best preventive treatment protocol – from smoking cessation to periodontal health to [management options].”

# Canadian Spondylitis Association



## Advancing SpA education and diagnosis in Canada



**S**pondyloarthritis (SpA) is a group of inflammatory diseases which includes ankylosing spondylitis (AS), psoriatic arthritis (PsA), reactive arthritis (ReA), and the arthropathies of Crohn's disease (CD) and ulcerative colitis (UC). Since it was founded in April 2006, the Canadian Spondylitis Association (CSA) has been at the forefront of disease education and advocacy. The CSA's mission is to be the leader in Canada providing support, education and advocacy for the SpA patient community.

However, the story of the CSA starts many years earlier, at least from the perspective of founding member Bruce Clark. A graduate of physiotherapy from the University of New Zealand, Clark immigrated to Canada in 1970 and began working with the Arthritis Society of Canada in 1972. From day one he took an interest in inflammatory arthritis, particularly that of the spine.

In the 1970s, SpA was not a well understood group of diseases and was often misdiagnosed: patients would see their family doctors complaining of back pain, but would often not be referred to a rheumatologist. The Arthritis Society itself was primarily focusing on the better-understood forms of arthritis: rheumatoid arthritis and osteoarthritis. Clearly there was an unmet need for more information about spondyloarthritis.

In BC, Clark met some like-minded individuals like Anne Riddick and Andrew Hobbs, patients suffering from significant AS, and rheumatologist Dr. Andrew Chalmers. Together, they founded the AS Association of BC. This newly formed organization held about four meetings a year to discuss different issues in the management of pain and disease.

Around the same time period, a similar movement to provide SpA patients support and education was taking root in Toronto. This organization also organized meetings about four times per year, and published newsletters summarizing the information from the meetings.

“People who suffered from AS would often come out of their doctor's office feeling like they were alone in the world,”

Clark recalled, “but sitting in on one of these meetings, seeing that you were not alone – it was very helpful to them.”

As time passed, it became evident that they could not operate in isolation any longer. It was time for a spondyloarthritis association to cover the country coast to coast. So, with the support of the Spondyloarthritis Research Consortium of Canada (SPARCC), a group of rheumatologists and scientists dedicated to significantly improving the outcomes for Canadians with SpA, Clark drew up a new constitution and outline for what such an organization might look like. Thus was born the CSA.

The CSA is active in British Columbia, Manitoba and Ontario and is looking for representatives for all other provinces. Membership is free, so visit [www.spondylitis.ca](http://www.spondylitis.ca) for more information on the CSA, as well as information on how to become a local representative. Together we can make a difference in the lives of patients with spondyloarthritis.

# The Collaboration of SpA: A multidisciplinary approach



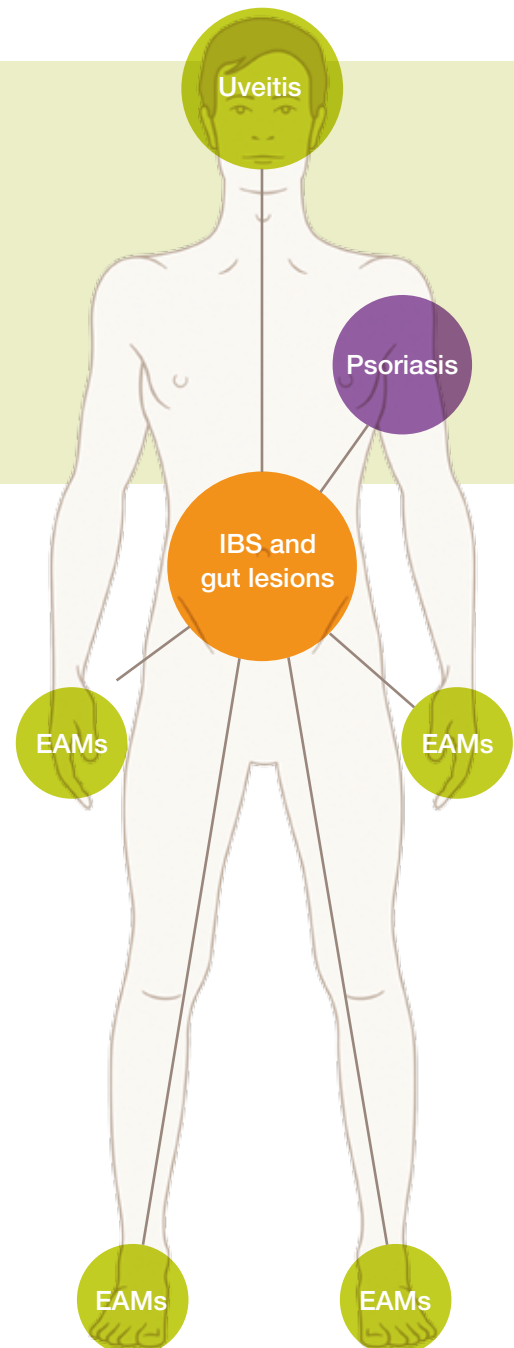
**A**bbott recently sponsored a CHE program on SpA, bringing in experts from four specialties, with the goal of enhancing patient outcomes through multidisciplinary collaboration.

The program built upon the shared knowledge of ophthalmologist Dr. Jean Deschênes, dermatologist Dr. Wayne Gulliver, gastroenterologist Dr. Subrata Ghosh and rheumatologist Dr. Proton Rahman. They discussed key topics in SpA treatment, including raising awareness of shared clinical manifestations, optimizing cross-specialty referrals and providing comprehensive management.

**Topics included an overview of SpA, followed by specialist and group presentations on the extra-articular manifestations of psoriasis, uveitis, irritable bowel disease and gut lesions.**

The program aims to facilitate dialogue, with a specific focus on effective patient management and the roles and responsibilities of each sub-specialty. Through effective collaboration and communication between the multidisciplinary team, patients may be able to obtain diagnosis and optimal, comprehensive management earlier than with an uncoordinated approach.

Ultimately, participants should take away a greater understanding of each specialty's challenges, and how they can work together for the greatest benefit for patients.



## Mark your calendar

Power of Movement will be taking place on March 4<sup>th</sup>, 2012, across Canada. Abbott is proud to be the presenting sponsor for a 4<sup>th</sup> year in a row.



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Check out  
[www.PowerOfMovement.ca](http://www.PowerOfMovement.ca)

to find the participating cities and learn how you, your colleagues and even your patients can help stretch this fundraising event even further!

Since 2005, Power of Movement has raised over **\$1 million in donations** towards beating arthritis and autoimmune conditions.



### Addendum:

We previously noted that Dr. Hani El-Gabalawy was Head of the Rheumatology division at the University of Manitoba.

His correct title is **Professor in Medicine and Immunology, Endowed Rheumatology Research Chair.**

Please note the **Head, Section of Rheumatology, is Dr. David Robinson.**

We hope you have enjoyed this edition of **ACTIVE**, Abbott's newsletter dedicated to the Canadian rheumatology community.

If you would like more information on any of the topics discussed, wish to contribute to a future issue, or simply want to give us your feedback, please contact [muriel.haraoui@abbott.com](mailto:muriel.haraoui@abbott.com).