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ACE is pleased to offer this issue on-line, both in English and français. You can also download a PDF printable version, both in English and French.



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**Education**

## Exercise

### – what the latest research has to say

#### Moderate Exercise: No Pain, Big Gains

(Medscape Internal Medicine. 2006;8(1). Posted 03/28/2006)

The research literature on exercise is growing, and it is now generally accepted that it has many benefits for arthritis and osteoporosis. General benefits of exercise include improved heart and lung function, weight control, and improvement of self-esteem and self-confidence. The following information is based on the article referenced above. It talks about how the latest research on exercise suggests that moderate exercise is something the majority of people can do and has almost the same health benefits as aerobic exercise.

Over time, starting with the industrial revolution, the need for physical labour has decreased for humans both in the workplace and at home. For example, remember the days when one had to get up to change the channels on the television? Now, it's a major inconvenience if one can't find the remote control.

As a developed society we sit more and exercise less. This research reported that Americans on average spend 170 minutes (almost 3 hours) watching television each day and 101 minutes (just over 1½ hours) driving. In contrast they spend less than 19 minutes a day exercising.

How much daily exercise is needed is a difficult question to answer for two reasons. Firstly, there isn't a general agreement around how much daily exercise is a good amount. Some health care professionals recommend 30 minutes of exercise/day, while others say either 60 minutes or 60-90 minutes. The second reason is the aerobic revolution that began

back in the 1960's.

During the 60's and 70's aerobics became the gold standard for optimal cardiovascular exercise. Scientific research suggested that aerobic exercise was optimal when the heart rate increased to 70-85% of its maximum\* with constant activity to maintain this rate for 20-60 minutes, with a participation rate of 3-7 times/week.

*"... remember the days when one had to get up to change the channels on the television."*

In 1975 the American College of Sports Medicine encouraged healthy adults to participate in aerobic exercise 3 times/week for 20-30 minutes with a heart rate of 60-90% of their maximum heart rate. These guidelines were modified by the American Heart Association and the US Department of Health and lasted over 20 years as exercise guidelines.

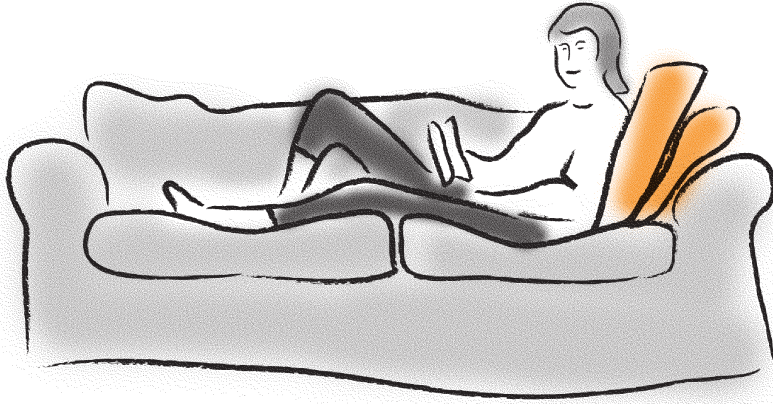
Running became a popular form of aerobic exercise with the ultimate success running a marathon, which is

*continued on page 2*

\*Maximum heart rate: refer to the June 2005 issue of JointHealth<sup>TM</sup> or go to: <http://www.arthritisconsumerexperts.org/news/2005-june.cfm#exercise>. If you do not have internet access, call or write ACE if you would like a print edition of the June newsletter.

**Education**

**Exercise** *continued*



*“The greatest hazard of exercise is not doing it”*  
Dr. Harvey Simon

26 miles long. However running was not popular with the majority of Americans. Today the research suggests still says that aerobic activity is great for becoming and maintaining fitness and health, however, moderate exercise has many health benefits too.

Moderate exercise is something that the majority of people can do but unfortunately the research suggests that the majority of people are not doing. Why? There is still a belief that aerobic exercise is the best and moderate exercise is nowhere close to having the same effects. The following table compares studies looking at some of the benefits of moderate exercise.

The chart shows that walking has major health benefits for lowering mortality

rates and cardiovascular events. Walking is a type of exercise that most people can participate in at some level. ACE talked about the benefits of walking the March 2006 issue of JointHealth™ monthly– the 10,000 step program. Go to ACE’s website: [www.arthritisconsumerexperts.org](http://www.arthritisconsumerexperts.org) and click on JointHealth™ monthly or call ACE to receive a print copy in the mail.

**Remember - before starting an exercise program, at home or at a gym, it is important to speak to a health professional trained in exercise for arthritis and osteoporosis. They can help you to design an exercise program that will be both safe and effective.**

| Number of Participants                   | Type and Amount of Moderate Activity | Observed Benefit                                     |
|--|--------------------------------------|--|
| 10,269 Harvard alumni                    | Walking at least 9 miles/week        | 22% lower death rate                                 |
|  | Climbing a minimum of 55 stairs/week | 33% lower death rate                                 |
| 836 residents of King County, Washington | Gardening at least 1 hour/week       | 66% lower risk for sudden cardiac death              |
| 73,743 American women aged 50-79         | Walking for at least 2.5 hours/week  | 30% lower risk for cardiovascular events             |
| 707 retired Hawaiian men aged 61-81      | Walking at least 2 miles/day         | 50% lower mortality rate                             |
| 9518 older American women                | Walking up to 10 miles/week          | 29% lower mortality rate                             |
|  |                                      | 27% lower mortality rate                             |
| 1645 Americans aged 65 and older         | Walking more than 4 hours/week       | 31% lower risk for hospitalization for heart disease |

Source: Simon HB. *The No Sweat Exercise Plan. Lose Weight, Get Health, and Live Longer.* New York: McGraw-Hill; 2006

**Listening to You**

**Are your methotrexate syringes covered?**

ACE has heard from some of its community members regarding availability and out-of-pocket costs to purchase syringes for methotrexate (Rheumatrex®) injections. Methotrexate is a disease-modifying antirheumatic drug (DMARD) used to treat rheumatoid arthritis, lupus and other forms of arthritis. This type of therapy is usually given by a self-administered injection, generally once a week. It is available in an oral form but less of the drug is absorbed. Increasingly, there are more medications being given by injection for arthritis, osteoporosis and other conditions.

