



Arthritis Talks: Women & Arthritis

Dr. Mary De Vera
Researcher
Vancouver, B.C.

October 6, 2022

Presenters



Dr. Siân Bevan

Chief Science Officer
Arthritis Society
(Moderator)



Dr. Mary De Vera

Researcher
Vancouver, British Columbia

Webinar tips

- ▼ Use the **Q&A** section to ask the presenters your questions. Some of the questions will be chosen for the live question period at the end of the webinar.
- ▼ Click on the **Chat** box to connect with other participants and the Arthritis Society's chat moderator.
- ▼ If you have further issues, email arthritistalks@arthritis.ca

The image shows a webinar interface for the Arthritis Society Canada. The main content area displays the organization's logo, which consists of a stylized yellow bird above the text "Arthritis SOCIETY CANADA". Below the logo are two buttons: "Q&A" and "Chat". At the bottom of the interface, there are icons for "Audio Settings", "Q&A", "Chat", and a red "Leave" button. A callout box on the left points to the "Audio Settings" icon with the text "Click here to access your audio settings". A callout box on the right points to the "Leave" button with the text "Click on the red icon to exit out of the Q&A or Chat". A separate window titled "Q&A" is shown on the right, containing a "Welcome to Q&A" message and a text input field labeled "Type your question here...". A callout box at the bottom right points to the "Q&A" button with the text "Click here to chat or to submit a question".

Click on the red icon to exit out of the Q&A or Chat

Click here to access your audio settings

Click here to chat or to submit a question

Overview

[1]

Why females are diagnosed more frequently than males



[2]

Navigating relationships and health considerations



[3]

Navigating life with arthritis



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What is the connection between arthritis and females? Why are females more likely to be diagnosed with arthritis than males?



First, let's talk about 'sex'.....and 'gender'



First, let's talk about 'sex'.....and 'gender'

GENDER
Socially-constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people.

SEX
Biological attributes of humans and animals, including physical features, chromosomes, gene expression, hormones and anatomy.

The infographic features a central yellow human silhouette. The left side (teal background) represents Gender with icons for social roles (bartender, waiter, group of people), clothing (boots, high heels, dress shoes), communication (speech bubbles), and symbols (scales, crown). The right side (dark grey background) represents Sex with icons for biological features (fetus, DNA, chemical structures, brain, lungs, heart, microscope, sperm, animal silhouettes) and symbols (male/female symbols).

What sex were you assigned at birth?

- Female
- Male
- Intersex

First, let's talk about 'sex'....and 'gender'

Which gender do you identify with?

- Woman
- Man
- Non-binary

GENDER

Socially-constructed roles, behaviours, expressions and identities of girls, women, boys, men and gender-diverse people.



SEX

Biological attributes of humans and animals, including physical features, chromosomes, gene expression, hormones and anatomy.



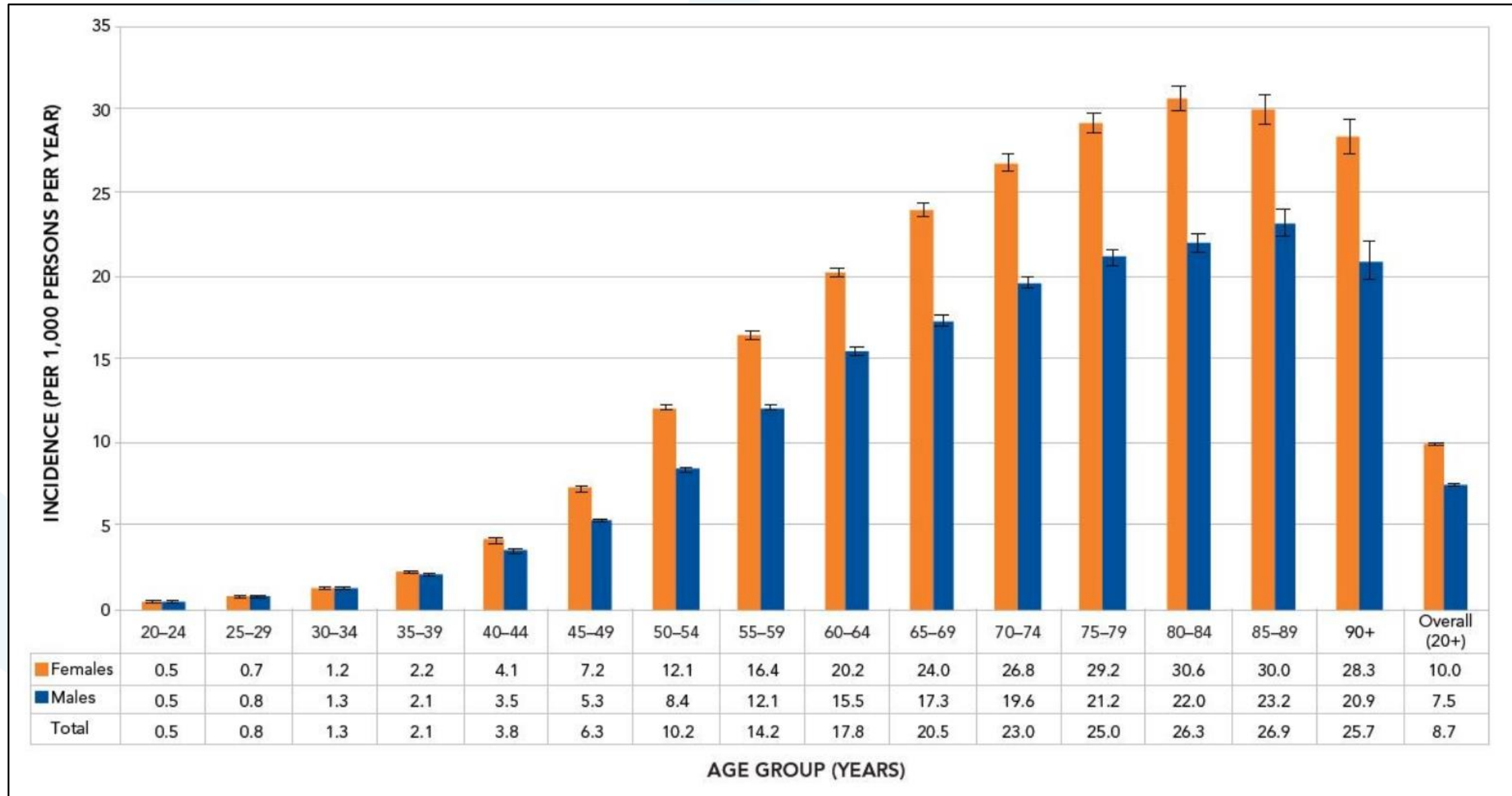
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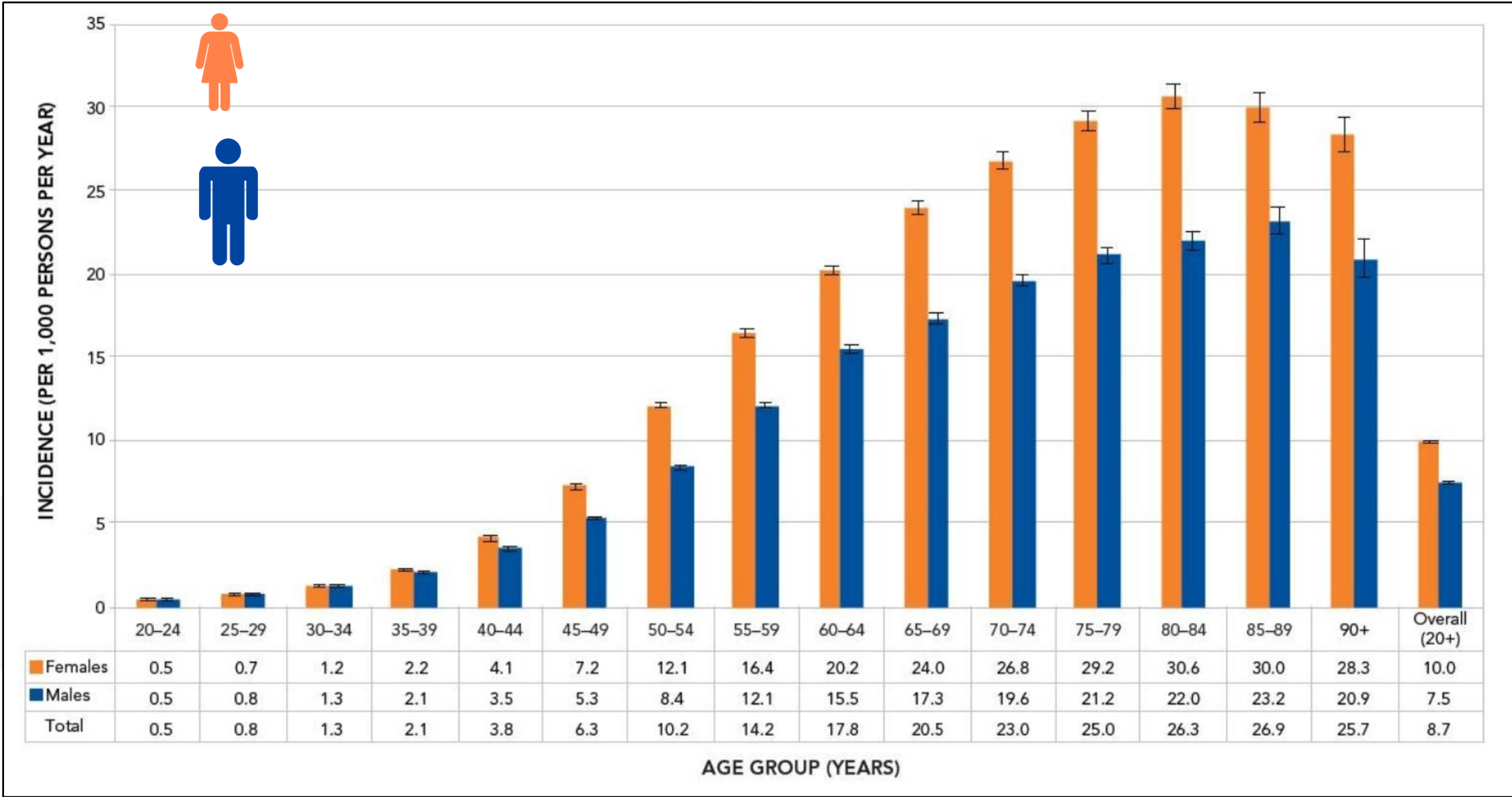
Sex and arthritis

