

ARIA NEWS

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ARIA PUBLISHES NEW EXERCISE STUDY FINDINGS

Findings from the ongoing Arthritis Research Institute of America (ARIA) Clearwater Study, as well as the more recently undertaken Exercise Study, have resulted in a number of papers being published in peer reviewed journals these past few years. The first quarter of this year saw the publication of two such papers.

However, the one attracting the most interest among those in the research community, especially since its findings run counter to previously held beliefs, is a paper authored by Frances V. Wilder and John P. Barrett, which was published in the February 2005 issue of *Physical Therapy*. And, as you will read shortly, the results have implications for anyone intending to build exercise into his or her lifestyle.

The study addressed retention and dropout rates among those enrolled in an exercise regimen for osteoarthritis. It appears certain the ARIA study was the first of its kind. A search of the PubMed database – which is the site where such records are kept – turned up no matches of investigations for dropout status among those participating in an arthritis exercise program.

Nevertheless, knowing why people dropout and predicting who is likely to do so is immensely valuable. Better recruitment saves money since the costs associated with studies based on observations of groups of people over a long period of time make them among the most expensive types of scientific investigations undertaken. Worse



yet, when individuals don't continue on, it throws off the reliability of the results.

This last point is not only due to fewer individuals completing the study; if those who do stay on tend to be the healthiest anyway, it would be hard to draw any strong conclusions about the value of exercise for helping people with osteoarthritis.

On the other hand, targeted measures can be taken to increase retention when it is known what segment of an exercise group is most at risk of not following through by addressing those individual's concerns and establishing a more welcoming environment. Also, plans can be made for greater recruitment levels to offset the expected drop in the study program in order to better achieve statistically valid results.

The findings from the study titled "The Association Between Medication Usage and Dropout Status Among Participants of an Exercise Study for People With Osteoarthritis" produced what for

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FROM THE PRESIDENT

Our current issue includes an article on the Bone and Joint Decade. (see below). This is just one small way the Arthritis Research Institute of America (ARIA) wishes to support this worldwide effort to shed light on how menacing musculoskeletal disease is.

However, doing so is disconcerting since it is a little like flipping the switch on an unkempt room. There are messes everywhere you look. For instance, we are told that in this country “the number of people affected by arthritis will increase to 60 million by 2020.”

To take this analogy a little further, visit the website and you’ll find light being shone on messes in other dark corners too. One report notes that the incidence of arthritis is far worse among young people than previously believed. There are over 8,000,000 Americans from 18 to 44 years old who have it. In addition, it strikes 300,000 children.

The worst part is, when arthritis strikes the young it is often misdiagnosed because even medical doctors are often unaware of how common it is among them.

So, if doctors can fail to realize such things, you understand why public education efforts are so necessary. The kinds of tips you will find in our article on exercise, beginning on page one and in our “News Briefs” section, will hopefully open your eyes to ways you can avoid becoming another statistic.

You will find out better ways of approaching an exercise regimen, learn about alternatives to COX-2 drugs and be informed about another drug for which questions of risk are being raised.

Wishing you the best of joint health.

John P. Barrett, M.D.
President and Founder

2005 NATIONAL AWARENESS WEEK

October 12 - 20 has been set as National Awareness Week for the Bone and Joint Decade. This is an international effort launched by the World Health Organization and supported by hundreds of governments and non-government agencies. It is aimed at promoting the health of those afflicted with a range of musculoskeletal conditions, for which osteoarthritis figures prominently.

In support of this educational endeavor, the Arthritis Research Institute of America (ARIA) is reproducing a “Facts & Figures” list compiled by the United States Bone and Joint Decade organizers. You can find more information by logging on to www.usbjd.org.

In the United States:

- Musculoskeletal conditions cost our society an estimated \$254 billion every year.
- 1 out of every 7 Americans reports a musculoskeletal impairment.
- 28.6 million Americans incur a musculoskeletal injury every year.
- More than half of all injuries are to the

musculoskeletal system.

- More than 43 million people have some form of arthritis.
- It is estimated that the number of people affected by arthritis will increase to 60 million by 2020.
- 1 out of every 2 women and 1 out of every 8 men older than age 50 will have an osteoporosis-related fracture in their lifetime.
- Back or spine impairments, which number 18.4 million, are the most prevalent musculoskeletal conditions for persons age 18 and older.
- Sprains, dislocations and fractures account for nearly 65 percent of all musculoskeletal injuries.
- More than 3 million hospitalizations are due to musculoskeletal conditions and injuries annually.
- Each year, musculoskeletal conditions and injuries account for about 102.3 million visits to physicians' offices, 10.2 million hospital outpatient visits and 25 million emergency department visits.
- Approximately 7.5 million musculoskeletal procedures are performed by physicians every year.

NEW BEGINNINGS FOR ARIA RESEARCH



The Arthritis Research Institute of America (ARIA) has expanded our staff in order to focus on new osteoarthritis studies now that the Clearwater Exercise Study has been completed.

We are pleased to announce that, as of June of this year, Matthew W. Rogers has become our Director of Exercise Physiology. He is already busy setting up a hand treatment study and will be involved in designing and conducting other studies involving exercise and osteoarthritis.

