



Arthritis

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Citation

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Arthritis is an umbrella term for a range of inflammatory conditions affecting the bones, muscles and joints. These conditions include osteoarthritis, rheumatoid arthritis, juvenile arthritis and gout and often result in pain, stiffness, swelling and redness in affected joints. Arthritis is a common condition particularly among older Australians, and is a large contributor to illness, pain and disability.

Cat. no: PHE 234

Findings from this report:

- 1 in 7 Australians have some form of arthritis
 - 1 in 5 Australians with arthritis experienced high or very high levels of psychological distress
 - 3 in 4 Australians over 45 with arthritis have self-reported at least one other chronic condition
 - 1 in 2 Australians with arthritis experienced moderate to severe pain
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Arthritis

Arthritis is an umbrella term for a wide range of inflammatory conditions affecting the bones, muscles and joints. This often results in pain, stiffness, swelling and redness in affected joints. Age, overweight and obesity, injury and genetic factors increase the risk of developing arthritis. Osteoarthritis, rheumatoid arthritis and gout are common types of arthritis [1].

How common is arthritis?

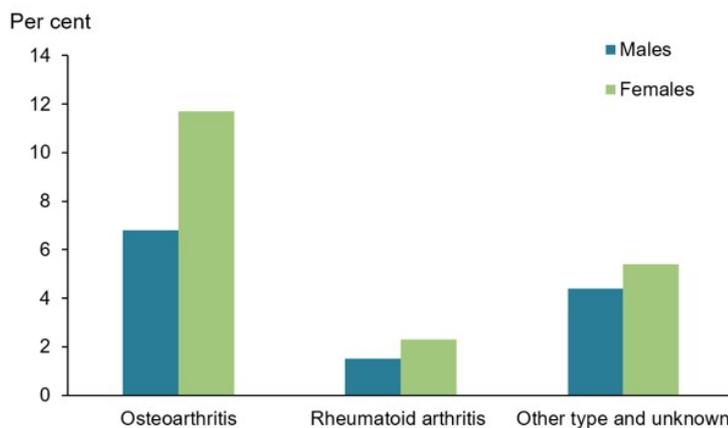
1 in 7

Australians have a form of arthritis

Almost 1 in 3 (29%) of Australians had a musculoskeletal condition in 2017–18, around 7.0 million people. Arthritis — including osteoarthritis, rheumatoid arthritis and 'other type and unknown' — affects an estimated 3.6 million (15%) Australians, based on self-reported data from the ABS National Health Survey 2017–18 [2]. Osteoarthritis and rheumatoid arthritis are the most common forms of arthritis (Figure 1):

- **osteoarthritis** is a chronic condition characterised by the deterioration of the cartilage that overlies the ends of bones in joints. Approximately 2.2 million Australians (9.0%) have osteoarthritis, affecting 12% of females and 6.8% of males [2] in 2017–18.
- **rheumatoid arthritis** is a systemic autoimmune disease where the body's immune system attacks its own tissues. Approximately 458,000 Australians (1.9%) have rheumatoid arthritis, affecting 2.3% of females and 1.5% of males [2] in 2017–18.

Figure 1: Prevalence of self-reported arthritis in Australia, by arthritis type and sex, 2017–18



Note: Refers to people who self-reported that they were diagnosed by a doctor or nurse as having arthritis (current and long term) and also people who self-reported having arthritis.

Source: ABS 2018 [2] ([Data table](#)).

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2. ABS (Australian Bureau of Statistics) 2018. [National Health Survey: First Results, 2017–18](#). ABS cat. no. 4364.0.55.001. Canberra: ABS.

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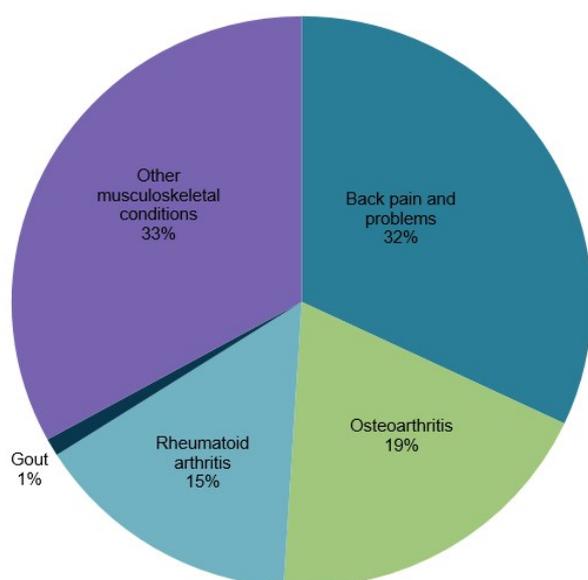
Impact of arthritis

Arthritis can have a profound impact on a person's quality of life and wellbeing due to acute and chronic pain, physical limitations, management of the condition and mental health issues. This can often result in withdrawal from social, community and occupational activities [1].