At present, the cost of the syringes and needles is the responsibility of the consumer/patient. It is important to note that if these drugs were dispensed in pre-loaded syringes, the cost would be included in the price. All public drug plans cover the cost of methotrexate itself but no plans cover the cost of the syringes.

For diabetes, the cost of the syringes is covered by public health plans for the required daily injections of insulin. Injections are also necessary forms of treatment for some of the inflammatory types of arthritis. Both diabetes and arthritis are chronic diseases requiring injections to control the disease.

This is an important issue and ACE would like to hear from you. Let us know how you feel about paying for syringes for your arthritis medication, and whether it impacts on your ability to take methotrexate as prescribed. Write or email ACE at: [info@arthritisconsumerexperts.org](mailto:info@arthritisconsumerexperts.org). We look forward to hearing from you. ACE will go to government with its community member concerns regarding this issue. <

# the JointHealth™ workshops

## Arthritis Consumer Experts 2006 FREE Research-based Education JointHealth™ Workshop Schedule

Arthritis Consumer Experts is excited to tell you about its fifth annual research-based education workshop series. In 2006, ACE will focus on supporting the Alliance for the Canadian Arthritis Program (ACAP) by conducting 10 free workshops across Canada. As always, ACE workshops will be co-led by a leading local rheumatologist and arthritis patient advocate. The focus of the JointHealth™ workshop series is to provide people with arthritis, their family members, and friends with the most up-to-date research-based information available and address participants' specific concerns and questions. We will feature information about the prevention and treatment of rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, osteoarthritis and osteoporosis.

**Pre-registration is required, but attendance and a detailed information package are FREE at all ACE workshops.**

- September 12** : **Halifax, NS.** Halifax Radisson, 1649 Hollis St.
- September 13** : **Fredericton, NB.** Delta Fredericton, 225 Woodstock Rd.
- September 14** : **Montreal (in French).** Best Western Ville Marie, 3407 rue Peel.
- September 14** : **St. John's, NL.** Fairmont Newfoundland, 115 Cavendish Square.
- September 19** : **Winnipeg, MB.** Radisson Winnipeg Downtown, 288 Portage Ave.
- September 20** : **Regina, SK.** Delta Regina, 1919 Saskatchewan Dr.
- September 21** : **Edmonton, AB.** Westin Edmonton, 10135 100th St.
- September 26** : **Ottawa, ON.** Cartier Place, 180 Cooper St.
- September 27** : **Toronto, ON.** Best Western Primrose, 111 Carlton St.
- October 3** : **Victoria, BC.** TBA.

Please note all workshops will be held from 6-9pm to accommodate people with work and family commitments. Workshop venues will announced in JointHealth™ monthly, and on the ACE website:

[www.arthritisconsumerexperts.org](http://www.arthritisconsumerexperts.org)

**Register now by visiting ACE on the  
web at [arthritisconsumerexperts.org](http://arthritisconsumerexperts.org)  
or call us toll-free at 1-866-974-1366.**

**\* These workshops are FREE**

We are able to provide these workshops without charge because we receive funding as unrestricted grants from private and public organizations. See acknowledgements on page 4. However ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.



## Arthritis Consumer Experts

### Who we are

Arthritis Consumer Experts (ACE) provides research-based education, advocacy training, advocacy leadership and information to Canadians with arthritis. We help empower people living with all forms of arthritis to take control of their disease and to take action in health care and research decision making. ACE activities are guided by its members and led by people with arthritis, leading medical professionals and the ACE Advisory Board. To learn more about ACE, visit

[www.arthritisconsumerexperts.org](http://www.arthritisconsumerexperts.org)

### Guiding principles and acknowledgement

#### Guiding Principles

Health care is a human right. Those in health care, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its long-term consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and for-profit organizations. This is not only equitable, but is the best means to balance the

influence of any specific constituency and a practical necessity. Any profit from our activities is re-invested in our core programs for Canadians with arthritis.

To completely insulate the agenda, the activities and the judgments of our organization from those of organizations supporting our work, we put forth our abiding principles:

- ACE only requests unrestricted grants from private and public organizations to support its core program.
- ACE employees do not receive equity interest or personal "in-kind" support of any kind from any health-related organization.
- ACE discloses all funding sources in all its activities.
- ACE identifies the source of all materials or documents used.
- ACE develops positions on health policy, products or services in collaboration with arthritis consumers, the academic community and health care providers and government free from concern or constraint of other organizations.
- ACE employees do not engage in any personal social activities with supporters.
- ACE does not promote any "brand", product or program on any of its materials or its web site, or during any of its educational programs or activities.

### Thanks

ACE thanks the Arthritis Research Centre of Canada (ARC) for its scientific review of JointHealth™.



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ACE thanks these private and public organizations.

### Disclaimer

The material contained in this newsletter is provided for general information only. It should not be relied on to suggest a course of treatment for a particular individual or as a substitute for consultation with qualified health professionals who are familiar with your individual medical needs. Should you have any health care related questions or concerns, you should contact your physician. You never disregard medical advice or delay in seeking it because of something you have read in this or any newsletter. ◀

  
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