

### **Finding Trusted Arthritis Info**

Hosts: Rebecca Gillett, MS OTR/L, and Julie Eller

Guest Speaker: Arefa Cassoobhoy, MD, MPH, Chief Medical Editor and Vice President of Medical Affairs, Everyday Health Group

The internet is brimming with health advice and information. But the truth is, not all sources of medical information are created equal. In fact, finding reputable sources of medical and health information we can trust can often prove difficult, which makes telling the difference between fact and fiction a real challenge. So how do you find trustworthy sources when searching for information about your arthritis?

In this episode of the Live Yes! With Arthritis Podcast, hosts Rebecca and Julie are joined by guest speaker Dr. Arefa Cassoobhoy, Chief Medical Editor and Vice President of Medical Affairs with the Everyday Health Group, to help us navigate through the web of medical and health information.

Dr. Cassoobhoy says to look to those international and national rheumatology groups that establish treatment guidelines and to make sure your doctor is in touch with those resources. "The idea of false, misinformation has been around for a long time and it's not necessarily completely a fact or fiction situation," Dr. Cassoobhoy explains. "There's so much gray. It's easy to really take a slice of truth and misrepresent it or lose context and to not understand what's relevant."

Dr. Cassoobhoy is a board-certified internal medicine doctor and health communications professional with expertise in the digital health media industry, and a background in public health. Dr. Cassoobhoy trained at Emory University and has clinical experience in multiple practice settings, including telemedicine, as well as private, government and non-profit clinics and is an advocate for health equity and health literacy, focusing on projects that raise awareness and empower individuals and communities to improve their wellness through collaborations, including advocacy, research and education.

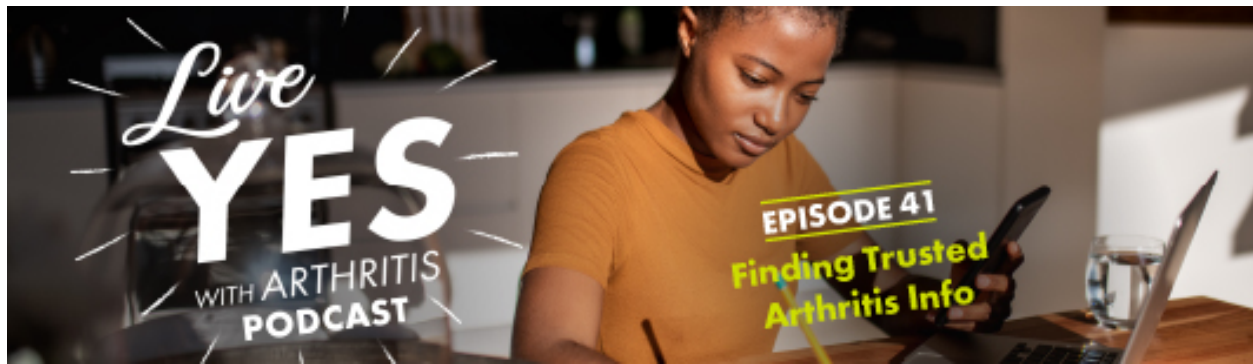
#### **Additional resources:**

[Arthritis Foundation](#)

[Arthritis Foundation Helpline](#)

[American College of Rheumatology](#)

[Centers for Disease Control and Prevention](#)



Episode 41 Finding Trusted Arthritis Info  
Full Transcript  
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*PODCAST OPEN*

*Welcome to Live Yes! With Arthritis, from the Arthritis Foundation. You may have arthritis, but it doesn't have you. Here, you'll learn things that can help you improve your life and turn No into Yes. This podcast is for the growing community of people like you who really care about conquering arthritis once and for all. Take a moment to subscribe to, rate and comment on Live Yes! With Arthritis wherever you get your podcasts ... and never miss an episode. Our hosts are arthritis patients Rebecca and Julie, and they are asking the questions you want answers to. Listen in.*

Rebecca Gillett:

Welcome to the Live Yes! With Arthritis podcast. I'm Rebecca, an occupational therapist living with rheumatoid arthritis and osteoarthritis.

Julie Eller:

And I'm Julie, a JA patient who's passionate about making sure all patients have a voice.

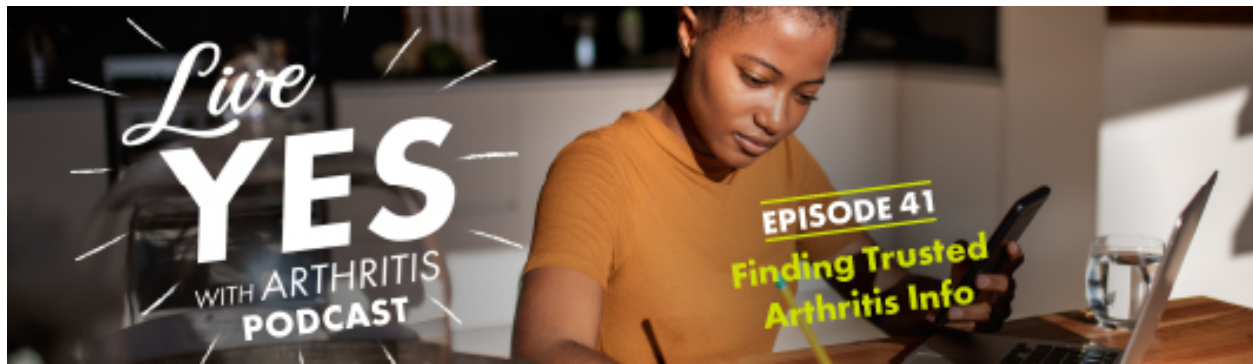
*MUSIC BRIDGE*

Rebecca:

Thanks for joining us on the Live Yes! With Arthritis Podcast. Today, we're talking about arthritis and how to find information you can trust and information you can understand, how to decipher that. Our special guest today is gonna help us weed through all of the clutter.

Julie:

It is so important to have a good, true north when you're navigating medical information. And our special guest today, Dr. Arefa Cassoobhoy, is the chief medical editor and vice president of medical affairs with the Everyday Health Group. So, she could not be a better qualified subject matter expert to help us weed through this topic. She is a board-certified internal medicine doctor and health communications professional with expertise in the digital health media industry, and a background in public health. Dr. Arefa trained at Emory University and has clinical experience in



multiple practice settings, including telemedicine, as well as private, government and nonprofit clinics.

Dr. Arefa, thanks for joining us in this discussion today. We're so excited to talk to you about how to find information that we can trust. Can you tell us a little bit about who you are and where you come from?

Dr. Arefa Cassoobhoy:

Sure. Thank you for having me. I am a primary care doctor with a master's in public health, and I'm really interested in health education, and that's guided my career over the years. So, at Everyday Health right now, I am chief medical editor and vice president of medical affairs. I help them create content from ideation all the way through launch, whether it's articles, videos, tools, mobile apps, that whole spectrum of content that people who are listening to this podcast right now would really find beneficial. Very similar to some of the content that the Arthritis Foundation would do, but this is overall general health topics.