- ▼ **Arthritis** refers to over 100 diseases characterized by inflammation in joints or other parts of the body
- ▼ **Many types of arthritis strike more commonly among females than males**

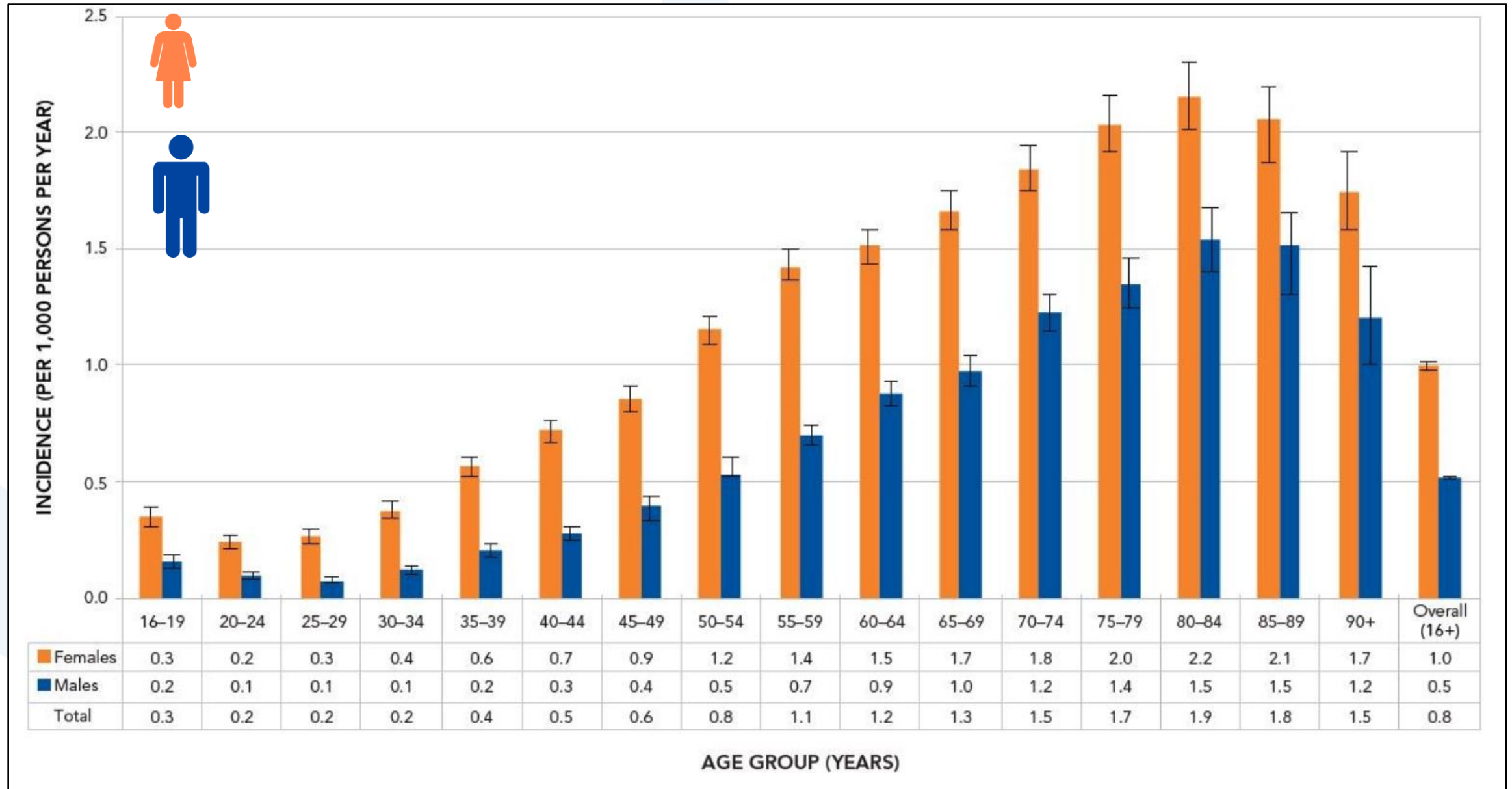
Osteoarthritis



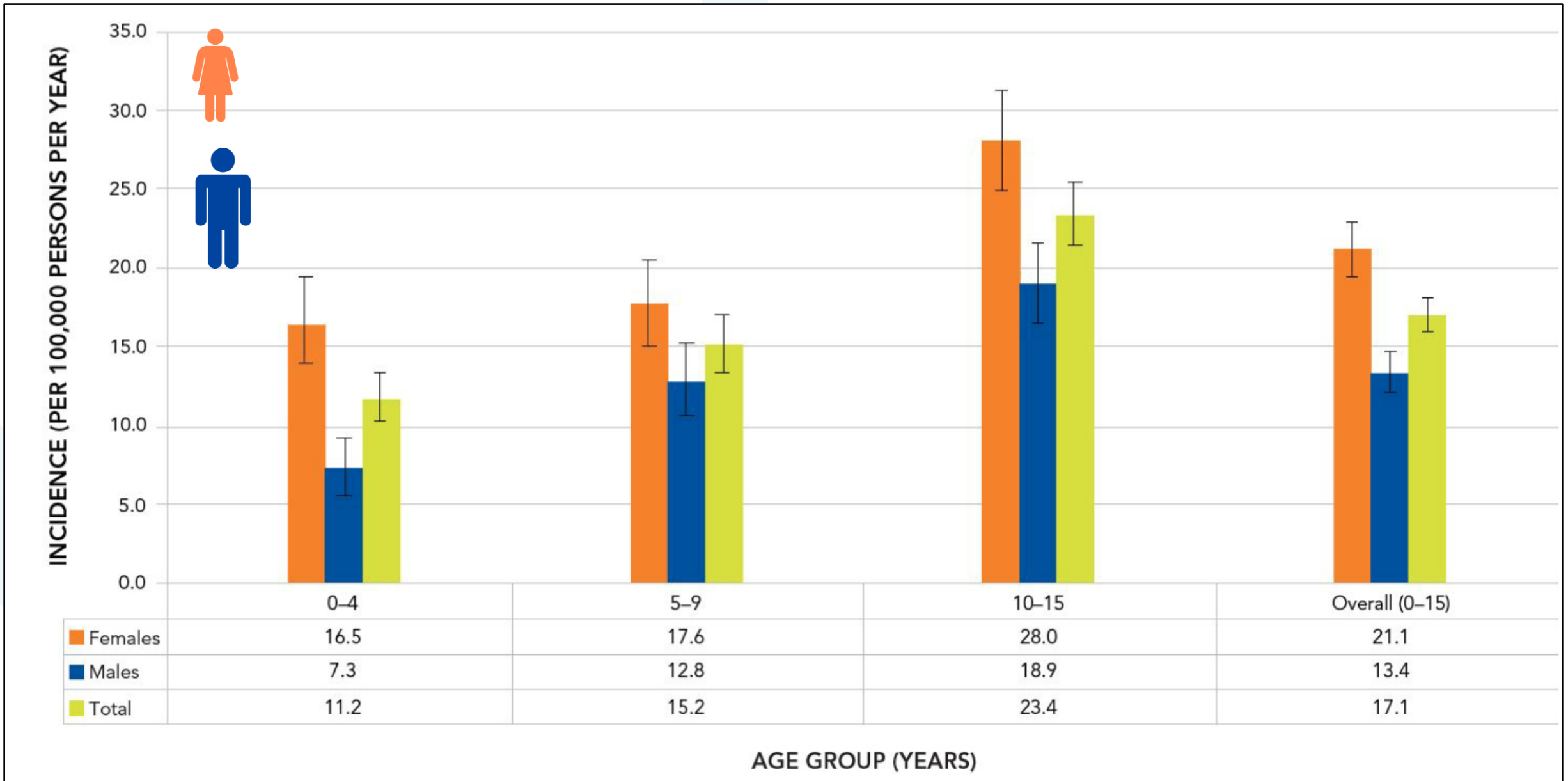
Osteoarthritis



Rheumatoid arthritis





Juvenile idiopathic arthritis



Sex and arthritis

- ▼ **Arthritis** refers to over 100 diseases characterized by inflammation in joints or other parts of the body
- ▼ **Many types of arthritis strike more commonly among females than males**

		
Osteoarthritis	~1.5	1
Juvenile idiopathic arthritis	~1.5	1
Rheumatoid arthritis	2	1
Lupus	9	1

Why

▼ Sex

- ▼ X-chromosomes

- ▼ Hormones

 - ▼ Menopause

 - ▼ Weight gain

▼ Gender?



