

ARTHRITIS *Action*



A PUBLICATION OF THE ARTHRITIS FOUNDATION

UTAH/IDAHO CHAPTER

Spring 2007

One of Our Own Chosen As National Arthritis Walk Honoree

It is because of his commitment to people with arthritis and to the Arthritis Foundation, that Brett Cook, from Salt Lake City, has been selected as the Arthritis Foundation's 2007 National Arthritis Walk Honoree.

Brett has dedicated his life to helping people with arthritis. Diagnosed with juvenile arthritis at a time before disease-modifying medications and biologic agents were available to slow the progression of the disease, Brett's body has been extremely affected. His joints may have been damaged and many may have been replaced, but his mind and his spirit are far from broken. Brett has a positive attitude and an empowered approach to life.

He takes that energy and determination and chooses to help others with arthritis. He is a physical therapist who works with people with arthritis to help them regain and maintain mobility. He helps other physical therapists learn about arthritis care and he teaches rheumatology students about the use of physical therapy in treating arthritis patients.

Along with choosing a profession that would allow him to help others, he also has devoted a great deal of his time to volunteering. His work at the Arthritis Foundation allows him to further his



Brett Cook and Maggie Mueller, Youth Honoree

passion for service. He started with public speaking, joined the Salt Lake City Arthritis Walk committee in 2005, became a member of the Chapter Board of Directors, and served as the Salt Lake City Arthritis Walk Chair in 2006. Congratulations, Brett!

The Salt Lake City Arthritis Walk will be held Saturday, May 5, 2007 at Historic Wheeler Farm. Form a team with family and friends and take a step towards the cure for arthritis – register today!

www.arthritis.org

The mission of the Arthritis Foundation is to improve lives through leadership in the prevention, control and cure of arthritis and related diseases.

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UTAH/IDAHO CHAPTER
Take Control. We Can Help.[™]
ARTHRITIS FOUNDATION[®]

let's talk RA Rheumatoid Arthritis®

Arthritis Foundation®

These free resources take you play by play through steps to decrease pain and communicate effectively with your doctor about your arthritis.

Make a positive choice to take more control over your arthritis.

Order a free kit today by calling
1-800-568-4045



What's your goal?

Top 10 Arthritis Advances of 2006

1. Dramatic Surge in Arthritis Predicted

The Centers for Disease Control and Prevention released new arthritis prevalence estimates in the January 2006 issue of *Arthritis & Rheumatism*. The prevalence of doctor-diagnosed arthritis is projected to increase from the current 46 million to nearly 67 million (25 percent of the adult population) by the year 2030. Of those 67 million, 25 million are projected to report arthritis-related activity limitation. In 2030, more than half of the people with arthritis will be older than age 65. Almost one-third of all cases will be in working-age adults, those 45 to 64 years old.

2. Genetic Links with Rheumatoid Arthritis Identified

In December 2005, an international team of scientists released results of their study in the *American Journal of Human Genetics* examining several genes that may increase a person's risk of developing RA. People with a specific group of genes called HLA-DRB1 (also known as the shared epitope) already were known to have an increased risk of developing RA. Now it has been determined that at least one other gene increases the likelihood of developing RA, and possible connections were found for two more.

Researchers verified a statistically significant association between having rheumatoid factor-positive RA and carrying a gene called PTPN22. The presence of PTPN22 also influenced age of onset of RA; those with the gene developed RA two years earlier than those without it. Two other genes, CTLA4 and PADI4, also had a positive association with the likelihood of developing RA, but the relationships were not as strong as with PTPN22, and the results will need to be confirmed in future studies.

3. Effectiveness of Biologics in Arthritis

In February 2006, rituximab (Rituxan; a medication already approved for use in cancer treatment) was approved by the U.S. Food and Drug Administration for use in RA. Likewise, in August 2006, adalimumab (Humira), which was previously approved for RA treatment, was approved for the treatment of ankylosing spondylitis. Along with these new indication approvals, a great deal of research has been released throughout the year on biologic drugs' safety, effectiveness and best use.

These studies can be grouped into two main categories: combination therapy and use of biologics in children. Although individual studies found slightly different results, the overall conclusion is that a combination of a biologic agent plus the disease-modifying antirheumatic drug (DMARD) methotrexate is safe and more beneficial than taking

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ADVOCACY NEWS

The key to success in changing government policies and funding is through grassroots advocacy.

The Arthritis Prevention, Control, and Cure Act will:

- Strengthen arthritis public health initiatives to ensure that more people are diagnosed early
- Ensure that federal funding for arthritis research is used in the most strategic manner possible
- Authorize a juvenile arthritis prevalence study and patient registry
- Establish incentives so more medical students pursue a career in pediatric rheumatology
- Authorize more juvenile arthritis research center grants

The Arthritis Prevention, Control, and Cure Act made great gains during the 109th Congress, ending with 217 cosponsors in the House and 49 in the Senate. Although the bill was not enacted in 2006, the sponsors of the legislation are prepared to introduce the legislation again in the 110th Congress. We will alert everyone when this occurs and ask you to be ready to request that your Members become cosponsors again.

www.arthritis.org/advocacy



Arthritis Walk
Walk to help fight our
nation's #1 cause of disability!

