

ARTHRITIS SWELLING AMONG OREGONIANS

FEELING A LITTLE STIFF in the morning? You are not alone. In Oregon, approximately one out of every three adults, or about 900,000 people suffer from arthritis. And the impact of arthritis is increasing. By 2025, an estimated 1,000,000 Oregonians will have arthritis, due in large part to the aging population and the relatively high frequency of arthritis (primarily osteoarthritis) among older adults. Nationally, arthritis is the leading cause of disability, limiting daily activities, affecting ability to work, and negatively impacting the quality of life for nearly 43 million Americans.^{1,2} In this *CD Summary*, we review the epidemiology of arthritis in Oregon, and provide information on addressing the burden of arthritis among Oregonians.

WHAT IS ARTHRITIS?

Arthritis refers to not just one disease, but more than 100 different diseases and related conditions that affect the joints and other parts of the body.³ These conditions include osteoarthritis, rheumatoid arthritis, lupus, gout, fibromyalgia, bursitis, and Lyme disease. What most of these diseases have in common is that they cause pain, stiffness, and, in some cases, swelling in or around the joints.

ARTHRITIS IN OREGON

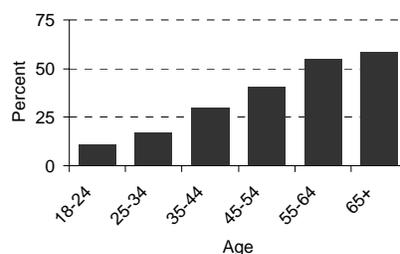
According to the 2000 Oregon Behavioral Risk Factor Surveillance System (BRFSS), 35% of adult Oregonians suffer from arthritis. This includes 13% who have been told by a physician they have arthritis and report chronic joint symptoms (described as pain, aching,

stiffness, or swelling in or around a joint on most days for at least one month over a 12-month period); 10% who have been told by a physician that they have arthritis, but do not report chronic joint symptoms at the time of the survey; and 12% who report chronic joint symptoms but have not been told by a physician that they have arthritis.

WHO IS AT RISK FOR ARTHRITIS?

Contrary to common belief, arthritis is not just an old person's disease; nearly 70% of Oregonians with arthritis are younger than 65 years.

Percent of adult Oregonians with arthritis by age group, 2000



Several factors are known to increase the risk of arthritis, including sex, age, and genetics. Oregon women are more likely to have arthritis than men (38% vs. 31%). The prevalence of arthritis increases steadily with increasing age: 58% of Oregonians ≥ 65 years are affected by arthritis. Some types of arthritis (e.g. rheumatoid) are known to have a genetic component. Lower education and income are also associated with an increased risk of arthritis—40% of adults earning less than \$20,000 annually have arthritis compared to 32% of those earning more than \$50,000.

Individual behaviors can also increase the risk of developing arthritis. Obesity, joint injuries, infections, and certain occupations (i.e., shipyard work, farming, heavy industry, and occupations with repetitive motion, etc.) are all associated with an increased risk of arthritis.² In

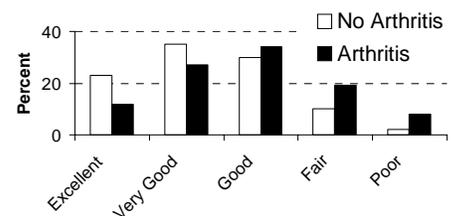
Oregon, 26% of adults with arthritis are obese compared to 18% of those without arthritis.

Arthritis can set up a vicious cycle. Oregonians with arthritis are more likely to be inactive (24%) than those without arthritis (18%). Inactivity may be the result of painful joints, but inactivity itself can worsen the effects of arthritis.

IMPACT ON QUALITY OF LIFE

While arthritis and related conditions are not associated with a high mortality rate, these conditions greatly affect a person's quality of life. Oregonians without arthritis are more likely to rate their health as excellent or very good compared to those with arthritis. Conversely, 8% of people with arthritis reported having poor health, compared to 2% of people without arthritis. In addition, people with arthritis report having an average of 14 unhealthy days per month, compared to 10 unhealthy days among people without arthritis. Oregonians with arthritis experience pain an average of 7 days a month versus 1 day a month among those without the condition. People with arthritis also have more difficulties with depression, anxiety, and helplessness.