In the past, I was at WebMD and at Medscape. WebMD is very similar. Medscape is professional facing, so I helped translate medical topics to primary care doctors there.

Rebecca:

So, are you currently practicing in a clinic setting?

Dr. Cassoobhoy:

I am practicing very little. I do some telemedicine, and I volunteer at a public health clinic in Atlanta. But mainly this is my full-time job.

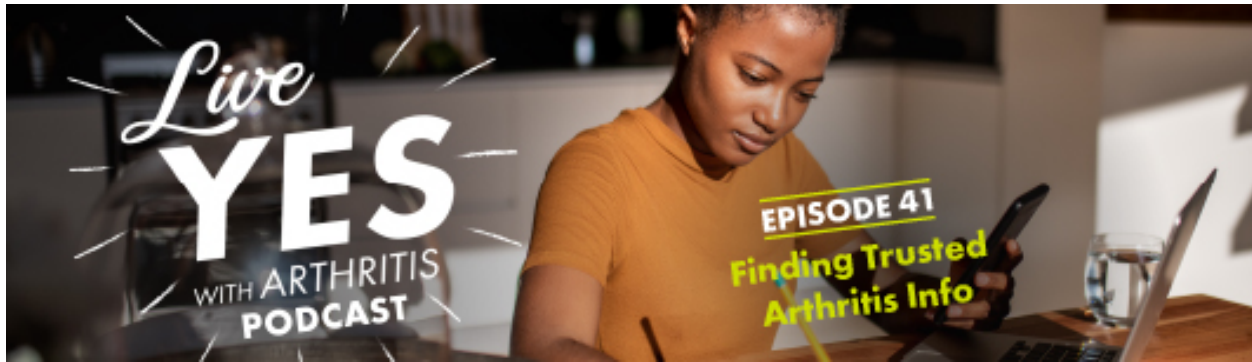
Rebecca:

Awesome, cool.

Julie:

So much fun. She's the queen of information and translating it for different audiences to make sure that public health is doable.

Dr. Cassoobhoy:



I mean it's wonderful to have this platform and to be able to get information out to people that's useful.

Julie:

Absolutely. Especially at this juncture in time.

Dr. Cassoobhoy:

Yeah. (laughs)

Rebecca:

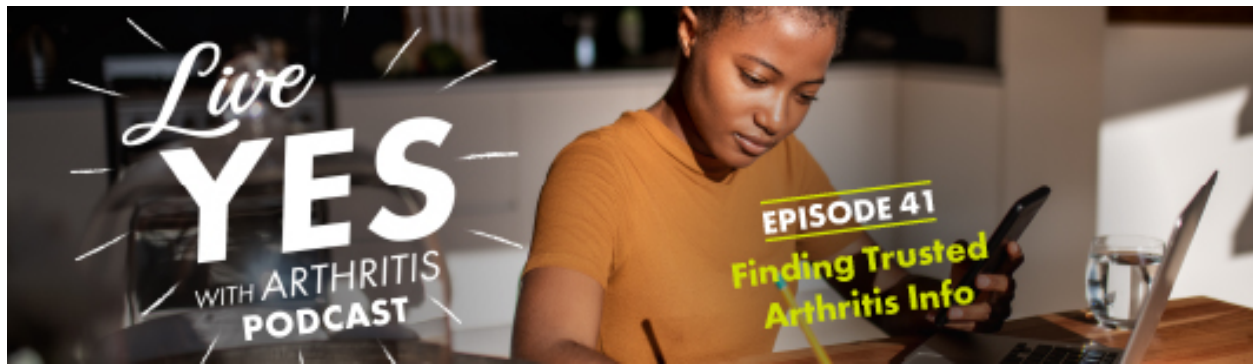
If there's one thing Julie and I have learned throughout the pandemic, it has really brought forth how much misinformation and information overload there is out there for many of us as it related to COVID. But just in general for arthritis, even before the pandemic, I think, we went into, at the Arthritis Foundation, quick mode to turn to focusing on making sure we got the correct information from the right people to share about the pandemic and COVID-19. And our community was certainly at a high risk of contracting it and so many unknowns in the beginning.

It can be so hard to separate out fact from fiction and pick out credible sources of information. And so, we're glad to have you and your experience and your knowledge with us today because that's one of the things we thought we should talk about on the podcast. How can our listeners know that they're getting information or reading information on the interwebs that is credible? How do you know what you're reading is good information related to health care and how you manage your arthritis?

Dr. Cassoobhoy:

In particular for groups with chronic, serious medical conditions like arthritis, it was a challenge for everybody, trying to find information and sort through it. And one guidance we gave was to really look to those international and national rheumatology groups that were coming up with treatment guidelines and to really be proactive about making sure your doctor on the ground, in your city, was in touch with those resources.

This idea of false misinformation has been around for a long time. And it's not necessarily completely a fact or fiction situation. There's so much gray. I mean, it's easy



to really take a slice of truth and misrepresent it or lose context and not understand what's relevant. So, I really appreciate being on here to share that.

Really even before we get into the details of this, I wanna let people know they really should relax and not put the onus on themselves, that this is how difficult it is to find the health information. Because health literacy is the term used for finding the health information and involves even knowing what questions to ask and then understanding the information, and then deciding what you're gonna act on, right? There's three steps there, and under those three steps are so many.

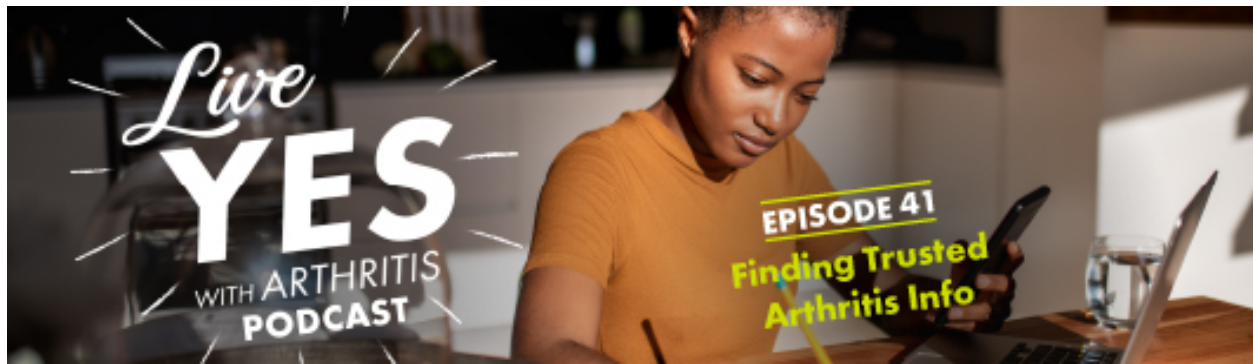
I'll compare it to financial literacy. You could have a degree in economics, but that doesn't mean you know how to buy a house. Or how to get a mortgage or how to get the best competitive mortgage, right? Like it just doesn't correlate. And it's the same thing with health. We have to take some time to understand and learn about what a healthy body is if we're gonna understand what a body with those problems are.

