JointHealthinsight Arthritis research, education and advocacy news: Summer 2024

Arthritis A-Z: Your Questions Answered

Welcome to this special edition of JointHealth™ insight where we focus on answering the questions from Arthritis Consumer Experts members and subscribers from across Canada living with inflammatory arthritis or osteoarthritis.

So far in 2024, we have received numerous inquiries about various aspects of arthritis, ranging from the latest advancements in treatment options and prevention strategies to navigating the complexities of public and private medication reimbursement access and understanding disease progression.

This special edition of JointHealth™ insight serves as a valuable resource to help you gain a clearer understanding of your own disease and health journey. In Part One of "Arthritis A-Z: Your Questions Answered," we provide answers to your specific questions on living with inflammatory arthritis (IA), like rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis or lupus. In an upcoming Part Two edition of JointHealth™ insight, we will answer your questions about osteoarthritis.

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Disease Information

What is inflammatory arthritis?

Inflammatory arthritis is a general term used to describe autoimmune forms of the disease. In inflammatory arthritis, the body's own immune system mistakenly attacks healthy joints and tissues, causing inflammation, pain, stiffness, and joint damage. Rheumatoid arthritis is the most common form of inflammatory arthritis. Other forms include ankylosing spondylitis, psoriatic arthritis, lupus, and many others. Managing these diseases involves a combination of medication, lifestyle changes, and sometimes surgery to control symptoms and prevent joint damage.



Learn more

Arthritis Consumer Experts (ACE) has created the **About Arthritis** resource for people living with inflammatory arthritis, their families and caregivers, and the public. The resource features easy-to-read **disease spotlights** describing diagnosis, treatment, and care for many types of arthritis.

How is inflammatory arthritis diagnosed?

Diagnosing inflammatory arthritis involves a thorough clinical evaluation, including medical history and physical examination. To confirm the findings of the physical exam and history taking, doctors often use blood tests to detect markers of inflammation, such as C-reactive protein (CRP) and erythrocyte sedimentation rate (ESR), as well as specific antibodies like rheumatoid factor (RF) and anti-cyclic citrullinated peptide (anti-CCP). Imaging studies such as X-rays, ultrasounds, or MRIs can also reveal joint damage and inflammation. Early and accurate diagnosis is crucial for initiating appropriate treatment to manage symptoms and prevent long-term joint damage.

Who can I expect to be part of my inflammatory arthritis healthcare team?

Your inflammatory arthritis healthcare team should include a rheumatologist who specializes in the diagnosis and management of inflammatory joint diseases. Other health care professionals that may be part of your team are physical therapists and occupational therapists who help improve joint function and teach strategies for daily activities. A dietician can provide guidance on nutrition, while a psychologist or counselor can support mental health challenges. Pharmacists ensure

proper medication management, and social workers can assist with accessing community resources and support services. Your family physician continues to be the overall health care provider and coordinator.



Learn more

Looking for more information about working with your healthcare team and building a treatment plan? ACE has you covered with its **Getting Better Healthcare** resource.

How can I manage disease flares?

When your inflammatory arthritis symptoms increase in intensity over a short period of time, you may be experiencing a flare. Managing flares involves a combination of medication, lifestyle changes, and self-care strategies. Anti-inflammatory medications and disease-modifying antirheumatic drugs (DMARDs) can help control symptoms caused by inflammation such as pain and fatigue. Applying heat or cold to affected joints, practicing relaxation techniques, and maintaining a healthy diet may also alleviate symptoms. Regular communication with your healthcare team is essential to adjusting treatment plans promptly during a flare.



Learn more

Arthritis at Home is an ACE education program featuring short video interviews with Canadian experts in clinical rheumatology, arthritis scientists, health care providers such as physio and occupational therapists, psychologists, health economists and most importantly, patients. Click here to see an Arthritis at Home program where ACE speaks to Dr. Susan Bartlett, Professor of Medicine at McGill University, about the development of a Rheumatoid Arthritis Flare Questionnaire.

What are the benefits of exercise and physical activity to help me manage my disease?

Exercise and physical activity offer numerous benefits for managing inflammatory arthritis. Regular movement helps maintain joint mobility, reduce stiffness, and improve overall physical function. Strength training can enhance muscle strength and integrity around the joints, while aerobic exercise can boost cardiovascular health. Additionally, physical activity can help with weight management, reduce stress on the joints, and improve mood and mental health by releasing endorphins.





