



2021 Arthritis Research Highlights

Hosts: Rebecca Gillett, MS OTR/L

Guest Go-Host: Steven Taylor, Arthritis Foundation Executive Vice President, Mission & Strategic Initiatives

In this episode of Live Yes! With Arthritis Podcast, Rebecca talks to Steven Taylor about recent arthritis research and some of the Arthritis Foundation's contributions to science.

As executive vice president of mission and strategic initiatives, Steve oversees all of the Foundation's mission programs, research and advocacy as well as strategic initiatives. He joined the Arthritis Foundation earlier in 2021 after 18 years as CEO of the Sjögren's Foundation. Sjögren's syndrome is an autoimmune disease closely related to rheumatoid arthritis that affects about 4 million Americans, mostly women. So Steve has a firm foundation in rheumatic and arthritis-related conditions.

One big topic that they discuss in this episode is new data from the Centers for Disease Control and Prevention that shows another increase in the prevalence of arthritis. According to the CDC, more than 58 million Americans now have doctor-diagnosed arthritis — up about 4 million from 2017 — representing 1 in 4 adult Americans. Rebecca and Steve discuss this increase, what it means for the arthritis community and for the Arthritis Foundation, as well as resources the Foundation provides.

They also focused on research that came out of the recent American College of Rheumatology annual scientific meeting, a global conference that draws rheumatology professionals from around the world to share research, information and education. Among the topics are new warnings about Janus kinase (JAK) inhibitors; tapering drugs for rheumatoid arthritis patients in remission; new medications for lupus nephritis, a serious form of lupus that involves kidney damage; disparities in health care; research into osteoarthritis; and more. We interviewed a number of rheumatology researchers and clinicians who are presenting at the ACR conference. Check the additional resources below for links to the videos.

Also in this episode, you'll learn about some of the strides the Arthritis Foundation is taking to support research as well as to help arthritis patients improve their symptoms and quality of life, from a new web page and support group for servicemen and women to resources for the juvenile arthritis community to the Vim app, which can help you set goals to improve wellness and manage your arthritis and pain.



And as a new podcast feature, Rebecca and Steve field questions posted on social media. Follow us and watch for more opportunities to ask questions related to upcoming podcast topics.

Additional resources:

For more in-depth coverage of research highlights from the ACR conference, check out the [2021 ACR Conference Research Highlights](#) article, which includes links to videos featuring some of the experts' key takeaways from research presented.

- [Sjögren's Syndrome](#)
- [CDC Arthritis Prevalence report](#)
- [Arthritis Foundation Advocacy](#)
- [Live Yes! INSIGHTS program](#)
- [FDA Strengthens Warnings for JAK Inhibitors](#)
- [Clearing a Path for OA Drugs](#)
- [Arthritis and the Military](#)
- [Connect groups](#)
- [Military Service Leads to Post-Traumatic OA](#)
- [Vim app](#)
- [Juvenile Arthritis](#)
- [Microbiome, Gut Health & Arthritis Podcast](#)
- [Clinical Trial Finder](#)



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PODCAST OPEN:

You're listening to the Live Yes! With Arthritis podcast, created by the Arthritis Foundation to help people with arthritis — and the people who love them — live their best lives. If you're dealing with chronic pain, this podcast is for you. You may have arthritis, but it doesn't have you. Here, learn how you can take control. Our host is Rebecca Gillett, an arthritis patient who is joined by others to help you live your Yes.

MUSIC BRIDGE

Rebecca Gillett:

Welcome back to the Live Yes! With Arthritis Podcast. After this short hiatus we took, we are back and ready to roll. With Julie's departure, we're bringing in special guest co-hosts for the episodes. We are hoping to broaden our topics more with our guest speakers and hear more from you, our listeners. We'll have a segment toward the end of the show where we're going to take questions ahead of time that you'll find posted on social media and take your questions and maybe some of your tips and strategies that you wanna share with other people with arthritis.

Today, we're gonna talk about the latest and greatest in current arthritis research. For me, personally, research means hope. I think a lot of us are always looking for better treatments, and we are very hopeful for a cure. Personally, I feel like that's something that could come down the line. So, whenever we talk about research, I get a little excited because I think that's hope. That's the hope that we all need on a daily basis.