How can I keep my relationship with my partner healthy when I am struggling with my arthritis?



Let's look at research



Let's look at research



 **frontiers**
in Psychology

ORIGINAL RESEARCH
published: 20 September 2018
doi: 10.3389/fpsyg.2018.01760



Spousal Support for Patients With Rheumatoid Arthritis: Getting the Wrong Kind Is a Pain

Jessie Pow¹, Ellen Stephenson¹, Mariët Hagedoorn² and Anita DeLongis^{1}*

What did they do...


29 couples

What did they do...

29 couples



telephone interviews: 2x per day for 1 week

1st: ~6 hours after waking up 

2nd: ~12 hours after waking up 

RA Patient

Pain

Support from spouse

Partner


Support to patient

What did they do...

29 couples



telephone interviews: 2x per day for 1 week

1st: ~6 hours after waking up 

2nd: ~12 hours after waking up 

RA Patient

Pain

Support from spouse

Partner

Support to patient

Types of support

Esteem/Emotional: Conveying that recipient is loved, valued, accepted

Solicitous: Conveying concern for recipient

Negative: Being critical of OR avoiding recipient

What did they find...

Types of support

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What did they find...

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Negative: Being critical of OR avoiding recipient

Partner
Support



Patient
PM Pain

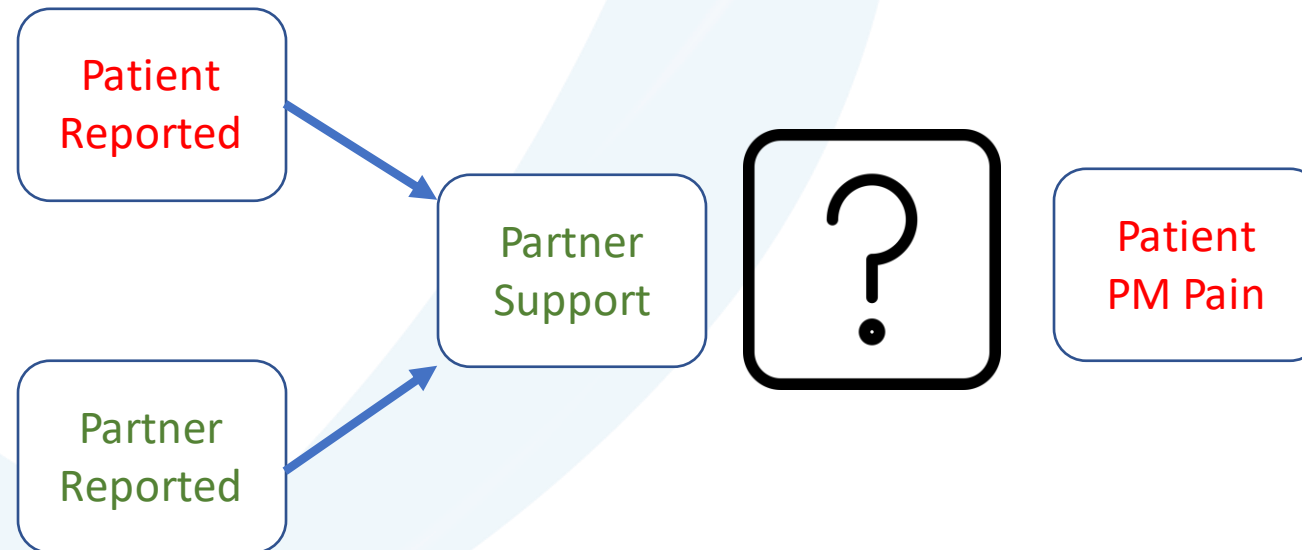
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- ↓ patient PM pain with ↑ esteem/emotional support (*reported by partner*) in the AM

What did they find...

Types of support

Esteem/Emotional: Conveying that recipient is loved, valued, accepted

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Negative: Being critical of OR avoiding recipient

- ↓ **patient** PM pain with ↑ esteem/emotional support (*reported by partner*) in the AM
- ↑ **patient** PM pain with negative partner support (*reported by patient*) and solicitous partner support (*reported by partner*) in the AM

What did they find...

Types of support

Esteem/Emotional: Conveying that recipient is loved, valued, accepted

Solicitous: Conveying concern for recipient

Negative: Being critical of OR avoiding recipient

- ↓ **patient** PM pain with ↑ esteem/emotional support (*reported by partner*) in the AM
- ↑ **patient** PM pain with negative partner support (*reported by patient*) and solicitous partner support (*reported by partner*) in the AM
- Higher levels of **patient** pain may lead **partners** to increase solicitous support mobilization to **patient**

Partners need support too...

- ▼ Partners of patients experiencing pain (including those with arthritis):
 - ▼ Report greater number of medical conditions (e.g. high blood pressure, heart disease)
 - ▼ Poorer sleep quality
 - ▼ Greater distress
 - ▼ Higher responsibility at home (e.g. household duties)
 - ▼ Higher responsibility outside home (e.g. increase financial responsibilities)

Q

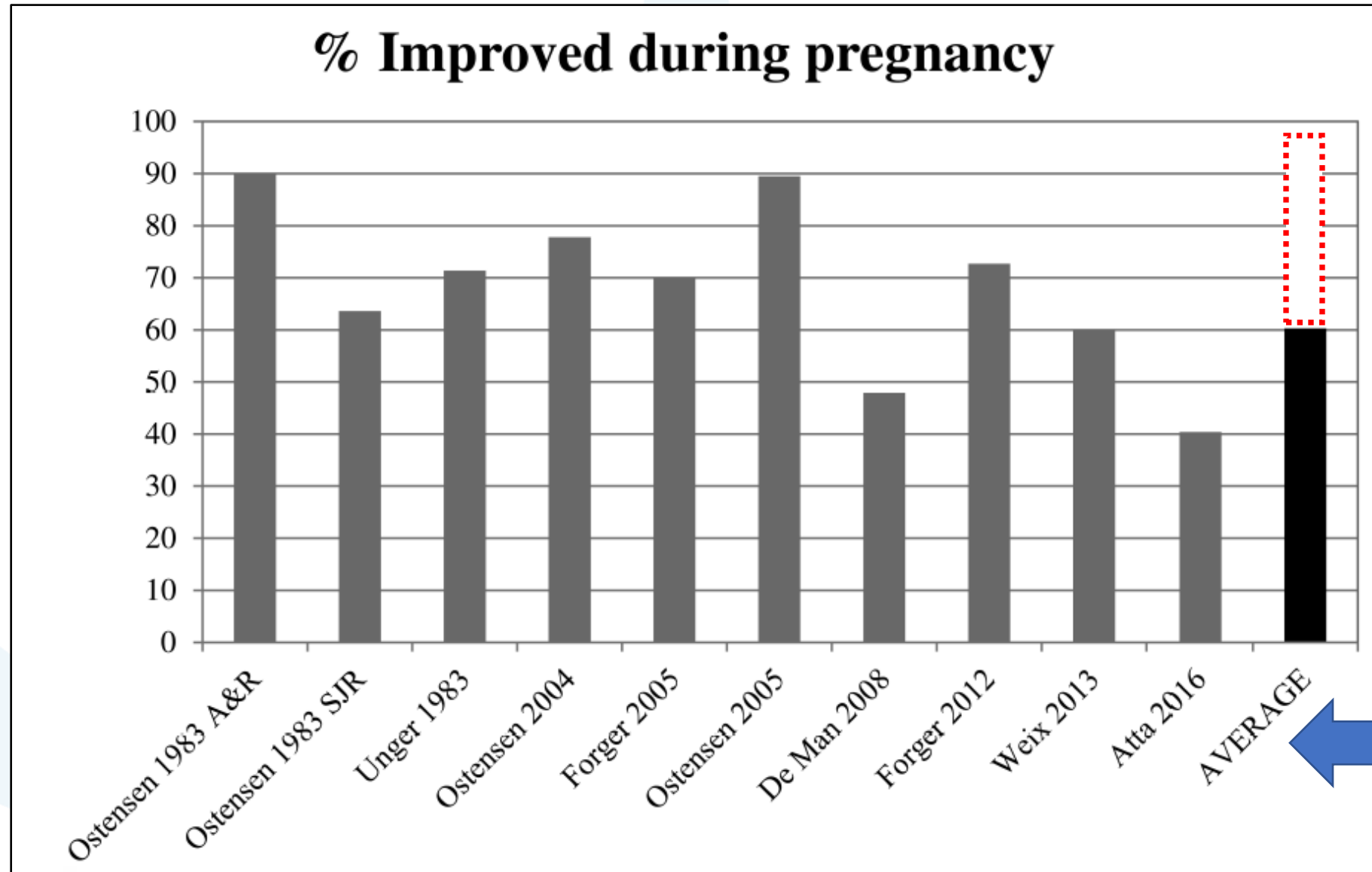
I am thinking about starting a family. What do I need to know about pregnancy and childbirth?