What are good ways to exercise indoors?

If you can't spend time outdoors, you can still get valuable exercise at home or in a heated pool. Yoga, tai chi, water aerobics, and swimming are types of low-impact exercises that people living with with arthritis and its associated pain can participate in. A bonus is that low-impact exercise may decrease levels of stress and help to improve the way your body feels and functions.

Having arthritis should not prevent you from trying yoga as a complementary therapy to traditional exercise. Scientific trials have been published on yoga in major medical journals that show that yoga is a safe and effective way to increase physical activity. Yoga can increase muscle strength, improve mobility, enhance cardiorespiratory fitness, and promote body awareness—all elements that may be especially helpful for people with inflammatory arthritis.

Because of their meditative natures, yoga and tai chi also have many psychological benefits, such as managing stress and anxiety.

Researchers at Arthritis Research Canada report that water provides an excellent medium for indoor exercise. The buoyancy of your body in water means less weight on the main weight-bearing joints (feet, ankles, knees, and hips) to allow for freer, less painful movement while still providing resistance to muscles. Simply walking through the water in a swimming pool protects joints and lessens possible pain, while providing a workout with 12 times the resistance of walking on land.



Learn more

Arthritis Consumer Experts' national surveys are designed to gather the views and opinions of real people living with arthritis. In a survey on **arthritis and exercise**, people living with arthritis shared with us the many challenges to finding detailed information, and help, to guide safe exercise. The survey identified gaps in exercise education, programming, and monitoring as well as how the healthcare system, health care providers, and patient organizations can better support an arthritis patient's exercise journey.

Based on the results of this survey and the advise of exercise experts trained in arthritis, ACE has launched a new **JointHeath™ Education course on arthritis and exercise** to provide people with information and guidance to promote safety and help maximize the benefits of exercise.

What are some tips for managing the mental health impact of inflammatory arthritis?

If you are experiencing challenges with your mental health, you are not alone. Research shows that people with inflammatory arthritis are more likely to experience depression and anxiety than the general population. Managing the mental health impact of arthritis involves adopting strategies to cope with daily stressors and building a solid support network. This could include regular physical activity, mindfulness meditation, and relaxation techniques to improve your sense of wellbeing. Staying connected with support groups or counseling services may also be beneficial. Setting realistic goals, taking small steps towards them and maintaining a positive outlook can also help manage the emotional challenges of living with arthritis.



Learn more

People with inflammatory arthritis who have mental health concerns should consider seeking help from their network. For instance, you can speak to your rheumatologist about the challenges you're having with mental health and determine a treatment plan best suited to your needs.

In a **JointHealth™ insight issue** dedicated to mental health and arthritis, ACE explored how people with arthritis can effectively manage their mental health.

Patients can also consider getting support from a counsellor, social worker or mental health professional. The Canadian Mental Health Association provides a list of Mental Health Support services and brochures here.

What are effective ways to manage my pain and fatigue?

Effective pain and fatigue management can include medication, physical therapy, and lifestyle modifications. Analgesics, anti-inflammatory drugs, and DMARDs can reduce pain and inflammation. Physical therapy may improve your strength and mobility, which can indirectly reduce pain. Maintaining a healthy diet, staying hydrated, and practicing good sleep hygiene can help manage fatigue. Energy conservation techniques, like balancing activity with rest, can also be beneficial.







For many people living with inflammatory arthritis, "I'm so tired" is a common phrase. Fatigue is their constant, and possibly unpleasant companion. It is a symptom which is often overlooked or overshadowed by other concerns when treating arthritis, but it can be life-altering to people living with the disease. Read this **JointHealth™ insight** dedicated to the important topic of arthritis and fatigue.

What can I do to improve my sleep?

Improving sleep involves establishing a consistent sleep routine and creating a comfortable sleep environment. Regular sleep and wake times, even on weekends, can regulate your body's internal clock. Creating a relaxing pre-sleep routine, such as reading a book or taking a warm bath, can signal your body that it's time to sleep. Ensuring your bedroom is cool, dark, and quiet, and using supportive pillows and mattresses can enhance comfort and promote more restful sleep.



Learn more

In **this episode** of Arthritis at Home, ACE interviews Ms. Emilie McGuire from Arthritis Research Canada about a study she led on sleep and insomnia among people with arthritis.

Can I get pregnant if I have inflammatory arthritis?