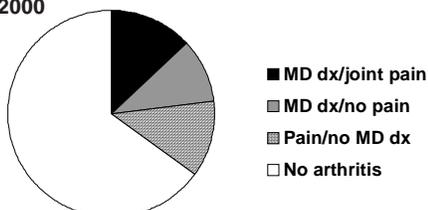
Health status among Oregonians with and without arthritis



ADDRESSING ARTHRITIS

Arthritis is an important public health concern that poses unique challenges. According to a recent Health Division telephone survey conducted in 2000, adult Oregonians rank arthritis behind high blood pressure and asthma

Percent of adult Oregonians with arthritis, 2000



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as a serious disease. When people don't think of arthritis as serious, they may ignore early symptoms or postpone seeking medical attention. In addition, health-care providers may focus more on potentially life-threatening diseases (e.g., heart disease and cancer) than conditions such as arthritis, which are not life-threatening but may severely impact quality of life. Nonetheless, recent data from CDC show that arthritis and related conditions accounted for 2.4% of hospital discharges in 1997.⁴ In addition, 4.6% of ambulatory care visits (both outpatient and emergency department visits) were for people with arthritis.

While medical therapies are an invaluable component of treating any patient with arthritis, an exhaustive review of recent advances in medical treatment for arthritis is beyond the scope of this *CD Summary* (as is a discussion of surgical treatments).

Instead, here are a few resources you may find helpful in treating patients with arthritis.

The National Arthritis Action Plan³ offers a variety of strategies to be used in conjunction with medical (and surgical) therapies. Weight control and avoiding occupational and sports injuries can prevent people from developing arthritis in the first place. Early diagnosis and preventive medical care can help reduce the negative consequences of arthritis after people have developed it. Weight loss and/or control can reduce symptoms.⁵ Physical activity can maintain joint health and increase mobility and independence. Exercise programs, such as the PACE® program offered by

the Arthritis Foundation, promote safe exercises while combining educational material that can assist individuals to manage their arthritis more effectively. Additionally, self-management programs help people with arthritis learn to manage their disease and minimize its effects. Self management includes patient education, pain control, joint protection, physical activity, modification of work/home activities and use of assistive/adaptive devices. One such program has been shown to reduce arthritis pain by 20%, and limit health care costs.⁶ Physical and occupational therapy can also help patients remain mobile and reduce their activity limitations.

The *Journal of the American Medical Association* has developed a handy informational sheet for patients with arthritis, which may be copied non-commercially by physicians.⁷ The Arthritis Foundation, the Association of State and Territorial Directors of Health Promotion and Public Health Education, and CDC have jointly developed two web-based training programs for health care providers on arthritis (www.astdhppe.org).

OREGON'S ARTHRITIS STATE PLAN

Oregon Health Division's Arthritis Program has been working with the Arthritis Foundation and Oregon's Arthritis Advisory Council to create a state plan to address the burden of arthritis on Oregonians. Health-care providers have an important role to play in diagnosing arthritis early and assisting their patients with arthritis to obtain self-management information. To obtain a copy of Oregon's *Arthritis Action Plan* or other information related to arthritis,

visit our web site: www.ohd.hr.state.or.us/arthritis or call the Health Division's Arthritis Program at 503/731-4273.

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Td Vaccine Shortage Alert

EFFECTIVE IMMEDIATELY, Aventis Pasteur, the sole manufacturer of Tetanus-diphtheria vaccine (Td), will no longer ship Td to private providers. Persons needing Td for tetanus-prone wounds or prior to travel to diphtheria-endemic areas will need to get the vaccine from public health departments or hospitals. To facilitate referrals, please contact your local hospital or health department. Those of you who are VFC providers will soon receive a memo with more detailed information. Others may call 503/731-4020 with questions.