Arthritis and osteoporosis in Australia 2008

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Contents

Acknowledgments .... **vii**

Abbreviations .... **ix**

Summary .... **x**

1 Introduction **1**

A global problem 1

The Australian picture 1

Potential for change 2

National action 3

National monitoring and surveillance 4

Purpose and structure of this report 5

References 6

2 Overviews of the focus areas **9**

Osteoarthritis 9

Rheumatoid arthritis 10

Juvenile idiopathic arthritis 12

Osteoporosis 13

Expenditure on arthritis and osteoporosis 15

References 18

3 Arthritis, disability and quality of life **19**

Describing disability 19

How arthritis leads to disability 21

Prevalence of arthritis-associated disability 23

Physical impairments 24

Activity limitations 25

Workforce participation 27

Social participation 28

Mental health 29

Environmental and personal factors that affect disability 30

Impacts on quality of life 30

Self-assessed health 32

Assistance with everyday tasks 34

References 39

4 Arthritis in children **41**

Types of juvenile arthritis 41

Causes 45

Diagnosis 45

Impacts 46

Management 55

References 62

5 Reducing the burden of arthritis **65**

The disease continuum 65

Prevention 65

Detection and diagnosis 70

Arthritis management 73

References 85

6 Osteoporosis and fractures **89**

Prevalence and detection of osteoporosis 89

Risk factors for osteoporosis and fractures 94

Impacts of osteoporotic fractures 96

Prevention of osteoporosis and fractures 100

Treatment and management of osteoporosis and osteoporotic fractures 102

References 106

7 Trends and patterns in arthritis and osteoporosis **111**

Trends over time 111

Population variation 116

References 120

Appendix 1: Indicators for arthritis and osteoporosis **123**

Appendix 2: Data sources, methods and classifications **141**

Data sources 141

Statistical methods 144

Classifications 146

References 150

Glossary **151**

List of tables **157**

List of figures **158**

List of boxes **160**

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Abbreviations

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
BAOC	Better Arthritis and Osteoporosis Care
BEACH	Bettering the Evaluation and Care of Health
BMD	bone mineral density
CURF	confidentialised unit record file
DMARD	disease-modifying anti-rheumatic drug
GP	general practitioner
HDL	high-density lipoprotein
HLA	human leukocyte antigen
HRQOL	health-related quality of life
HRT	hormone replacement therapy
ICD	International Classification of Diseases
ILAR	International League of Associations for Rheumatology
IR	inner regional areas of Australia
JIA	juvenile idiopathic arthritis
MC	major cities
MRI	magnetic resonance imaging
NAMSCAG	National Arthritis and Musculoskeletal Conditions Advisory Group
NATSIHS	National Aboriginal and Torres Strait Islander Health Survey
NHPA	National Health Priority Area
NHS	National Health Survey
NSAID	non-steroidal anti-inflammatory drug
PBS	Pharmaceutical Benefits Scheme
RA	rheumatoid arthritis
RF	rheumatoid factor
RPBS	Repatriation Pharmaceutical Benefits Scheme
SDAC	Survey of Disability, Ageing and Carers
WHO	World Health Organization
YLD	years of life lost due to disability

Summary

Arthritis and musculoskeletal conditions are the most common chronic conditions in Australia, affecting almost one-third of the population. Although not often direct causes of death, these conditions are major contributors to pain and disability, common reasons for use of health services and responsible for substantial direct health expenditure.

The naming of arthritis and musculoskeletal conditions as a National Health Priority Area in 2002 concentrated national attention initially on three of the most common conditions: osteoarthritis, rheumatoid arthritis and osteoporosis. A fourth condition, juvenile idiopathic arthritis, was added to these in 2006. These four conditions are also the focus of the *Better Arthritis and Osteoporosis Care* (BAOC) 2006 Federal Budget initiative, which aims to improve awareness, diagnosis and management.

Focusing on these four conditions, this report explores some of the 'big issues' in arthritis and osteoporosis today—such as disability, falls and fractures, treatment and management—and provides the latest data on how arthritis and osteoporosis affect Australians and Australia's health system.

How many Australians have arthritis and osteoporosis?

- Self-reported information suggests that arthritis affects over 3 million Australians, including more than one-third of people aged 65 or over and more than half of those aged 85 years or over.
- More than 1.3 million Australians (6.5%) have osteoarthritis. Prevalence increases with age, from 1 in 1,000 people under 25 years of age up to 1 in 3 people over 85.
- Rheumatoid arthritis affects an estimated 384,000 Australians (1.9%). Females are almost twice as likely as males to report a diagnosis of this type of arthritis.
- Parental reports suggest 2,300 Australian children—mostly girls—have been diagnosed with juvenile arthritis. A similar number of parents report children with symptoms of arthritis but no formal diagnosis.
- Almost 600,000 Australians have been diagnosed with osteoporosis, the majority being females aged 55 years or over. Due to the mostly symptomless nature of the condition, this number is likely to be a substantial underestimate of the true extent of the problem.

What impacts do arthritis and osteoporosis have on health and functioning?