Yes, many women with inflammatory arthritis can have healthy pregnancies. It's important to plan your pregnancy with your healthcare team. Some arthritis medications may need to be adjusted before conception and during pregnancy to ensure safety for both mother and baby. Close monitoring and collaboration between your rheumatologist and obstetrician can help minimize symptoms and support overall health during pregnancy.



Learn more

Click here to view an ACE interview with Dr. Carl Laskin, Managing Director of TRIO Fertility in Toronto, on key factors that patients with rheumatic disease should consider when thinking about pregnancy. Including why it is important to have transparent and open conversations about pregnancy with your rheumatologist early on.

What treatment guidelines should I follow if I'm considering pregnancy?

If considering pregnancy, consult your rheumatologist to review and possibly adjust your medication regimen. Some DMARDs and biologics may need to be stopped or substituted with safer alternatives. Folic acid supplementation is often recommended, especially if you are taking methotrexate. Methotrexate should be stopped well before conception. Regular prenatal check-ups and a healthy lifestyle are essential for managing both your arthritis and pregnancy.



Learn more

In this **Arthritis At Home interview**, Ms. Serina Khangura speaks to ACE about her pregnancy experience, including her pregnancy considerations with rheumatoid arthritis, talking to her family, support system and health care providers about becoming pregnant, her preparation for pregnancy, and her journey through her first 18 weeks.

What are some ways to ensure a smooth transition from juvenile arthritis care to adult arthritis care?

A smooth transition from juvenile to adult arthritis care involves coordinated planning between pediatric and adult health care providers. Starting transition discussions early, around the age of 14-16, can prepare adolescents for the change. Educating young patients about their disease, treatment plans, and self-management skills is crucial. A transition plan that includes a timeline, identification of adult care providers, and ensuring continuity of care helps facilitate a smooth transition to adult healthcare services.



Learn more

At the 2024 Canadian Rheumatology Association annual scientific meeting, ACE interviewed Dr. Michelle Batthish, Pediatric Rheumatologist, McMaster Children's Hospital; Dr. Stephanie Garner, Adult Rheumatologist, University of Calgary; and Ms. Natasha Trehan, person living with juvenile idiopathic arthritis, about the emerging adult with rheumatic disease. The trio discusses transitioning from pediatric to adult arthritis care and shares transitioning tips for patients and their family members. Watch the interview here.





How can I participate in research studies?

To participate in research studies, you can start by discussing opportunities with your rheumatologist. Many academic medical centers and arthritis patient group organizations offer information about ongoing clinical trials. You can also visit clinical trial registries and websites like **ClinicalTrials.gov** to find studies that match your disease and interests. Participation typically involves meeting specific eligibility criteria, providing informed consent, and attending study visits as required.

Learn more

People with arthritis play a very significant role in research. Participation takes many forms, including:

- Answering questionnaires and surveys
- Participating in individual or group interviews with researchers
- Being involved on advisory boards or councils to take part in research decision-making
- Participating in clinical medication trials

Finding a research project to get involved with is the first step to participating in arthritis research. ACE has a dedicated **section** on its website for research participation to help you get started.

Treatment Options

What are the different types of arthritis medications used to treat and manage inflammatory arthritis?

For many people living with arthritis, medications are a critical part of their successful treatment plan. While there are no known cures for arthritis, many effective treatments exist, especially for inflammatory arthritis. These medications can, in some cases, stop the disease process that causes joint damage and disability.

Essentially, there are two categories of medications: medications to treat symptoms and advanced therapies to treat the underlying disease.

Medications to treat symptoms

The arthritis medications to treat symptoms have their own set of benefits and risks. NSAIDs and pain relievers are often effective for mild to moderate pain, while steroids and opioids are reserved for more severe pain. Careful consideration and medical guidance are crucial to finding the most appropriate and safe treatment for each individual. These medications include:

- non-steroidal anti-inflammatories ("NSAIDs")
- pain relievers, like acetaminophen (Tylenol®)
- steroids
- · opioids

Advanced therapy medications to treat the underlying disease

The term "advanced therapies" is commonly used to describe medications that treat some of the specific molecules that have been found to drive the inflammation, pain, and disability in inflammatory types of arthritis. Over the last 23 years, advance therapies for people with inflammatory arthritis have led to better disease management strategies and improved patient outcomes. Advanced therapies can slow the progression of the disease and protect the joints and other tissues from permanent damage. These medications include:

- disease modifying anti-rheumatic drugs (DMARDs)
- targeted synthetic disease modifying anti-rheumatic drugs (tsDMARDs)
- biologic DMARDs, also known as "originators" (boDMARDs)
- biologic biosimilar DMARDS, also known as "biosimilars" (bsDMARDs)



JointHealth™ Education course: Advanced therapies for

IA is designed to help patients living with inflammatory arthritis identify when the time is right to transition to an advanced therapy, what key questions to ask about how they are taken and about their benefits and risks. It will also give you a comprehensive look at factors to consider when making your advanced therapy choice.