And advocacy is a passion for me. I know that my voice matters. It's been amazing to be part of legislation, to get laws passed to help people with arthritis like me. And I know that advocacy works, it helps us as patients feel empowered. So, today we're gonna share some highlights about research that's happening right now in the world, as it relates to arthritis and rheumatic diseases, and we're also gonna talk about some of the Arthritis Foundation's initiatives.

Joining me as my first special guest co-host is Steve Taylor, the Arthritis Foundation's executive vice-president of mission and strategic initiatives. Welcome to the show, Steve.

Steve Taylor:



Thanks for having me, Rebecca. I really am honored to be here today. And really, I think your comments on hope really is what the Arthritis Foundation stands for: hope for a cure, hope for improved quality of life, and really making a difference in patients' lives.

Rebecca:

Well, thank you. I want you to share a little bit about yourself with our listeners so they know who you are.

Steve:

So, I did join the Arthritis Foundation back in February as the executive vice president, overseeing all of our mission programs, research and advocacy, as well as strategic initiatives. This came after 18 years as CEO of the Sjögren's Foundation. And for those that aren't familiar with Sjögren's, it's an autoimmune disease affecting about 4 million Americans, mostly women. It very much coincides with rheumatoid arthritis.

And so, for 18 years, I've worked in the rheumatology space, really learning how it is to live with a chronic disease, how to get up each day and battle a new flare, a new challenge, a new issue that you might be dealing with, either with insurance or health care professionals.

Rebecca:

Well, we are so lucky and grateful to have you. Let's kick off our conversation for this new episode on the latest information that was recently announced from the Centers for Disease Control and Prevention about arthritis prevalence.

Steve:

CDC scientists just analyzed data from the 2016 to 2018 National Health Interview Survey and found that an estimated 58.5 million U.S. adults have a form of arthritis. That is, 1 in 4 adults in the U.S. suffer from arthritis. And what's staggering about this is, it's actually an increase of over 4 million over the last time they reported on this in 2015. So, we're seeing an increase in arthritis. That could be partially from the aging population, but we also in the research side are looking at what else might be causing this onset. Possibly also increased diagnosis at a faster rate, but obviously it's something the Arthritis Foundation is taking seriously, to make sure that we're making a difference for the now nearly 60 million people in America that suffer from arthritis.

Rebecca:

Yeah. And there are a few other things that this study highlighted, but one major finding was related to disparities in arthritis care. And one of the lead authors of this new study,



Dr. Kristina Theis, is a CDC epidemiologist with the National Center for Chronic Disease Prevention and Health Promotion. She shares some additional data that this new study revealed.

Dr. Kristina Theis:

“We found that both arthritis and activity limitations due to arthritis are most common among adults with fewer economic opportunities, such as those with lower education or who are unable to work or are disabled, adults with poor overall health, including mental health, and adults with physical limitations like joint symptoms or certain types of disabilities.”

Rebecca:

So, hearing this additional information from the CDC, Steve, what does this mean for our arthritis community?

Steve:

You know, I think it opens up a huge conversation around disparities in health care, looking at socio-economic levels, education levels. It brings up barriers to health care that we work on in the advocacy side, how important it is, making sure there's access to care, access to rheumatologists, as well as access to treatments that will help people live with their various forms of arthritis.

We are working on the advocacy front in regards to what we're calling the ideal model of care. What is that ideal model once you're diagnosed with a form of arthritis that you would expect to get from your physicians and your treating physicians? And then looking at the barriers from the, getting that for them. For example, health insurance barriers, maybe access to physicians, various treatments like physical therapy and exercise programs, to help get them back on the road to having improved quality of life.

One thing about the Arthritis Foundation that's been wonderful is the idea that we want patients to live the life that they wanna live. We're not here to kind of preach to them and tell them what they should live, but instead, what do they wanna live? What kind of life? And then we're gonna work on getting them that life by fighting through either insurance issues or legislative issues or through research issues, so we can get more treatments on the market to help them live the life that they wanna live.

