

ROI^{of} OneLife ARTHRITIS



Living well: arthritis programs in the workplace and the tremendous return on setting just **ONE LIFE** in motion



IT'S TIME TO PUT ARTHRITIS ON THE RADAR

There's a good reason that arthritis is called the "invisible disease." To the average onlooker the signs aren't always apparent, but to each of the roughly 4.6 million Canadians living with the condition, its effects are felt daily.¹

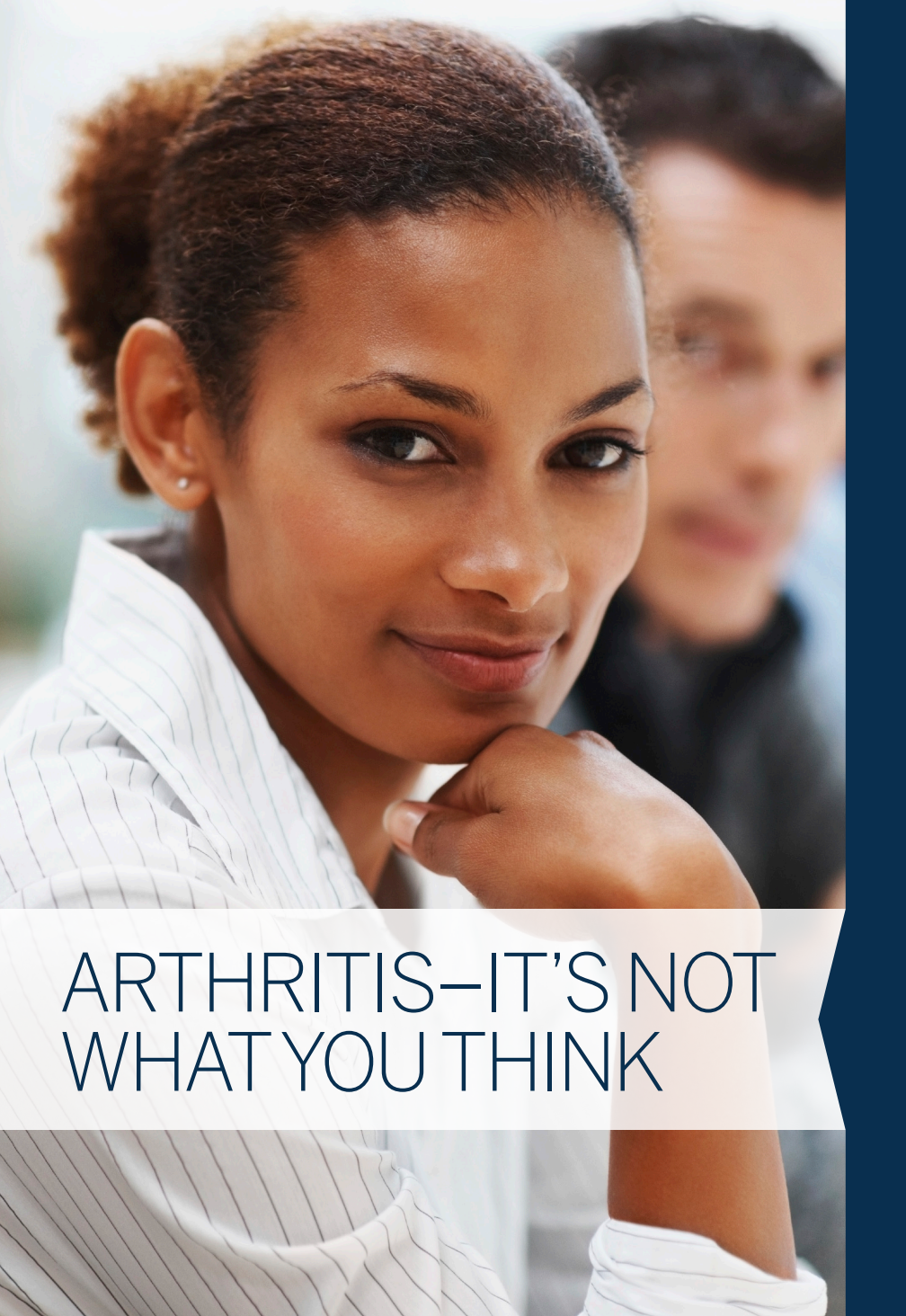
Arthritis doesn't discriminate. With more than 100 different forms of the disease, it targets the young and the old, plus everyone in between. In fact, 60% of those with arthritis are of prime working age, and two-thirds of those afflicted are women.¹