May 5, 2007
Historic Wheeler Farm
Salt Lake City
10:00 AM

Women to Women

Make a Personal Connection

Don't allow arthritis to keep you isolated – even if you don't live close to an organized support group or Arthritis Foundation program, information and reassurance is available through the Women to Women Project (WTW).

WTW is an innovative Internet-based research project that provides a virtual support group and health education for chronically ill rural

women. Under the direction of Clarann Weinert, SC, PhD, RN, FAAN, at Montana State University College of Nursing, WTW is designed to expand and enhance women's ability to successfully adapt to long-term illness in the face of limited access to health information and services.

“Living in rural Montana tends to make a person very isolated, and there is no one in your close area to share your feelings of a chronic disease. The WTW project has opened new doors for me and many others.”

WTW “was a ‘great’ experience, especially for those who knew nothing of computers, as we were taught how to find information on the Web, how to judge if it was good or bad information, and how to gain knowledge on whatever subject you wanted.”

Women meeting the following requirements are eligible to participate in the program:

- Have a chronic condition, age 35 - 65, and preferably not employed outside of the home.
- Live in a small town or on a ranch or farm 25 miles outside a town of 12,500 or more.
- Have a telephone line in your home or be able to connect to the internet in another manner.
- Have basic knowledge of and be physically able to use a computer (not necessary to have a computer).
- Willing to participate in all aspects of the research project over six months.

For information, call toll free 1-888-375-1317

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Arthritis Action is published semi-annually by the

Arthritis Foundation, Utah/Idaho Chapter

448 East 400 South, Suite 103, Salt Lake City, Utah 84111

NEWSLETTER EDITOR Bonnie Christophersen

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either drug alone. However, combining two biologic agents increases the risk of a serious adverse event – particularly infection – without increasing the benefit enough to make the risk worthwhile. All of the biologics tested in children with juvenile arthritis were found to be safe and effective. Furthermore, the use of biologics holds the potential of inducing remission for these children.

4. Importance of Anti-Cyclic Citrullinated Proteins in RA

Although most people with RA test positive for rheumatoid factor, many people who do not have RA also test positive for rheumatoid factor, limiting the diagnostic value of this test. It has been found that testing for antibodies against cyclic citrullinated peptide, or anti-CCP, is much more specific for identifying people with RA. Furthermore, anti-CCP antibodies may be present for years before disease symptoms are apparent, making this antibody a potential predictor of who will develop disease. Although the relationship between anti-CCP antibodies and RA has been known for a few years, research studies released in 2006 have increased our understanding of the role and importance of anti-CCP proteins.

5. Results of Largest Glucosamine-Chondroitin Trial to Date

6. High Rate of Relapse in Juvenile Arthritis

7. Immune Cell Involvement in Juvenile Arthritis Better Defined

8. Help for Seniors Buying Medications

9. New Treatment Possibilities for Systemic Sclerosis

10. Anakinra Effective Against Genetic Form of Juvenile Arthritis

For information on all ten advances, please visit
www.arthritis.org



SAVE THE DATE!

Education Seminar

May 19, 2007

Utah Law & Justice Center
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Salt Lake City, Utah

NOW AVAILABLE!

Take Control With Exercise DVD

This upbeat 60-minute fitness DVD provides a balanced exercise routine based on the Arthritis Foundation Exercise Program. The DVD includes two optional endurance routines to create a more challenging workout and a relaxing guided imagery segment to help you manage stress.

To order call 1-800-283-7800

Exercise with us!

View portions of the DVD online:

www.arthritis.org/conditions/exercise



To learn how to donate to the Arthritis Foundation through payroll deduction, visit www.healthcharitiesut.com

Take Control of Your Health through the Arthritis Foundation Lifestyle Improvement Series



The **Arthritis Foundation Self-Help Program** helps you learn skills to become an active member of your health-care team, work better with your health-care providers and handle the day-to-day challenges of your disease. Trained volunteers, many of whom have arthritis or fibromyalgia, lead the courses.

Chapter Office

448 East 400 South Suite 103
Salt Lake City, Utah
Wednesdays, March 7 – April 11
6 – 8 PM

Karcher Estates

1127 Caldwell Boulevard
Nampa, Idaho
Fridays, March 30 – May 4
2 – 4 PM

Davis County Health Department

50 East State Street
Farmington, Utah
Thursdays, March 8 – April 12
10 AM – Noon

Midvale Senior Center

350 West Park Street (7610 South)
Midvale, Utah
Thursdays, April 12 – May 17
1 – 3 PM

Call the Chapter office at 800-444-4993 for additional course dates.



The **Arthritis Foundation Aquatic Program** allows you to exercise without putting excess strain on your joints and muscles. The gentle activities in warm water, with guidance from a trained instructor, will help you gain strength and flexibility. You do not need to know how to swim to participate.

Facility locations are available online at www.arthritis.org.



The **Arthritis Foundation Exercise Program** is designed to help increase joint flexibility and maintain muscle strength. Different classes, led by trained instructors, are available to fit your individual fitness level – with exercises done while sitting, standing or on the floor.

Facility locations are available online at www.arthritis.org.

800-444-4993 • www.arthritis.org