To know:

- ▼ Understand the role of disease activity
- ▼ Be reassured that we now more about impacts of arthritis medications during pregnancy
- ▼ Involve your provider(s) before and during pregnancy
- ▼ Call on your 'village' to support you

Disease activity during pregnancy in rheumatoid arthritis



Role of disease activity

- ▼ Disease activity associated with adverse reproductive health outcomes of both **mother** and **baby**
- ▼ Including:
 - ▼ Gestational hypertension
 - ▼ Pre-eclampsia
 - ▼ Pre-term delivery
 - ▼ Small-for-gestational age

More information

Status of Reproductive Health in Rheumatic Diseases



More information

Talking with my Healthcare Provider

Managing Daily Life

Research

Medications & Treatments

Advocacy & Policy

Pregnancy and Parenting with Arthritis: A Resource for Patients by Patients

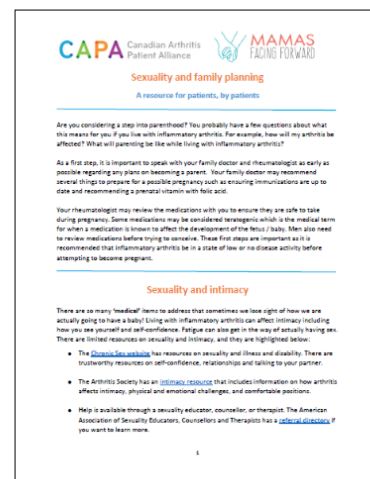
Are you contemplating a step into parenthood and also live with inflammatory arthritis? Start with these resources written for patients by patients with arthritis. We've learned through our own personal trials and tribulations and want to pay it forward. This resource has been co-developed with [Mamas Facing Forward](#), who help moms and moms-to-be living with chronic illnesses embrace the unique challenges they face and learn to find strength from them. It has also been reviewed by [CAPA Medical Advisory Committee](#) and two leading health care professionals and researchers in the field of reproductive issues, parenting and rheumatic disease: [Dr. Mary De Vera](#) and [Dr. Catherine Backman](#). Read these resources and get informed!

Pregnancy, Birth and Beyond



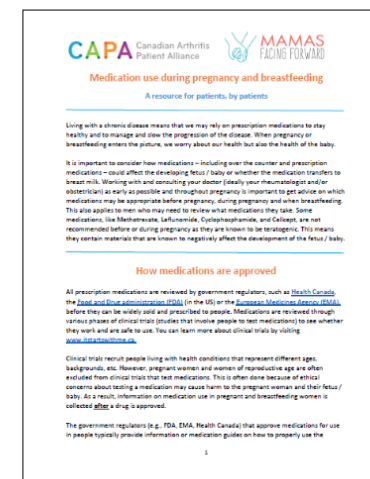
Download

Sexuality and Family Planning



Download

Medication Use during Pregnancy



Download

Supportive communities



BABY

Featured Blogger: Tips for Coping with a Newborn and Fibromyalgia (Chronic Pain and Chronic Fatigue)

SEPTEMBER 1, 2022



3 Tips for Achieving Big Life Goals While Living with Chronic Illness

AUGUST 11, 2022



Mama Knows Best: Entertaining Toddlers When You Don't Feel Well

MARCH 14, 2022



Top 10 Tips for Lupus Pregnancy Planning and Success

JANUARY 15, 2022



10 Tried and Tested Tips for Thriving as a Single Parent with Chronic Illness

APRIL 2, 2021

Involving providers: Sneak peek of our research...



Involving providers: Sneak peek of our research...



Pregnancy and Rheumatic Diseases Clinic (PReDICT) Director/Principal Investigator: Dr. Neda Amiri

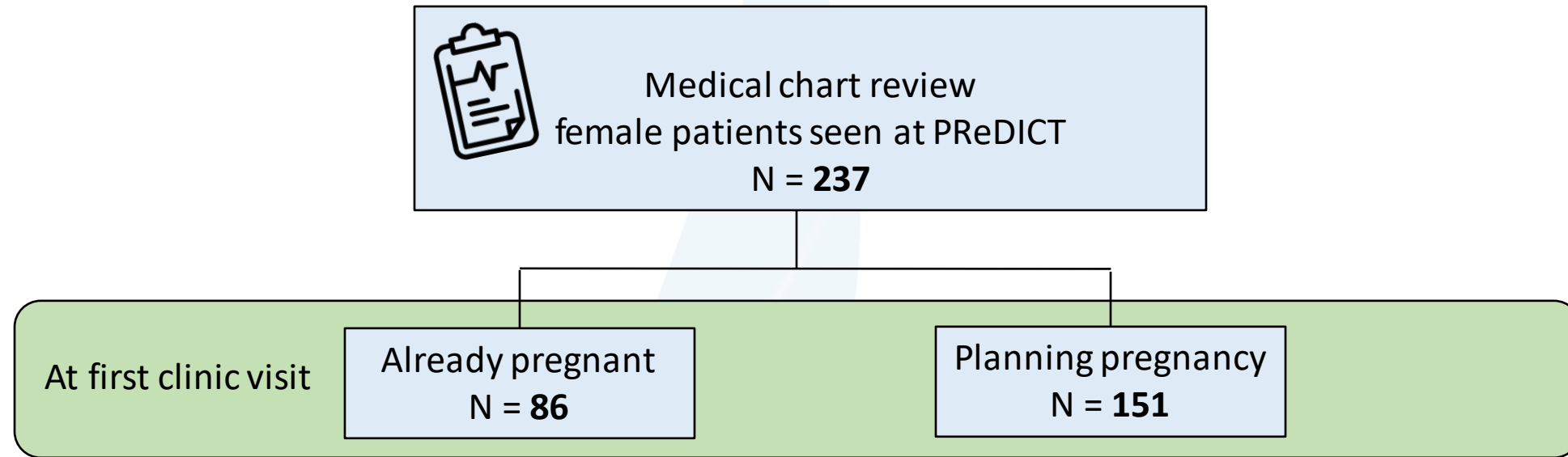
- counselling
- medication review
- prior to and during pregnancy
- for females/males with rheumatic diseases

