



Oklahoma Arthritis Network (OAN)

Thursday, November 15, 2007

MINUTES

Attendees:

Ileana Bauman, Department of Rehabilitation Services
Dorothy Brinker, Oklahoma Alliance on Aging
Adrienne Chambers, OSDH Arthritis Prevention and Education Program
Deresa Claybrook, Positive Resource
Susan Coleman, Pontotoc County (VC)
Holly Courtney, Oklahoma Foundation for Digestive Research
James Crowder, Oklahoma Alliance on Aging
Harold DuPoint, Mary Mahoney Memorial Health Center
Anita Flood, AF Exercise Program Leader, Comanche County (VC)
Toni Frioux, OSDH Community Health Service
Renetta Harrison, Rogers County Health Department (VC)
Joyce Hunt, OSDH Nursing Service
William Maddox
Robert McArthur, MD, McBride Clinic
Glenna McElhany, Pottawatomie County Health Department (VC)
Janice Mouser, OSDH Nursing Service
Janette New, Comanche County Health Department (VC)
Marisa New, OSDH Arthritis Prevention and Education Program
Helen Patrick, Oklahoma Alliance on Aging
Kathy Payne, OSDH Health Promotion
Janie Pennington-Cagle, Johnston County Health Department (VC)
Diana Pistole, OSDH Nursing Service
Tammy Randazzo, Pontotoc County Health Department (VC)
Nancy Redinger, Oklahoma Foundation for Digestive Research
Betsy Replogle, OAN Chair
Alejandro R. Sanchez, OKC Community College
Renee Sansom, Department of Rehabilitation Services
Betty Weber, Pontotoc County Health Department (VC)

VC = Videoconferencing

- I. **Welcome and Introductions** – Marisa (New) Wells
New OAN Members: Helen Patrick; Dorothy Brinker; Diana Pistole, Renee Sansom, Ileana Bauman, Holly Courtney, Nancy Redinger, William Maddox, James Crowder, Joyce Hunt, Janice Mouser, Alejandro R. Sanchez, Susan Coleman, Tammy Randazzo, Janette New, Glenna McElhany
- II. **October Minutes Approved**
- III. **REPORT: OAN Advisory Council Meeting – Marisa (New) Wells**
 - A. Spoke about merging and identifying more with Turning Point
 - Having more formal representation at meetings
 - Pursuing with Steering committee
 - Positive feedback from Advisory Council
 - B. Highlights given for last seven years
- IV. **Announcements**
 - A. Oklahoma Foundation for Digestive Research – Holly Courtney and Nancy Redinger
 - Foundation is a non-profit organization specializing in clinical research
 - Currently working on a study for people between 40-70 who suffer from Rheumatoid and Osteoarthritis arthritis and are taking an anti-inflammatory for pain
 - Contact Holly Courtney at (405) 271-4602, ext. 51280 or holly-courtney@ouhsc.edu for more information, also on the Arthritis Prevention and Education website under Arthritis Clinical Trials (<http://www.health.state.ok.us/program/apep/trials.html>)
 - B. Arthritis Foundation - Marisa (New) Wells for Kulsum Siddiqui
 - Recruited 9 new facilities throughout N.E. Oklahoma
 - Host the AF Aquatics and Exercise Program
 - Classes to start in January 2008
 - 23rd Annual Jingle Bell Run
 - Dec. 8th at Brookside, 35th and Peoria, in Tulsa
 - 1K fun walk and holiday costume contest at 9:00am
 - 5K run/walk/wheel chair race at 9:30am
 - Contact Kulsum Siddiqui, AF Eastern Oklahoma Chapter, at (918) 495-3553 for more information
 - C. Mary Mahoney Memorial Health Center – Harold DuPoint
 - Undergoing name change
 - Will be Community Health Centers Inc. (CHCI)

- D. Advocacy – Betsy Replogle
 - President Bush vetoed an appropriations bill
 - Unless congress can override, will be 950 less grants from the National Institutes of Health (NIH)
 - Every dollar affects arthritis
 - If congress is not doing what you want them to do, let them know – they are there to represent you

V. **Speaker: Robert McArthur, MD, Rheumatologist, McBride Clinic (Norman) – “Arthritis: A General Overview of Diagnosis and Management”**