When you're with your doctor, you're often having to really look at the risks and benefits of different options. They're telling you: "You could do this, you could do that. This is what will happen. This is what your risks are." But you have to have some basic understanding of statistics to do that. And who has taken a statistics class, right?

Give yourself grace that you can't be expected to know all this and to have just picked it up along the way just 'cause your mom puts some Band-Aids on you when you were little. (laughs) Really that's like the extent of it for most people. So, that's two points.

Another is the emotion that comes with a chronic illness. Like if you're trying to navigate complicated health information, and you're scared and confused because it's a new diagnosis or it's a new stage of the diagnosis, or it's your loved one. Know that of course it's gonna be challenging.

And even the simple things are challenging. People are always going on about the lifestyle, you know? Just eat healthier, right? And sleep better, you know? Whatever. Exercise, right? Self-care is complicated, especially if you have arthritis. I just wanted to take a moment and really put it into context, how complicated, and the breadth of the health care landscape, for someone with arthritis.



Julie:

It can be so difficult to navigate and figure out, like you were saying: What are the right questions to ask? And who are the credible sources to look at when I am trying to answer them? When I'm stressed and when I'm flaring, I tend to have a really narrow and limited focus.

I have so many spoons that I can allocate to this research question, and I know that I'm going, when I have to talk to my doctor, I have to be the advocate that knows at least some answer to them. Which means that sometimes I latch onto the first thing I read, and then that becomes the fact, and that's what I hold on to, and that's what I navigate with. But often what I realized at the end of it is: That's not the whole picture, and that we exist in this gray space, and that we have to exist in the gray space and embrace it.

It can be really hard to give yourself permission to have grace through that gray. So, I appreciate that that's where we're opening this conversation, because it empowers us to have a few more spoons as we're navigating and trying to find answers.

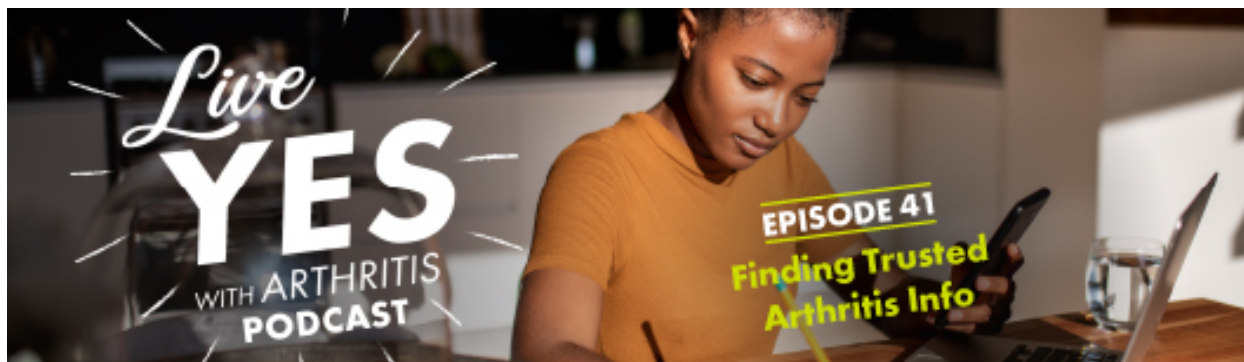
You're not gonna be an expert overnight, but if you do wanna find some answers outside of the provider setting, you can do so and be empowered to do so with some of these tips that we'll talk through today. I really appreciate that so much personally and in the broader scope of things.

Rebecca:

I think you really broke that down well, because health literacy is more than just understanding the language of the disease. There's then the factors that can affect how you take in that information, the emotions, right? That's a huge part. It really is a huge part, and one of the things where I think like when you are in the doctor's office, especially early in a diagnosis, or you're having a new issue, I often feel like it's better if I have somebody with me to help digest that information. Because I know in the past, when I've had something big going on, that I didn't hear anything. In my 20s, I had a cancer scare. I heard nothing she said after the word cancer.

Julie:

Right.



Rebecca:

But I had someone with me, a loved one with me at the time, who picked up on all of the things that I just tuned out to, because all I heard was “risk of cancer.” When you said that about in your emotions, when you're hearing these things and having these conversations, like it's true.

Let's say you get a new diagnosis of psoriatic arthritis or ankylosing spondylitis or whatever it is, whatever type of arthritis, all you've just heard is, “Wait a minute, you just told me I got a diagnosis of a chronic disease that there is no cure for.” Now I haven't heard the rest, right?

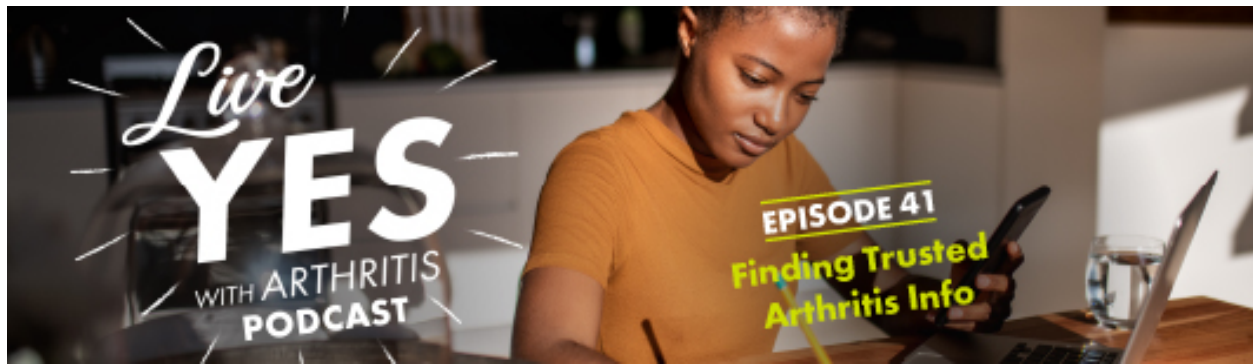
Dr. Cassoobhoy:

I definitely tell people to go to their appointments with someone. So, I take the piece of paper, and I tell patients to do that. You've gotta write down the words that they're saying, so you can understand, so you can look it up later. And then feel free to look up the information, or really be proactive and look up information beforehand, so that you come prepared with questions.