Rebecca:



One thing that our INSIGHTS program has highlighted is that a lot of people in the arthritis community report that they have difficulty walking. And an interesting finding that came out, also from this new CDC study, is that 71% of active adults who do have arthritis actually walk for their physical activity. One of the things I know we do have is our Walk With Ease program. Can you talk a bit about the CDC's role along with the Arthritis Foundation in this Walk With Ease program?

Steve:

It's a community-based program where patients can learn how to get back to moving in the way that they wanna move. Getting involved in a Walk With Ease program or some type of exercise program in your community is so important. And we're very proud of our partnership with the CDC, as well as our Walk With Ease program that's been around for a number of years.

Rebecca:

Yeah. I think we've got a lot of great resources to help people just start moving. One of them being our new YES resource on our website that has videos for different movements and exercises, modified based on your ability and where you are right now, in partnership with the American Physical Therapy Association. So, check it out on our website at arthritis.org.

PROMO:

It takes just a few minutes to complete our INSIGHTS survey about the challenges you face with arthritis. At arthritis.org/Insights, your responses will help change the future of arthritis today. Take the survey at <https://www.arthritis.org/liveeyes/insights>.

Rebecca:

We're gonna move into talking about the latest and greatest research that's happening right now in the world of rheumatology, Steve. Can you explain to our listeners: What is the American College of Rheumatology and why should we as arthritis patients care?

Steve:

I have been going to the American College of Rheumatology Annual Scientific Meeting for now probably 19 years. It is such an important place where, really, the lead researchers in the rheumatology space come together with the clinicians that are treating the disease to really talk about breakthroughs, knowledge that they're each learning and how to move forward with these diseases on the research front, while also the clinicians are getting firsthand training on how to work in the various diseases that



they represent. The physicians then can take that knowledge back to their patients locally and talk about that.

Us being there at the Arthritis Foundation really reminds the physicians, the clinicians and the researchers that the patients are the end-user of all of the things that they're looking at and how important that is: for them to remember that it's about the patients at the end of the day. We have come leaps and bounds since I've been in rheumatology and all the years I've been there, in regards to making sure we're listening to the patients first before designing things for them, including guidelines of how to treat the diseases.

My very first ACR, I left with so much hope for patients, and that was many years ago. Because little did I know... I came into the autoimmune disease space a long time ago, never realizing there'd be 10,000 people working in research and in clinical work in the diseases that we represent. And I left thinking, wow, these people are full-time researchers working in rheumatoid arthritis, full-time researchers working in lupus or fibromyalgia, trying to find biomarkers and what's causing the disease in genetics.

Rebecca:

That's exactly what I thought was, wow. There are so many smart, brilliant people out there thinking about things that I never even would've thought about. Right?

Steve:

I agree.

Rebecca:

What we're gonna do is share some highlights from this year's conference. There'll be, of course, more information on all of this on our website. So, first we're gonna have a year in review. Some of the big things that happened in the world of rheumatology.

One of them of course, is very recent, about a medication, a newer form of medication, to treat certain rheumatic conditions. They're called JAK-inhibitors, J-A-K. But the FDA recently released information that they've put up what's called a black box label, which is a big warning on these drugs for people who take them, who might have additional risk factors.

Steve:



There's people monitoring this stuff all the time. It's not necessarily alarming, although something to be monitored, but there's someone's watching it to make sure they're ahead of it on behalf of patients.

Rebecca:

One of the other research studies that came out this year that is big is: A lot of people, when they're on rheumatoid arthritis drugs, are always asking the question, "Can I taper if I'm in remission? Can I stop my medication?" And some research actually came out this year that showed it's not the best idea. Let's hear what Dr. Karen Costenbader has to say.

Dr. Karen Costenbader:

"The evidence is pretty strong that if patients are stable, in remission, on their DMARD for at least six months as RA patients, they should continue rather than taper."

Rebecca:

So, there's the answer to that question, unfortunately. People who did try to get off their drugs in that study did end up having flares and having more disease activities. So, the research is pretty strong, saying if you are stable and on your medication, continue to stay on your medication so that you continue to be stable.

