

# The Leader-Post (Regina)

## Arthritis sufferer sees a need for treatment options

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Page: A4

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Byline: Pamela Cowan

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Illustrations: Colour Photo: Saskatoon StarPhoenix / Anne Dooley, who had a commercial pilot's licence prior to the onset of arthritis in her hands, displays one of the splints she wears.

Anne Dooley was a commercial pilot until rheumatoid arthritis grounded her. Late in her career, the disease began deforming the Saskatoon woman's hands and wrists, then her feet, ankles and knees.

"It was rheumatoid arthritis that kicked me out of the cockpit," said Dooley, whose doctor told her to take ibuprofen and put her feet up, but that didn't halt the pain or the disease's progression.

"The third time I went back, I said, 'I really need some help here.' I was going to be the mother of the groom in just three weeks. I had a wonderful dress but the only shoes I could get my feet into were worn-out runners without the laces," Dooley said. "We need physicians who are able to identify the various types of arthritis and are willing to send people to a rheumatologist."

The Class 1 flying instructor believes a variety of treatments must be available for arthritic patients because everyone responds differently. She maintains she wouldn't have needed three reconstructive surgeries if she'd received proper treatment.

"Biologics are different from what are known as disease-modifying anti-rheumatic drugs and it's not until you fail the standard DMARDs that most people make their way towards biologics -- biologics are very expensive, but if you don't treat something appropriately up front, then you pay for it down the road," Dooley said.

Saskatchewan covers a wide range of biologics except for ankylosing spondylitis, she said.

"We've urged the government to put these biologics on the formulary and Don McMorris, the new minister of health, wrote to me and said that people with ankylosing spondylitis deserve to be treated with best evidence medicine in the same fashion that people with rheumatoid arthritis or psoriatic arthritis so the province is revisiting the decision of the previous government," Dooley said.

In its national report card, Arthritis Consumer Experts (ACE) graded each province by assigning a score based upon the number of medications listed on the formulary, the number under review and the number of declined listings. Saskatchewan received a grade of C, which ranked fourth in the country. Quebec scored the highest with a B plus, followed by Ontario with a B and New Brunswick with a C plus. British Columbia, Manitoba, Prince Edward Island, the Northwest Territories and Nunavut received failing grades.

Although Health Canada has approved drugs for severe forms of arthritis that the Common Drug Review has deemed cost effective, the medications aren't uniformly available across Canada, said ACE president Cheryl Koehn.

Saskatchewan got credit for including five drugs for rheumatoid arthritis, but lost marks in the national report card for only covering two of three biologic drugs for psoriatic arthritis and none of the three drugs for ankylosing spondylitis.

"They're all relatively the same cost so what we're saying to government is, 'You can't be on two at a time, you can only be on one.' So there is absolutely no risk to the government to list the class," Koehn said. "All you're doing is preventing the physician from using the right one for the right person."

About one per cent of the population suffers from inflammatory arthritis, she said.

"But the frequency of inflammatory arthritis in aboriginal populations is higher. It's nearer five per cent and 18 per cent of the aboriginal population reports having some sort of arthritis," Koehn said.

One in 10 doctor visits are a result of arthritis or a major muscular skeletal problem, yet less than two per cent of research funds are directed towards the disease, said Dr. John Esdaile, the head of rheumatology at the University of British Columbia and the scientific director of the Arthritis Research Centre of Canada.

"The true cost of arthritis is estimated by the Canadian government at \$14 billion, which is completely out of line with the small percentage spent on understanding how to decrease the growing burden on our health-care system," Esdaile said.

Inflammatory arthritis slowly damages the joint, but early and aggressive treatment can reduce long-term disability and prolong life, he said.

"Inflammatory types of arthritis, depending on the type, doubles your risk of heart disease," Esdaile said.