And when you come to your appointment, come with an agenda. So, if you do have something that seems a little offbeat, like it's not like what you're expecting from the conversation with your doctor, you can tell them at the beginning of the meeting, of the appointment, “Hey, let's get through all the medical issues that we have to talk to, but could you save five to 10 minutes? Because I wanna talk to you about something else.”

And then you can stop, tell them what you're asking about. Maybe it's a research question, maybe it's some alternative or complementary therapy that you heard about. Let them know, put it in context that you, you know... Sometimes if a doctor gets defensive, you know, hopefully you'll have built that relationship up, but this is not about “instead of,” this is “along with,” or “what about?” or “is this false?” “I trust you, I've come to you.”

And then I'll often even bring a one-pager to hand over, to say, “Hey, can we follow up on this by email? By phone call? At the next appointment? Or is there a person I should be referred to? Or is there an expert who gives talks on this, that I can go listen to on YouTube? Is there an organization that already writes articles about this topic that I can



trust?" And that helps kinda move along the process of getting through the usual things that need to get done in a doctor's appointment but then adding in that layer of new information.

Julie:

I really like that idea: that you can go, prepared with a document to share with your provider, to say, "I've been hearing about this, or I've been seeing something about this, give me your thoughts." Because it shifts the paradigm of the doctor's appointment from a patient being there simply to receive care from their doctor, simply to receive information from their doctor, to "Let's share this experience so that we can make decisions together and so that I can be a more informed participant in this setting."

But I know that there are folks who feel nervous about what kind of document they should hand over to their provider. What if it's completely wonky news? What if it's misinformation? And my doctor doesn't wanna build that partnership with me because they're rolling their eyes about this thing that I brought.

Dr. Cassoobhoy:  
Right.

PROMO:

[Chronic Strength Sweepstakes](#). **This sweepstakes ends on September 26, 2021.**

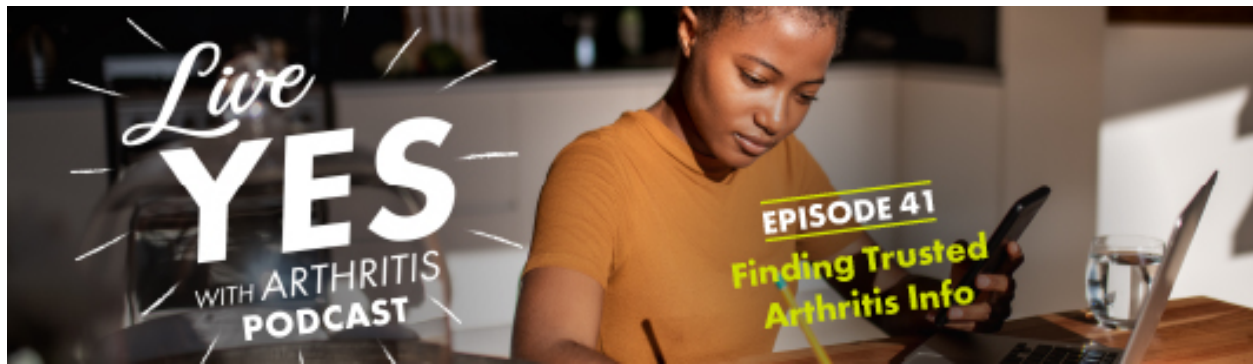
Julie:

What are some things that we can look to, to determine whether or not my source is credible, or would be something good to talk to our provider about?

Dr. Cassoobhoy:

There is a quick checklist that you can look to. So, one is: Look at the "about" page of the source and see what their mission and purpose is. They might use the term consumer or patient or general public. And make sure that's in their mission. And that their mission isn't to sponsor a specific treatment or product. Most dot-orgs are gonna be on a mission to take care of a group of people. But there are dot-orgs that are really about a topic and a product, so that's something to differentiate.





There are reliable dot-coms that you can look to, like Everyday Health. And then there's: What are the primary sources? So, the CDC, any government-affiliated health sites that have dot-gov at the end. Dot-edus means they're affiliated with academic institutes, and those are reliable.

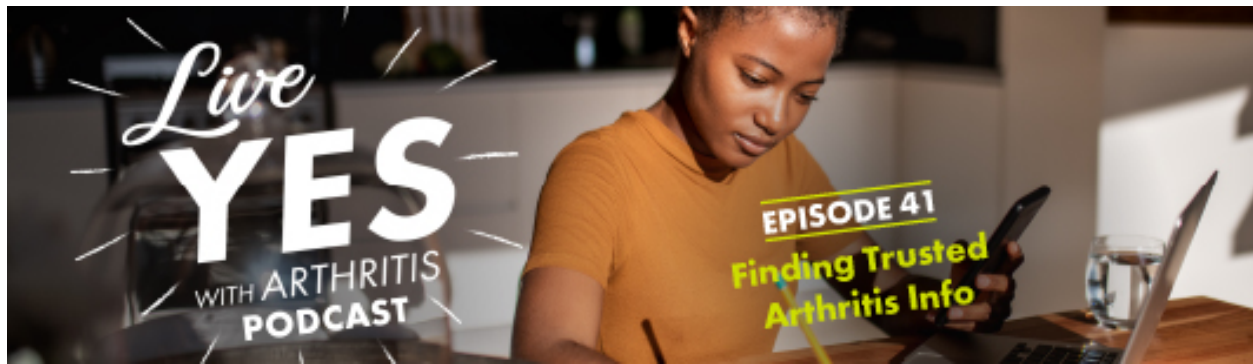
And then most medical journals. You can talk to your doctor and your peers to find out which journals are worthy of reading, and you can look at what's called an impact score. And that'll tell you whether it's what we call, kind of in doctor speak, a "throwaway journal" (laughs), 'cause you should just throw it away, versus a respectable journal. So, that's like, sort of in that "about us" page. And then when you're actually looking at the article you're reading, you wanna check for a date. That tells you the last time it was updated. You don't wanna be reading something from 2000, right? Especially if it's COVID-related, you may want it to be within the last few weeks.

So, look at the date, look at the author. Is whoever wrote this, or in publishing it, proud enough to put a name on it? You usually can click on that author and see what their qualifications are. Are they an established medical and science writer? Are they an MD or a PhD? If they're in the diet world, are they a registered dietician? Check those kinds of criterias in the author.

Good articles, reputable sites, will review their work and make sure it's reviewed by an expert in the field. Again, it may be a doctor, a pharmacist, a PhD, a registered dietician. You wanna check to make sure someone has double-checked the article. They should also list sources. You don't want to read about so-called facts when they can't tell you what study it came from or what government statistics they're pulling from to support what they're saying. These are all things you can kind of take a quick glance around the content to tell what's credible.

