



Arthritis Talks

Inflammatory Arthritis: What you need to know

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Presenters



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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 screenshot shows the Arthritis Society Canada webinar interface. At the top center is the Arthritis Society Canada logo. Below the logo are two buttons: 'Q&A' and 'Chat'. At the bottom left is an 'Audio Settings' button. At the bottom right is a red 'Leave' button. A yellow callout box at the top right points to a red icon in the top right corner of the interface, with the text 'Click on the red icon to exit out of the Q&A or Chat'. A yellow callout box at the bottom left points to the 'Audio Settings' button, with the text 'Click here to access your audio settings'. A yellow callout box at the bottom right points to the 'Chat' button, with the text 'Click here to chat or to submit a question'. On the right side, a 'Q&A' window is open, displaying a 'Welcome to Q&A' message and a text input field labeled 'Type your question here...'.

Overview

[1]

Inflammatory Arthritis



[2]

Treatment Options



[3]

Q&A



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What is inflammatory arthritis?



What is inflammatory arthritis (IA)?

▼ Forms of arthritis caused by activation of the immune system

- Varying amounts of redness
- Warmth
- Swelling – squishy like a grape
- Morning stiffness lasting hours

- Can lead to severe joint damage
- Can affect other organs as well



What are the major forms of IA?

▼ Rheumatoid Arthritis

▼ Systemic inflammatory autoimmune disease

- Joints
- Lungs
- Skin
- Eyes

▼ Auto-antibodies in blood

- Rheumatoid Factor
- Anti-CCP

▼ Up to 1% of the population



What are the major forms of IA?

▼ Ankylosing spondylitis

- Inflammation of vertebrae/spine
- May affect other joints as well
- Often starts <30 yrs of age
- Slowly progressive
- Leads to fusion of the spine



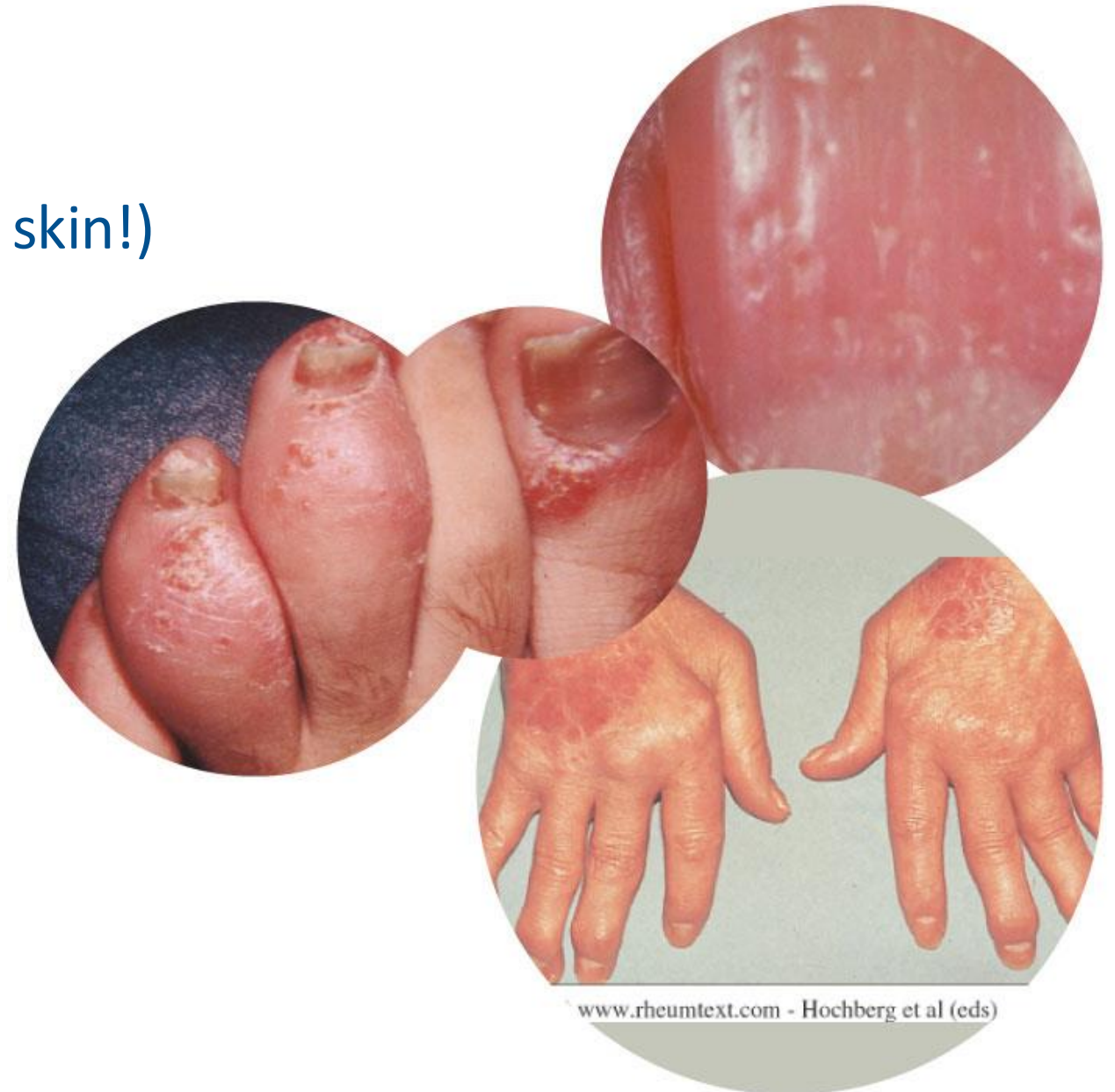
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What are the major forms of IA?