Great news in the world of rheumatology for people with lupus nephritis and a specific form of vasculitis. There was some new medication that came out. There isn't usually a lot of options for treating that disease.

One of the other things that was highlighted, Steve, is the disparities in care for rheumatic diseases. And what they looked at was where people lived and how they function based on some functional assessments. People that lived in the lowest socio-economic status had the worst function compared to those who lived in better socio-economic areas.

There was another study specific to osteoarthritis, especially osteoarthritis in the knee. And that also showed a gap in what patients reported related to their knee pain compared to what the imaging and X-ray showed. In this study, there was an even larger gap for those underserved patients who had a lower socio-economic status.

So, the key takeaway really from that study that Dr. Costenbader talked about was: You have to listen to patients when they say they are in a high amount of pain. Even if the X-rays aren't showing that damage, doctors really need to listen. It might not seem



like, from imaging, they should have the amount of pain they're reporting, but validating a patient's pain is so important.

You'll be able to see and hear more videos on the highlights from this year's research on our website. Steve, what are we doing as an organization to address some of these issues at the Arthritis Foundation?

Steve:

A number of things come to mind. We did do an FDA workshop back in June regarding OA and outcome measures and patient-reported outcomes. The Arthritis Foundation is very committed to the OA space in that regard, getting a product to the market that's gonna help change the lives of OA patients.

In our INSIGHTS assessment, it is showing us that, yes, people in different socio-economics statuses are receiving different care, having different outcomes. So, we are doing further, deeper dives into that data to really figure out why they're having challenges.

Our commitment in the Arthritis Foundation as a whole is to a pathway to a cure for all the arthritis forms that we work on. There might be different options for different people. And we wanna make sure there are many options so patients aren't only looking at one option for their disease. So, we're going back into the RA space to look at what's on the market, where the gaps are. We're continuing to fight in the OA space to make sure that there are treatments that are gonna come out for osteoarthritis. And in the JA space, we are fighting to make sure that we're looking at long-term outcomes for the children that are diagnosed with JA.

We're excited about our investment in research, and very excited about where we're going, not to mention where we've come. I surely don't wanna not mention how far we've come, thanks to the years of investments by the Arthritis Foundation, by our donors and supporters who raise money for us and donate to make sure we're making a difference in arthritis. And for sure, in the future, you'll see advancements in these spaces, because we're on the cusp of huge breakthroughs in a number of our diseases.

Rebecca:

A lot of work that we are doing is in osteoarthritis. And not just us, but researchers across the world. And Dr. Tonia Vincent, who is director at the Center for Osteoarthritis Pathogenesis and a professor of musculoskeletal biology at Oxford University, discussed the inflammatory process in osteoarthritis.



Dr. Tonia Vincent:

"It's absolutely true that we are moving away from thinking of two cartilage surfaces just wearing down in the same way that a rubber tire would wear down on your car over time. Because, of course, the chondrocytes, the cells that sit within the cartilage, are alive, and they are exquisitely sensitive to their mechanical environment. So, when they sense a change in the mechanical environment, they respond accordingly.

"Now, the inflammatory component of osteoarthritis, in my view, is one of the ways in which they respond to a hostile mechanical environment. And that triggers a number of inflammatory pathways inside the chondrocyte that drives genes that we associate with any inflammatory response, which would be similar to that which we see in rheumatoid arthritis and in other forms of arthritis. But it's completely driven by that mechanical load. And that's the key distinction in osteoarthritis."

Rebecca:

So, that is a very different way of thinking about it. I think, for as long as I've known, we've described osteoarthritis as the wear and tear, but there's actually a different mechanism of looking at it. It kind of makes sense, because one of the best things you can do for your osteoarthritis is do weight-bearing exercises and stay active, stay physically active.

Steve:

We really are going away from wear and tear because the science is showing us how it's actually the mechanical nature of your joints that are causing challenges and the cells that are in there and what's happening, and not necessarily just wear and tear.

Rebecca:

Yeah. One of the things that we have is the osteoarthritis clinical series.