Rebecca:

That is a really succinct way to just break it down. Thank you for sharing about the impact score, because a lot of times people will say, "Oh, wait, I saw this study in the news." And there's so many types of studies out there, so if it's a meta-analysis or a systematic review, most people don't know what that is. Now, I had to learn a lot about that when I was in OT school, so I do know what that is. I have a different frame of mind when I read things, and I'm looking for those meta-analysis type of studies and



systematic reviews. Can you talk a little bit about the difference between those, so that when people see those, they know what that is?

Dr. Cassoobhoy:

When you're looking at research articles, you wanna decide: Are you looking for information that's gonna give you general health information, like the latest treatments, with a consensus? So, that would be the meta-analysis or a review article. Those are really nice to read. A lot of times there will be articles written based on those review articles. And then if you're looking at a specific study, you wanna see: Is it an actual human study versus an animal study? What kind of research are they using? Are they putting it in context?

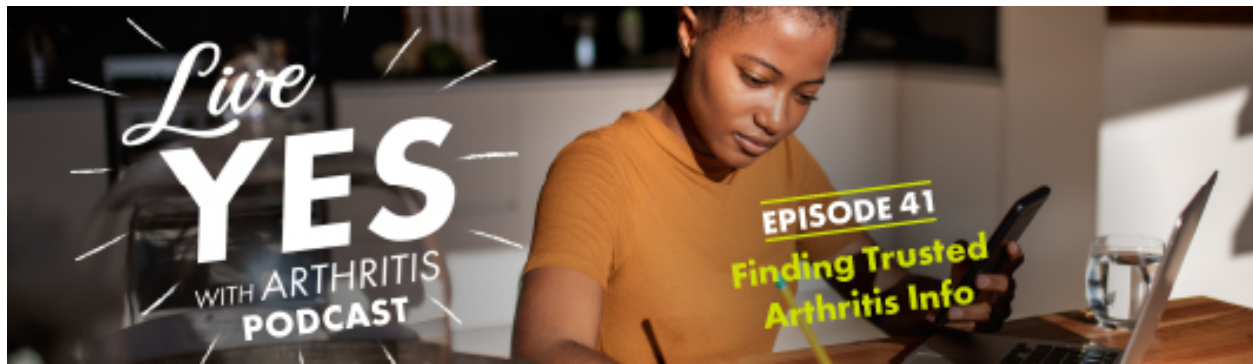
When you're just reading an article to gain information and they mention a study, you can look at how they talk about the study to decide if the article's worthy of reading, 'cause they should tell you if it's a mouse study or if it's an early clinical trial study.

Rebecca:  
Right.

Dr. Cassoobhoy:

They should describe: Is this an association versus a causation? You really want to kinda take that into account when you're reading these articles. And the other issue that comes up, and this is beyond research, but I wanna throw it in while it's in my mind: the personal experience versus fact. Because when you're reading a general article, you really have to differentiate between the person's experience and then evidence-based medicine.

For the most part, the majority of people with arthritis are really not gonna be diving into the research or articles. They are gonna be reading general articles. And those are the two big things to look for. Do they put the study in context? And do they differentiate the patient experience from evidence-based medicine? Because there are incredible advocates out there that have inspiring stories that we can learn from. But we really have to... the good ones will talk about that without really bringing into whether one treatment's better than the other, or really putting out to others that they should have the same medical experience they did.



Julie:

Yeah, I am so glad that you mentioned that because I think throughout our conversation we're talking about sources and research and peer reviewed medical journals and so on.

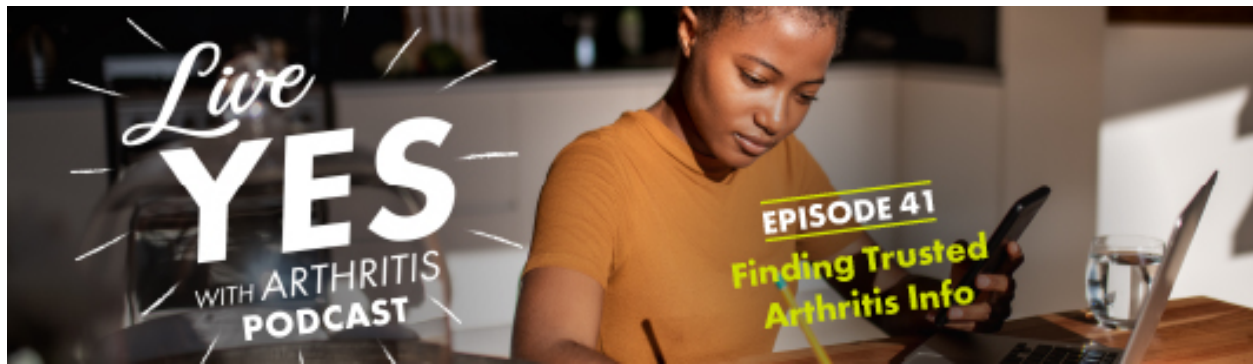
I know that the way that patients learn, especially in my age group, young adults, they tend not to be searching on Google Scholar to find the research paper or the article. A lot of times it's searching a hashtag on Instagram. And that journey takes you through to maybe find an advocate who has a similar story to yours who really found success with exercise or with a certain treatment or something. And that can often inform your opinion of something.

How do you suggest for folks who are really consuming information that way, the social media medicine, what are some ways that we can identify good, solid information from there when we're informing our own health journey or experience or conversations with our doctor?

Dr. Cassoobhoy:

I think the key is to always remember that the advocates really appear, experiencing the same thing living through life the way you are." And if they talk about something, to then go back and do the research on a respected website for that baseline information, so you can get an understanding of the big picture of the topic, right? Whether it's exercise and the full spectrum of exercise, understanding the strength training, the building aerobics, as well as flexibility. And then layering on that the nuances that come with having arthritis. So, once you get into that, and you feel like you have a strong understanding of that, and that you're putting into action elements that address all of that, then you can start diving into details, and that's where that Google search may come into play.

Try to stick to articles that are, like Rebecca mentioned earlier, that are maybe review articles. You can actually limit the date on Google to say within, you know, two years is sort of a standard timeframe. If it's something related to COVID, it might be one month, go read that review article. The sort of stellar articles that are, over the course of the past 30, 40 years, related to your illness will be in the source list of that new



article. So, you can go back and see kind of the articles that really are the basis of the current clinical treatment guidelines. And then don't get lost in that.

See what experts have written about it. Because generally, in all the major journals, like New England Journal of Medicine or JAMA, they'll have an expert come in and comment on the study. And it's a one pager. Even that's gonna be complicated, but at least it summarizes that information. If you really wanna just dive into the article, some rules for diving into the article: The first thing is to look at the abstract, that's where the gist of the information is.