Arthritis is one of the leading causes of disability in Canada, and its economic impact is estimated at more than \$33 billion annually—a staggering number that is expected to double by 2040 if things remain status quo. Studies indicate that the majority of Canadians who stop working because of their arthritis are between the ages of 45 and 64.⁵

Fortunately, taking action now can have an enormous impact for the future of those living with arthritis and the millions still to be diagnosed. Major advances in medications combined with early treatment can slow the progression of the disease substantially so that people with arthritis can still function at a high level in all aspects of their life, including the workforce.

As an employer, raising awareness about arthritis and making changes in the workplace to accommodate the needs of employees with the disease can go a long way in keeping those workers longer and reducing the impact of disability on the businesses' bottom line. Helping empower employees to self-manage their arthritis can provide them with better control over their disease progression so they can accomplish their career goals. The results are twofold: happier and healthier staff, as well as a business environment where the employees are productive and the disruptions and costs associated with long-term disability are fewer and far between.

The reality is that Canadians with arthritis want to work. They want to contribute to society. They want to live a full life, which includes a job they enjoy at a workplace where they feel productive. Collaborating to tackle the issues surrounding arthritis now will mean prospects that are a whole lot brighter for people living with the disease in the years to come.



ARTHRITIS—IT'S NOT
WHAT YOU THINK

RECOGNIZING THE FAR-REACHING IMPACT OF ARTHRITIS

In less than 20 years, roughly one in five Canadians is expected to have arthritis. And contrary to popular belief, it won't be just the senior demographic. This disease affects all ages, especially women. It is particularly prevalent among those of lower socioeconomic status, but the cause/effect is not well understood. Research points to repercussions from arthritis that are affecting all aspects of society.

Yet the general public and policy-makers still under-recognize the impact of the disease, says Elizabeth Badley, a professor of epidemiology at the University of Toronto and the director of the Arthritis Community Research and Evaluation Unit. "There's still the tendency to shrug arthritis off as an inevitable part of aging, and that's just not true," says Badley, noting that three out of every five people with arthritis is younger than 65. "We also know there are another three million people who report chronic joint-pain symptoms who don't report having arthritis."

While there are more than 100 forms of the disease, the most prevalent is osteoarthritis (OA), affecting 10% of Canada's population and accounting for more than 80% of hip replacements and more than 90% of knee replacements in the country.² It's estimated that another one million Canadians live with inflammatory forms of the disease such as rheumatoid arthritis (RA), which primarily develop between the ages of 25 and 50 and whose symptoms, including extensive and permanent joint destruction, can lead to severe disability.³

But even without profound disabilities affiliated with the condition, Badley says the joint pain inherent with arthritis disrupts sleep and leads to chronic fatigue, which makes life even more difficult. "You start as a relatively healthy person, then suddenly there are things you can't do anymore, like sit through a long meeting or get up during intermission at the theatre," she says. "People looking forward to retirement realize they won't be able to play golf or do all the travel

they're anticipating because they won't be able to manage the walking or hold their clubs."

The research is also pointing to "comorbidities" affiliated with arthritis that should be taken into account when considering treatment. Obesity is a risk factor, and arthritis commonly accompanies other conditions such as heart disease and diabetes. "There needs to be recognition of arthritis as an important chronic disease that occurs alongside other chronic diseases," says Badley. For people with arthritis, the fear of pain and of damaging their joints can cause them to become less active, and inactivity is a known risk factor for other chronic conditions.

