Aboriginals struggle with arthritis

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Severe forms of arthritis are five times more common among aboriginal people than among the rest of Canada’s population.

According to age-adjusted figures from Statistics Canada’s 2000 Canadian Community Health Survey, five per cent of off-reserve aboriginal people are affected by severe auto-immune arthritis that restricts their ability to work or participate in the community, compared to one per cent for non-aboriginal people.

Cheryl Koehn of Vancouver-based Arthritis Consumer Experts, a national advocacy and educational group, says these numbers are even more surprising considering the median age of the aboriginal population is younger (27 years) than the general population (38 years), according to the Statistics Canada 2001 census.

Other studies suggest the prevalence is higher on reserves. The rates for all types of the disease range between two and 2.5 aboriginal arthritis-sufferers for every non-aboriginal.

Dr. Dianne Mosher, a rheumatologist at Dalhousie University, says genetics are at the core of the high rate. As many as 70 per cent of the aboriginal population carry a gene that is associated with rheumatoid arthritis.

The news comes as no surprise to Shelley Henderson, health director at Campbell River's Kwakwutl District Council health centre. The centre, which serves 10 tribal communities making up a population of about 3,000, assessed chronic conditions in the community in 1998 and found that arthritis topped the list.

“I thought diabetes and heart disease would have been way up there,” Henderson says, “but those are second and third.”

Many think of arthritis as an older person’s disease, but Henderson says many of the afflicted in her community are struck early in their prime.

Judith Atkin, home-care nurse with the Saanich First Nations Adult Care Society, describes the impact of arthritis as “huge.”

Annie Smith, a member of the Tsartlip nation in Saanich, was only 21 years old in 1982 when she woke up to find her fingers swollen, sore and unable to close.

“I couldn't get a grip on things,” Smith recalls. She had to leave her work as a cook and rely on her husband to mind their son.

Both Atkin and Henderson note aboriginal people face an added layer of challenges when it comes to coping with their condition.

Transportation to doctors and services is a major barrier for those living in more remote communities, but even for those closer to the city, especially when poverty and disability create challenges.

The formality of doctor visits intimidate aboriginal patients, Henderson says, although she adds this is common to all Canadians.

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