Disease burden

Common forms of arthritis (osteoarthritis, rheumatoid arthritis and gout) are large contributors to illness, pain and disability in Australia. Based on data from the Australian Burden of Disease Study 2015, musculoskeletal conditions were responsible for 13%—around 611,300 disability-adjusted life years (DALY) of the total burden of disease. Of this proportion, osteoarthritis contributed 19% of disease burden, rheumatoid arthritis contributed 15%, and gout contributed 0.9%. The remaining burden was attributed to 'other musculoskeletal conditions' (33%) and 'back pain and problems' (32%) (Figure 1).

Figure 1: Musculoskeletal conditions burden (DALY), by disease, 2015



Source: AIHW 2019 [3].

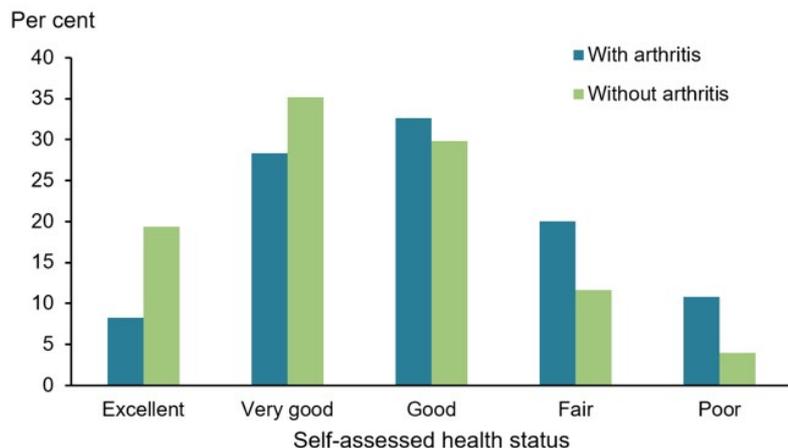
Perceived health status

According to the ABS 2017–18 National Health Survey, people aged 45 and over with arthritis are less likely to perceive their health as excellent or very good than people without the condition. Conversely, people with arthritis were twice as likely to describe their health as poor (11%) compared with those without arthritis (4%) (Figure 2).

1 in 10

people with arthritis described their health as poor

Figure 2: Self-assessed health of people aged 45 and over with and without arthritis, 2017–18



Note: Age-standardised to the 2001 Australian population.

Source: AIHW analysis of ABS 2019 [2] ([Data table](#)).

Pain

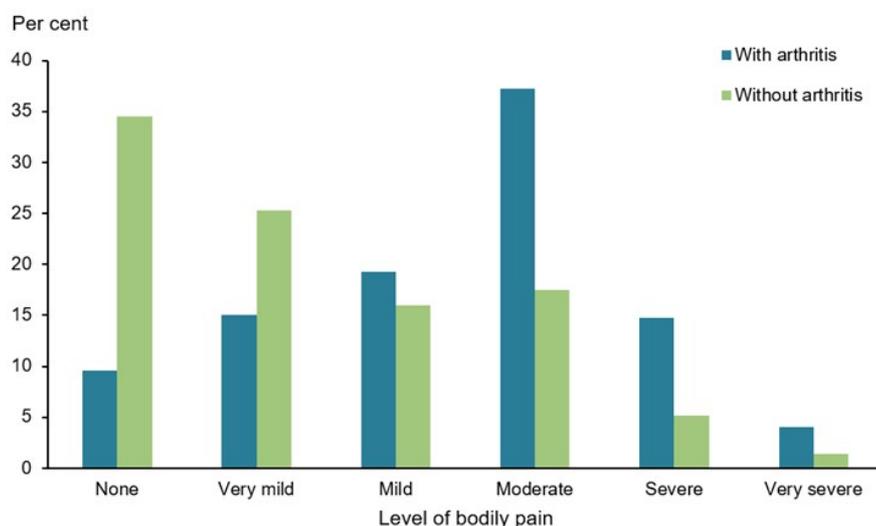
1 in 2

Australians with arthritis experienced moderate to very severe pain

Arthritis can have a significant impact on a person's physical health, due to the pain and physical limitations associated with the disease.

In 2017–18, half of people aged 45 and over with arthritis (56%) experienced 'moderate' to 'very severe' pain in the last 4 weeks; this was about 2.3 times as likely as people without arthritis (24%) (Figure 3). In addition, over 2 in 5 (45%) people aged 45 and over with arthritis described their pain as having a 'moderate' to 'extreme' interference with their normal work during the last 4 weeks ([Table 2.3](#)) [2].