ARTHRITIS IMPACTS THE WORKFORCE

In addition to the physical impacts are some substantial financial ones. A recent study by the Arthritis Alliance of Canada cited the nation's annual economic impact of treatment and lost productivity due to arthritis at \$33 billion, or 2.7% of Canada's gross domestic product. And that number is expected to reach \$68 billion by 2040.⁴

Further research commissioned by The Arthritis Society through its Fit for Work survey showed that one in three of those surveyed said they were forced to quit working because of their arthritis, sometimes permanently. Yet people living with arthritis want to work; more than half (55%) reported going to work despite experiencing great pain and discomfort. Of those working, a third (32%) worry about not being able to handle work responsibilities adequately and 21% worry about managing symptoms when at work. However, 67% report that arthritis did not affect their productivity.⁵

Today, arthritis is one of the leading causes of long-term disability in the country. "The economic and emotional toll that comes from being unable to work due to arthritis is far greater and growing far faster than most Canadians recognize," says Janet Yale, the

president and CEO of The Arthritis Society. “By failing to unlock the workplace contributions that so many with arthritis want to make, we’re only compounding the price we pay now and in the future.”

Yale says that failing to take action is not only “gnawing at our national productivity” but also eroding a sense of self-worth for each person with arthritis.

“It’s about being derailed and struggling to come out with a new purpose in life. Having meaning in life is very important.”

—Greg Taylor,
Vancouver Coastal Health Authority

THE EMOTIONAL IMPACT

“Most of us define our meaning in life according to the roles that we have,” says Greg Taylor, a medical social worker with the Vancouver Coastal Health Authority who deals with arthritis patients of all ages. “Whenever people are confronted with a diagnosis of arthritis, it challenges them to adjust to the limitations of their bodies, and that’s difficult.”

Job loss and financial issues are leading stress factors for people living with arthritis, as is the general uncertainty of the future. There’s also the worry that the disease will make them dependent on others, so they’re reluctant to ask for assistance, even though getting support would help put them back on the path to independence.

Taylor’s patients frequently experience feelings of isolation that can be mitigated somewhat by supportive co-workers, family and friends. “They want contact, but the reality is that no one will truly understand what they’re going through,” he says. Not surprising, depression is an all too common outcome. “People with arthritis are experiencing losses and defeat, and that erodes their confidence in being able to deal with life’s challenges,” says Taylor. “It’s about being derailed and struggling to come out with a new purpose in life. Having meaning in life is very important.” ■

DEALING WITH EPISODIC DISABILITY

Major advances in arthritis treatment have enabled patients to manage symptoms that would have disabled them 15 or 20 years ago. But even when their conditions are well managed, problems can occur from time to time.

Episodic disability can occur as a result of flare-ups of the symptoms of chronic conditions such as arthritis, multiple sclerosis and diabetes. “Flare-ups can be unpredictable in terms of onset and resolution, despite the best possible management,” says Lynn Moore, the director of programs and services at The Arthritis Society. “Sometimes a trigger for a flare-up can be stress or an illness as simple as food poisoning.” The result can be so debilitating that employees can’t return to work until their symptoms are under control.

The challenge is that current policies around disability are set up for permanent change that won’t go away—not for diseases such as arthritis that can be episodically disabling. This, in turn, creates barriers in accessing and co-ordinating programs and benefits for those with the disease. “People with episodically disabling diseases like arthritis have a lifelong condition, but they can go years without being disabled by it,” says Moore.

A huge fear of those with arthritis is that they’ll lose their drug coverage if they go part-time or are unsuccessful in trying to return to work after an episode on disability coverage. “The irony in not supporting people during episodes of disability with appropriate coverage is that we’re forcing people to go on permanent disability at an enormous cost to the individual, society and workforce,” says Moore.

Addressing the risk factors for triggers to episodic disabilities early on can be an effective way for employers to keep their employees and reduce the financial strain of disability on their core business. “Building support from co-workers and making sure people get autonomy over the pace of work and how activities are done can make a big difference,” says Dr. Diane Lacaille, a rheumatologist and researcher in Vancouver.

Lacaille also points to employment-related health care providers such as ergonomists and vocational counsellors, who can provide assessments geared to job retention and suggest job accommodations and strategies to get people back to work after an episodic disability.