Involving providers: Exclusive research preview

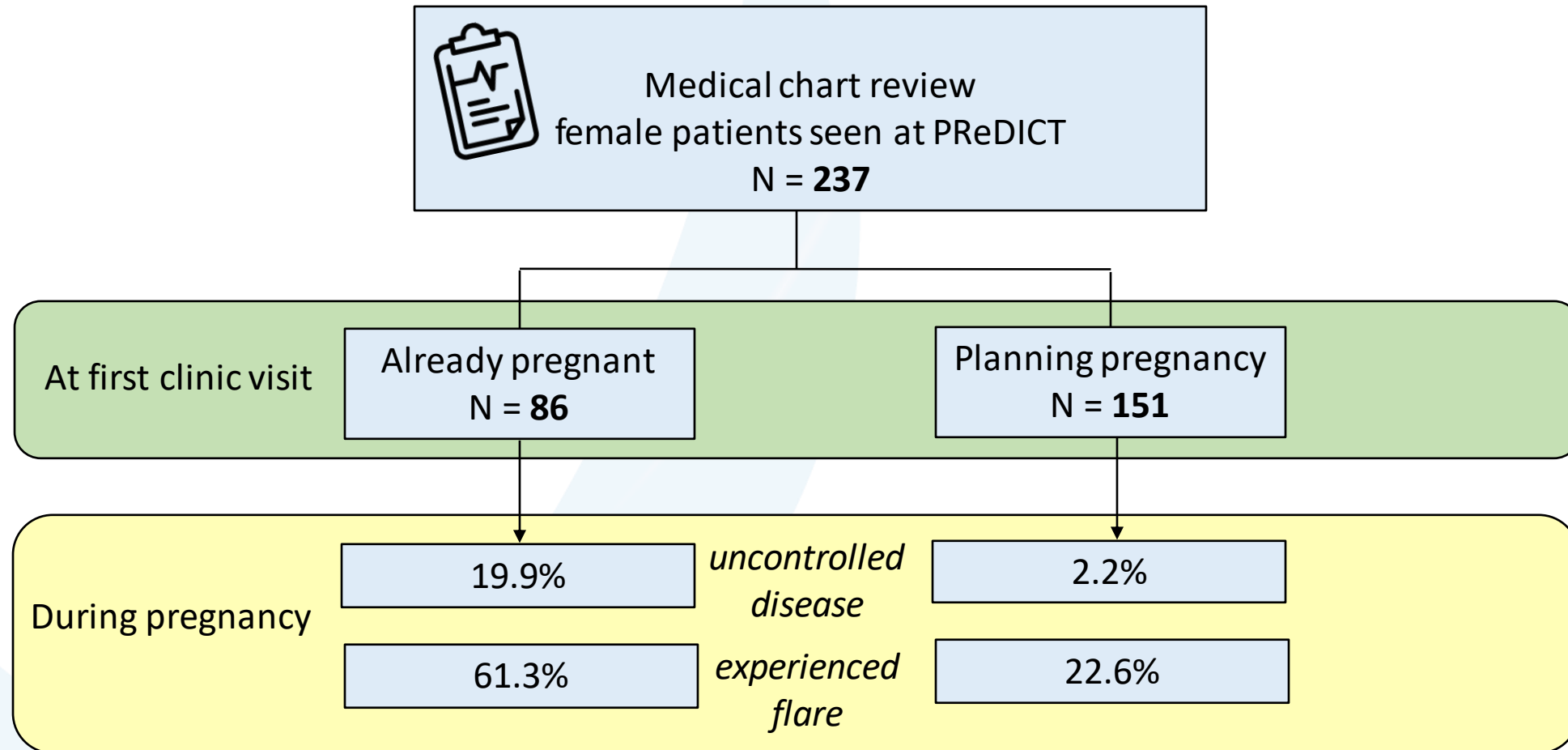


Medical chart review
female patients seen at PReDICT
N = **237**

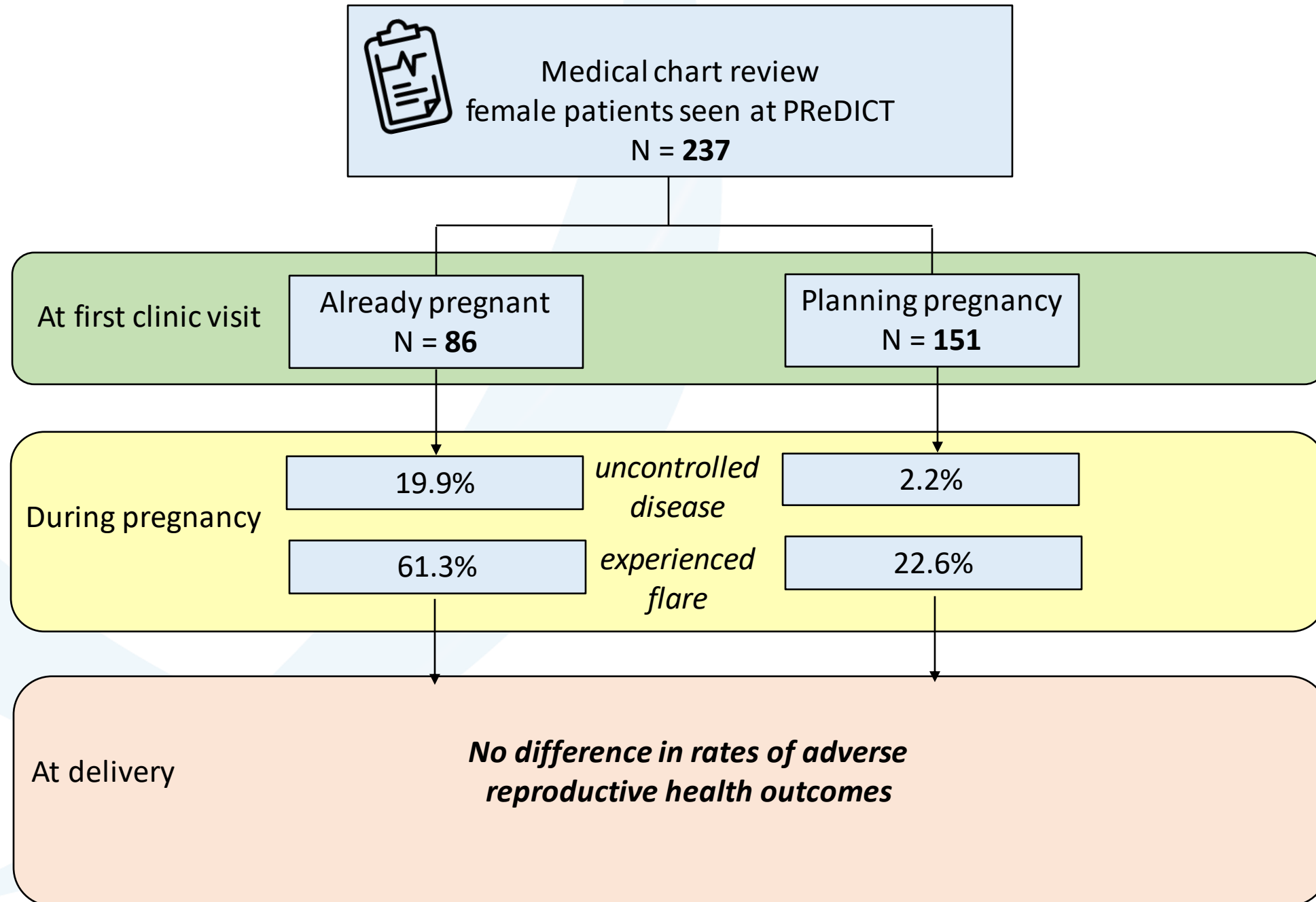
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Calling on your 'village'



JOURNAL OF WOMEN'S HEALTH
Mary Ann Liebert, Inc. publishers

Journals Search Alerts

[J Womens Health \(Larchmt\)](#). 2016 Jul 1; 25(7): 672–679. PMCID: PMC4985003
doi: [10.1089/jwh.2015.5462](https://doi.org/10.1089/jwh.2015.5462) PMID: [26828630](https://pubmed.ncbi.nlm.nih.gov/26828630/)

The Influence of Antenatal Partner Support on Pregnancy Outcomes

[Erika R. Cheng](#), PhD, MPA,¹ [Sheryl L. Rifas-Shiman](#), MPH,² [Meghan E. Perkins](#), MPH,³ [Janet Wilson Rich-Edwards](#), ScD, MPH,^{4,5} [Matthew W. Gillman](#), MD, SM,² [Rosalind Wright](#), MD, MPH,^{6,*} and [Elsie M. Taveras](#), MD, MPH^{3,*}

J Womens Hea

- ▼ N = **2,641** females in U.S. (Boston area)
- ▼ Participants asked about partner support

	Strongly disagree		Strongly agree	
	0	1	2	3
I can count on my partner for financial assistance should I need it				
My partner is affectionate toward me				
My partner will help a lot when baby comes				
My partner understands how I am feeling				
I can count on my partner to be there when I need him/her				

Calling on your 'village'



JOURNAL OF WOMEN'S HEALTH

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- ▼ Low partner support associated with
 - ▼ Up to 90% higher risk of antenatal anxiety
 - ▼ Up to 3-fold (300%) risk of antenatal depression


Our own research

RHEUMATOLOGY ADVANCES IN PRACTICE

Rheumatology Advances in Practice 2021;0:1–9
doi:10.1093/rap/rkab040
Advance Access Publication 21 June 2021

Original article

Partners of female patients with rheumatoid arthritis and reproductive decision-making: a constructivist grounded theory study

**Ria Garg^{1,2}, Nevena Rebić^{1,2,3}, Neda Amiri^{3,4}, Glen Hazlewood^{2,5},
Corisande Baldwin⁴, Stephanie Ensworth⁴, Laurie Proulx⁶ and
Mary A. De Vera  ^{1,2,3}**



How can I be the best parent/grandparent when I am struggling to manage my disease?



Research on this topic

1999

ELSEVIER

Patient Education and Counseling 37 (1999) 141–151

PATIENT EDUCATION
AND COUNSELING

Does arthritis influence perceived ability to fulfill
a parenting role?

