Arthritis Isn’t a Big Deal...Until You Get It.
Call to Action on Standards for Arthritis Prevention and Care

Four million Canadians have arthritis. They are men and women, children and grandparents, farmers and stockbrokers, nurses and firefighters. They can have drastically different access to care and treatment depending on where they live in Canada. They wait far too long for necessary joint replacement surgery, each passing day an enormous struggle for quality of life. A disproportionate number are aboriginal Canadians living off reserve, who are two-and-a-half times more likely to have arthritis than other Canadians.

The burden is extraordinary. Arthritis is the leading cause of deformity and long-term disability in Canada and accounts for billions of dollars in health costs, lost productivity and pay. Without major reform, this situation will continue to get worse.

The need is great. So is the united commitment for decisive action.

Unprecedented Collaboration
The Alliance for the Canadian Arthritis Program (ACAP) comprises more than 20 stakeholder organizations, each already working hard to support the cause of arthritis and related disorders, in a united voice. The Alliance includes arthritis patients, voluntary associations, formal and informal caregivers, healthcare providers, researchers and clinicians, government (federal and provincial) and industry. Its members speak for every Canadian living with arthritis. And together, they are committed to driving forward a new and better path to improve arthritis prevention and care across Canada.

“First we need to define what is acceptable in arthritis prevention and care, and then work with our government partners to achieve that standard for every Canadian, regardless of where they live.”

Dr. Dianne Mosher, Rheumatologist, Co-chair ACAP

At the ground-breaking Summit on Standards in Arthritis Prevention and Care in November, 2005, delegates from all backgrounds and regions of Canada created an unprecedented consensus for establishing definitive, national, evidence-based standards and laying out critical unmet research needs. The Summit standards set the baseline for equitable prevention, care and treatment of arthritis across Canada. ACAP teams are already developing action plans to work with federal, provincial and territorial governments on three immediate priority standards.

“The Summit was an enormous step forward for arthritis. For patients, the commitment to achieve these standards of prevention and care is as exciting as it is extraordinary.”

Gordon Whitehead, Rheumatoid arthritis patient, Co-chair ACAP
Definitive Standards for Arthritis Prevention and Care

1. Every Canadian must be aware of arthritis.
2. Every Canadian with arthritis must have access to accurate information and education on arthritis that meet a defined set of criteria and are appropriate to their age and stage of disease.
3. Participation in social, leisure, education, community and work activities must be an integral measure used to evaluate outcomes by health professionals, educators, policy makers and researchers.
4. Every Canadian must be informed about the importance of achieving and maintaining a healthy body weight, and actively encouraged to engage in physical activity to prevent the onset and worsening of arthritis.
5. All relevant health professionals must be able to perform a valid, standardized, age appropriate musculoskeletal screening assessment.
6. Inflammatory arthritis must be identified and treated appropriately within four weeks of seeing a health-care professional.
7. Health care professionals must recognize osteoarthritis as a significant health issue and treat it according to current treatment guidelines.
8. Bone mineral density testing must be offered free to all women > 65 years, all men and women with low-trauma fracture after age 40, and every Canadian of any age with risk factors for osteoporosis, according to current prevention and treatment guidelines.
9. Every Canadian with arthritis must have timely and equal access to appropriate medications.
10. Post-approval evaluation of arthritis medications must be part of drug approval.
11. Patient preferences, including risk-benefit trade-offs, must be incorporated into regulatory-decision making and prescribing of arthritis medications.
12. Every Canadian requiring joint surgery must wait no longer than six months from the time the decision to have surgery is made by the patient and physician.

Provisional Standards Requiring Further Research:

1. To prevent arthritis, every Canadian must understand and implement prevention strategies to reduce sport and recreation injuries.
2. Every Canadian with arthritis must have timely access to appropriate integrated health care appropriate to their age and disease stage.
3. Every Canadian with arthritis will be enabled to participate in life roles that are important to them.