A professional man with short, graying hair and blue eyes is sitting at a desk in an office. He is wearing a white dress shirt and a blue patterned tie. He is looking directly at the camera with a slight smile. His right hand is on a computer mouse, and a keyboard is visible in the foreground. The background is a blurred office setting with shelves and papers.

ISSUES & OPPORTUNITIES

TACKLING ISSUES NOW CAN OPEN UP A WEALTH OF OPPORTUNITY IN THE WORKPLACE

Compared to a decade ago, when the assumption was that people with arthritis had to leave work permanently, the data now shows that some who leave their jobs because of their arthritis do come back, while others don't need to leave at all. "People tell us that work is good for their health when they have arthritis because they're doing something interactive and not at home focusing on the pain, so they were motivated to find ways to keep working or get back to work," says Monique Gignac, a senior scientist at the University Health Network and an adjunct scientist at the Institute for Work and Health in Toronto.

Yet when it comes to the work setting, arthritis poses some significant challenges for employees and their employers. Some of the issues are more obvious: timely access to medications, rising drug costs, disability and the resulting impact on productivity. But others are less apparent, such as the fact that people with arthritis will sacrifice parts of their home, family and social life in order to keep up with work demands. They also face ongoing anxiety about their futures and the amount of time they still have to keep working, which can affect their psychosocial health and lead to depression.

Stigma is another ongoing issue. More than half of respondents in the recent Fit for Work survey commissioned by The Arthritis Society were reluctant to make their arthritis known at work for fear of being fired, denied career opportunities or judged by their peers for not performing or getting special treatment. The result is that employers and co-workers are often unaware that the person has a condition that causes them chronic discomfort. "They might see that a particular employee seems moody and withdrawn, but they won't attribute that to the pain or fatigue of arthritis," says Gignac. "They may think that this is not a good worker."

Even with treatment, the intermittent nature of the disease means flare-ups and subsequent time off work will be necessary on occasion, which can affect time-sensitive objectives in the workplace. Having contingency plans in place will help, but so will strategies to get employees back to work as soon as possible.

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—Monique Gignac,
University Health Network,
Institute for Work and Health in Toronto

Joanne Simons, the chief mission officer at The Arthritis Society, says it is important to remember that failure to diagnose and appropriately treat inflammatory forms of arthritis early in the disease process can result in unnecessary and permanent disability—once destroyed, a joint can't repair itself. The onset of inflammatory arthritis occurs most frequently in the prime of life. "Decades of a preventable disability is a cost that we cannot afford," she says.

Simons notes that flex-time or work-from-home options can make an enormous difference to an employee's overall health, energy and productivity. "Daily commuting can actually be one of the most grueling aspects of the workday," she says.

Changes in role processes and workspaces can also help employees with arthritis while leading

HAVE YOU CONSIDERED?

Almost half (46%) of people with arthritis reported being unable to access needed treatments over the past year.

One in four said they were unable to access prescription medication because of out-of-pocket costs.

(Source: Fit for Work Survey)

Researcher Dr. Diane Lacaille and her team have developed a program called Making It Work to help people with inflammatory forms of arthritis stay in the workforce and improve their productivity at work.

Piloted as an online tool and in trials now, the program helps identify risk factors for work disability and offers strategies to address the problems that people encounter at work because of their arthritis.

to unexpected benefits for the entire organization, says Simons. In a recent focus group, one employee talked about her inability to comfortably move a hand lever due to shoulder pain. “When the employer installed a foot pedal, her productivity went up by a factor of five,” she says. “Seeing this, the company quickly switched the other employees to foot pedals as well, and overall productivity soared.”

Although the instinct of some employers is to cut their losses when faced with an employee with unique needs, the direct costs and operational impacts associated with staff turnover should be considered. “The goal should be to find ways to maximize these individuals’ contributions and retain the experience, knowledge and relationships of productive and loyal team members,” says Simons. Investing in these employees early on, before their conditions are far advanced, can also go

a long way in keeping symptoms under control so that staff can stay productive.

