



Living with

ARTHRITIS



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Statistics

- An estimated 52.5 million adults in the United States reported being told by a doctor that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.
- An estimated 27 million adults had osteoarthritis in 2005
- Of people aged 65 years or older, 49.6% ever reported doctor-diagnosed arthritis
- Nearly 1 in 2 people may develop symptomatic knee osteoarthritis by age 85 years.

Statistics (cont.)

- From 2013–2015, an estimated 54.4 million US adults (22.7%) annually had ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia
- About 1 out of every 5 US adults has doctor-diagnosed arthritis. The term arthritis includes more than 100 different rheumatic diseases and conditions, the most common of which is osteoarthritis.
- By 2040, an estimated 78 million (26%) US adults aged 18 years or older are projected to have doctor-diagnosed arthritis.

In New York, how common is arthritis among the general adult population compared with arthritis prevalence among adults with risk factors for chronic disease?

Table 5b. **Prevalence** of arthritis¹ among all adults, and adults who are overweight², obese², inactive³, or who smoke⁴, by selected characteristics. Behavioral Risk Factor Surveillance System, New York, 2015.

Characteristic	Prevalence of Arthritis Among Adults Who Are:			Prevalence of Arthritis Among All Adults															
	Smokers	Overweight	Physically Inactive	Obese	Adults (1,000s)	(%) ⁵	95% CI ⁶	Adults (1,000s)	(%) ⁷	95% CI	Adults (1,000s)	(%) ⁸	95% CI	Adults (1,000s)	(%) ⁹	95% CI	Adults (1,000s)	(%) ¹⁰	
Total	3629	23.4	(22.5-24.3)	1147	23.7	(22.1-25.4)	1221	34.6	(32.4-36.9)	1241	29.0	(27.1-31.0)	597	27.0	(24.3-29.9)				
Age Group (Years)																			
18-44	527	7.4	(6.4-8.5)	115	6.0	(4.5-7.9)	218	15.7	(12.5-19.6)	166	9.4	(7.2-12.2)	194	17.2	(13.5-21.6)				
45-64	1524	29.8	(28.1-31.4)	484	27.6	(24.8-30.6)	545	38.6	(35.3-42.0)	552	36.3	(32.9-39.7)	306	36.7	(32.5-41.2)				
65-74	816	48.0	(45.3-50.8)	281	44.0	(39.5-48.7)	276	62.7	(57.5-67.6)	260	52.8	(47.5-58.0)	71	41.8	(33.7-50.4)				
75+	715	54.3	(51.1-57.5)	257	54.1	(48.8-59.4)	179	68.4	(61.0-75.0)	254	56.8	(51.0-62.4)	25	38.8	(24.8-54.9)				
18-64	2051	16.7	(15.8-17.7)	599	16.3	(14.6-18.1)	764	27.3	(24.9-29.8)	718	21.8	(19.7-24.0)	500	25.5	(22.6-28.7)				
65+	1531	50.8	(48.7-52.9)	538	48.3	(44.9-51.8)	455	64.8	(60.6-68.8)	515	54.7	(50.8-58.6)	96	41.0	(33.7-48.7)				
Sex																			
Female	2217	27.4	(26.1-28.7)	597	28.8	(26.2-31.6)	733	41.5	(38.5-44.5)	806	34.0	(31.4-36.7)	341	34.8	(30.7-39.2)				
Male	1412	19.0	(17.8-20.3)	550	19.9	(18.0-22.0)	488	27.7	(24.7-31.0)	435	22.9	(20.1-25.9)	256	20.8	(17.3-24.8)				
Race/Ethnicity																			
White, Non-Hispanic (26.6-33.8)		2409	28.0	(26.9-29.2)	775	28.0	(26.0-30.1)	771	39.6	(36.9-42.4)	785	36.0	(33.4-38.6)	395	30.1				
Black, Non-Hispanic (18.9-33.9)		447	20.9	(18.5-23.6)	155	23.2	(18.9-28.1)	177	29.0	(23.9-34.7)	161	26.4	(21.4-32.0)	79	25.7				
Hispanic	440	16.3	(14.3-18.6)	107	13.2	(10.3-16.9)	182	26.6	(21.7-32.3)	195	20.2	(16.5-24.6)	72	20.4	(14.3-28.3)				
Other	243	15.5	(12.4-19.2)	84	19.0	(12.7-27.5)	63	34.9	(23.3-48.6)	79	20.1	(13.3-29.2)	38	21.3	(12.1-34.6)				