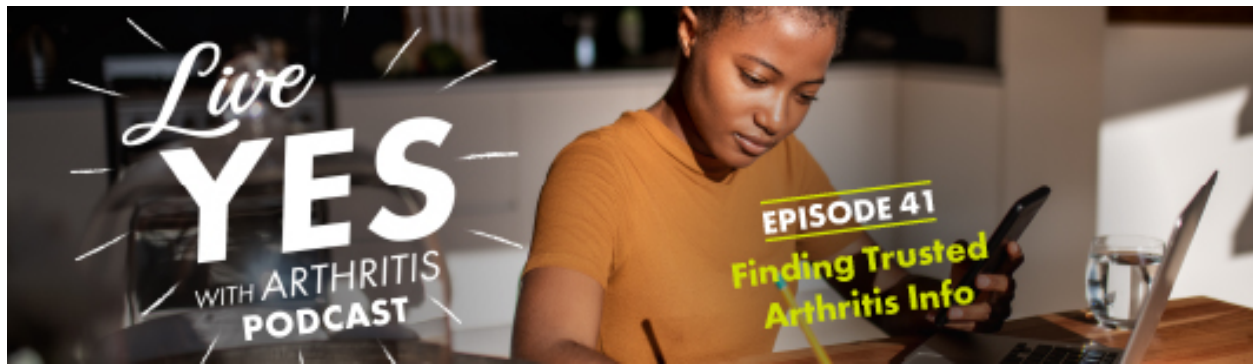
Often, you don't have to go past the abstract, because in the abstract you find out what the purpose of the study is. So, you can think, "Does that purpose have anything to do with me?" You can find out who was in the study. Is it older adults who are all white males in Northern Europe? For me, as a woman of color, maybe it'll be relevant, maybe not. But I can at least sort of, kind of, take that into context. Or is it mice, right?

Was this a trial for safety versus a trial for treatment? You can look at all that and then the discussion section. I usually skip all the statistics. But when I'm looking at an article, I run through and I do that abstract, and then I jump to the introduction of the article, 'cause that gives you that background information that grounds that particular study, and the whole big picture of the research on that particular treatment.

There's always a section in a good study that says everything that they can't quite prove because they couldn't answer these questions, and all of that comes in that discussion section. You can get a lot of information and decide what's relevant for you. I really rely on the studies that have made it through the peer review journals and actually impact clinical treatment guidelines. So, I would say what's most important is to look at the latest clinical treatment guidelines that are being published by the American College of Rheumatology or other similar organizations specific to your type of arthritis. Because that's when all the experts got together in a room, looked through all the research trials and came up with a consensus statement of how treatment should be. And that's really what your local doctor is looking to or should be looking to.

Julie:

This could be very overwhelming to listen to and think, "I don't even know what to look for or how to find a scholarly article." Those things can be hard.



Dr. Cassoobhoy:  
Yeah.

Julie:  
The Arthritis Foundation actually has partnered with the American College of Rheumatology on a handful of clinical guidelines in osteoarthritis and juvenile idiopathic arthritis and for just arthritis patients who are navigating the coronavirus pandemic, whether it comes to the vaccine or treatment options throughout, if you do become sick with coronavirus, what you should do from there.

Dr. Cassoobhoy:  
Really, these guidelines, they work for the majority of patients, right? It's only the ones in the most extreme, severe, immediate threat-to-life situations where you're really gonna start looking at information that hasn't yet made it into the clinical treatment guidelines.

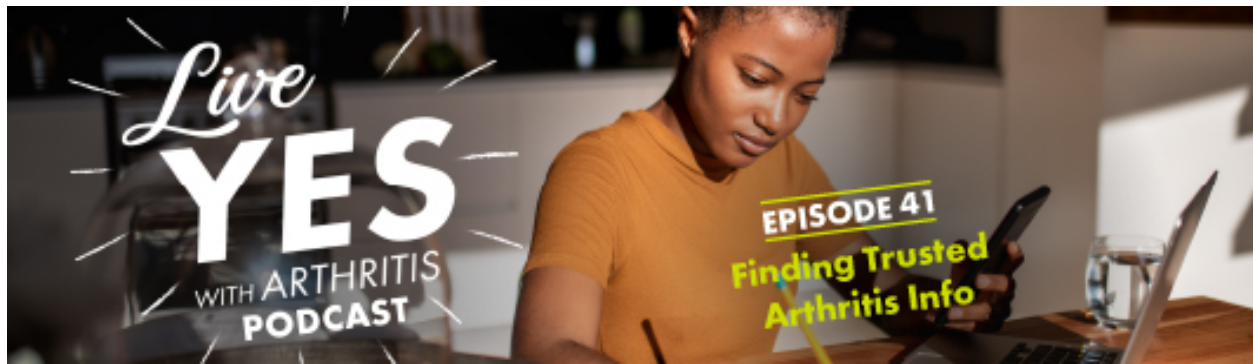
Julie:  
But it sounds like the general sentiment is: Be curious. And it's OK to be curious. But if you see that Instagram post from someone in your community, maybe don't end the research there, maybe.

Dr. Cassoobhoy:  
Absolutely.

Julie:  
Let that be the beginning of the starting point that inspires a lot of additional searches and conversations with your doctor and conversations with other peers in your community about what might work for you in your unique individual circumstance.

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>.*

Julie:



I had a rheumatologist once, many years ago, who wrote an article, an op-ed, and had it framed in their doctor's office. And it was an article that encouraged patients not to Google search their symptoms, or not to Google search treatments, or not to do anything like that. Because when they came into their medical provider's office, that's where those conversations should happen.

No Dr. Google basically was the premise of this article. And I remember sitting in this doctor's office, and I'm 18 years old. I've just transitioned into adult care. And I'm looking at this article on the wall, and then I'm looking at my doctor and thinking, gosh, if you're really inhibited about what I can bring up, what I can... How I can navigate this conversation? For folks who are in rheumatology settings like that, how would you encourage them to navigate around those conversations? Or what other solutions might be available for patients as they figure out what to do?

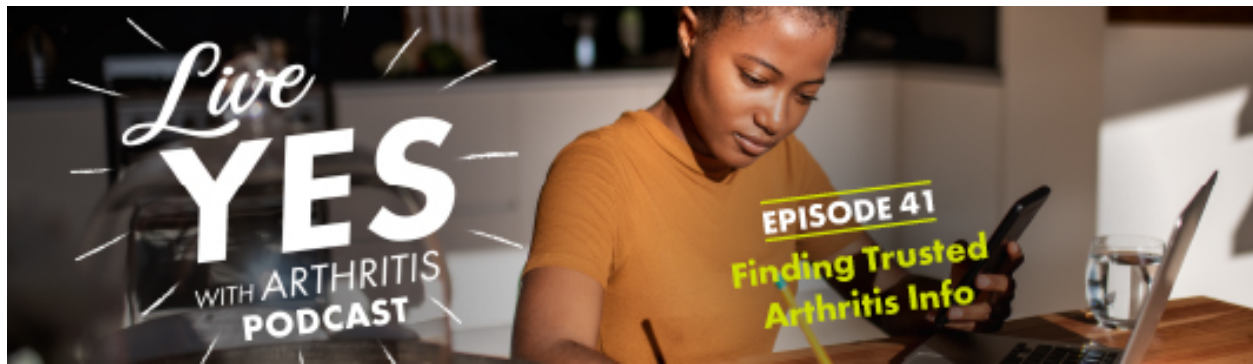
Dr. Cassoobhoy:

Yeah. I mean, I hate that this kind of story isn't as rare as it should be, because I think that... I mean, I think it's a tough situation. You should feel comfortable with your doctor. And it should be a partnership where you're expected and encouraged and supported to be proactive about understanding your health and your health care options... and the breadth, like we discussed earlier, of what health means, right? It's not just about medical treatment in the settings of infusions and surgeries.

