



## 3.9 Arthritis and other musculoskeletal conditions

Arthritis and other musculoskeletal conditions are a group of conditions affecting the bones, muscles and joints. These conditions include osteoarthritis, rheumatoid arthritis, juvenile arthritis, back pain and problems and osteoporosis or osteopenia (low bone density) (see Glossary).

### How common are arthritis and other musculoskeletal conditions?

Arthritis and other musculoskeletal conditions affect many Australians. Based on the self-reported data from the Australian Bureau of Statistics (ABS) 2014–15 National Health Survey (NHS) (ABS 2015):

- 30% of Australians had arthritis and other musculoskeletal conditions—around 6.9 million people
- 16% of Australians (3.7 million) had back pain and problems, 9.0% had osteoarthritis (2 million), 3.5% osteoporosis (801,000) and 1.8% rheumatoid arthritis (406,000)
- 6,500 (1 in 800) children aged 0–17 had juvenile arthritis—it was as common as type 1 diabetes for the same age group
- twice as many women as men had osteoarthritis or rheumatoid arthritis
- for people aged 55 and over, 5 times as many women as men had osteoporosis or osteopenia.

### Comorbidity

People with arthritis and other musculoskeletal conditions 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. Almost 1 in 4 Australians (23%) have comorbid chronic conditions. For more information, see 'Chapter 3.3 Chronic disease and comorbidities'.

For people with arthritis, based on self-reported data in the ABS 2014–15 NHS (ABS 2015):

- more than 3 out of 4 (79%) had at least one other chronic condition
- cardiovascular disease was the most common comorbidity (48%), followed by back pain and problems (33%) and mental health problems (27%).

For people with back pain and problems (also based on self-report NHS data):

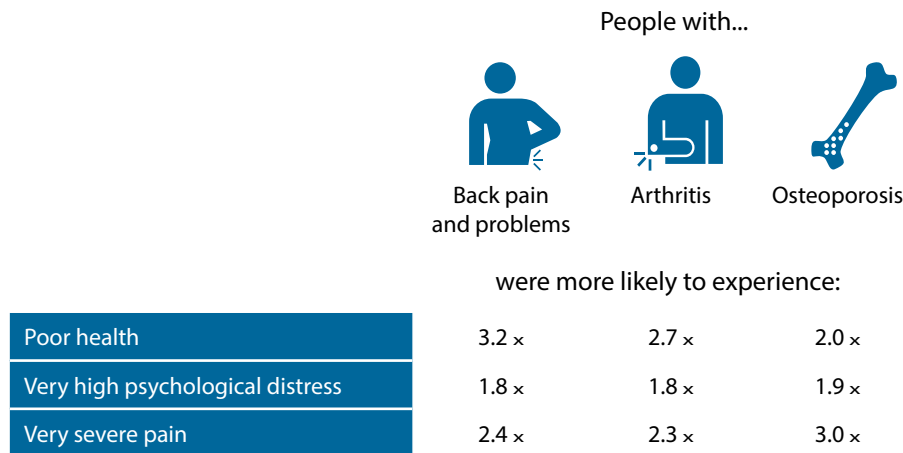
- almost 2 out of 3 (65%) had at least one other chronic condition
- arthritis and cardiovascular disease were the most common comorbidities (31%), followed by mental health problems (30%).



## Impact

Arthritis and other musculoskeletal conditions are large contributors to illness, pain and disability. For more information on the burden of disease associated with these conditions, see 'Chapter 3.1 Burden of disease and injury in Australia'.

In 2014–15, compared with the general population, people with musculoskeletal conditions had higher rates of poor health, very high psychological distress and very severe pain. For example, people with back pains and problems were 3.2 times as likely as the general population to experience poor health. Other examples of higher rates were:



## Health care

These 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 self-management and living with the condition; and referral to specialist care.

- Based on survey data, at least one musculoskeletal condition was managed at an estimated 24 million general practice visits (representing 18% of visits and 12% of problems managed) in 2014–15 (Britt et al. 2015).
- Between 2004–05 and 2013–14, age-standardised rates of musculoskeletal hospitalisations increased, by 131% for juvenile arthritis, 54% for rheumatoid arthritis, 20% for osteoporosis-related minimal trauma fractures in people aged 50 and over, and 15% for osteoarthritis.
- Biologic disease-modifying anti-rheumatic drugs (bDMARDs) are specialised medications commonly used to treat rheumatoid arthritis and juvenile arthritis. These drugs are unique to the type of arthritis being treated and can only be obtained from a rheumatologist and administered in hospital. In 2013–14, the Pharmaceutical Benefits Scheme paid \$7.5 million in benefits for bDMARDs for juvenile arthritis and \$281 million for rheumatoid arthritis. bDMARDs have been shown to result in improved quality of life and reduced use of other health care services (Nam et al. 2014).



## What is missing from the picture?

The prevention, management and treatment of these conditions beyond hospital settings cannot be examined in detail because of a lack of information about primary health care.

There is limited information on the use of vitamins, nutritional supplements and over-the-counter pharmaceuticals such as paracetamol, which are commonly used to manage musculoskeletal conditions. Prescription pharmaceutical data are limited because these data lack information about the diagnoses for which the medications were prescribed.

Information is also lacking on the overall costs of these conditions to individuals (for example out-of-pocket expenditure and lost earning potential).

## Where do I go for more information?

More information on arthritis and other musculoskeletal conditions is available at [www.aihw.gov.au/arthritis-and-musculoskeletal-conditions](http://www.aihw.gov.au/arthritis-and-musculoskeletal-conditions).

## References

ABS (Australian Bureau of Statistics) 2015. National Health Survey: first results, 2014–15. ABS cat. no. 4364.0.55.001. Canberra: ABS.

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Nam JL, Ramiro S, Gaujoux-Viala C, Takase K, Leon-Garcia M, Emery P et al. 2014. Efficacy of biological disease-modifying antirheumatic drugs: a systematic literature review informing the 2013 update of the EULAR recommendations for the management of rheumatoid arthritis. *Annals of the Rheumatic Diseases* 73(3):516–28.