



# Arthritis: The Nation's Leading Cause of Disability

## What Is Arthritis?

Arthritis comprises over 100 different diseases and conditions. The most common are osteoarthritis, rheumatoid arthritis, fibromyalgia, and gout. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms.

## Why Is Arthritis a Public Health Problem?

Arthritis or chronic joint symptoms affect nearly 70 million Americans, or about one of every three adults, making it one of our most common health problems. As the population ages, this number will probably increase dramatically.

Arthritis is the leading cause of disability among U.S. adults, limiting everyday activities for millions of Americans. Arthritis and the disability it causes create huge costs for individuals, their families, and the nation. Each year, arthritis results in 750,000 hospitalizations and 36 million outpatient visits. In 1995, medical care for arthritis cost nearly \$22 billion, and the total cost, including lost productivity, topped \$82 billion, according to estimates from the American Academy of Orthopaedic Surgeons.

## Who Gets Arthritis?

Arthritis is not just an old person's disease. Nearly two-thirds of people with arthritis are younger than 65 years. Arthritis affects young people and people of all

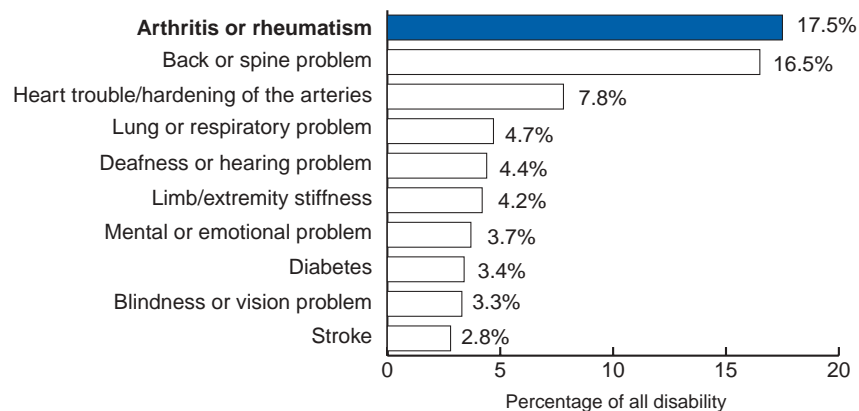
racial and ethnic groups. However, it is more common among women and older Americans.

## What Can Be Done to Control and Prevent Arthritis?

Fortunately, there are effective ways to not only prevent arthritis, but also to reduce the symptoms, lessen the disability, and improve the quality of life for people with arthritis.

- Weight control and injury prevention measures can lower the risk for osteoarthritis.
- The pain and disability that accompany arthritis can be decreased through early diagnosis and appropriate management, including self-management activities such as weight control and physical activity.
- Self-management education programs are also effective in reducing both pain and costs. One successful program, the Arthritis Self-Help Course, disseminated by the Arthritis Foundation, teaches people how to manage their arthritis and lessen its effects. This 6-week course reduces arthritis pain by 20% and physician visits by 40%. Unfortunately, less than 1% of the 70 million Americans with arthritis participate in such programs, and courses are not offered in all areas. More widespread use of the Arthritis Self-Help Course and similar programs could save money and reduce the burden of arthritis.

## Most Common Causes of Disability Among Americans Aged 18 Years or Older, 1999



Source: CDC. Prevalence of disabilities and associated health conditions among adults—United States, 1999. *MMWR* 2001;50:120–5.



## A State Arthritis Program in Action

With CDC support, **California** is increasing its efforts to address arthritis among diverse populations. For example, to reach Hispanic farm and transient workers, the California State Health Department and the Southern California Chapter of the Arthritis Foundation worked together to disseminate a Spanish-language version of the Arthritis Self-Help Course. Hispanic people participating in the course have reported improvements in their general health, sleep, depression, and activities of daily living. The Southern California Chapter of the Arthritis Foundation and the California State Health Department are expanding this successful program to other underserved areas.

### 2. Increasing awareness

CDC is working with state health departments and Arthritis Foundation chapters on a campaign that promotes physical activity to relieve arthritis pain among people aged 45–64 in lower socioeconomic levels. Radio scripts, brochures, and print pieces carry the theme “Physical Activity. The Arthritis Pain Reliever.”

### 3. Improving the science base

CDC supports research to learn more about why arthritis occurs and progresses and how to deal with it, as these examples show:

- Hip and knee osteoarthritis, the primary causes of expensive joint replacement surgery, are becoming more common as the population ages. CDC, in collaboration with the University of North Carolina and the National Institutes of Health, is studying these conditions among 3,200 residents of Johnston County, a rural area of North Carolina. This study is the first ever to look at arthritis among African Americans and whites over time to learn more about preventing arthritis and limiting its progression and associated disabilities.

- Self-management programs are integral to reducing pain and disability. To learn which approaches are most effective and how these programs can be improved, CDC is working with the Arthritis Foundation and several universities to evaluate programs. PACE (People with Arthritis Can Exercise) is being evaluated at the University of Missouri and the University of North Carolina. Arthritis Basics for Change is being evaluated at St. Louis University.

### 4. Measuring the burden of arthritis

CDC’s Behavioral Risk Factor Surveillance System, which all 50 states use to collect health information from adults, is the main source of state arthritis data. The data are used to monitor trends, define the burden of arthritis, and assess how arthritis affects people’s quality of life. CDC has added the same questions on national surveys so that state and national data can be compared.

### 5. Making policy and systems changes

CDC and its national and state partners are making the policy and systems changes recommended in the *National Arthritis Action Plan*. For example, CDC is working with state health departments and managed care organizations in Missouri and Florida to pilot test changes in how medical care is delivered to people with arthritis.

### Future Directions

With funded states and other partners, CDC hopes to

- Create a nationwide program to improve the quality of life for people affected by arthritis.
- Have existing arthritis programs reach more people.
- Develop and evaluate culturally appropriate programs to better serve diverse communities.
- Fund evaluation efforts to develop effective arthritis programs having the lowest possible cost.
- Develop health communication programs to increase physical activity among minority communities, the elderly, and people of low socioeconomic status.

For more information, additional copies of this document, or copies of the *National Arthritis Action Plan: A Public Health Strategy* or the *Healthy People 2010* arthritis objectives, please contact the Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K-45, 4770 Buford Highway NE, Atlanta, GA 30341-3717; (770) 488-5464. [ccdinfo@cdc.gov](mailto:ccdinfo@cdc.gov) [www.cdc.gov/nccdphp/arthritis](http://www.cdc.gov/nccdphp/arthritis)