“I enjoy getting back into research, which is my first academic love, rather than working on the clinical side,” says Matthew, who began his career teaching and doing research at the University of Kentucky. Most recently, he has been teaching ergonomics, injury prevention and other job-related subjects to a wide range of businesses and federal and state agencies.

Matthew does express pride in some clinical achievements. In particular, after designing an exercise program for about 800 injured Toyota employees, he was able to get most of them working again. This included some who had not worked for years. He discloses, “Worker’s Compensation premiums were reduced by \$10 million during the first 18 months of this program.”

Part of Matthew’s enthusiasm for exercise is personal. He has seen the good it has accomplished in his life. While at Eastern Kentucky University, he was a cross-country runner and a member of the track and field team. He has continued to run and – after turning forty – laid claim to winning a race in the masters’ category. The experience has him thinking that our joints do not have to decline as we age. That just might be the basis of another ARIA study.

Matthew is still recruiting for the Hand Treatment Study. If you live in the Clearwater, Florida area and would like to be considered for participation in this, or one of Matthew’s other upcoming studies, you may contact him by writing to: The Arthritis Research Institute of America, Matthew W. Rogers, Director of Exercise Physiology, 300 S. Duncan Avenue, Clearwater, Florida 33755.

EXERCISE STUDY FINDINGS

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many was a startling result. Based on similar studies involving general exercise programs, or those concerning other diseases, it had been thought that demographic factors such as age, income, education levels, marital status and gender would figure prominently in who would stay on.

However, this did not turn out to be the case in the ARIA study. What was discovered to be predictive was self-reported use of arthritis medication the month before enrollment in the exercise program. The dropout rate was four times greater in those who reported using arthritis medication compared to non-users.

These findings are not only important to institutions undertaking similar studies, since exercise is becoming more broadly recognized as a means to slow down or prevent the onset of arthritis and many other diseases, but they should also be of interest to the public at large. The

Food and Drug Administration recently adding exercise to its food pyramid has put an official stamp on the notion that exercise is for everyone.

So, it is vitally important for all of us to understand what prevents our exercising and look for ways to make doing so more appealing. Solutions could be as simple as setting a fixed time that best fits our schedule, using small rewards such as dinner at a favorite restaurant to celebrate long-term continuation, using range-of-motion warm-ups to lessen pain, working out with a friend to build in a level of accountability and perhaps embracing the idea that the most valuable outcomes are often those that require the most effort.

Of course, you would not want to discontinue taking your medicine without talking to your doctor first, but it could be that swallowing a pill is the “lazy man’s way out.” What is known is that each individual is unique, however we approach exercise needs to suit who we are, doing so is vital since a mountain of evidence tells us that a sedentary lifestyle is unhealthy.

NEWS BRIEFS

- ◆ According to a presentation at this year's American Pain Society annual meeting (held March 30 to April 2, 2005 in Boston, MA), it was found that the Lidoderm patch worked about equally as well as Celebrex to relieve osteoarthritis knee pain. This is a timely result since many people are looking for an alternative to Celebrex and other COX-2 inhibitors, which have been found to have undesirable side effects.
- ◆ According to the January 2005 issue of the *Journal of Rheumatology*, the use of Lipitor and other statins appears to increase the risk of developing osteoarthritis of the hip in elderly women. On the other hand, for women who already had osteoarthritis of the hip, taking statins did not appear to worsen their condition.
- ◆ A study, published in the April 2005 issue of *Arthritis Care and Research*, found the safest and most cost-effective treatment for managing arthritis is to take a common painkiller, such as ibuprofen, and an acid-reducing drug, such as Prevacid.
- ◆ There is more evidence that staying physically active helps to protect against arthritis. Recent research has concluded that the greatest predictor of the loss of ability to perform activities of daily living following the onset of arthritis was the lack of regular vigorous physical activity. The findings were published in the April 2005 issue of *Arthritis and Rheumatism*.
- ◆ Research scientists at the University of Melbourne and Murdoch Children's Research Institute in Australia have announced their finding that the ADAMTS5 enzyme is responsible for breaking down cartilage in mice. The discovery could lead to a new arthritis therapy.

Wills & Bequests

The Arthritis Research Institute of America receives a steady stream of inquiries from individuals wishing to include the Institute as a beneficiary in their wills. Of course, such bequests are greatly appreciated and constitute an extremely important source of support for ARIA's continuing efforts.

In response to requests for information on the proper form of such a bequest, the following language is legally acceptable.

"I give and bequeath to The Arthritis Research Institute of America for discretionary use in carrying out its aims and purposes, (the sum of \$____ OR a sum equal to ____% of the value of my gross estate at the time of my death under this will or any codicil hereto)."

There are also several other bequest options, such as

the bequest of a specific object of value or the remainder of an estate after provisions for debts, general and specific bequests, and administrative expenses, including taxes.

Additionally, provisions can be made in a will for Charitable Remainder Trusts, in which annual payments are made to a beneficiary for a specific period of time (including lifetime), after which the trust remainder is transferred to another designated person or organization; and charitable Lead Trusts, which work in the exact reverse order.

It is vitally important in making any will arrangements or changes that the well-being of your own family be first and foremost in your planning. ARIA also strongly advises that you consult an attorney about any changes you plan to make in your will.