

OKLAHOMA

Arthritis Fact Sheet

What is Arthritis ?

The term “arthritis” covers more than 100 diseases and conditions affecting joints, the surrounding tissues, and other connective tissues. Arthritis and other rheumatic conditions include osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, juvenile rheumatoid arthritis, gout, bursitis, rheumatic fever, Lyme arthritis, carpal tunnel disease and other disorders.¹ Defining arthritis in adults has evolved over time. Currently, *arthritis* is defined as doctor-diagnosed arthritis. *Possible arthritis* is characterized by pain, aching or stiffness in or around a joint within the past 30 days that has been present for 3 or more months.² If *possible arthritis* is suspected, a medical diagnosis should be sought.

Who is Affected by Arthritis?

- 43 million adults age 18 and older report doctor-diagnosed arthritis and 16 million report arthritis-attributable activity limitations.³ Children are affected as well.
- Nearly two thirds of people with arthritis are younger than 65 years of age³.
- Arthritis affects all race and ethnic groups: 34.3 million white adults, 4.4 million black adults, 2.6 million Hispanic adults, and 1.3 million adults of other races have arthritis.
- Adults 65 and older, will account for 37.2% of arthritis cases in 2005, and will account for >51% of cases by 2030⁴.
- Arthritis is the leading cause of disability in the United States.⁵
- 8.2 million working aged U.S. adults (about 1 in 20) report work limitations due to arthritis or joint symptoms in 2002³.
- In 2002, nearly 4.4 million US adults had chronic joint symptoms, 4 or more joints affected and associated activity limitations, yet had not seen a health care provider for these symptoms⁶.
- Systemic Lupus Erythematosus (SLE) is a serious form of rheumatic disease that can affect several organs. Death rates from SLE are 3 times more likely in African American women aged 45-64 years than White women.⁷

Cost of Arthritis

- Each year, arthritis results in 750,000 hospitalizations and 36 million ambulatory care visits. Women accounted for 63% of these visits; 68% of these visits were by persons under 65 years of age.⁸
- Estimated medical care costs for arthritis total \$51 billion; Total costs (medical care and lost productivity) were \$86 billion.⁹

OKLAHOMA Data

- Approximately 738,000 adults or 29% of Oklahoma’s adult population report they have doctor-diagnosed arthritis (DRDX+).¹⁰
- Nearly 43% with arthritis have limitations in their daily activities.¹⁰
- Nearly 57% of Oklahoma adults are age 65 years and older, or 260,000, have arthritis. Nearly 38% of Oklahoma adults ages 45 to 64 have arthritis.¹⁰
- Approximately 33% of women and 24% of men in Oklahoma have arthritis.¹⁰
- 580,000 non-Hispanic white adults have DRDX+ (30.4%).¹⁰
- 37,000 non-Hispanic black adults have DRDX+ (22.7%).¹⁰
- 20,000 Hispanic adults have DRDX+ (10.6%).¹⁰
- In 1997, the total direct and indirect costs of arthritis care in Oklahoma was \$1.2 billion.¹¹

Risk Factors for Arthritis

- **Women** make up about 60% of arthritis cases³
- **Older age:** Nearly half of the elderly population has arthritis. Risk increases with age.³
- **Obesity:** Obesity is associated with osteoarthritis in adults¹² and gout in men¹³.
- **Joint injuries:** Sports, occupation and repetitive motion joint injuries increase the risk of arthritis.¹ Occupations such as farming, heavy industry, and those with repetitive motion are associated with arthritis.¹²

Effective Treatments for Arthritis

- The Arthritis Foundation Self Help Program (formerly ASHC) has proven to reduce arthritis-related pain by 20% and decrease physician visits by 40%. This course involves small group education with a focus on problem solving, exercise, relaxation and communication.¹⁴

- Physical activity in the form of regular, moderate exercise maintains joint health, relieves pain and improves function^{14, 15}.
- Physical activity can reduce the risk of functional decline by 38-41% and incident disability by 47% among adults with arthritis.^{16, 17} Several community-based physical activity programs are available for people with arthritis including the Arthritis Foundation Exercise Program and the Arthritis Foundation Aquatic Program
- Reducing excess body weight can reduce the risk of incident knee osteoarthritis and limit progression of disease. Losing as little as 11 pounds may reduce the risk of incident knee osteoarthritis by 50%.¹² Weight loss programs incorporating both exercise participation and dietary restriction are the most effective and result in significant improvements in pain and function.¹⁸
- Physical and rehabilitation therapy are effective in reducing pain and improving function and disability.¹⁹
- Medications for some types of arthritis can limit disease progression, control symptoms and prevent serious complications.¹
- Joint replacement therapy often reduces pain and improves activity.¹

Oklahoma Arthritis Prevention and Education Program

In response to the recommendations of the *National Arthritis Action Plan (NAAP)*, the Center for Disease Control and Prevention (CDC) established cooperative agreements with state health departments to develop and enhance state-based programs that aim to decrease the burden of arthritis and improve the quality of life among people with arthritis. <http://www.cdc.gov/arthritis/>

- Began in 1999, the Oklahoma Arthritis Prevention and Education Program receive funding from the Centers for Disease Control and Prevention.
- Currently, the Oklahoma Arthritis Program is focusing on activities outlined in the Oklahoma Arthritis Action Plan.
- The activities include: leader education trainings, coalition meetings, health communication campaigns, and community based programs.

- Contact the Oklahoma Arthritis Prevention and Education Program, 1000 NE 10th St., Room 508, Oklahoma City, OK 73117. Phone: (405) 271-9444, ext. 56410

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