

Arthritis

Arthritis is the leading cause of disability in the United States.¹¹² The prevalence of arthritis is expected to increase (as a result of the aging population) to an estimated 67 million adults by 2030.¹¹³ In Missouri, it is estimated there will be nearly 1.6 million persons with arthritis (or a 14% increase from the prevalence in 2005) and 631,000 persons with arthritis-attributable activity limitations in 2030.¹¹⁴

Approximately 21.6% of adults report having been diagnosed with arthritis¹¹⁵ and 8.3% report activity limitations.¹¹⁶ Arthritis accounts for 6.2% of all hospital admissions in the country and for 7.4% of admissions of persons who are overweight.¹¹⁷ In addition, arthritis is the 3rd leading cause of work limitation.¹¹⁸ Racial/ethnic differences have been documented in the prevalence of arthritis and in the prevalence of limitations caused by arthritis, eg non-Hispanic blacks with rheumatoid arthritis report more severe disease and more disability than non-Hispanic whites.¹¹⁹ ¹²⁰ Arthritis, coupled with obesity, has been proposed as the major reason for the increasing trend in total knee replacements.¹²¹ Persons with arthritis and activity limitations are more likely to have less than a high school education or to be obese or physically inactive.

There are approximately 150 conditions defined by the National Arthritis Data Work Group that are thought to represent arthritis and other rheumatic conditions.¹²² State-specific estimates of the prevalence of this condition are key to planning health services and programs to prevent arthritis-related

¹¹² McNeil JM, Binette J. Prevalence of disabilities and associated health conditions among adults – United States, 1999. *MMWR* 2001;50:120-125.

¹¹³ Hootman JM, Helmick CG. Projections of US prevalence of arthritis and associated activity limitation. *Arthritis Rheum* 2006;54:226-229.

¹¹⁴ Freedman M et al. Projected state-specific increases in self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitations – United States, 2005-2030. *MMWR* 2007;56:423-425.

¹¹⁵ Lethbridge-Cejku M et al. Summary health statistics for US adults: National Health Interview Survey 2002. *Vital Health Stat* 2004;10(222). www.cdc.gov/nchs

¹¹⁶ Hootman J et al. Prevalence of doctor diagnosed arthritis and arthritis-attributable activity limitations – United States 2003-2005. *MMWR* 2006;55:1089-1092.

¹¹⁷ Harris DM, Russell LB. Hospitalizations attributable to arthritis, smoking, and hypertension: a comparison based on NHEFS and NHANES III. *Arthritis Care Res* 2005;53:543-548.

¹¹⁸ Stoddard S et al. Chartbook on work and disability in the United States, 1998. Washington DC: US National Institute on Disability and Rehabilitation Research. 1999. www.ed.gov

¹¹⁹ Bolen J et al. Racial/ethnic differences in the prevalence and impact of doctor-diagnosed arthritis – United States, 2002. *MMWR* 2005;54:119-123.

¹²⁰ Iren Ut et al. A pilot study to determine whether disability and disease activity are different in African Americans and Caucasian patients with rheumatoid arthritis. *J Rheumatol* 2005;32:602-608.

¹²¹ Mehrotra C et al. Trends in total knee replacement surgeries and implications for public health, 1990-2000. *Public Health Reports* 2005;120:278-282.

¹²² Centers for Disease Control and Prevention. Arthritis prevalence and activity limitations – United States, 1990. *MMWR* 1994;43:433-438.

disability and to track progress toward meeting Yr 2010 objectives for reducing the proportion of adults with chronic joint symptoms who experience a limitation in activity due to arthritis to a level of 21% of the population ≥ 18 y old. Behavioral Risk Factor Surveillance System (BRFSS) estimates of the prevalence of doctor-diagnosed arthritis and possible arthritis by state in 2003 ranged from 17.9% to 37.2% (median 27%) and proportion of adults with arthritis-attributable activity limitation ranged from 6.3% to 16.7% (median 9.9%).¹²³

For Missourians, 30.1% said they had doctor-diagnosed arthritis and 12.2% said they had doctor-diagnosed arthritis and arthritis-attributable activity limitation. Overall 40.7% of Missourians with arthritis experienced activity limitation (39% in the Kansas City region based on 2001 BRFSS data).¹²⁴ In addition, these individuals had a higher prevalence of other chronic diseases, including cardiovascular disease, diabetes, and osteoporosis, as well as having a higher prevalence of risk factors associated with serious chronic diseases, including high blood pressure, high blood cholesterol, obesity, and physical inactivity. As a result, they perceived their physical and mental health to be poorer than those without an activity limitation.

In 1999, The Missouri Department of Health and Senior Services conducted a survey of residents in 10 core city zip codes of Kansas City (www.dhss.state.mo.us/maop). That survey found that nearly 46% of residents >45 y of age had arthritis and 29% had limitation of their regular activities. These rates were higher than the statewide prevalence for these conditions. Non-Hispanic blacks had slightly higher rates than other racial and ethnic groups in the same zip codes.

Updated national estimates of the costs of arthritis and other rheumatic conditions are \$80.8 billion in direct costs and \$47 billion in indirect costs.¹²⁵ Between 1987 and 2000, medical costs in the US for arthritis rose from \$5.4 to \$17.9 billion.¹²⁶ Forty-four percent of the increase was attributed to increased cost per treated case, 32% to the rise in the number of treated cases, and 24% to the increasing numbers of people in the population. It is estimated that arthritis and other rheumatic conditions cost Missourians \$2.8 billion annually in direct and indirect costs.¹²⁷

Despite the increased medical costs associated with arthritis, there has been no progress nationwide towards the Yr 2010 objectives related to arthritis management.¹²⁸ The three objectives focused on weight counseling, physical activity counseling, and arthritis education.

There are 7 regional arthritis centers across the state to help Missourians cope with the effect of rheumatoid illnesses. The Kansas City center is at St Luke's Hospital.

¹²³ Steiner B et al. 2006. State prevalence of self-reported doctor-diagnosed arthritis and arthritis-attributable activity limitation – United States, 2003. *MMWR* 55:477-481.

¹²⁴ Missouri Department of Health and Senior Services. 2002. *Missouri arthritis report – 2001*. 24 p.

¹²⁵ Yelin E et al. National and state medical expenditures and lost earnings attributable to arthritis and other rheumatic conditions, United States 2003. *MMWR* 2007;56:4-7.

¹²⁶ Thorpe KE et al. Which medical conditions account for the rise in health care spending? *Health Affairs* 2004;W4:437-445.

¹²⁷ Cisternas M et al. Direct and indirect costs of arthritis and other rheumatic conditions – United States, 1997. *MMWR* 2003;52:1124-1127.

¹²⁸ Hootman JM et al. Monitoring progress in arthritis management – United States and 25 states, 2003. *MMWR* 2005;54:484-488.