- A. Approximately 100 types of arthritis
- B. Impact varies dramatically
- C. Rheumatologists divide arthritis in 2 categories
 - Inflammatory
 - Rheumatoid, Psoriatic, Spondyloarthritis, Systemic Lupus, Gout, Juvenile Arthritis
 - Better Diagnosed with blood work
 - Degenerative
 - Osteoarthritis and Degenerative Spinal Arthritis
 - Better Diagnosed with x-rays
 - More common forms of arthritis
- D. Therapies
 - Drugs
 - NSAIDS
 - a. Non-steroid anti-inflammatory drugs
 - b. Treat pain
 - c. High risk of ulcers
 - d. Used for both Inflammatory and Degenerative forms
 - Analgesics
 - a. Pain relievers
 - b. Not anti-inflammatory
 - c. Used for degenerative forms
 - DMARDS
 - a. Disease Modifying Anti-Rheumatic Drugs
 - b. Used for Inflammatory forms, particularly Rheumatoid Arthritis, for prevention of damage to the joint
 - Biological Agents
 - a. Genetically engineered antibodies
 - b. Block mediators and inflammation - newest type of therapy
 - c. Used for Inflammatory forms
 - d. Expensive
 - Steroids
 - Oral, Injectable and Parental
 - Used for both Inflammatory and Degenerative forms
 - Physical Therapy
 - Important in management of arthritis
 - Certified Exercise Programs – Evidence-Based
 - Enhanced Fitness Program
 - Chronic Disease Self Management Program
 - Arthritis Foundation Aquatic Program
 - Arthritis Foundation Exercise Program
 - Arthritis Foundation Self Help Program
 - Contact (405) 271-9444, ext. 56535 for more information on evidence-based programs in your community
- E. Questions
 - For the primary care physician, if patient presents with arthritis, what is the bare minimum lab-work recommended?
 - Sedimentation Rate
 - C-Reactive Protein
 - Rheumatoid Factor
 - a. Helpful, but 20-30% of people with Rheumatoid Arthritis never develop a Rheumatoid Factor
 - b. In the first 6 months of the disease patients commonly don't show a rheumatoid factor
 - Anti-cyclic citrullinated protein (CCP) test
 - Glucosamine Chondroitin Sulfate
 - For degenerative forms of arthritis; particularly Osteoarthritis
 - Approximately 1 out of 3 find relief
 - In degenerative forms of arthritis, cartilage deteriorates; drug thought to re-grow cartilage, no proof
 - Psoriatic Arthritis
 - Inflammatory arthritis associated with Psoriasis
 - 5 different types - some look like Rheumatoid Arthritis but they are more spotty

- Fingers and toes can look like sausages
- Sometimes more destructive than Rheumatoid Arthritis
- Respond to Methotrexate (DMARD) and Biologic Agents
- Commonly associates with Spondyloarthritis family
- Arthritis associated with Lupus
 - Approximately 95% of people with Lupus will have arthritis at some point
 - Tends not to be as destructive, not as much swelling
 - Low back arthritis
- Joint injections for Osteoarthritis
 - If going to work, will work within 3-5 days after 1st injection
 - Early in disease, shoulder and knee osteoarthritis, it is very effective
 - As long as it is in the joint technique should not matter
 - 2-3 times per year; repetitively injecting into joint can cause tissue loss and atrophy
- Why are more people diagnosed now with Fibromyalgia
 - Not necessarily more people diagnosed - increase in public awareness
 - Technically not an Arthritis because no joint – soft tissue rheumatism
 - Disorder between communication with brain and peripheral nerve
 - FDA approved new drug – Lyrica
- What do you see in the future for Arthritis - hope within 5-10 years will have biologics for Osteoarthritis
- Looking at new ways to treat Lupus
- Early symptoms of Fibromyalgia
 - Wide spread pain in muscles, profound fatigue, sleep disturbances, general malaise – feel like have the flu all the time
 - Diagnosis exclusion – rule out other possibilities; sometimes people have both Rheumatoid or Lupus and Fibromyalgia
 - Treat with analgesics, anti-depressants which seem to modulate the brain transmitters, and exercise – gentle/graded
- Approach with drugs for arthritis
 - Aggressive as soon as possible for Rheumatoid – start with DMARDS, if not better within 2-3 months go to a biologic
 - NSAIDS primarily for Osteoarthritis
 - Early on simple analgesics are good
- For evidence-based programs, how can physicians be made more aware
 - Take literature and let them know program is helpful and in what ways
 - Speak with physicians in training – communicate with residents

F. **If you would like a copy of the PowerPoint presentation please contact Adrienne Chambers at (405) 271-9444 ext. 56535 or adriennec@health.ok.gov**

VI. **UPDATES: Oklahoma Arthritis Network Projects/Committee Updates/Collaborative Events – Marisa (New) Wells**

A. CDC Grant Cycle Ending

- Will be competing with the rest of the states to be funded again
- Previously 36 states were funded – with 8 states being funded at a higher level, OK was at a lower level
- CDC would like to only fund 12 states this cycle
- We are writing a competitive grant at this time to obtain funding
- With 12 states getting funded, if OK gets funded we will get increased money
- We will still promote programs, but we will also partake in health communication campaigns
- Need support – letters stating specifically what your organization can do to help

VII. **Next OAN Meeting will be Thursday, April 3rd, at 2:00 p.m. at OSDH in Room 314.** Videoconferencing is available; please call (405) 271-9444, ext. 56535 or email adriennec@health.ok.gov for more information.

VIII. **See OAN Calendar of Events for other announcements and upcoming meetings**