

The term arthritis is used to describe more than 100 rheumatic diseases and conditions that affect joints. Most forms of arthritis are characterized by pain, aching, stiffness, and swelling in and around the joint or elsewhere in the musculoskeletal system. The most common forms of arthritis are osteoarthritis, fibromyalgia, gout, rheumatoid arthritis, and systemic lupus erythematosus.

# Arthritis in California

## Arthritis in the U.S.

- Over 46 million U.S. adults report doctor-diagnosed arthritis.<sup>1</sup> By the year 2030, an estimated 67 million adults will have doctor-diagnosed arthritis.<sup>2</sup>
- Arthritis is the leading cause of disability in the United States, limiting activity levels of nearly 19 million U.S. adults.<sup>2</sup>
- The number of boomers (aged 45–64) reporting disability already equals the number of persons in the 65 and older group reporting disabilities in the U.S.<sup>3</sup>
- U.S. estimates for the most common forms of arthritis in adults:<sup>1,4</sup>

Osteoarthritis	27.0 million
Fibromyalgia	5.0 million
Gout	3.0 million
Rheumatoid Arthritis	1.3 million
Systemic Lupus Erythematosus	161,000 to 322,000

## Risk Factors for Arthritis

Non-modifiable	Modifiable
• Age	• Overweight and Obesity
• Gender	• Infection
• Genetics	• Joint Injuries
	• Occupation

## Arthritis in California

- Arthritis affects over 5.3 million California adults (21%).<sup>5</sup>
- Of adults with arthritis in California, 3.3 million are women (62%) and over 2 million are men (38%).<sup>5</sup>
- Adults with arthritis are almost twice as likely to report fair or poor health status than are adults without arthritis.<sup>6</sup>
- Among adults with arthritis, 42% have activity limitations due to arthritis or joint symptoms.<sup>5</sup>
- Nearly 50% of adults over 65 years of age and 29% of adults ages 45 to 64 have doctor-diagnosed arthritis.<sup>5</sup>
- In 2003, the cost of arthritis care in California was over \$12 billion.<sup>7</sup>

## Arthritis and Race/Ethnicity

Arthritis is a frequent problem with a large impact on all racial/ethnic groups. The disabling effects of arthritis, such as arthritis-attributable activity limitations, work limitations, and severe pain, affect some racial/ethnic groups more severely.<sup>8</sup>

Of adults in California, an estimated 30% of Blacks, 27% of non-Hispanic Whites, 15% of other ethnicities and 14% of Hispanics have been told by a doctor that they have arthritis.<sup>5</sup>

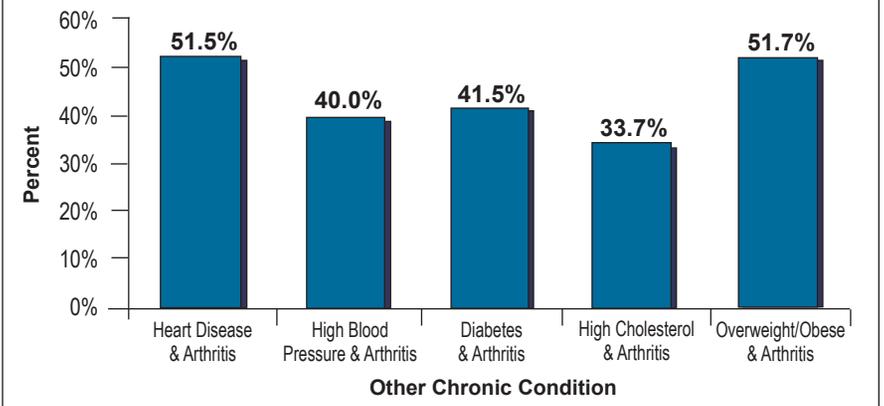
Examining racial/ethnic disparities in the prevalence and impact of arthritis is important to identify priority populations for public health interventions.<sup>8</sup>

## Arthritis and Other Chronic Conditions

Arthritis affects a large proportion of California adults who also have other chronic conditions (e.g., diabetes, heart disease, high blood pressure, high cholesterol and obesity). Although arthritis is not a risk factor for these other chronic conditions, it may present a barrier to adopting healthier lifestyles, such as physical activity, for fear of increasing joint damage or pain.

- Of California adults:
- with heart disease, 647,000 (52%) *also* have arthritis.<sup>5</sup>
  - with high blood pressure, 2,606,000 (40%) *also* have arthritis.<sup>5</sup>
  - with diabetes, 800,000 (42%) *also* have arthritis.<sup>5</sup>
  - with high cholesterol, 2,357,000 (34%) *also* have arthritis.<sup>5</sup>
  - who are overweight and obese, 3,669,000 (52%) *also* have arthritis.<sup>5</sup>

**Prevalence of Arthritis in California Adults with Other Chronic Conditions**



Source: State of California, Department of Public Health, Behavioral Risk Factor Surveillance System (BRFSS), 2007.

## Arthritis and Self-Management

- In California, less than 17% of the adults with arthritis have taken a self-management educational workshop.<sup>5</sup>
- Offered in both English and Spanish, self-management workshops are effective in improving knowledge and self-care behaviors, and in reducing outcomes such as pain, depression, and physician visits.<sup>9</sup>
- Appropriate self-management skills can help people with arthritis decrease pain, improve function, stay productive, and lower health care costs.

## Arthritis and Physical Activity

- Almost half of California adults with doctor-diagnosed arthritis (46.3%) do not engage in the recommended amount of physical activity.<sup>5</sup>
- Rates of physical activity vary among ethnic/racial groups.<sup>6</sup>
- Regular, moderate physical activity for people with arthritis is safe, improves function, and reduces pain.

## Arthritis and Weight

- California adults with arthritis are 32% more likely to be obese than adults without arthritis.<sup>5</sup>
- A strong association exists between increasing body mass index (BMI) and total hip and total knee replacements.<sup>10,11</sup>
- Maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A weight loss of 11 pounds can reduce the risk of developing knee osteoarthritis by as much as 50%.<sup>12</sup>

## Arthritis and Work

- In California, the prevalence of arthritis-attributable work limitation among working-age adults with arthritis is 35%.<sup>13</sup>
- Prevalence of arthritis-attributable work limitation is highest among those with less than a high school education, compared with those who have had more education.<sup>14</sup>

- Arthritis-attributable pain is common in the U.S. workforce and results in reduced performance and lost productive time.<sup>15</sup>
- Identifying people at risk for arthritis-related work disability before work limitations arise and offering them timely access to appropriate, evidence-based interventions may be more effective than beginning interventions after job loss or work disability has begun.

## Public Health Strategies

Untreated or inadequately managed arthritis can have a negative impact on people with arthritis by limiting physical function, ability to engage in valued life activities, to work, and to manage other chronic conditions successfully.

Women with arthritis report greater prevalence of activity and work limitations, psychological distress, and severe joint pain than do men.<sup>16</sup> As new intervention programs are developed, women and other disproportionately impacted groups merit particular consideration in tailoring and delivering arthritis programs.<sup>16</sup>

Several public health interventions exist that can reduce the burden and impact of arthritis. Evidence-based programs include:

- Arthritis Foundation Self-Help Program (English and Spanish)
- Chronic Disease Self-Management Program, also known as Healthier Living with a Chronic Condition (English and Spanish)
- Arthritis Foundation Exercise and Aquatic Programs

## California Arthritis Partnership Program (CAPP)

The goal of the California Arthritis Partnership Program is to improve the quality of life of Californians affected by arthritis and other rheumatic conditions through increased awareness of the importance of physical activity and self-management, and increased access to evidence-based interventions.

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