Steve:

We convene the OA clinical research and scientists and experts together on various topics. So, we'll discuss things such as OA in the knee, ankle and feet. And it really brings together the thought leaders from around the world to really discuss this, where maybe there's some gaps. We did launch the OA Clinical Trials Network, called OACTN. And that's really working with lead institutions around the country that are looking at what is causing OA, and then how can we maybe make an intervention or a treatment option that will make a difference in patients.



And one area that they're looking at, because we know that when you have a post-traumatic situation such as an injury, a car accident or a military incident, with your knee or your elbow or your foot, that OA can come on fast. So, we call it post-traumatic OA. And so, we're looking at those patients because that's not wear and tear. That is something that's being caused after a traumatic injury that's causing your OA to happen faster. We're using those patients in some pilot programs to really look at interventions that might be able to reverse it or slow down the progression of OA in those patients. And that's gonna help us learn so much about it.

Rebecca:

When we say 1 in 4 adults in the U.S. has a form of doctor-diagnosed arthritis, when we talk about our military and our veterans, the statistic is even higher. It's 1 in 3.

Steve:

We're thrilled with our partnership with the Department of Veteran Affairs. We actually just launched a new webpage for military and veterans to go to learn more about resources and ideas of how to live with arthritis, how to treat their arthritis, different exercises they can do, as well as rest and stress relief. You'll find the link to our Connect Groups and join in a virtual environment to be able to share with each other how it is to live with the various forms of arthritis that the veterans live with. Connecting people together is part of what the Arthritis Foundation does so well.

Rebecca:

Let's move to Dr. Dan Clauw, who is the director of the Chronic Pain and Fatigue Research Center at the University of Michigan. He tackles some questions about the different sources of pain that we have and talking about non-drug approaches for managing our pain. I think one of the best ways as arthritis patients for us to really learn how to manage our pain is to understand what type of pain it is.

Dr. Dan Clauw:

"So nociceptive pain is the type of pain that I think most people think about: You burn your finger, or you hit your thumb with a hammer, there's some sort of damage or inflammation in that region of the body and you feel pain. And that has an adaptive purpose to move away from whatever was injuring you. Almost all types of acute pain are really nociceptive pain.

"The second category of pain mechanism that we've known about for a long time is neuropathic pain or nerve pain. You have a pinched nerve in your back, like sciatica,



or in your wrist, like the carpal tunnel. There's nerves that are pinched or damaged, and that causes pain.

"The third category, nociplastic, is a really new category. It seems to be more of an amplifier problem. The problem is really more in the central nervous system. It's amplifying pain signals and other sensory signals."

Rebecca:

I have rheumatoid arthritis, osteoarthritis, and I've had a lot of issues with my spine, especially my cervical spine. I've had several surgeries. A few years ago, I experienced nociplastic type of pain. And my RA was under control. It was post-surgery, though. I went back on my RA meds and I couldn't get the pain under control.

What happened was I started developing fibromyalgia, which is nociplastic pain. And it was because my RA wasn't under control. I know there's a lot of our listeners who have fibro as well as another form of arthritis, which is very common, or spinal issues that cause that nerve pain. And I know what that's like. And it can be really hard. And there's different approaches to managing it.

I want Dr. Clauw to share a little bit more about this nociplastic pain, because I know we have a lot of people who experience this.

Dr. Dan Clauw:

"The key symptoms of nociplastic pain are that the pain is more widespread. It involves several different regions of the body, not just one or two regions of the body. It's accompanied by other symptoms that come from the central nervous system, like fatigue, memory problems and sleep problems. So, we look for fatigue, sleep and memory problems in combination with multifocal pain. And that really is the type of pain mechanism, the third pain mechanism, that we really have just begun to understand over the last couple decades.

"If their pain is coming from that third mechanism, the types of treatments that are going to work are going to be quite different. Surgery or injections are not going to work for nociplastic pain because surgery or injections are aimed at the peripheral tissues. And this pain is more of an amplifier problem. It's more of a central nervous system problem. And that's a big change. Things we used to call alternative therapies can be helpful for any type of chronic pain, but they seem to be particularly helpful for these nociplastic pain conditions.