What is the difference between an originator biologic and a biosimilar biologic?

When the patent of an originator biologic expires, other manufacturers are allowed to make a biosimilar version of the medicine, much like a generic medicine does when a small molecule brand name medicine loses its patent. Health Canada defines a biosimilar as a biologic medicine that is highly similar to its originator biologic with no expected meaningful differences in safety and efficacy and compared to the originator biologic and delivers the same therapeutic benefits to patients. Biosimilar, like originator biologics, may be administered at home by injection (known as "self-injection") or by intravenous infusion (IV) in a doctor's office or an infusion clinic.

The type of data required to support biosimilar approval from Health Canada differs from that required for an originator biologic medicine. Biosimilar manufacturers do not have to recreate the originator biologic's research and development. Instead, biosimilar manufacturers must perform comparative studies to demonstrate similar levels of effectiveness. This means manufacturers that make biosimilars of other originator biologic medicines typically do not have the same costs to bring the product to market and can therefore offer it at a lower price. The savings generated by biosimilars may be reinvested into health care resources needed by Canadian patients.

Biosimilars have been approved for use in Canada since 2009, and in arthritis since 2014. Fifty-five biosimilars are currently approved by Health Canada for chronic diseases, including inflammatory arthritis, cancer, inflammatory bowel disease, diabetes, multiple sclerosis, psoriasis and agerelated macular degeneration.



Learn more

Arthritis Consumer Experts has been a leader in biosimilars policy development discussions since 2009, sharing information with stakeholders across Canada through free research-based workshops, webinars and education programs. Drawing from this experience, ACE has created the **Biosimilars·Exchange**, an information hub for patients to get the latest news and background analysis.

What do I need to know when starting on a biologic medicine?

Biologics (originators and biosimilars) are large proteins that target specific components of the immune response that promote inflammation. They are given by intravenous injection or self-injected subcutaneously.

When starting a biologic medicine (originator or biosimilar), it's important you understand the potential benefits, risks, and administration methods. These medications can significantly reduce inflammation and disease activity but may increase the risk of infections. Regular monitoring and follow-up appointments are necessary to assess effectiveness and manage side effects. Proper training on self-injection or infusion procedures is also essential.

How do JAK inhibitors work?

Targeted Synthetic DMARDs (tsDMARDs) are small molecules designed to target specific molecules involved in the inflammatory process. They are not biologics, but they do target specific parts of the immune system — unlike conventional synthetic DMARDs (csDMARDs), which have a dampening effect on the whole immune system. Targeted synthetic DMARDs are administered as daily tablets which pass through the digestive system and work from within the immune cells.

To date, janus kinase (JAK) inhibitors are the only subclassification of tsDMARDs available in Canada, although there are others being researched globally.

JAK inhibitors work by inhibiting the activity of one or more of the Janus kinase family of enzymes JAK1, JAK2, JAK3 and tyrosine kinase, which are parts of the immune system that can be related to inflammatory arthritis symptoms. JAK inhibitors are only used to treat inflammatory types of arthritis; they are not used in the management of osteoarthritis.

JAK inhibitors may be taken alone or in combination with another drug.





Should I use obesity medications to manage my inflammatory arthritis?

Using obesity medications specifically to manage inflammatory arthritis is not typically recommended. However, achieving or maintaining a healthy body weight can significantly reduce stress on joints, decrease inflammation, and improve overall health outcomes. Weight management strategies should focus on a balanced diet, regular physical activity, and lifestyle changes. Consultation with a health care provider is important to developing a personalized plan that considers your arthritis and overall health.



Learn more

Your lifestyle, particularly exercise and nutrition, are two of the most important components of your inflammatory arthritis treatment plan. In a **special issue** of JointHealth™ insight, ACE shares the benefits of exercise and a nutritious diet. To help you get started with improving how you feel physically and emotionally, we also explore some suggestions for appropriate exercise and dietary changes.