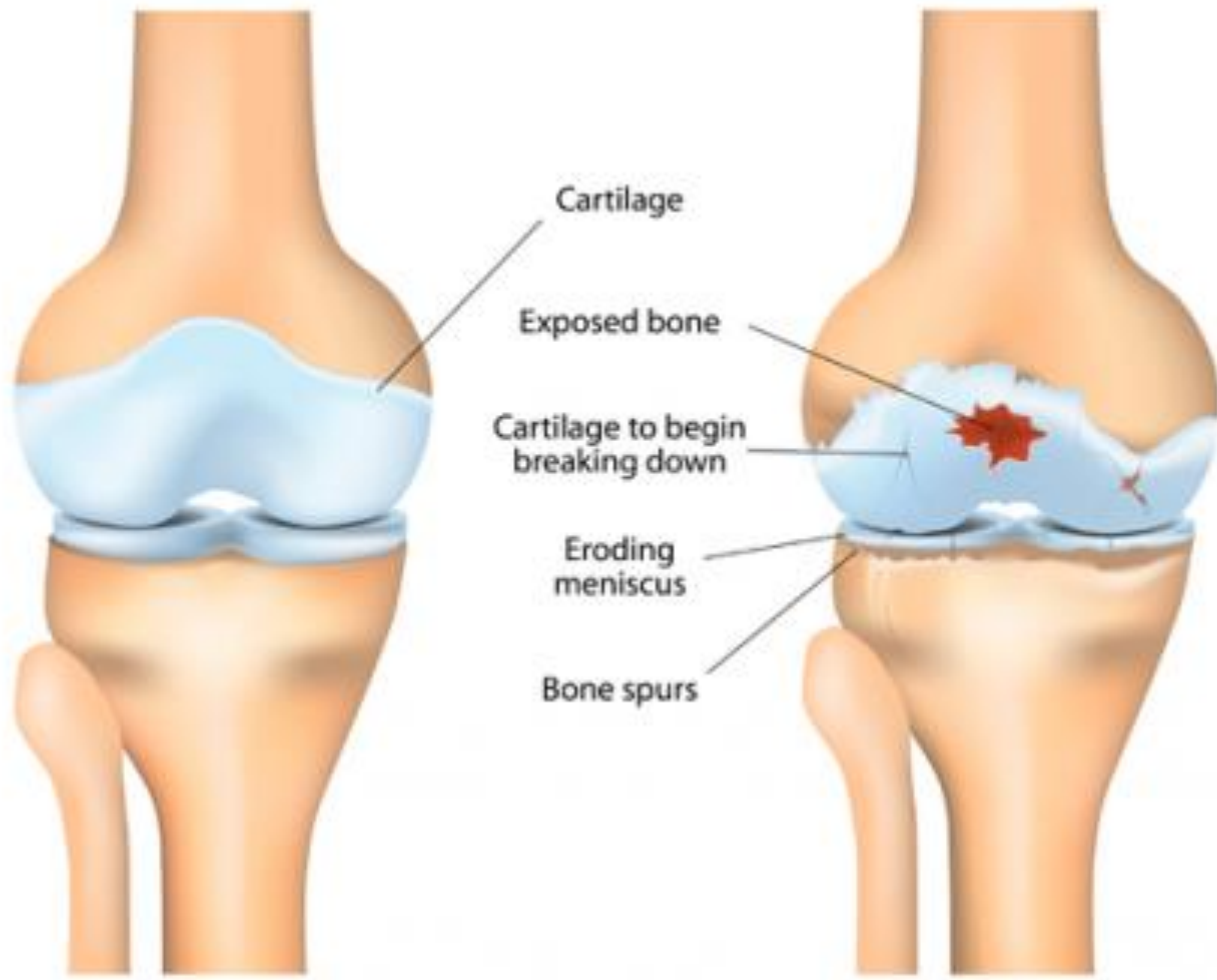
Table 3. Prevalence^a of doctor-diagnosed arthritis among adult New Yorkers by demographic characteristic and Expanded BRFSS locality: Northeastern New York Arthritis Foundation Chapter catchment area