Figure 3: Pain^(a) experienced by people aged 45 and over with and without arthritis, 2017–18



a. Bodily pain experienced in the 4 weeks prior to interview.

Note: Age-standardised to the 2001 Australian population.

Source: AIHW analysis of ABS 2019 [2] ([Data table](#)).

Psychological distress

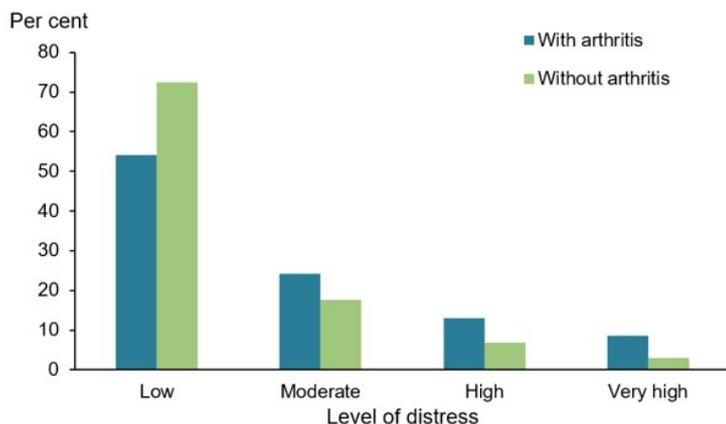
1 in 5

Australians with arthritis experienced high levels of psychological distress

Arthritis can affect both physical health and mental wellbeing. The chronic and progressive symptoms and the management of the condition can cause distress, which may lead to mental health issues such as anxiety or depression [4].

According to the NHS 2017–18, 1 in 5 Australians (22%) with arthritis experienced high to very high levels of psychological distress. This was twice as likely compared with people without arthritis (10%) (Figure 4).

Figure 4: Psychological distress^(a) experienced by people aged 45 and over with and without arthritis, 2017–18



a. Psychological distress is measured using the Kessler Psychological Distress Scale (K10), which involves 10 questions about negative emotional states experienced in the previous 4 weeks. The scores are grouped into Low: K10 score 10–15, Moderate: 16–21, High: 22–29, Very high: 30–50.

Note: Age-standardised to the 2001 Australian population.

Source: AIHW analysis of ABS 2019 [2] ([Data table](#)).

Economic impact

Arthritis significantly impacts the Australian economy. Increased health care costs and higher use of health care services (for example, general practitioners, specialists, allied health and pharmaceuticals) required to treat and manage arthritis provide direct financial costs to the health care system. There are also indirect costs associated with arthritis and/or musculoskeletal conditions and comorbidities, such as productivity losses, disability support pensions and other welfare payments, early retirement and carer costs [5,6].

Expenditure on health services for arthritis is substantial. In 2015–16, health expenditure for arthritis was estimated to cost:

- \$3.5 billion for osteoarthritis
- \$1.2 billion for rheumatoid arthritis [7].

Musculoskeletal health is important for a productive and prolonged working life; as a result, the risk of arthritis will become increasingly important with an aging population participating in the workforce for longer. People with arthritis are more likely to have reduced productivity and retire early, resulting in an economic loss that far outweighs direct health care costs [8].

Comorbidities of arthritis

3 in 4

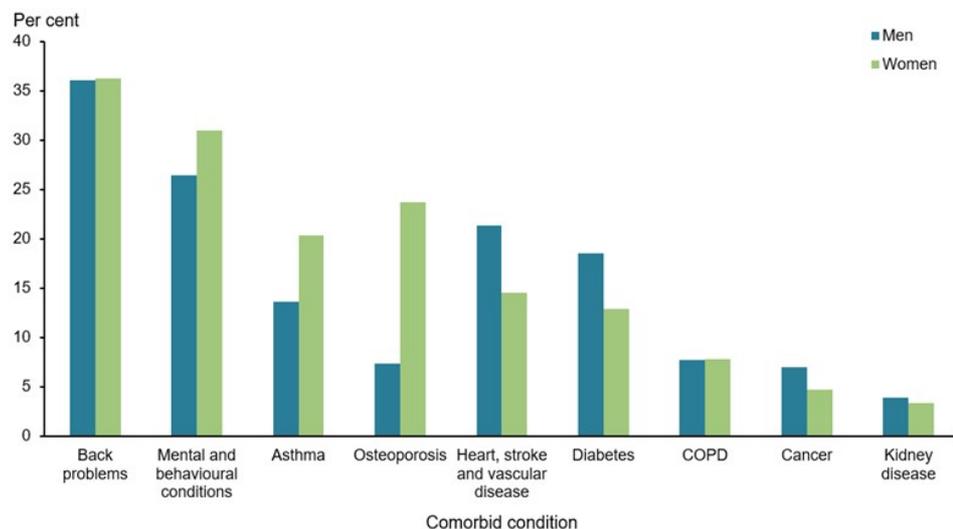
Australians aged 45 and over with arthritis also had at least one other chronic condition

People with arthritis often have other chronic diseases and long-term conditions. This is referred to as 'comorbidity', where two or more health problems occur at the same time.

