



May 14, 2024

The Honorable President Joseph R. Biden  
First Lady Dr. Jill Biden  
Dr. Carolyn Mazure  
White House Initiative on Women's Health Research  
1600 Pennsylvania Avenue NW  
Washington, D.C. 20500

Dear President Biden, Dr. Biden, and Dr. Mazure,

The Arthritis Foundation, representing the nearly 60 million American adults with doctor-diagnosed arthritis, is pleased to offer its support for the White House Initiative on Women's Health Research. We thank the Administration for prioritizing women's health research, a critically important area in need of further coordination and advancement. In recognition of May as Arthritis Awareness Month and May 12 – 18, 2024, as Women's Health Week, we share this letter of support acknowledging the importance of raising awareness and promoting health initiatives, especially for women living with arthritis.

Many of the 100-plus forms of arthritis have a higher prevalence in women than men, including the two most common types, rheumatoid arthritis (RA) and [osteoarthritis \(OA\)](#). As you may be aware, arthritis not only causes physical inflammation and pain, but it also can significantly impair the overall quality of life for people living with these conditions. A combination of factors, including differences in the musculoskeletal system and anatomy, genetic traits, hormonal factors, social and societal differences, may contribute to differences in the development of arthritis in women. Symptom presentation, especially the types and impacts of pain, treatment response, impacts on reproductive health, and more are all areas that highlight the urgent need for targeted research and support to address the unique needs faced by women living with arthritis and to advance personalized and individualized medicine approaches to care.

The Arthritis Foundation is committed to advancing science to discover better treatments for autoimmune and inflammatory forms of arthritis like RA. In fact, incidence and prevalence of RA in women is twice as high as in men. Seventy-five percent of RA patients are women, while over 80% of people living with autoimmune conditions are women. These diseases often affect women during childbearing age, with symptom onset usually starting between ages 30 to 50.



RA is a chronic condition with no cure, though early diagnosis and treatment options may improve symptom management and prevent joint damage or disability. This connection emphasizes a high priority to understand not only why women are disproportionately affected but also learn about the link between autoimmunity and reproductive health, from menarche through menopause and beyond over a woman's lifetime. We regularly hear from patients expressing their concerns about the impact of biologic medications and fertility, the safety of arthritis treatments during pregnancy, the impacts of pregnancy and arthritis, and considerations of treatment changes during menopause. By supporting such research, we aim to improve the lives of people living with RA and other forms of autoimmune arthritis for whom currently available therapies are ineffective.

We also are interested in research focused on the link between osteoarthritis and women's health. Over 32.5 million U.S. adults are affected by OA, and nearly 60% are women, most commonly presenting in the knee, and then hip and hand. This is especially true as we age; the prevalence of OA in women aged 60 to 69 years rises to 35% in women (19% in men). Additionally, extra weight adds more stress on joints and potential metabolic effects can increase the risk for developing OA, among other risk factors. The Arthritis Foundation recently joined the NIH and NIAMS as the largest private funder for [The Osteoarthritis Prevention Study \(TOPS\)](#), an extensive clinical trial researching whether the two most common treatments for OA – weight loss and exercise – also help to prevent women from developing the degenerative joint disease. It is the first U.S. study of its kind and is a major step in accelerating the discovery of therapies for OA, which currently has no disease-modifying therapeutic alternative.

The Initiative's commitment to advancing women's health research is commendable and timely. While arthritis research is federally funded, the investment is insufficient compared to the patient burden and impact. Historically, women have been underrepresented in medical research and clinical trials, leading to gaps in the understanding of relevant health issues for women. By prioritizing such research, we can bridge these gaps, develop more effective prevention strategies, improve diagnostic tools, and develop novel treatment and management interventions. Furthermore, sustained and robust funding for research related to women living with arthritis will improve our understanding of the condition so we can better support these individuals.

Because arthritis is the leading cause of disability, there are broader societal and economic benefits of improved women's health outcomes. Arthritis annually costs \$304 billion or 1% of the U.S. GDP in total, national, arthritis-attributable medical costs and earnings lost by adults with arthritis. Deeper understanding and management of arthritis can contribute to reduced



overall health care costs to individuals and the system, increased workforce productivity, and enhanced social well-being. Investing in women's research is a wise decision not only for public health but also economically.

We thank you and urge your continued support and funding for such research initiatives, including opportunities to advance research targeting arthritis in women. Collaboration among researchers, health care providers, patients, policymakers, and advocacy groups is essential to advancing women's health research and translating scientific discoveries into realized benefits for those living with arthritis. We stand ready to collaborate and participate in this Initiative moving forward. Together, we can make significant strides in improving the lives of women affected by arthritis and advance the broader field of women's health research.

We look forward to collaborating with you and thank you for your consideration of this critical issue. Should you have any questions or if we may serve as a resource, please contact me or Alisa Casavant, Senior Director of Policy, at [advocacy@arthritis.org](mailto:advocacy@arthritis.org).

Sincerely,

A handwritten signature in black ink that reads "Steven Taylor". The signature is fluid and cursive, with a long horizontal stroke at the end of the word "Taylor".

**Steven Taylor**  
President and CEO  
Arthritis Foundation