Perceptions of mothers, fathers and grandparents

Julie H. Barlow*, Lesley A. Cullen, Nadine E. Foster, Karen Harrison, Mary Wade

Research on this topic

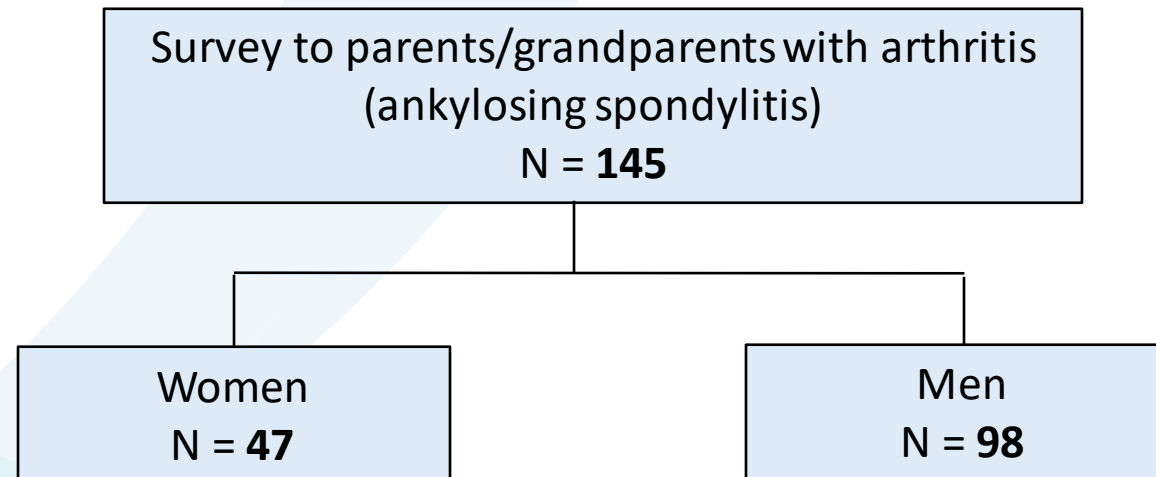
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MOTHERS

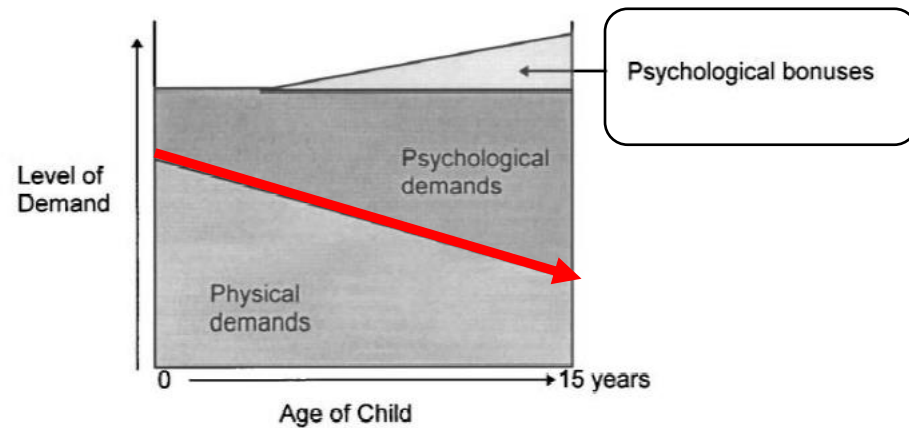


Fig. 1. Model of physical and psychological demand experienced by mothers with arthritis.

Research on this topic



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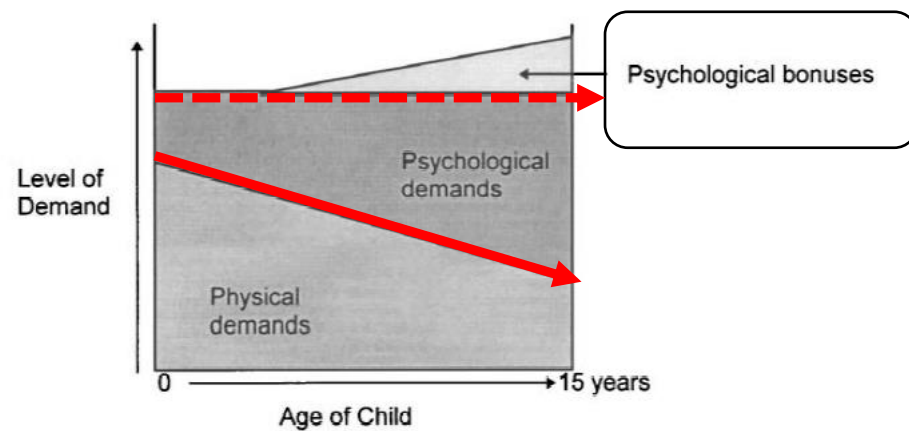



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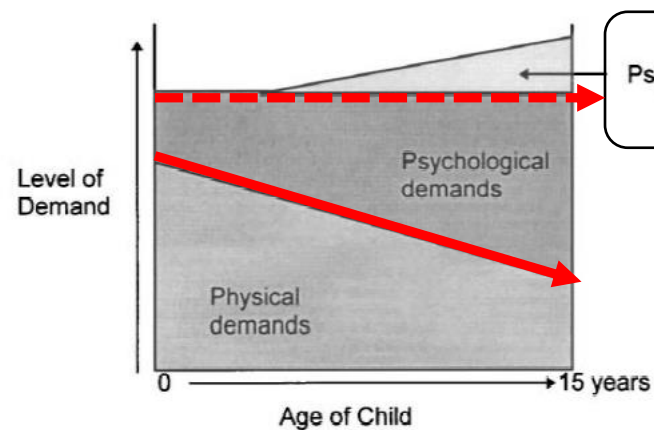
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MOTHERS



“Mothers proudly described their own children as more independent, caring and sensitive to the needs of disabled people than other children and considered that these feature had arisen from their children’s experience of living with a parent with arthritis. Additionally, some mothers believed that they were able to spend more time with their children because they had arthritis”.

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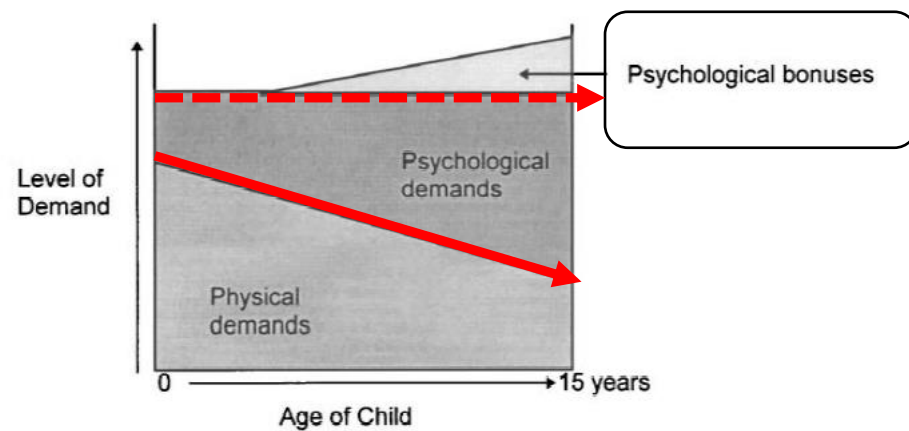


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FATHERS

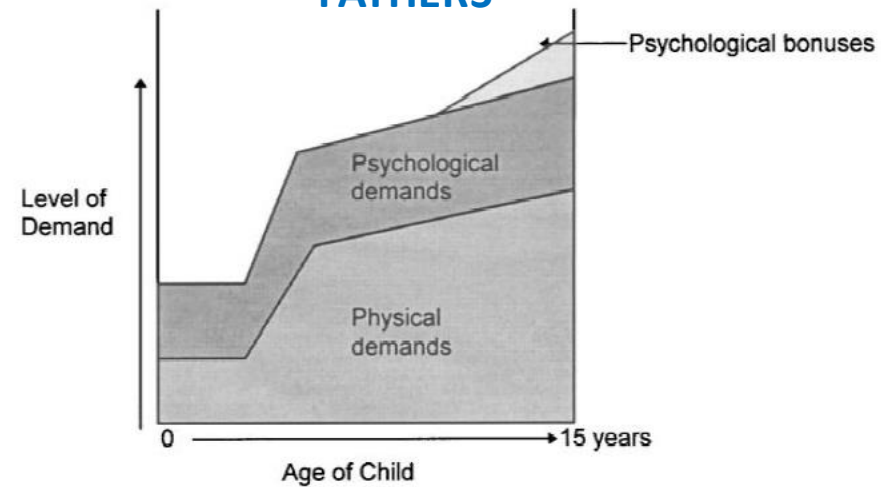


Fig. 2. Model of physical and psychological demand experienced by fathers with arthritis.