With the population aging and the prospect of ongoing skills shortages in Canada, Gignac believes that employers won’t have any option but to keep employees with arthritis in the workplace for as long as they’re willing to be there. “Osteoarthritis is the most common type, and we are sure to see more and more older workers with OA who will want to work,” she says. “It may push us to think about work in some new ways—how we work, where we work and what our work policies are. We have the technology to support changes at work, but I don’t think we’ve thought creatively about using it.”

Vancouver’s Dr. Diane Lacaille believes it’s essential for employees to think about making changes in the workplace themselves and to receive the support of employers to do so. “It’s important to encourage people to think about what they can do so they can continue their jobs in the long term,” she says. “For example, is there re-training or a niche they can fill to enhance their chances of employability in the future?”

Keeping these people in the workforce longer also depends on fine-tuning benefit policies and social assistance programs to accommodate episodic disabilities inherent with conditions such as arthritis. “Some people don’t think they can sustain working full-time but know they’ll lose their extended health benefits if they go part-time, so they feel trapped,” says Gignac. “They think they have to keep working full-time at the expense of their health or give it up completely to apply for social assistance.”

Organizations such as The Arthritis Society are working with insurers and governments to raise awareness of these issues and develop changes that will keep people with arthritis in the workforce. “We’re hopeful that in developing a strategy with all the key players at the table,” says Simons, “we can really raise awareness of the issue and start to shift the attitudes and behaviours that are keeping people living with arthritis from achieving their full potential.” ■

WORKPLACE RECOMMENDATIONS



MAKING IT WORK AT WORK

Most people with arthritis value their jobs and want to be productive in the workplace. By being aware of the challenges of the disease and taking the time to address employees' unique needs, employers may help their staff with arthritis stay in the workplace longer and work as productively as they can while they're there.

Timely access to appropriate medication plays a significant role. After all, major advances in medication, especially in treating inflammatory forms of arthritis, are helping people keep often debilitating symptoms in check and stay productive. While these drugs can be expensive, there are viable solutions to better manage costs and help ensure the sustainability of an employer's benefit plan, says Ben Harrison, the manager of Group Strategic Relationships at Great West Life.

Awareness of how chronic disease conditions such as arthritis are impacting health care claims is the first step. "Employers who have a greater awareness are better positioned to intervene early on with programs and resources to support employees on the job," says Harrison. "What we know is that employees who are supported by their workplace are more likely to perform well because they know their health and well-being is important to their employer."

Once identified, those plan members living with chronic conditions such as rheumatoid arthritis (RA) that require costly specialty drugs may benefit from health case management services. The plan members also get ongoing support and monitoring to confirm that the treatment is successful.

"This empowers plan members to participate more fully in managing their condition through education on drug self-administration as well as lifestyle changes," says Harrison. Approaches such as these are also expected to benefit

employers by enabling better drug-plan management in the long run.

Harrison also encourages employers to engage with patient organizations such as The Arthritis Society to help them better understand the challenges faced by employees with arthritis. These groups can collaborate with companies to raise awareness in the workplace by providing resources about the disease or partnering on initiatives such as on-site clinic days.

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In the meantime, making physical and scheduling changes in the workplace to accommodate staff members with arthritis is an inexpensive way to make a huge difference in the employees' quality of work life. "For example, a good chair or a stool placed under the desk can go a long way to improving comfort," says the Institute for Work and Health's Monique Gignac. In her research, she found that employees who rearranged their desk space so they didn't have to kneel or squat, or who used a trolley to carry

large items, were able to minimize discomfort at work.

Working smarter by anticipating periods of fatigue and tackling intense tasks earlier in the day were other ways employees with arthritis could better handle their jobs. Some set an alarm o'clock to remind them to get up and move around to avoid stiffness. Some worked a 9.5- or 10-hour day but took frequent breaks, or they had colleagues cover for them so they could come in a little later. "A lot of these types of examples don't cost a lot of money," says Gignac.

A team approach at work is also key, Gignac adds, pointing to research showing that supportive co-workers can make a substantial impact. "When it went really well for employees at work, it was because of their co-workers," she says. "They reported less stress, fewer job disruptions, more help from others and were less likely to have to reduce the number of hours they worked." Similarly, when it went badly it was because of unsupportive co-workers who thought employees with arthritis were getting special privileges.