"Try two or three of these nonpharmacologic therapies that you've never tried this year. Acupuncture, yoga, tai chi, massage, chiropractic manipulation, mindfulness, meditation, CBT, ACT, all of these things that we've talked about and more that are under the sort of umbrella of nonpharmacologic therapies, a number of movement-based therapies. Just become a little bit more active. Don't get threatened by the term 'exercise.' The more active you can become, the better your pain levels, the better your fatigue levels."

Rebecca:

I love that advice that he gives. You know, try something. The caveat that I always tell people is please don't try them all at the same time, because you won't know which one's actually working. Try one out for a little while and see if you see any benefit and go from there.

Steve:

Yeah. I'm thrilled that the Arthritis Foundation this past year launched a brand new app called Vim, V-I-M. You can download it. And it's really an opportunity for patients to really learn more about pain, as well as set small six-week goals to try to change something in their life, to maybe improve their quality of life or overcome their pain. It might be walking to the mailbox three times this week. It might be doing laundry this month, rather than having someone else do it. It could be a nutrition goal. It could be a sleep goal.

And what's great about the Vim app is: Once you go on and you sign on for the app, you'll take a quick survey and then personalized information will be pushed into the app that goes towards what you're interested in. I think it's a great opportunity for people to set those goals and try new things and see what might help. It could be swimming, could be walking, could be over-the-counter products, whatever it might be.

Rebecca:

Yeah. And being able to cheer each other on, as you embark on something new that you're trying to manage your arthritis. Or if you have a bad day and you just want to tell somebody who gets it, "I'm having a bad day." You've got a community of people who are there for you.

There is a lot of research happening in the juvenile arthritis world. 300,000 children in the U.S. have a form of doctor-diagnosed arthritis. They had a session at the conference that kind of highlighted some of the things happening in the JA world. Dr. Mara Becker



shares some information on some recent research going on in the JA world, especially as it relates to treatment early on.

Dr. Mara Becker:

"We don't have a secret weapon yet to know what medicine is the perfect medicine for each child. But what we do know is that effective treatment is a key. And so, if we have a good response to medication quickly, the chances of that child doing well long term are better. And that goes for inflammation of the eye, which can sometimes happen with arthritis as you know, to long-term joint pain, ongoing disease activity or ongoing arthritis into adulthood."

Rebecca:

Well, I think one of the challenges, Steve, that we have for research in the juvenile arthritis space is getting enough people to be in the research clinical trials. And that's hard because it's kids.

Steve:

They don't have to immediately get involved in research or even in the registry if they don't want, but without their data and information, we're not gonna be able to uncover biomarkers, uncover what's working for certain populations and what's not working. I encourage every JA family to talk to their pediatric rheumatologist about the CARRA research that we fund and about how they can get involved in even just sharing their data with the registry. CARRA is the Childhood Arthritis and Rheumatology Research Alliance. They are the leading research authority in childhood juvenile arthritis. And we are a big partner of that. In the last five years, we have committed nearly \$25 million to CARRA to really to make a difference for those that suffer from juvenile arthritis.

We have so many JA programs. We have localized JA days that parents organize in their local communities. We have our JA camps where kids can be kids and go to camp and be amongst kids that suffer from the various forms of arthritis and get to learn from each other and not feel that they're alone in their battle. We have our JA Conference for families to travel together, learn from each other. And next year, that'll be in Orlando, and a great opportunity for families to meet other families and be able to share resources and network with each other as well.

Rebecca:

In the show notes for this episode, we'll have links to some of the specific research that we shared. You can imagine six days of research presentations at the ACR Annual



Meeting, but lots of information about COVID-19, of course, and how it's affected patients with rheumatologic conditions.

PROMO:

Your voice matters. You have the power to make arthritis a higher priority in American health care. Influence state and federal policies, health care laws and funding ... and bring arthritis out of the shadows. Go to <https://www.arthritis.org/advocate> and sign up.

Rebecca:

So, in this new segment of the podcast, we are asking you, our listeners, to post on social when we pose a question for the podcast for this segment. Your questions for the expert or any tips or feedback you might have... or strategies you wanna share with other listeners that work for you.