▼ Psoriatic arthritis

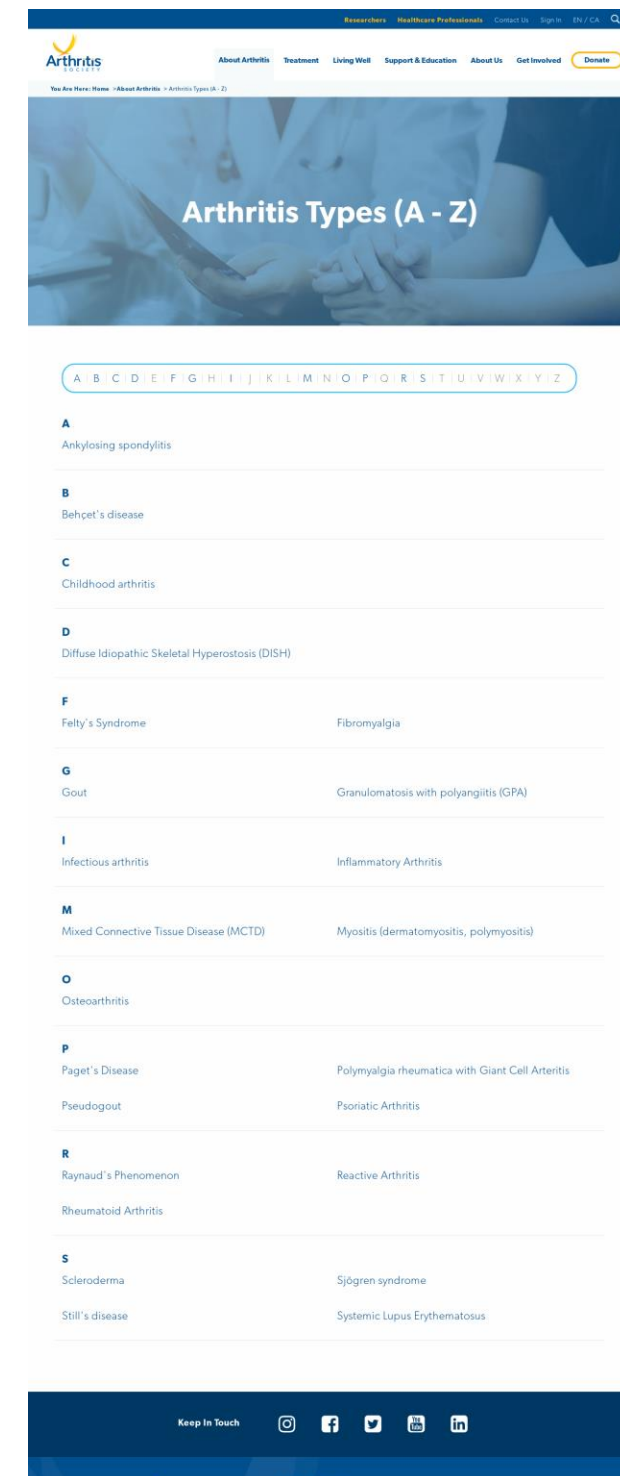
- Accompanies psoriasis (may come before skin!)
- Affects joints +/- spine
- Nail changes
- Dactylitis or “Sausage digits”



How many different types of arthritis are there?

100+ types

- Ankylosing spondylitis
- Behçet's disease
- Childhood arthritis
- Diffuse Idiopathic Skeletal Hyperostosis (DISH)
- Felty's Syndrome
- Fibromyalgia
- Gout
- Granulomatosis with polyangiitis (GPA)
- Infectious arthritis
- Mixed Connective Tissue Disease (MCTD)
- Myositis (dermatomyositis, polymyositis)
- Osteoarthritis
- Paget's Disease
- Polymyalgia rheumatica with Giant Cell Arteritis
- Pseudogout
- Psoriatic Arthritis
- Raynaud's Phenomenon
- Reactive Arthritis
- Rheumatoid Arthritis
- Scleroderma
- Sjögren syndrome
- Still's disease
- Systemic Lupus Erythematosus (more...)



What IA is NOT....

▼ “Mechanical back pain”