Research on this topic



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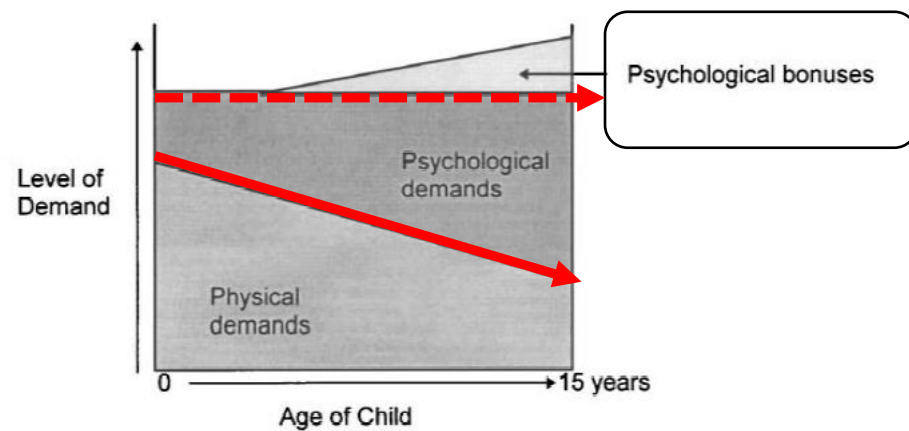


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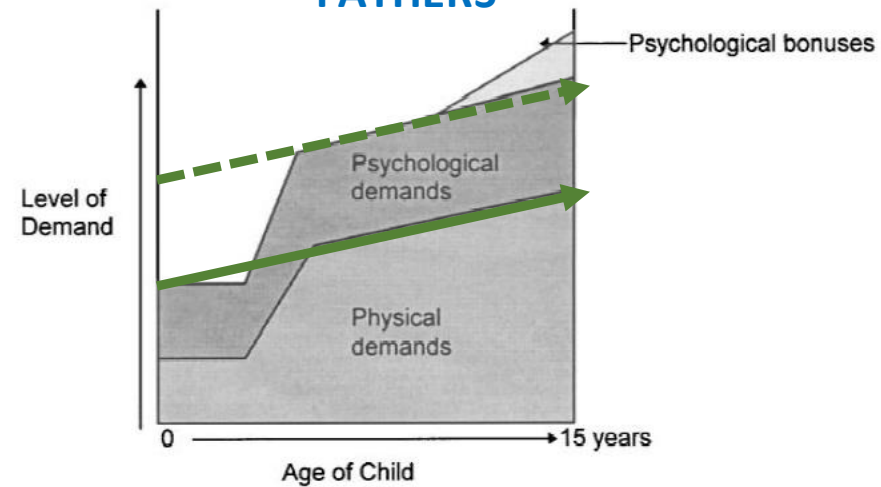



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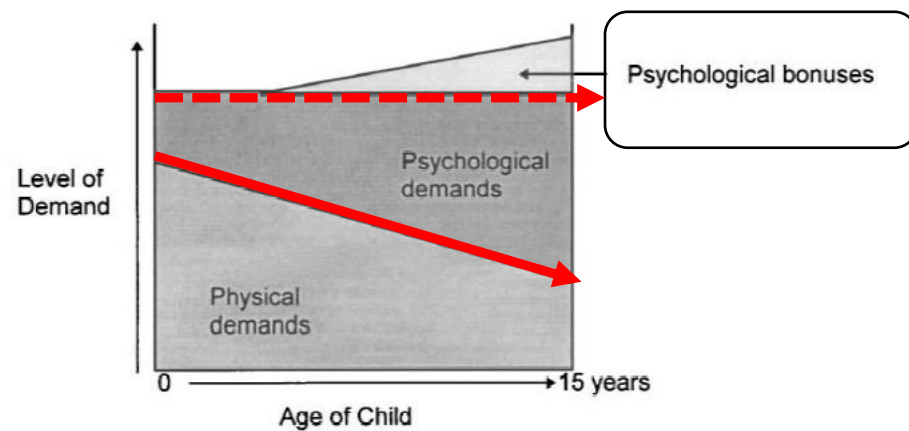


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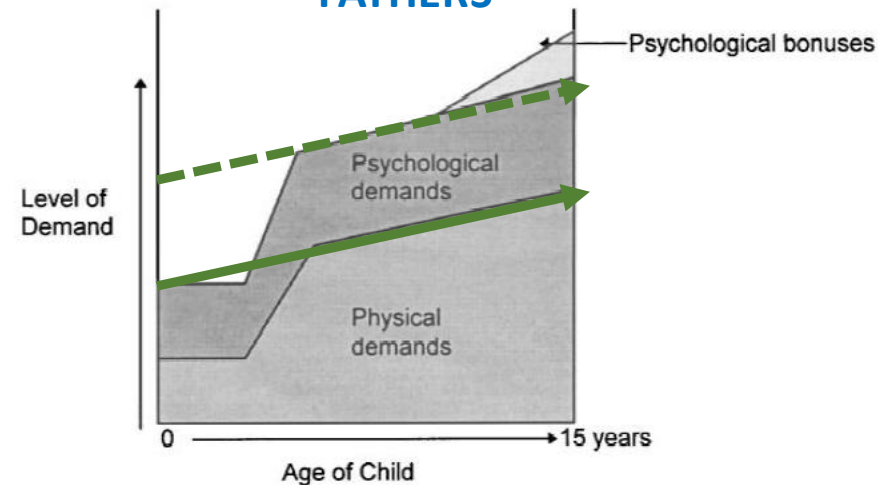


Fig. 2. Model of physical and psychological demand experienced by fathers with arthritis.

GRANDPARENTS

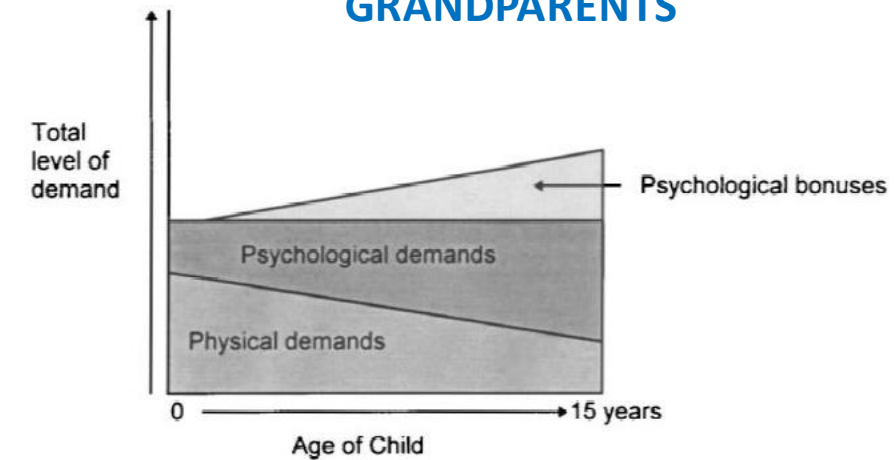



Fig. 3. Model of physical and psychological demands experienced by grandparents with arthritis.

Research on this topic



ELSEVIER

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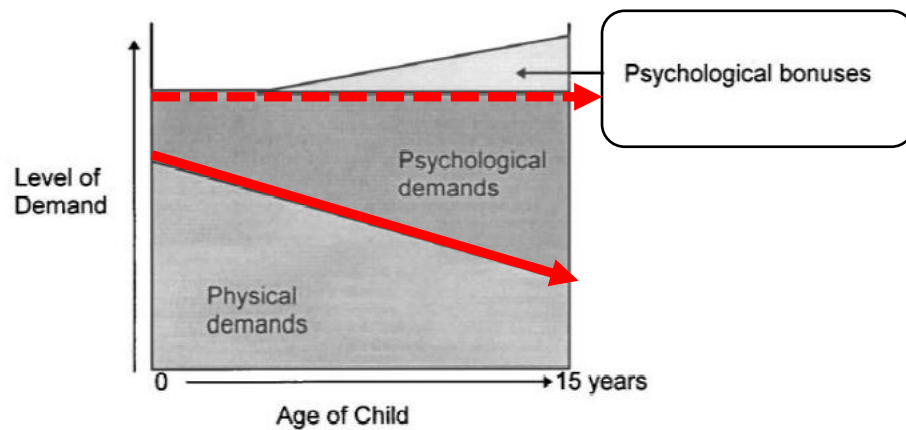


Fig. 1. Model of physical and psychological demand experienced by mothers with arthritis.