On our Facebook page, we asked the question of what type of arthritis treatments would you like to see research done? One that was shared, Steve, was talking about the connection between gut health and rheumatoid arthritis and general overall inflammation. Sarah commented, saying she wanted to see some more research done on that.

I did wanna say that there is actually a session that presented research on the microbiome and gut health for rheumatoid arthritis at this conference. And we do have a video on the website that will have information about that, Sarah. And you'll be able to watch that. Just look for the links in our show notes on that one. We did an e-book earlier this year about the microbiome and gut health and how that might play a role in arthritis symptoms. So, you can access that e-book on our website, but we'll have links in the show notes for that, too, if you haven't seen that yet, Sarah.

Another comment, from Cody, was about osteoarthritis. And he's wanting to see some research on non-vascularized cartilage and making it heal and grow.

Steve:

Our OA Clinical Trials Network is looking actually at that various stuff, figuring out how can we reposition OA in a different way, rather than just treatment or surgery. Is there a way to inject something that will help the cartilage regrow or come back a life? And how can we make a difference there, rather than just going to replacement surgery for a shoulder or a knee or an elbow and figuring out other ways that will make a difference.



Some of our work in post-traumatic OA is looking at that various stuff. Sign up to follow our science pages and learn more so that you can also maybe take part in a future clinical trial that could change the OA space.

Rebecca:

Yeah. People have a lot of questions about stem cells. And that's something that, you know, we, we're not gonna have overnight 'cause you need the good research to support it. Right? One question specific to CARRA: How about more funding to CARRA for a pediatrics cure?

Steve:

We commit millions of dollars every year to CARRA. CARRA is such an important partner of the Arthritis Foundation. And we are making headway.

Rebecca:

Yes, it's an amazing time to be in rheumatology. I'm very hopeful for our future, for better treatments and eventually one day a cure, too.

PROMO:

The Arthritis Foundation couldn't do awesome things without your support. Your donation fuels our powerful movement to advance arthritis research and resources, like this podcast and much more. Every dollar makes a difference. Give a gift now at <https://www.arthritis.org/donate>.

Rebecca:

Steve, can you share what you think are your top three takeaways in our conversation today?

Steve:

Sure. I think one of the major takeaways is that pain is prevalent, and it affects so many people in so many different ways. And that patients need to learn different ways to treat the pain based on who they are, and to work with their physician as a partner.

I think another takeaway: Arthritis isn't just an adult disease. It affects children. And the Arthritis Foundation has always been committed, fighting for juvenile arthritis, making sure that children are represented in all that we do, and that the families are also represented.



I think an overarching takeaway is that we wanna stop trivializing the various diseases that we all live with. They are serious diseases. They affect people in different ways. They change their lives. They change their career paths. They are life-altering diseases.

And I learned, just if you listen to more science and more research, you'll see how complicated each and every one of these forms of arthritis are. And those that live with it, I always say they should be proud that they get up every day and they thrive through their disease the best they can and be proud that they're thriving the best they can. Some days are great days, some days maybe mediocre days, but they get up and they continue, and they fight through it, and they should be very proud of themselves for that and not trivialize what they suffer from.

Rebecca:

That's right. Thank you so much for joining me in this conversation. I wanna remind our listeners that there's about a dozen different videos with some takeaways and information shared from this recent conference that will be on our website. You'll find the links in our show notes, and links to some of the resources and information that we discussed, Steve and I, in this conversation.

Also, he mentioned the Vim app. And we've talked about it before, and if you haven't downloaded Vim yet, I strongly encourage you to do that. And take Dr. Clauw's advice: Try out something new you haven't tried yet to manage your arthritis and see if it works for you. And journal. Journal and make sure you're tracking what you're doing and how it's helping you or not helping you, so that you can move on to the next thing to try to take control.

So, thank you so much for joining us today.

Steve:

Thanks, everybody.

PODCAST CLOSE:

The Live Yes! With Arthritis podcast is independently produced by the Arthritis Foundation, to help people living with arthritis and chronic pain live their best life. People like you. For a transcript and show notes, go to arthritis.org/podcast. Subscribe and rate us wherever you get your podcasts. And stay in to