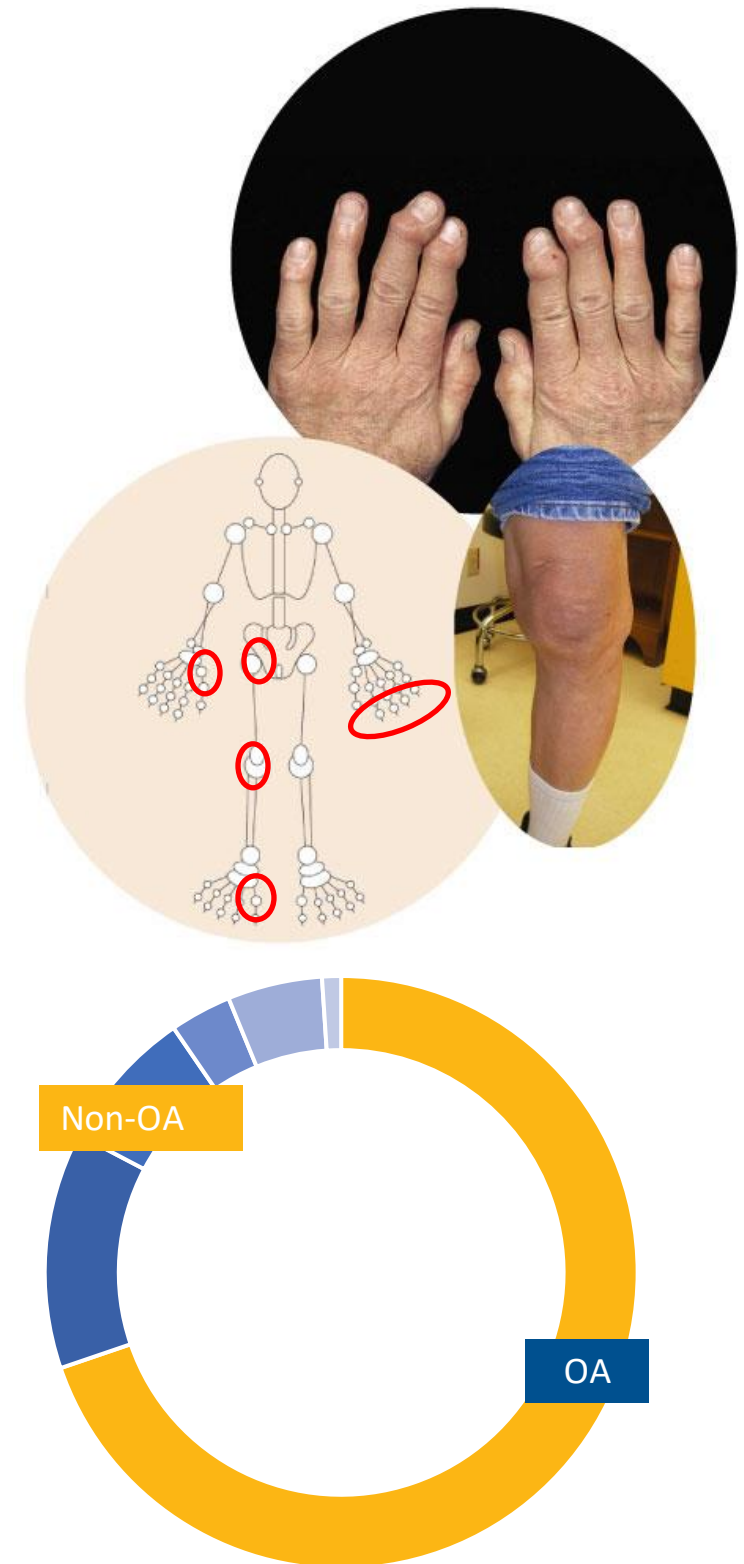
- Most common form of back pain
- May be due to “wear and tear” of the spine or disc injury BUT
- Often muscular due to overuse
- >40 years, sudden onset, worse with activity



What IA is NOT....

▼ Osteoarthritis

- “Wear and tear” arthritis
- Loss of cartilage in joint
- Bony enlargement/nodules
- Hips, knees, back, thumbs, last knuckles
- Pain, brief AM stiffness, bony swelling
- Most common form – 50% of people over age 65
- You can have both OA and IA!



What is Inflammatory Osteoarthritis?

- OA can have signs of “inflammation”
- Red, warm joints
- Usually only bony swelling
- Typical OA joints
- No inflammation or antibodies in blood
- Treat it like osteoarthritis





What are the risk factors for inflammatory arthritis?



What are the risk factors for IA? Why me? Why now?

Genetic
Susceptibility

Environmental
Exposures

Autoimmunity
without Disease

Inflammatory Arthritis

What are the risk factors for IA? Why me? Why now?

Genetic
Susceptibility

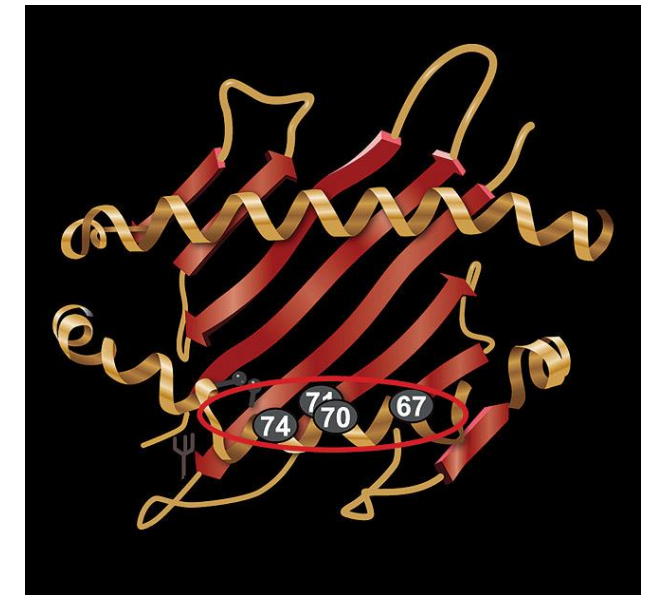
Environmental
Exposures

Autoimmunity
without Disease

Inflammatory Arthritis

What are the genetic risks for IA? – it's complicated!