- Arthritis or a related disorder is the main disabling condition for an estimated 561,000 Australians (3% of the population, and 14% of those with disability); 30% of these people are unable to perform, or need help with, self-care or mobility tasks.
- People of working age with arthritis-associated disability are less likely to be employed full-time compared with people with disability in general or people without disability, and are more likely to not be in the labour force.

- People with arthritis are more likely to experience psychological distress than people with other long-term conditions or no long-term conditions, and are also more likely to rate their health as fair or poor.
- Although in many cases juvenile arthritis goes into remission by adulthood, the physical, emotional and social effects of the disease often persist throughout life.
- Osteoporosis has no symptoms, so its effects are mainly seen through fractures. These generally result in immediate pain and loss of function, and may lead to long-term pain, disability, emotional distress and loss of independence.
- Almost all types of minimal trauma fractures—but especially hip and pelvic fractures—are associated with an increased risk of death in the following 12 months. Fractures are recorded as an associated cause of around 2,500 deaths in Australia each year; around 70% of cases involve hip and pelvic fractures.

What types of health services do people with arthritis and osteoporosis use?

- Osteoarthritis is among the top 10 problems managed by general practitioners (GPs). Almost 2.7 million Medicare-paid GP consultations in 2007–08 included management of osteoarthritis.
- Rheumatoid arthritis is less likely than osteoarthritis to be managed by GPs; specialists such as rheumatologists and endocrinologists play a greater role.
- The use of medicines is the most common management strategy for arthritis. The most frequently used medications include analgesics, non-steroidal anti-inflammatory drugs and disease-modifying anti-rheumatic drugs.
- Allied health and complementary practitioners also play important roles in arthritis management. Their services are generally aimed at improving and maintaining body structure and function.
- Over 18,000 total hip replacements and almost 28,000 total knee replacements were performed in Australian hospitals in 2006–07, the majority being for osteoarthritis.
- Since 1993–94, the number of total hip replacements per 100,000 persons has increased by 92%, while the rate of total knee replacements has more than doubled.
- An estimated 850,000 GP consultations for osteoporosis were fully or partly funded by Medicare in 2007–08. One in eight consultations were for new cases of the condition.
- There were almost 51,000 hospitalisations for minimal trauma fractures in people aged 40 years or over in 2006–07. Hip and pelvic fractures accounted for 40% of cases.
- The number of minimal trauma hip fractures per 100,000 persons decreased significantly between 1999–00 and 2006–07, by 13% in males and by 15% in females.
- Allied health services, mostly physiotherapy, are the most common interventions provided in hospital separations for minimal trauma fractures, recorded in more than two-thirds of cases.
- Almost 5,000 partial hip replacements for minimal trauma hip fractures in people aged 40 years or over were performed in Australian hospitals in 2006–07.

Are all Australians equally affected?

- Aboriginal and Torres Strait Islander Australians are more likely than other Australians to report having arthritis, but are much less likely to have hip or knee replacements.
- Osteoporosis is more common among Indigenous males, but less common among Indigenous females, compared with their non-Indigenous counterparts. However, Indigenous people of both sexes are much more likely than non-Indigenous people to be hospitalised with a minimal trauma hip fracture.
- People in the most disadvantaged areas of Australia are less likely than those in the least disadvantaged areas to have a total hip replacement, but more likely to have a total knee replacement.
- People living in regional and remote areas are more likely to have hip or knee replacements than those living in major cities.

How much money is spent on these conditions?

- In 2004–05, around $1.2 billion in direct health expenditure was attributed to osteoarthritis—almost one-third of the total amount spent on arthritis and musculoskeletal conditions. Admitted hospital patient services (for example, joint replacements) were the main contributor to this expenditure.
- Direct health expenditure on rheumatoid arthritis in 2004–05 was estimated at $175 million, with prescription pharmaceuticals accounting for more than half of this.
- More than $304 million of direct health expenditure in 2004–05 was for osteoporosis. Prescription pharmaceuticals made up almost three-quarters of this amount. (Note that this figure does not include expenditure on fractures resulting from osteoporosis.)
- No information on Australian expenditure for juvenile arthritis is currently available. Direct health expenditure on arthritis and musculoskeletal conditions in people less than 15 years of age was estimated to be $94 million in 2004–05.

What can be done to prevent arthritis and osteoporosis?

- Regular physical activity, a balanced diet, maintaining a healthy weight and avoiding repetitive joint-loading tasks (such as kneeling, squatting and heavy lifting) can help to prevent or delay the onset of osteoarthritis.
- Rheumatoid and juvenile arthritis are not considered to be preventable, given current knowledge. However, not smoking may reduce the risk of rheumatoid arthritis.
- Osteoporosis is largely preventable. Key preventive actions include regular weight-bearing exercise, a balanced diet including calcium-rich foods, adequate vitamin D levels and maintaining a healthy weight. Childhood and adolescence is a key time for building healthy bones and ensuring high peak bone mass.
- The risk of falls and fractures can be reduced through maintaining balance and mobility, reviewing medications, addressing environmental hazards and attending a falls prevention class. The use of medications such as bisphosphonates, calcium and vitamin D supplements (where necessary) is also important.