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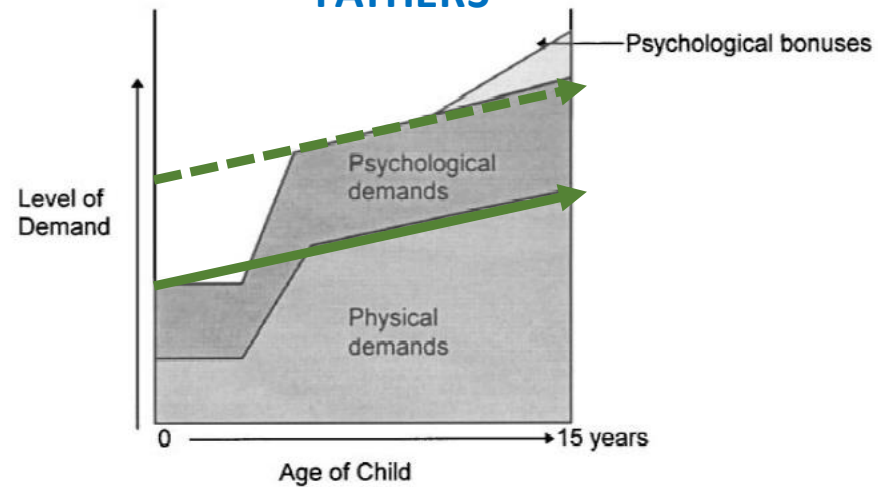


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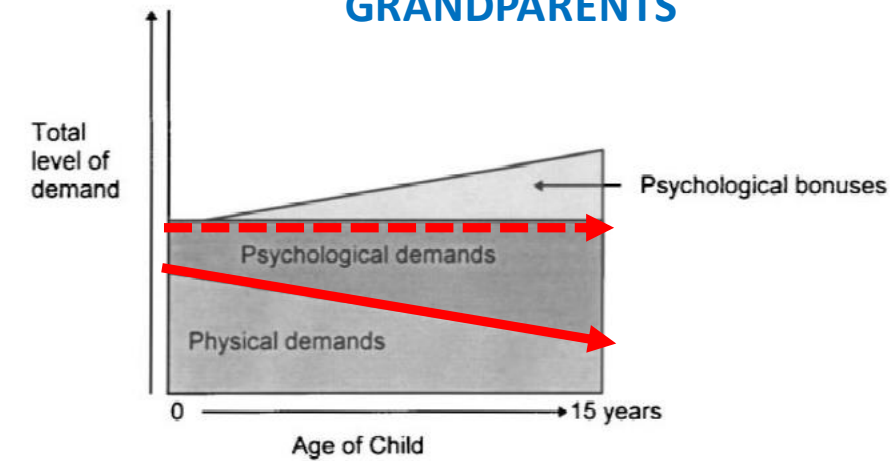


Fig. 3. Model of physical and psychological demands experienced by grandparents with arthritis.

Research on this topic

Arthritis & Rheumatism (Arthritis Care & Research)
Vol. 57, No. 3, April 15, 2007, pp 381–388
DOI 10.1002/art.22609
© 2007, American College of Rheumatology

2007

ORIGINAL ARTICLE

Experiences of Mothers Living With Inflammatory Arthritis

CATHERINE L. BACKMAN,¹ LINDA DEL FABRO SMITH,¹ SHARON SMITH,² PAMELA L. MONTIE,³ AND
MELINDA SUTO²

Interviews with mothers with inflammatory
arthritis
N = 12

Research on this topic

Sometimes I can		Sometimes I can't	
Concept 1.1	Concept 1.2	Concept 1.3	Concept 1.4
"How I did it"	"Figuring things out"	"Frustrating times"	"I just couldn't do it"
<p>We usually had a big blanket in the middle of living room, and that's where we were, all of us on the floor... I could rest a little bit, because I was lying down...that's how I did it.</p>	<p>It's having to figure out what's more important, so being on a committee for fundraising or whatever, I just don't have as much energy, I'm tired, so I gear my schedule around that, so the kids kinda get me first</p>	<p>I was walking very slow, and that was frustrating when the baby was crying and needing something, and I wasn't able to go from here to there. From the kitchen to living room took 5-10 minutes.</p>	<p>As far as their school things go, their meetings, I was involved with so many parent things at the school, all of those things went. They were all just dropped. Because I couldn't any longer do that either.</p>
<p>...or bring all those things over here and I can fix it here if I can't go over there. And this is how we can do it. I think that there was a certain amount of "And this is how we can do it together" 'cause I needed the help; and kids can start helping very young. And they did... we started cooking early.</p>	<p>I used to be a super cleaning freak and keep my house spotless. I'm no longer able to do that ...my older son will vacuum ...the dusting doesn't get done ...there are little things I can do each day, and as far as washing is concerned, I've asked the boys to do it and they don't so I've been leaving it to the point where they <i>have</i> to do it themselves. So the washing's been delegated quite a bit.</p>	<p>I remember being very frustrated and actually crying because it hurt me so much to hold her...because just holding a little tiny baby, its like my arms were going numb, and that made me realize too that even holding babies it wasn't the same as it used to be.</p>	<p>I made both my kids quit hockey, I just couldn't handle the cold and they both really loved it, and they wanted to play it, but I just couldn't do it.</p> <p>Like, I can't go hiking. I love walking but I cannot go hiking, that frustrated me, because it was something I could do with my husband and as a family, and I just cannot do it anymore.</p>
<p>When we shopped for a crib, it had to be so that I could get the side down really easily, and in the first while, we would just change him in the crib, because it was at a nice height, and then we got a change table that was at the right height.</p>	<p>Ironically our single stroller is older and it's actually as heavy as the double. So, I can't even just take the single, and put him in it and carry her because it just doesn't work. I'm going to have to re-think that.</p>	<p>How you feel day to day; it's a roller coaster, a constant roller coaster, up and down.</p>	<p>Going shopping in the mall, it's kind of a mother-daughter must-do, and I love shopping, but I can't do it anymore.</p>

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Research on this topic

2007

Women's Health (2007) 22:185
10.1186/s12905-022-01767-1

BMC Women's Health

RESEARCH

Open Access

Mothers' experiences of wellbeing and coping while living with rheumatoid arthritis: a qualitative study



Chloe Parton¹, Jane M. Ussher^{2*} and Janette Perz²

Interviews with mothers with rheumatoid arthritis
N = 20

Research on this topic

2007

Women's Health (2007) 22:185
10.1186/s12905-022-01767-1

BMC Women's Health

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Mothers' experiences of wellbeing and coping while living with rheumatoid arthritis: a qualitative study



Chloe Parton¹, Jane M. Ussher^{2*} and Janette Perz²

Burden and complexity in the mothering role

Losing control

Adjusting and letting go

Any other important sex/gender issues in arthritis?



Growing recognition of sex and gender in rheumatology

L **The Lancet Rheumatology** @TheLancetRheum · Sep 21 ...

Our Oct issue is live! This special issue is dedicated to [#sex](#) and [#gender](#) in [#rheumatology](#). All content is free to access with registration on lancet.com until 1st October thelancet.com/journals/lanrh...



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Sex differences in care?



Catherine Hill
@CatherineL_Hill



Men with RA were treated earlier and at lower disease activity with b/tsDMARD with better rates of remission than women; suggesting rheumatologists are treating their male and female patients differently with adverse outcomes for women. Why do we do this?

[@TheLancetRheum](#)

Conclusions

- **Males presented 21% higher odds** of achieving DAS28-remission (i.e., 54.8% higher probability).
- This may be explained by their **shorter RA-duration** and **lower DAS28** at the start of their 1st b/tsDMARD.


Limitations


- Other factors could affect the observed disparity in DAS28-remission. E.g., sex differences in immune system, hormonal levels, response to specific b/tsDMARDs, comorbidities.
- Assessing DA28-CRP-remission was not feasible due to high missingness.
- Limited to sex, without data on gender.


Sex differences in care?

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 Article Text

 Article info

 Citation

Clinical and epidemiological research
Concise report

Is there a sex bias in prescribing anti-tumour necrosis factor medications to patients with rheumatoid arthritis? A nation-wide cross-sectional study

[Elizabeth V Arkema](#)¹, [Martin Neovius](#)¹, [Joel K Joelsson](#)², [Julia F Simard](#)¹, [Ronald F van Vollenhoven](#)³

Sex differences in care?

Table 1 Rheumatoid arthritis disease activity characteristics (mean and SD or median and IQR) at anti-tumour necrosis factor treatment initiation visit in women and men

	Women (n=7098)	Men (n=2204)
Age, years*	55.1 (13.2)	56.3 (12.2)
Duration, years*	11.5 (10.5)	10.5 (10.0)
CRP, mg/l*†	18.0 (8–39)	21.0 (9–45)
ESR, mm/h†	29.0 (16–48)	29.0 (14–50)
DAS28*‡	5.44 (1.25)	5.23 (1.34)
HAQ*	1.36 (0.65)	1.11 (0.63)
TJC*	8.83 (6.53)	7.83 (6.46)
SJC	9.12 (5.74)	9.25 (6.15)
Pain VAS*	59.1 (23.5)	56.4 (22.9)
Patient global assessment*	60.2 (23.3)	57.1 (22.4)
Physician global assessment	2.26 (0.75)	2.27 (0.79)

Subjective measures:
Higher among females

Sex differences in care?

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Objective measures:
Higher C-reactive protein in
males
No differences in ESR

Sex differences in care?

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Measures from physicians' perceptions:
No sex differences

Sex differences in care?

- ▼ At time of starting biologic
 - ▼ Subjective measures: Higher among females than males
 - ▼ Objective measures: No difference (except higher CRP in males than females)
 - ▼ Physician-based measures: No difference
- ▼ Treatment with biologics started at higher disease activity for females when measured by subjective means
 - ▼ Sex differences in processing pain
 - ▼ Are physicians considering these differences when initiating treatment

Questions



Tell us what you think...