- ▼ Dozens of common gene markers that increase risk for autoimmunity
- ▼ Vary with ethnicity
- ▼ Likely several different combinations of these gene variants that increase risk
- ▼ Vast majority of people with these markers DON'T get disease
- ▼ Small increased risk in relatives!



What are the risk factors for IA? Why me? Why now?

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Inflammatory Arthritis

Environmental triggers for IA?

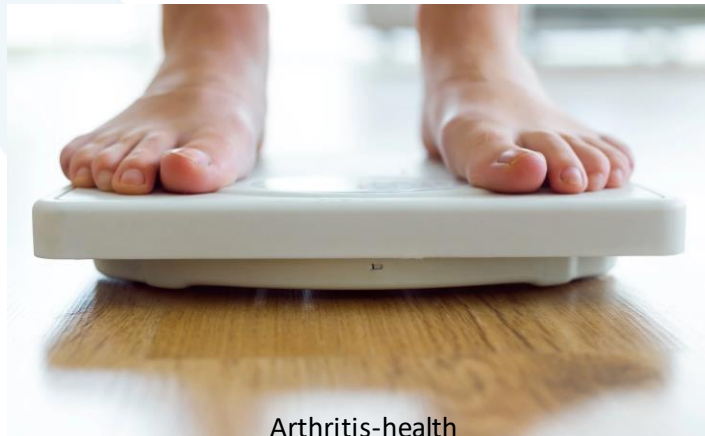
Smoking



American academy of ophthalmology



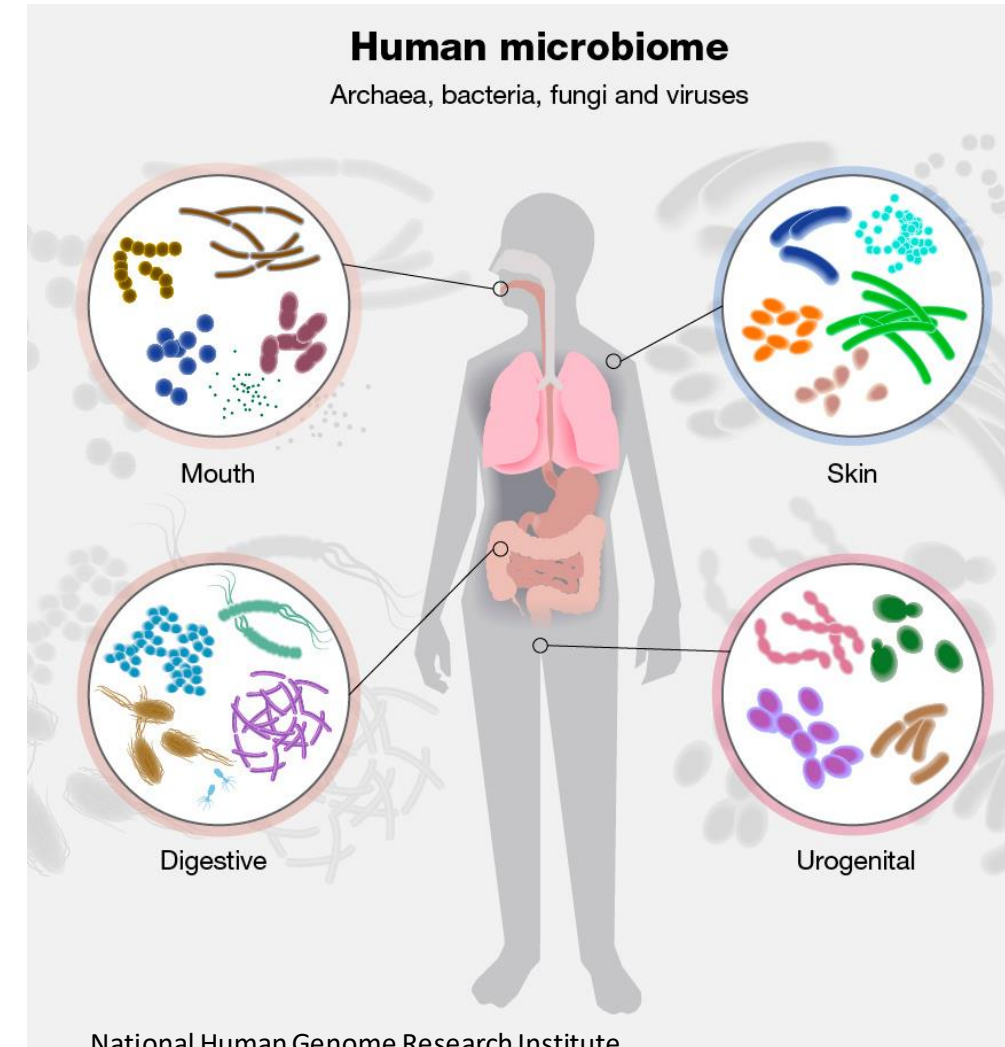
Gum disease



Arthritis-health



Arthritis Research and Therapy



Microbiome

Obesity

What are the risk factors for IA? Why me? Why now?

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Autoimmunity
without Disease

Inflammatory Arthritis

What are the risk factors for IA? Why me? Why now?

Genetic
Susceptibility

Environmental
Exposures

Autoimmunity
Without Disease

Infections
Stress
?

Inflammatory Arthritis



What non-drug treatments are available for inflammatory arthritis?