Does cannabis help with arthritis pain?

Currently, cannabis is not an approved therapeutic product by Health Canada, which states that the use of cannabis involves risks to health, some of which may not be known or fully understood. Studies supporting the safety and efficacy of cannabis for therapeutic purposes are limited and do not meet the standards required by the Food and Drug Regulations for marketed drugs in Canada.

Little medical research has been conducted on cannabis use for people with arthritis. While anecdotal evidence and personal testimonials promoting its use are easy to find, rigorous clinical trials are necessary to confirm medical cannabis' efficacy in managing chronic arthritis pain.

According to the Canadian Rheumatology Association, medical cannabis should not be used in the following patient populations:

- a. Rheumatology patients under the age of 25 years
- b. Patients with allergic reactions to cannabinoid products
- c. Women who are pregnant or breastfeeding

 d. Patients with a history of current or past psychotic illness, substance abuse disorder, previous suicide attempts or suicidal ideation

Medical cannabis should be used with caution in the following patient populations:

- a. Elderly patients
- b. Patients with unstable mental health disease
- c. Patients with a history of current moderate or severe cardiovascular or pulmonary disease
- d. Patients working in settings requiring high levels of concentration, optimal executive functioning and alertness
- e. Patients receiving concomitant therapy with sedativehypnotics or other psychoactive drugs



Learn more

Health Canada provides patients and health care providers **helpful guidance** on the use of medical cannabis. **Click here** to read the Canadian Rheumatology Association Position Statement on Medical Cannabis Use in Rheumatic Disease.

Prevention

Can inflammatory arthritis be prevented?

Currently, there is no known way to completely prevent inflammatory arthritis. However, certain lifestyle choices can reduce the risk or delay the onset of symptoms. Maintaining a healthy weight, eating an anti-inflammatory diet, avoiding smoking, and managing stress can contribute to better joint health. Early diagnosis and treatment are crucial for preventing severe joint damage and improving long-term health.

What are the risk factors for inflammatory arthritis?

Risk factors for inflammatory arthritis include genetic predisposition, family history of arthritis, smoking, obesity, and certain infections. Hormonal changes, particularly in women, can also influence the development of arthritis. Understanding these risk factors can help in early identification and management of the disease, although not all risk factors are within an individual's control.





What role do genetics play in the risk of developing inflammatory arthritis?

Genetics play a significant role in the risk of developing inflammatory arthritis. A family history of arthritis increases the likelihood of inheriting the disease. Specific genetic markers, such as HLA-DRB1 for rheumatoid arthritis, are associated with a higher risk. While genetics contribute to susceptibility, environmental factors and lifestyle choices also influence the development and progression of the disease.

Can diet and nutrition play a role in preventing inflammatory arthritis?

It is very natural to want to have some control over the progression of a chronic disease, and your diet and nutrition is something you have some level of control over. Diet and nutrition can influence inflammation and overall health, potentially playing a role in preventing inflammatory arthritis. An anti-inflammatory diet rich in fruits, vegetables, whole grains, lean proteins, and healthy fats like omega-3 fatty acids can help reduce inflammation. Avoiding processed foods, excessive sugar, and trans fats is also beneficial. While diet alone cannot prevent arthritis, it supports overall health and may reduce symptom severity.



Learn more

To help you understand what the research is telling us about arthritis, diet and nutrition, ACE has developed a **resource** about what is proven to be effective, and what is not.

Patient Resources and Support

What are some ways to determine if online resources are credible?

To determine if online resources are credible, check the source's qualifications and affiliations. Reputable websites are often associated with medical institutions, professional organizations, or government agencies. Look for peer-reviewed information, evidence-based content, and citations from reliable sources. Be wary of sites that make unverified claims, sell products, or lack transparency about their authors and funding.



Looking for credible arthritis information on the internet? ACE can help. In **this issue** of JointHealth™ insight, ACE provides tools to help you be an informed leader in your healthcare, including criteria to evaluate the credibility of a health website.

Where do I go to find out if my inflammatory arthritis medication is covered by my public drug plan?

Public and private drug reimbursement plans in Canada are complex and can be difficult for people to understand and navigate. To help you, ACE has a **special edition** of JointHealthTM insight that provides a current snapshot of medication reimbursement in Canada.