There's so much self-care. Lifestyle management is critical. It's absolutely critical to preventing complications. I would say that if, after the first few conversations, you can't get past it, then maybe you need a different person.

You have to be proactive. "I've heard about this, and this is what I understand. Is this appropriate for me?" And leave it as an open-ended question. And "Who would you go to? How would you handle this angle?" And don't be afraid to bring up finances. That's a critical part of health care.

So, they may be able to have you speak to their manager about costs and programs to cut costs. They're not thinking like, "You need a coupon or maybe you should try this drug first because that one's gonna be cheaper for you." You really have to bring it up. And then have, again, that piece of paper that documents the data, so they don't forget about it, and you hand it to them to follow up. I would really encourage people



to do that. I like to think of it in a couple of buckets when you're talking to your doctor about your options.

One is the do-nothing option, right? You just do nothing. That's probably never a great idea. But if you're frozen in fear of your doctor, or overwhelmed by the content you're reading online, or all the stuff people are throwing at you in person and on social media, you can fall in that category. You let them know, you're trying to get out of the do-nothing mode.

Then you wanna be able to kind of critically look at what they're saying. And by critical, I mean thoughtfully, not good and bad. Are they a conservative doctor? Are they an aggressive doctor? Does that fit what you need and want from your personality, as well as your medical situation? And acknowledging that with them, based on what you've read. And kind of challenging them.

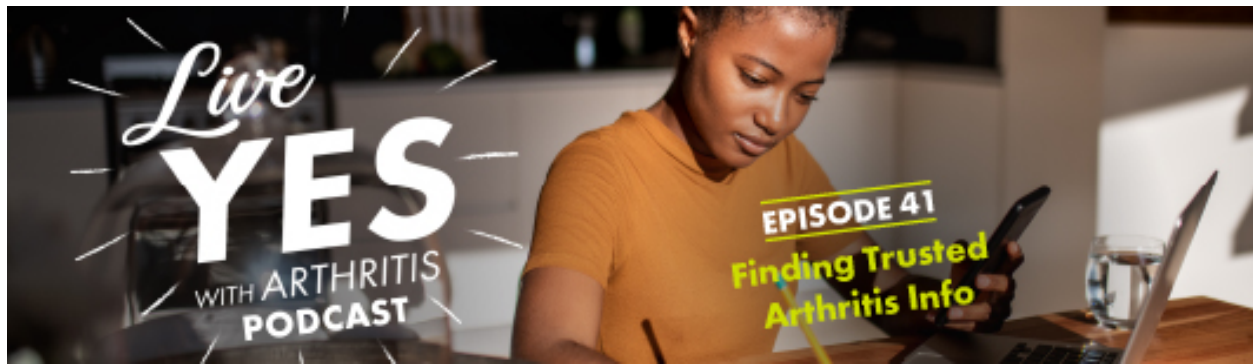
So, "I think this is the conservative approach, is that true?" Or "What I'm hearing is you saying that these are my two best options, is this true? This is what I've read, and this is what I hear from you." That online reading can help you support that conversation. The third is: recognizing again the impact of lifestyle and self-care, so bringing in: "I'm really struggling with my sleep, and I know rest is important. What else?"

And then the last is: looking at those complementary therapies and making sure that they agree that it is actually complementary, right? And understanding that you're looking for complementary therapies.

Julie:

I think that the central theme of that question, the reason I wanted to include it in our discussion today, is that when I was 18, I didn't know that I could push back or say, "Even though you're saying this, this is what I know. Can we have a discussion about it?" Or that I could look for a new provider when we were not clicking.

I think having those reminders of when you're in a provider's office it is absolutely OK. You should feel incredibly empowered to ask the questions that you have. That it's your space to be in. It's not just your provider space, to walk in and do the show of "Here I am..." and here's your biological medical advice, and off I go into the abyss. No, you



are there to have a conversation with your provider, and it can take a long time to figure out the right language to do that.

And I love the kind of pathway that you gave us from the do-nothing to the let's talk about everything, from medicine to complementary therapies, to lifestyle changes and so on. Because the second that a patient realizes that those conversations can be on the table, I think it changes the paradigm of the patient experience. It certainly did for me. And I have seen it do the same for many others.

Rebecca:

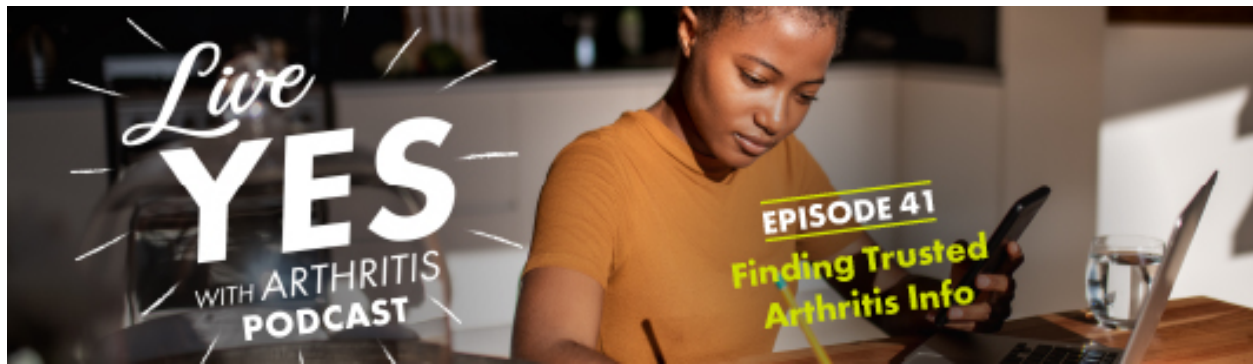
Yeah. And I think that just gives it a great baseline for a lot of our listeners of "This is what a doctor's appointment should look like," right? And, and even though, Julie, you share the story about being 18 and feeling that way, I know, hearing so many stories from people over the years, that it can be somebody who's my age, a little older... maybe a lot older, but like... who just feel like they are stuck with that doctor. I see lots of threads and conversations and support groups online where people are saying, "Gosh, my doctor just doesn't listen to me and doesn't understand."