How do you treat arthritis beyond medications?

- ▼ Education
- ▼ Eat a healthy diet
- ▼ Physical activity
- ▼ Stop smoking
- ▼ Sleep well
- ▼ Weight reduction
- ▼ Mental health
- ▼ Pain management
- ▼ Occupational therapy
- ▼ Physiotherapy

arthritis.ca/support-education

The screenshot shows the Arthritis Society website's 'Support & Education' page. The top navigation bar includes 'Researchers', 'Healthcare Professionals', 'Contact Us', 'Sign In', and 'EN / CA'. The main navigation menu features 'About Arthritis', 'Treatment', 'Living Well', 'Support & Education' (highlighted with a red circle), 'About Us', 'Get Involved', and a 'Donate' button. Below the navigation, a breadcrumb trail reads 'You Are Here: Home > Support & Education'. A secondary menu lists 'Arthritis Talks', 'Online Learning', 'Resources', 'Workshops', 'Navigating Through Arthritis', 'Support in Your Community', 'Support for Childhood Arthritis', and 'Mental Health'. A third menu lists 'Arthritis and Work' and 'Helpline'. The main content area features a large blue-tinted image of three people in conversation, with the text 'Support & Education' overlaid. Below this, a paragraph states: 'In this section you will find detailed information to help support you in your journey with arthritis, including how to find a doctor, accessing medications, learning to advocate, finding care and our Helpline. There are online courses on mental health, fatigue, chronic pain management and more.' At the bottom, there are three small images: a person at a podium in a large hall, a person working on a laptop with a mug, and a woman smiling while holding a tablet.

Diet and exercise for IA

▼ Diet

- Reduce processed foods
- Reduce sugar, salt
- Reduce red meat

- Increased whole grains
- Increased vegetables
- Omega 3 fatty acids (fish, nuts)

▼ Exercise

- Maintains muscle strength
- Lowers the load on the joint
- Maintains body weight
- Lowers inflammation

**MOTION
IS LOTION!**

Q

What types of medications are used to treat inflammatory arthritis?



What types of medications are used to treat inflammatory arthritis?

- ▼ acetaminophen (Tylenol)
- ▼ anti-inflammatories
 - (Advil, Aleve)
- ▼ joint injections
 - (“cortisone”)



- ▼ Relieve pain and inflammation
- ▼ Anti-inflammatories can work well for some spinal inflammation
- ▼ **Don't prevent joint damage**

Medications for IA - Corticosteroids

Cortisone, prednisone, Depo-medrol®

- Cortisone-like drugs
- reduce inflammation rapidly



Medications for IA - Corticosteroids

Cortisone, prednisone, Depo-medrol®

- ▼ Cortisone-like drugs
- ▼ reduce inflammation rapidly
- ▼ lots of side effects
 - Most people will get them too!
- ▼ use limited to
 - low dose therapy
 - “bridge” to safer, slower-acting drugs



Medications for IA - disease modifying anti-rheumatic drugs (DMARDs)?

- ▼ Relieve pain and inflammation
- ▼ Slow down rate of joint damage
- ▼ Safer than prednisone for long-term use

- ▼ Methotrexate
- ▼ Hydroxychloroquine
- ▼ Leflunomide
- ▼ Sulfasalazine

Can be used alone and often in combination

My doctor is recommending a DMARD, what do I need to know?

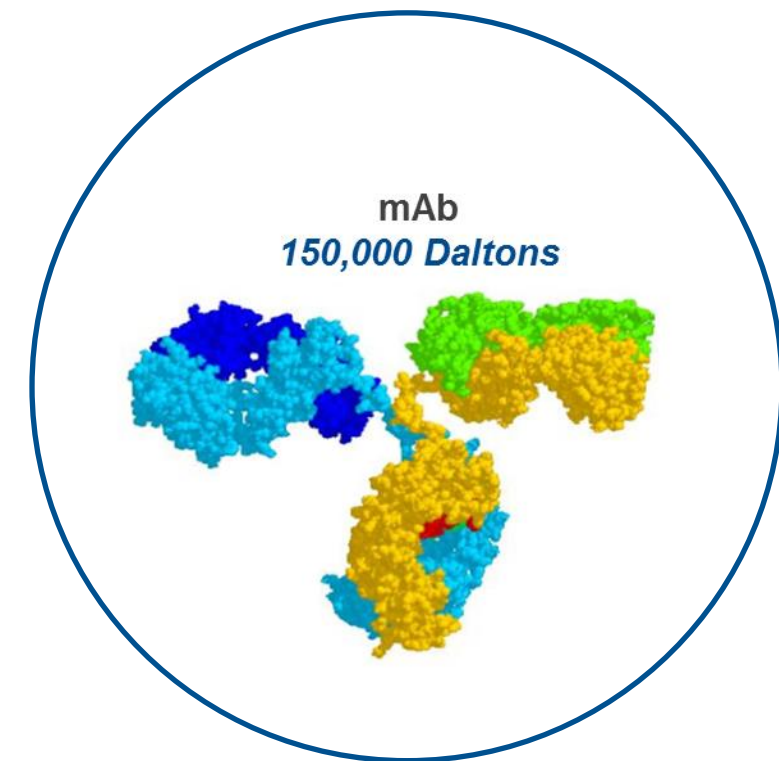
- ▼ The earlier you start, the easier it is to treat IA
- ▼ Slow to work (weeks to months)
- ▼ Sometimes side effects
 - Nausea, liver inflammation, low blood counts
 - Most need regular blood tests
- ▼ Don't work for everyone
 - Need to do “trial and error” to find right drug
 - Usually need COMBINATIONS for best results
 - E.g. Methotrexate and hydroxychloroquine
- ▼ Don't work on spinal inflammation of AS



What are biologics?

