

## Researcher aims to prevent arthritis-related work disability

Among the more startling indicators of the devastating impact of arthritis on Canadian society is the fact that it costs the economy more than \$6.4 billion annually. Lost work days due to long-term disability account for about two-thirds of this total. Most Canadians with arthritis are of working age, which means that they must balance the challenges of living with a chronic disease with the demands of the workplace. The issue of how to make it easier for people with arthritis to continue their careers remains urgent. With support from The Arthritis Society, Dr. Diane Lacaille is trying to provide some answers.



“My research focuses on preventing work disability among people with inflammatory types of arthritis, such as rheumatoid arthritis,” explains Dr. Lacaille, an Associate Professor in the Division of Rheumatology at the University of British Columbia and Senior Scientist at the Arthritis Research Centre of Canada. “The rate of work disability for this group ranges from 25 to 50 per cent within the first ten years of being diagnosed. The cost of work disability is actually greater than the cost of treating the disease. To help people with inflammatory arthritis remain employed, I have developed a program that is based on self-management techniques and intervention by vocational professionals.”

Dr. Lacaille’s study questioned 600 working adults with arthritis in British Columbia to determine what workplace factors were closely linked to the risk of a work disability lasting six months or more. She found that high physical demand, low job independence (that is, minimal control over the pace of work and how duties are performed) and poor support from co-workers aggravated arthritis symptoms and accounted for more lengthy absences from work.

“To address the serious problem of work disability, we have to modify these high-risk factors,” Dr. Lacaille continues. “It’s completely possible for someone with arthritis to continue working.”

The result of Dr. Lacaille’s research is a new, comprehensive program called “Making It Work,” which is designed to support employed people with inflammatory arthritis. It consists of five group sessions that discuss the role of self-management and how to tailor workstations to specific needs. For example, participants are reminded to keep commonly used items within reach and are informed about relatively inexpensive products, such as split computer keyboards or footrests, that help protect joints. The program also provides individual consultations with an occupational therapist to assess how specific adjustments at work can be made. A session with a rehabilitation counsellor is offered as well.

“Making It Work” has been pilot tested among 22 participants in British Columbia. Further examination is required to determine how well it prevents work disability compared to the traditional advice provided by health-care practitioners. Yet Dr. Lacaille says the preliminary results are very promising. “The great majority of participants reported that they had changed their routine at work, acquired an awareness of available resources and services, and felt that they had become more productive on the job. Workers whose workspaces have been reordered to be more comfortable are 60 per cent less likely to be away from work due to disability than those who haven’t made the necessary adjustments. Just as importantly, these adjustments are easy to implement.”

Dr. Lacaille’s project has tremendous potential. “When you consider how much arthritis costs the economy and our health-care system, as well as the enormous psychological and financial effects of work disability on an individual, it’s surprising that this issue has only recently received attention,” she notes. “The Arthritis Society should be acknowledged for having the foresight to address the problem. By preventing work loss, we can make great advances in relieving the economic and social burden of arthritis.”

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