I have a great rheumatologist and have a great relationship. And she knows if I come to an appointment with a list, she knows, "Alright, let's get to the list first." (laughs) Then we'll talk about the other things later. But also the fact that you brought up financial, too... That's not something I think people think about either.

I've had those conversations. At one point when my insurance changed, my copay went to be twice as much to see her, but I was in a pretty decent, stable state with my RA. And so I said, "Can I not come every other month? I feel like I'm OK. I'll still go do my labs, but to pay \$80, on top of my medicine copays and my other doctor visits, for other specialists, I'm like, it's becoming a lot for me. And she's like, "Yeah, totally. If we see that your labs are out of whack or you're having issues, you can always come in sooner."

And so having that conversation, having the conversation about the copay, too. We switched my medication, and now they just told me it's gonna cost twice as much. I can't afford that. And so, we looked into it, and the office person in charge of authorizations helped me get set up with a drug assistance program. Take that list with you. Make sure you cover all the topics that are important to managing your disease.





All of the things you might've seen, or somebody threw at you on social, like, "Hey, have you tried this?" Put that on your list. "What do you think about this? How would that fit in my current treatment plan?" It takes years to get to that point, I know that. But just know that you are empowered to do that from day one, right?

As soon as your doctor says, "This is an issue, here's a problem." If you don't understand what they're saying, you're your best advocate.

Dr. Cassoobhoy:

Absolutely, yeah. I think it's important to really think of your doctor as a partner. It's a really good way to prioritize all the health topics. I really wanna stress how important it is to do all this research, but then to take, you know, make sure you leave time to actually act on everything. And follow through with the exercise plan and the diet plan. Follow through with those second opinions and all the fall-off, all the many, many appointments. So, not to drown and lose time researching too much actually. (laughs)

Rebecca:

Yeah. One thing at a time.

Dr. Cassoobhoy:

Yeah.

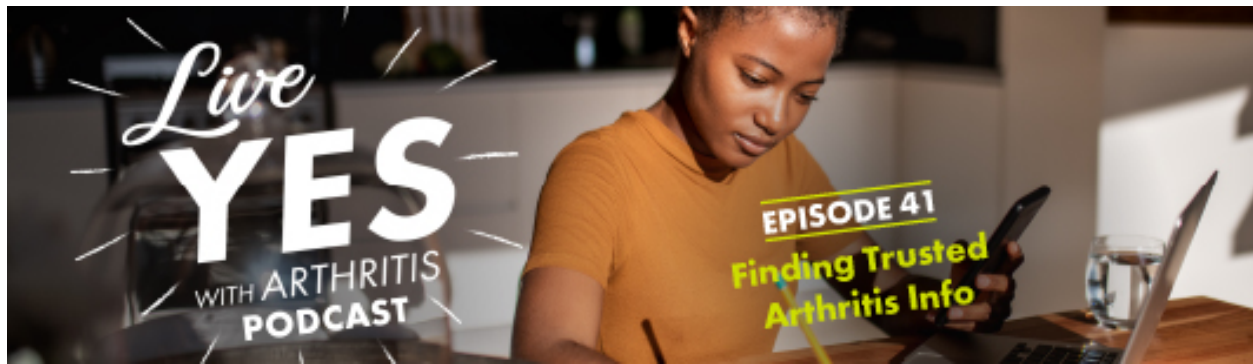
PROMO:

*Check out the Arthritis Foundation's new app, called Vim, to help people with arthritis gain power over their pain. The app features expert educational content, a goal and activity tracker and opportunities to connect with others. It'll help you set attainable goals and achieve small wins that add up to big victories. Download the app at <https://www.arthritis.org/vim>, spelled V-I-M.*

Rebecca:

Well, I think this has been such a great, very helpful conversation, Dr. Arefa. Usually at the end of our podcast, we always like to ask what maybe your three top takeaways would be for our listeners from our conversation today. So, do you have some takeaways you'd like to share?

Dr. Cassoobhoy:



Sure. I mean, it's been my pleasure talking with you. I can talk about this all day long. I really wanna stress that online health information is a way to empower you. And it's really necessary in all spectrums of your health and wellness and your medical conditions. But at the end of the day, it's a way to assist real life. And don't spend as much time chasing the latest minute research that may or may not make a small impact.

Really look to the information that's already been proven in trials with those hundreds of thousands of individuals that's already part of standard medical care. And use all of that to prep for your doctor's appointment, and to think about your doctor's appointment after the fact. You should always spend time before and after the doctor's appointment, reviewing your notes, looking up information and keeping a notebook catalog of what's happening. Or do it on your phone, so that you can reinforce and follow through on what the doctor and you have discussed.

And then, the third is really remembering that health is this big picture of lifestyle and medical treatment. And prevention is absolutely critical. Doing the basics with diet and sleep and rest and exercise and physical therapy, occupational therapy, wound care, all of that.

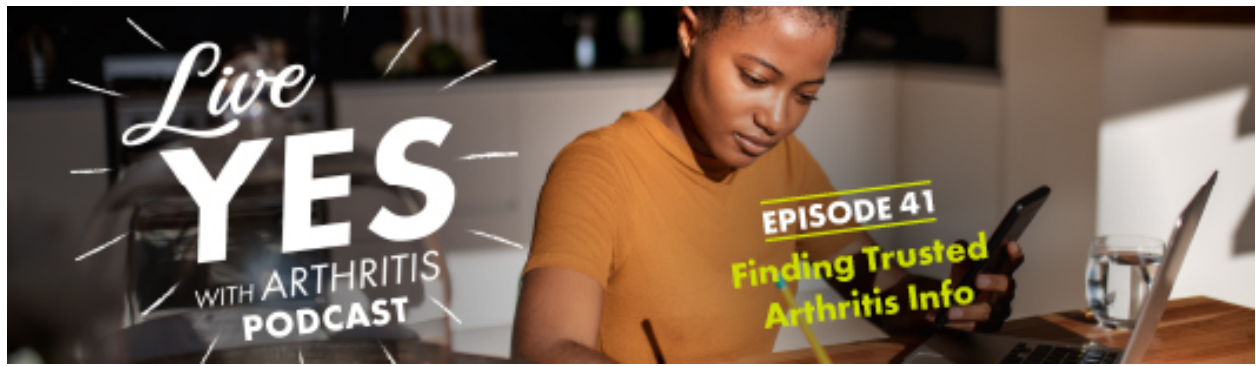
Rebecca:  
Awesome.

Julie:  
Yeah. It's been so wonderful to talk to you today and just have that reminder to be curious. So, we really appreciate it. Thank you so much for joining us.

Dr. Cassoobhoy:  
Oh, you're welcome. It's been my pleasure.

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