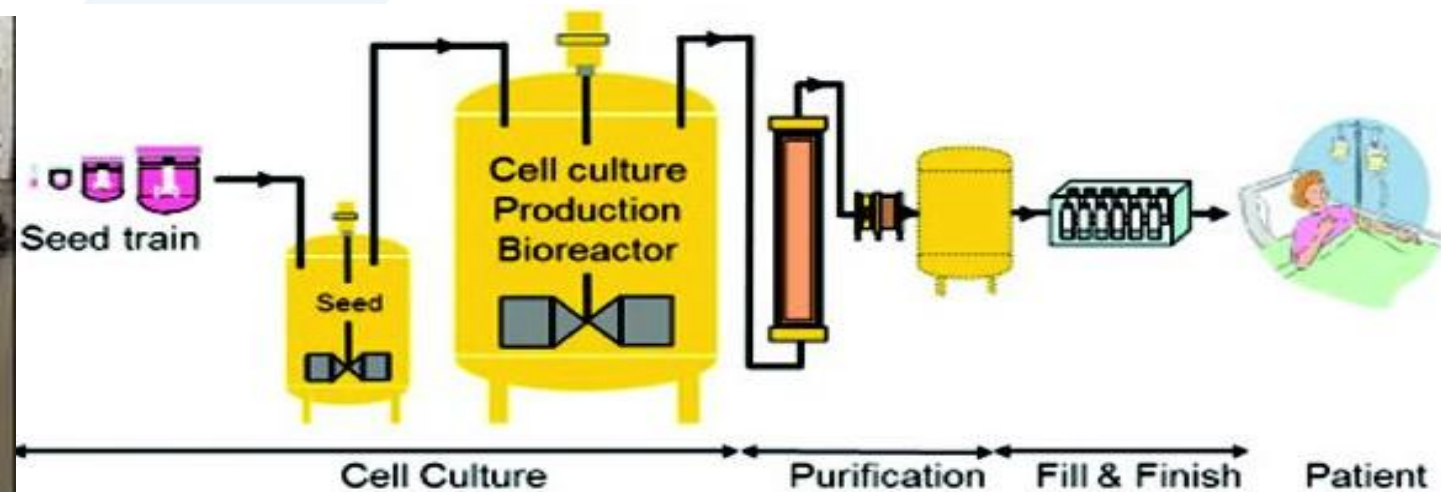
A brief list and growing...

- ▼ Etanercept
- ▼ Adalimumab
- ▼ Infliximab
- ▼ Golimumab
- ▼ Certolizumab
- ▼ Tocilizumab
- ▼ Abatacept
- ▼ Rituximab
- ▼ Secukinumab
- ▼ Ixekizumab
- ▼ Ustekinumab
- ▼ Sarilumab
- ▼ Anakinra
- ▼ Brodalimumab
- ▼ Guselkinumab
- ▼ Risankizumab
- ▼ And more!



What are biologics?

- ▼ Large protein molecules
- ▼ Targeted to block specific key molecules in inflammatory arthritis
- ▼ Given intravenously or as injection under the skin
- ▼ Expensive (\$20-40,000 per year)
 - ▼ Limited to patients failing usual DMARDs



What are JAK Inhibitors?

Tofacitinib (Xeljanz), baricitinib (Olumiant), upadacitinib (Rinvoq)

- ▼ Newer group of pills for inflammatory arthritis
- ▼ Specifically target the inflammatory pathway
- ▼ Expensive – so reserved for those failing usual DMARDS
- ▼ Risk of shingles (chickenpox virus reactivation) – vaccinate before use
- ▼ Small increased risk of heart disease and cancer in some patients



How frequently should a patient living with inflammatory arthritis visit their rheumatologist?



How frequently should an IA patient visit their rheumatologist?

▼ Newly diagnosed?

- Every 3 months

▼ Change in therapy?

- Every 3 months

▼ Stable on treatment?

- Every 6-12 months

Call your rheumatologist if...

- Flares
- Recurrent infections
- Not tolerating meds



How do the updated guidelines around alcohol consumption affect people with arthritis?



Canada's Low Risk Alcohol Drinking Guidelines

- ▼ Large amounts of alcohol interact with some medications for IA (esp. methotrexate) to cause liver damage
- ▼ Can contribute to poor sleep and mood disorders
- ▼ We don't know the safe amount of alcohol for individuals with IA
- ▼ "You can only drink as much as your rheumatologist"
 - One drink per day – two on a special occasion