In 2017–18, 3 out of 4 (75%) people aged 45 and over with arthritis had at least one other chronic condition. Back problems was the most common comorbidity (37%), followed by mental and behavioural conditions (31%) and asthma (19%) [2].

Females had a higher prevalence rate of comorbidities with arthritis (76%) compared with males (72%). Females over 45 with arthritis had higher rates of comorbid asthma, mental and behavioural conditions, and osteoporosis. Males had higher rates of heart, stroke and vascular disease, cancer and diabetes. Rates of back problems, COPD, and kidney diseases were similar across males and females (Figure 5). After adjusting for age, rates of cancer were no longer significantly different between males and females with arthritis [2].

Figure 5: Prevalence of chronic conditions in people aged 45 and over with arthritis, by sex, 2017–18



Note: proportions do not total 100% as one person may have more than one additional diagnosis.

Source: AIHW analysis of ABS 2019 [2] ([Data table](#)).

Data notes

The comorbidity data presented here are based on self-reported data from the Australian Bureau of Statistics National Health Survey (NHS). When interpreting self-reported data, it is important to recognise that because we rely on respondents providing accurate information, the outputs may not always be a true reflection of the situation.

In the 2017–18 NHS, the number and proportion of persons with long-term health conditions is presented as those who have 'a current medical condition which has lasted, or is expected to last, for 6 months or more, unless otherwise stated' [9]. For the conditions arthritis, asthma, cancer, heart, stroke and vascular disease (HSVD), diabetes, kidney disease and mental and behavioural conditions, the estimates are based on: persons who reported having been told by a doctor or nurse that they had the condition/s and whether they reported that their condition was current and long-term; that is, their condition was current at the time of interview and had lasted, or was expected to last, 6 months or more.

For HSVD and diabetes, estimates also included persons who reported they had the conditions, but that these conditions were not current and long-term at the time of interview.

The conditions data collected for back problems and COPD are 'as reported' by respondents and do not necessarily represent conditions as medically diagnosed. However, as the data relate to conditions which had lasted, or were expected to last, for six months or more, there is considered to be a reasonable likelihood that medical diagnoses would have been made in most cases. The degree to which conditions have been medically diagnosed is likely to differ across condition types. See the National Health Survey: Users' Guide, 2017–18 [10] for more information.

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Treatment & management of arthritis

Primary health care

At present there is no cure for arthritis, with treatment aiming to manage symptoms and maximise quality of life. Arthritis-related conditions are predominantly managed in primary health care settings by a range of health professionals. Treatment involves a combination of medication (for pain and inflammation), physiotherapy, self-management (such as diet and exercise), education on living with the condition and referral to specialist care where necessary. Based on survey data, arthritis was managed at an estimated 3.5% of general practice visits in 2015–16 [1].

Medications

Medication is primarily used to manage symptoms of pain, inflammation and improve functioning and quality of life among people with arthritis. Medications can range from general over-the-counter analgesics (painkillers) to highly specialised medications and vary depending on the type and severity of the condition.

See the [osteoarthritis](#), [rheumatoid arthritis](#), [juvenile arthritis](#) and [gout](#) pages for further information on the medications used for these conditions.

Hospitalisation

Arthritis-related conditions are often managed in hospitals when specialised treatment or surgery is required.

Osteoarthritis was the most common musculoskeletal reason for hospitalisation (accounting for 34% of all musculoskeletal hospitalisations), followed by back pain and problems (23%). Other less common musculoskeletal reasons for hospitalisation were rheumatoid arthritis (1.7%), osteoporosis (1.1%), gout (1.0%) and juvenile arthritis (0.2%).

See the [osteoarthritis](#), [rheumatoid arthritis](#), [juvenile arthritis](#) and [gout](#) pages for further information on hospitalisations for these conditions.

Surgery

Joint replacement surgery may be required for those with severe arthritic conditions who are unresponsive to medication and exercise [2]. These procedures restore joint function, help relieve pain and improve quality of life of the affected person. Osteoarthritis is the most common condition leading to hip and knee replacement surgery in Australia [3].

See the [osteoarthritis](#), [rheumatoid arthritis](#), [juvenile arthritis](#) and [gout](#) pages for further information on hospitalisations for these conditions..

References

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Data

Data tables: Arthritis 2019

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