A few years ago, Gignac conducted an exercise with participants playing the role of employees, co-workers or employers. It quickly became apparent that most workers at some point in their lives will have something that will make working difficult, whether it's young children, health problems or ill family members. "What would help is to look at how to strategize as a team to make work better for everyone and not wait for a crisis," she says. "The message should be, 'I need help, and I can count on my team members—and I will help them when they need me too.'" ■

Free programs such as **THE ARTHRITIS SOCIETY'S JOINT HEALTH IN THE WORKPLACE** presentation can help educate employees about how to perform their work in a way that reduces strain.



HAVE YOU CONSIDERED?

- Creating an individualized ergonomic workspace
- Accommodating frequent breaks
- Developing flexible work arrangements
- Encouraging a culture of empathy rather than judgment
- Partnering with arthritis patient groups in your area



CASE STUDIES

LIVING WITH ARTHRITIS

A PATIENT'S PERSPECTIVE:

When Rosie Keough was diagnosed with rheumatoid arthritis at age 27, her first reaction was “This can’t be happening to me,” she says. “I thought the way everyone else did—that this is an old person’s disease.”

Given the lack of health care professionals specializing in arthritis in her hometown of Charlotte-town, it took more than a year to get a diagnosis. “My knees and wrists were swelling, and I was told that it was because women tended to walk bow-legged,” she says. “So I went home and kept going.” It was a rheumatologist who finally diagnosed her with RA and started her on proper treatment.

Even with the disease and two children to care for, Keough managed to work full-time for Canada Revenue Agency for more than 30 years. She was the first in her office to get an ergonomic keyboard and among the first to telecommute from home. “Sometimes I was able to rest during the day, then make it up at the end of the day,” she says of the work-at-home arrangement that lasted eight years. “As long as the work was done and the hours were put in, my employer was happy.”

Some of Keough’s co-workers were resentful of her special arrangement because they couldn’t “see” her illness. “I don’t ask for help easily either, which isn’t a good thing,” she says. “But I consider myself a good worker, and my employer saw that.”

For a time Keough also worked a three-day week until her insurance was cut off. Unfortunately, going back to work full-time wasn’t sustainable, especially given the fact that she had also developed osteoarthritis. “I had gotten beyond exhausted and was using a lot of my sick time,” she says. “I ended up being diagnosed with clinical depression and had to retire a year and half ago.” She was also forced to sell her home to ensure her future financial stability.

Today the 53-year-old lives by herself and stays mobile by walking and visiting the gym two or

three times a week. “It keeps the joints strong and moving, and it really helps me mentally and physically,” says Keough. “I want to keep moving for as long as I possibly can.”

But Keough is still grappling with the fact she is retired at such a young age. “I really had planned to work until 55,” she says. “If I could afford to work only three days a week, I know I’d still be working today.”

A PARENT'S PERSPECTIVE:

Kathy MacKerricher first noticed something was amiss when her toddler, Andrea, stopped doing the things she enjoyed, such as dancing. “She’d also be walking around and just fall suddenly,” says the Vancouver mother. “She wanted to be held all the time.”

X-rays uncovered inflammation in Andrea’s knees, and blood work confirmed that the two-year-old had juvenile arthritis, a condition that affects about one in 1,000 Canadian children under the age of 16. It’s also among the most common disorders that cause chronic disability in children and adolescents.

What followed were years of surgeries, ongoing and lengthy hospital visits, treatment injections and other medications that have allowed Andrea, who is turning 21 this summer, to live a reasonably normal life. For a time, the disease went into remission but came back when Andrea was in Grade 12.

In order to support her daughter every step of the way, MacKerricher has had to take time off work and rearrange her schedule on numerous occasions. “Sometimes when we’d have to see the specialist in the morning, I wouldn’t get back to work until noon,” says MacKerricher. “When Andrea was first diagnosed, I never imagined we’d be dealing with this for 10 or 20 years.”