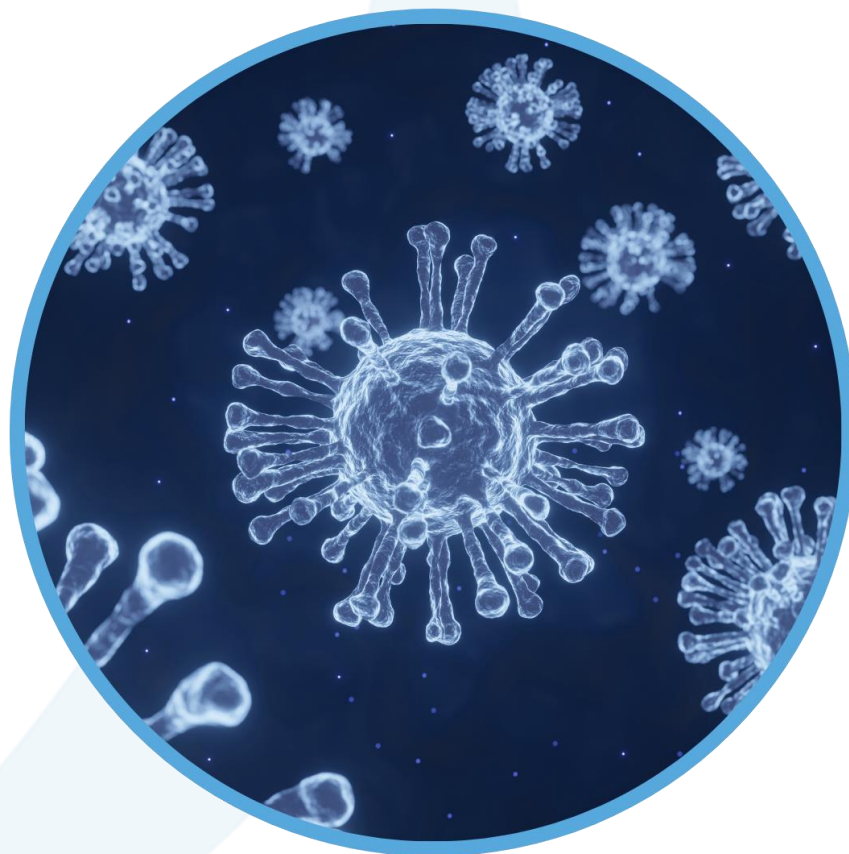


Canada's Low Risk Alcohol Drinking Guidelines

- ▼ **New guidelines for EVERYONE in 2023**
 - ▼ **Reviewed all literature around alcohol and harms**
 - ▼ **Findings:**
 - **No health benefit to alcohol**
 - 2 drinks or less per week carry minimal health risk
 - 3-6 drinks per week – risk of cancer starts to increase
 - > 7 drinks per week – risk of heart disease and stroke increases*
- *People with IA already have higher risks of heart disease and stroke
- ▼ **What's the safe amount in IA?**

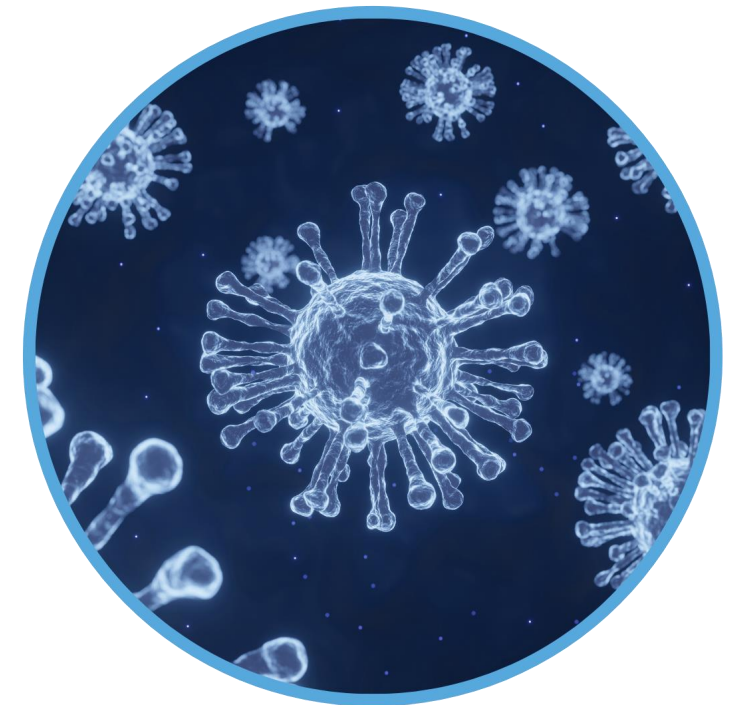


How has COVID affected people with arthritis?