To find out if your arthritis medication is covered by your public drug plan, visit your provincial or territorial health department's website. Many have online formularies where you can search for specific medications. You can also contact your health care provider or pharmacist for assistance. Additionally, patient support programs offered by pharmaceutical companies can provide information on coverage and financial assistance options.

How do I find if a specific arthritis medication is covered by my private health insurance plan?

To determine if a specific arthritis medication is covered by your private health insurance, review your policy's drug formulary or contact your insurance provider directly. Many insurers have online tools to check medication coverage. Your health care provider or pharmacist can also help navigate insurance benefits and coverage questions. Patient support programs may offer additional support.

What are patient support programs?

Once a rheumatologist prescribes a specific advanced therapy to a patient, the patient program coordinator can reach out to them to begin the enrollment process. Nearly all advanced therapies used to treat inflammatory forms of arthritis have a patient support program.

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At the same time the patient support program coordinator begins processing paperwork, they also reach out to the person who was prescribed the medication to do an initial needs assessment. Based on the patient's specific needs, the coordinator recommends services available in the program to customize it. Patient support program services vary between pharmaceutical companies, but all offer help with getting reimbursement coverage from the person's public or private insurer, educational resources, nursing support (for things like self-injection training) and even financial assistance in dire emergencies.

The patient support programs can also help patients navigate the medication reimbursement process, including:

- pre-authorization requirements for prescription medications
- · generic substitution
- biosimilars switching
- appeals process if medication reimbursement coverage is declined
- insurance plan limitations or exclusions
- financial assistance

Some popular services offered by patient support programs include:

- specialist referrals
- medication management support (training on how to take the medication, for example, injection training)
- care coordination (interacting with different health care providers, managing appointments and treatments)
- disease management programs (access to specialized nurses, nutritionists)
- educational resources and counseling services (diet, exercise, mental health)
- health and wellness plans for arthritis
- virtual care services (online meetings with health care professionals)
- digital health tools (online platforms and apps to access health records or medication schedules, monitor symptoms)



ACE has developed a list of advanced therapies for inflammatory arthritis and links to their corresponding patient support programs where you will find program details.

Click here to view the Patient Support Program List PDF.



Arthritis Consumer Experts (ACE)

Who we are

Arthritis Consumer Experts (ACE) and its team members acknowledge that they gather and work on the traditional, ancestral and unceded territory of the Coast Salish peoples - x^wməθk^wəyʻəm (Musqueam), Skwx-wú7mesh (Squamish), and Səlilwəta?/ Selilwitulh (Tsleil-Waututh) Nations.

ACE operates as a non-profit and provides free research based education and information to Canadians with arthritis. We help (em)power people living with all forms of arthritis to take control of their disease and to take action in healthcare and research decision making. ACE activities are guided by its members and led by people with arthritis, scientific and medical experts on the ACE Advisory Board. To learn more about ACE, visit www.jointhealth.org.

Guiding Principles

Healthcare is a human right. Those in healthcare, especially those who stand to gain from the ill health of others, have a moral responsibility to examine what they do, its longterm consequences and to ensure that all may benefit. The support of this should be shared by government, citizens, and non-profit and forprofit organizations. This is not only equitable, but is the best means to balance the influence of any specific constituency and a practical necessity. Any amount remaining from our annual budget at year end remains with ACE and is used to support the following year's core programs to continue helping Canadians living with arthritis.

For its past 20 years, ACE has consistently honored a commitment to its members and subscribers, academic and healthcare professional colleagues, collaborators, government and the public that its work is free from the influence of its funders.

To inform ACE employees and our stakeholders, members, subscribers that we will operate our organization with integrity and abide by the highest standards of lawful and ethical behaviour, ACE has adopted this strict set of guiding principles:

- ACE requests grants from private and public organizations to support its core program and plans and allocates those funds free from influence;
- ACE discloses all funding sources in all its activities;
- ACE does not promote any "brand", product or program on any of its materials or its website, or during any of its educational programs or activities.
- ACE employees do not receive equity interest or personal "inkind" support of any kind from any health-related organization;
- ACE identifies the source of all materials or documents used;
- ACE develops positions on health policy, products or services in collaboration with people living with arthritis, academic research community, health care providers and governments free from concern or constraint of its funders or other organizations; ACE employees do not engage in personal activities with its funders;
- Cheryl Koehn does not own stock or any financial interest in any of its private or public funders.

Thanks

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Disclosures

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Disclaimer

The material contained in this publication 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. Please contact your physician for your own health care related questions.



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