A supportive team of health care professionals has been a godsend, as has having an accommodating workplace. “I’ve had the same position all the way along, and I feel very fortunate to have bosses



who have given me a lot of flexibility,” says MacKerricher. “There’s no way I could have done it otherwise.” Still, she worked hard to ensure that her job wasn’t neglected while tending to her daughter’s needs. “I’d always try to get the first appointment of the day so I could get back to work as soon as I could, and I’d make sure the work got done.”

These days Andrea is like most young people her age: she likes to shop, has a boyfriend and recently joined a baseball team. Permanent joint damage in her hip will likely require a replacement down the road, but for now she’s doing well. “Andrea’s arthritis has always been moderate and invisible to most people,” says MacKerricher. “I’m a pretty positive person, and Andrea has taken on that attitude too. You do what you have to do, and there’s no time to feel sorry for yourself.”

AN EMPLOYER'S PERSPECTIVE:

With some 35,000 employees across Canada, Scotiabank is well versed on what it takes to accommodate staff with various needs, particularly when it comes to mobility.

About 15 years ago, the company implemented a centralized budget for “accommodation,” which covers everything from modified workstations and special services to specialized computer applications to enable employees to do their jobs.

Deanna Matzanke, Scotiabank’s director of Diversity and Inclusion, HR Policy and Compliance, says there is a lot of misconception about the cost of these types of enhancements, which can often

run well under \$500. “By using a centralized fund, it takes the fear of cost away from hiring managers,” she says. “Now it’s a clear organizational method.”

In terms of services, the accommodation fund has been used to cover the cost of an assistant to come in and help employees with mobility issues to remove winter boots or coats so they don’t have to ask their co-workers.

The company also has an IT group dedicated to finding computer solutions for employees with specialized needs, such as a voice-recognition application when typing becomes an issue. “They get asked to source all kinds of equipment for employees and they are extremely creative in finding resources that can really help,” says Matzanke.

Prevention is another key part of Scotiabank’s approach to accommodating employees. The company performs about 500 ergonomic assessments a year, even outsourcing ones they can’t get to personally to ensure that each case is addressed. “We make sure people are well set up so if they have an underlying condition, it doesn’t get exacerbated by a poor workstation,” says Matzanke. “Mild arthritis can be aggravated by the wrong workstation, and addressing that now controls our long-term costs.”

Flexible work hours are also a big part of the culture at Scotiabank; so many employees use a combination of flex time and work-at-home options that it has become a way of doing business. One option is a phased retirement, whereby employees can work 60% of the time for up to two years without losing their full-time pension. “It is an extra cost for us, but it really helps us give retiring employees a transition period and an opportunity to pass off their knowledge to the next group coming up,” says Matzanke. “It also helps address any acquired disabilities or conditions that have worsened, such as arthritis, that don’t permit full-time work.”

All employees are entitled to apply for flexible work options and will have a discussion with their managers about how to make it work. “In some cases, flexible work may not be plausible because of the nature of a particular job, but at least we’ve gotten the conversation started,” says Matzanke. ■

RESOURCES

This list of national resources can serve as a resource for arthritis workplace programs. For a more comprehensive list, including provincial resources, go to www.benefitscanada.com/roi/arthritis

The Arthritis Society

1-800-321-1433
www.arthritis.ca

Arthritis Community Research Evaluation Unit

416-603-6266
www.acreu.ca

Arthritis Research Centre of Canada

604-207-0400
www.arthritisresearch.ca

Joint Health

604-974-1366
www.jointhehealth.org

My Joint Replacement

www.myjointreplacement.ca

RheumInfo

www.rheuminfo.com

REPORTS

Fit for Work? Musculoskeletal Disorders and the Canadian Labour Market, The Work Foundation.
www.conferenceboard.ca/Libraries/NETWORK_PUBLIC/CCDPM_report2_jul2011.sflb

Life with Arthritis in Canada: A Personal and Public Health Challenge
www.phac-aspc.gc.ca/cd-mc/arthritis-arthrite/lwaic-vaac-10

Breaking Down Barriers to Employment: Developing Comprehensive and Practical Resources to Increase Employer Awareness and Access to the Labour Force for People Living with Episodic Disabilities, March 2011 www.hivandrehab.ca/EN/episodic_disabilities/documents/Breaking_Down_Barriers_to_Employment.pdf

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