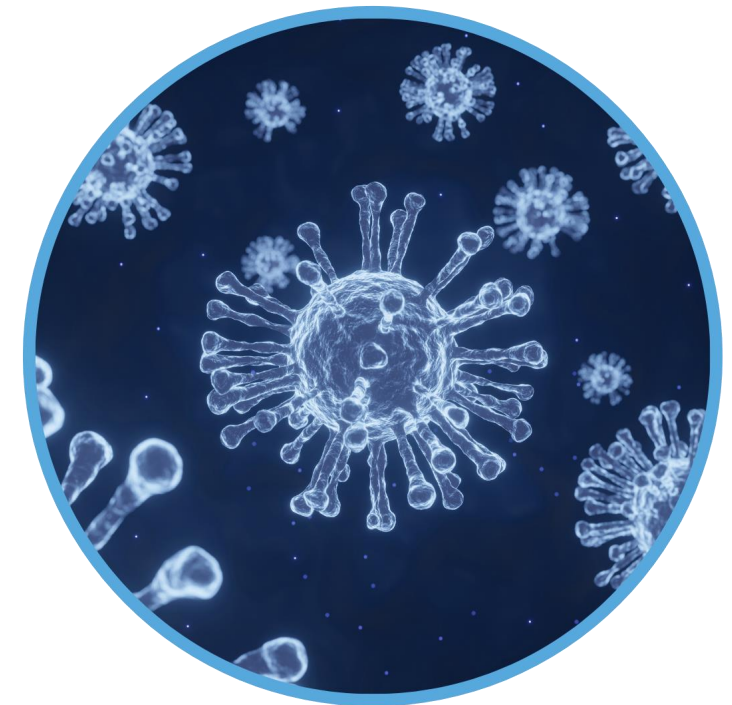
COVID and IA

- ▼ People with IA have a higher risk of acquiring COVID
- ▼ Risk of more severe infection is tied to age, obesity, diabetes, lung disease and some IA-specific drugs
 - Prednisone
 - Rituximab
 - Sulfasalazine
 - Mycophenolate
- COVID can sometimes trigger IA or a flare of IA



COVID and IA

- ▼ People with IA have a slightly higher risk of acquiring COVID
- ▼ Risk of more severe infection is tied to age, obesity, DM, lung disease and some IA-specific drugs
 - Prednisone
 - Rituximab
 - Sulfasalazine
 - Mycophenolate
- COVID can sometimes trigger IA or a flare of IA
- ▼ People with IA have:
 - Been staying home!
 - Less overall evidence of infection
 - Higher rates of isolation
 - Higher rates of depression
 - Less exercise



COVID and IA

▼ What do I do if I'm COVID positive?

- Most IA patients qualify for COVID-specific treatment
- Start within 5-7 days of symptoms
- Call your rheumatologist/ family MD

▼ Vaccination

- Effective to prevent hospitalization and death
- Some drugs reduce response to vaccine
- Better response with repeated vaccination
- Can sometimes flare IA

▼ How many doses do I need?

- Better protection with bivalent vaccine
- Spring booster now recommended for immune compromised (> 6 months after last dose)



COVID – One silver lining...

- ▼ Telehealth and virtual care!



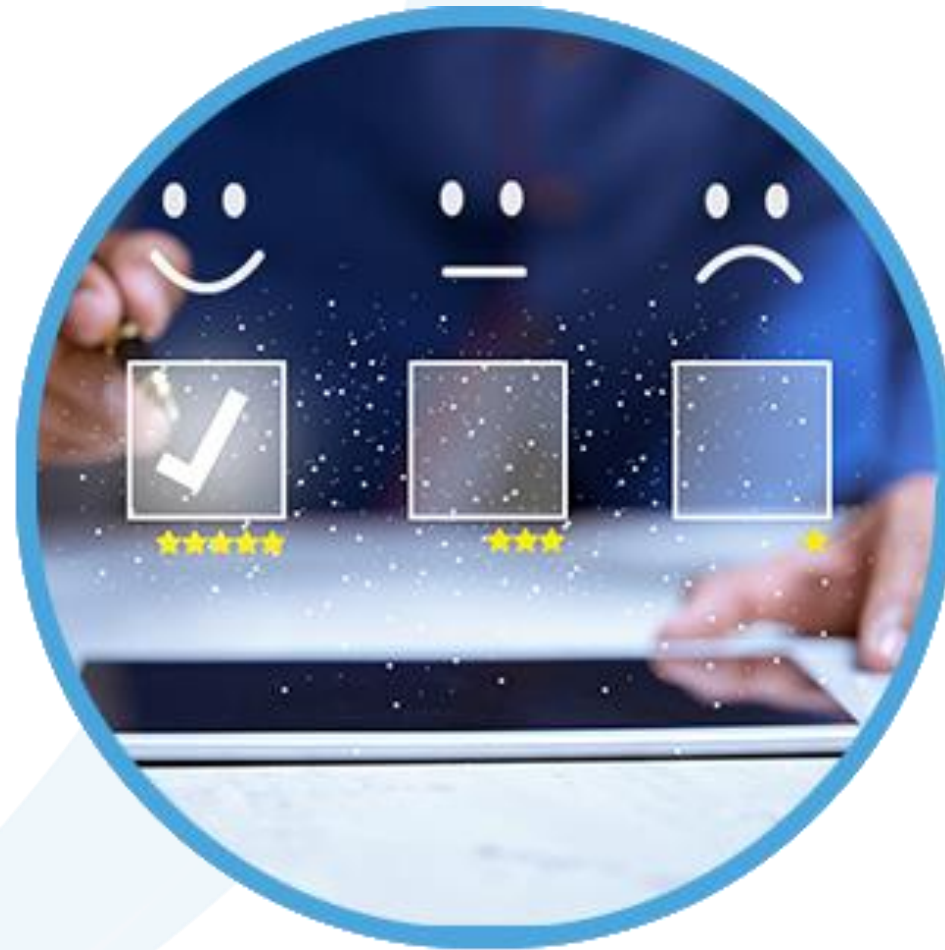
Any final thoughts or recommendations?



Questions



Tell us what you think...



Upcoming Events



Arthritis Talks: Gout
featuring Dr. Jean-Philip Deslauriers

6 p.m. ET

Learn about:

- Symptoms and risk factors
- Diagnosis and treatment options
- And much, much more

Register at:

Visit arthritis.ca/ArthritisTalks or click the link in your email inbox