Characteristic		Locality (includes one to three counties)																	
		Columbia, Greene		Albany		Rensselaer		Schenectady		Saratoga		Warren, Washington		Hamilton, Herkimer		Fulton, Montgomery		Schoharie, Delaware, Otsego	
		%	± CI ^b	%	± CI	%	± CI	%	± CI	%	± CI	%	± CI	%	± CI	%	± CI	%	± CI
Total		32.9	4.1	26.5	3.7	33.9	4.1	29.7	3.8	28.7	3.9	28.7	3.8	34.4	4.3	36.5	4.2	31.6	4.1
Sex	Male	27.4	5.9	21.4	5.3	30.8	6.2	21.2	5.3	26.9	6.3	23.3	5.4	30.3	6.5	32.4	6.4	31.9	6.5
	Female	38.4	5.5	31.0	5.2	36.9	5.3	37.3	5.2	30.4	4.7	34.0	5.1	38.3	5.6	40.2	5.5	31.2	5.1
Age (yrs)	18-44	9.6	3.8	8.1	3.2	16.7	4.8	15.4	4.4	14.4	4.6	11.8	4.3	16.0	5.5	18.7	5.1	15.5	5.5
	45-64	44.0	6.6	36.2	7.0	43.5	7.7	31.7	7.1	34.4	7.1	36.5	6.7	42.9	7.3	48.8	7.9	38.2	6.7
	65+	56.0	9.3	55.8	9.6	64.8	8.6	57.4	8.2	62.5	9.7	56.9	9.0	57.7	8.8	55.6	8.6	56.8	8.4
Education	≤ H.S./GED	37.6	6.3	35.4	7.7	41.4	6.8	37.3	6.8	32.9	7.0	26.6	5.2	38.5	6.2	41.6	5.9	32.5	6.0
	Some college	31.9	7.9	29.9	8.1	34.8	7.9	33.0	7.6	29.9	7.3	31.8	7.8	31.1	7.8	32.5	7.4	38.6	8.9
	College grad	26.2	7.0	19.3	4.7	23.4	6.2	19.1	5.1	24.1	6.2	29.6	7.7	30.4	8.9	28.4	10.4	23.7	6.7

^a Prevalence rate is the total number of cases of a disease in a population divided by the total population

^b CI, 95% confidence interval

OSTEOARTHRITIS



Healthy joint

Osteoarthritis





What Can I Do?

If you have Arthritis, there are a number of things you can do to manage your symptoms and improve your quality of life.

Physical Body Modifications:

- control your weight to ease pressure on your joints
- avoid stress or injury to your joints to prevent or reduce the severity of osteoarthritis
- ensure good posture to strengthen healthy joint structure
- use physiotherapy and a walking stick or cane to help prevent your condition getting worse
- ensure that you regularly undertake weight-bearing exercise, such as walking, to help prevent osteoarthritis. This type of exercise will increase the strength of the muscles that support your joints.

Physical Body Modifications:

- Exchange high heels for flats – high heels are bad for your posture and make you more prone to falling, so wear flat, comfortable footwear.
- Don't drink too much alcohol – alcohol can affect your balance, making you more likely to fall.
- Check your sight – as you get older, you will probably experience some deterioration in your eyesight. It is important to get your sight checked regularly by a qualified optician. Poor eyesight can increase your risk of accident and injury.

The Role of Exercise

- ▶ The role of swimming and even modified weight lifting to strengthen the muscles and support joints.
- ▶ The American College of Sports Medicine now recommends weight training for all people over 50, and even people well into their 90s can benefit. A group of nursing home residents ranging in age from 87 to 96 improved their muscle strength by almost 180 percent after just eight weeks of weightlifting, also known as strength training. Adding that much strength is almost like rolling back the clock. Even frail elderly people find their balance improves, their walking pace quickens, and stairs become less of a challenge.

How to Adapt your Home

- ▶ key turners and door knob covers – pull down door handles
- ▶ specially designed scissors with large handles
- ▶ book holders to avoid strain on the wrists and joints
- ▶ pick-up reachers (a tong-like implement that makes reaching for and grasping objects easier)
- ▶ rubber grips for pens and pencils. These mean you will not have to grip as hard

How to Adapt your Home

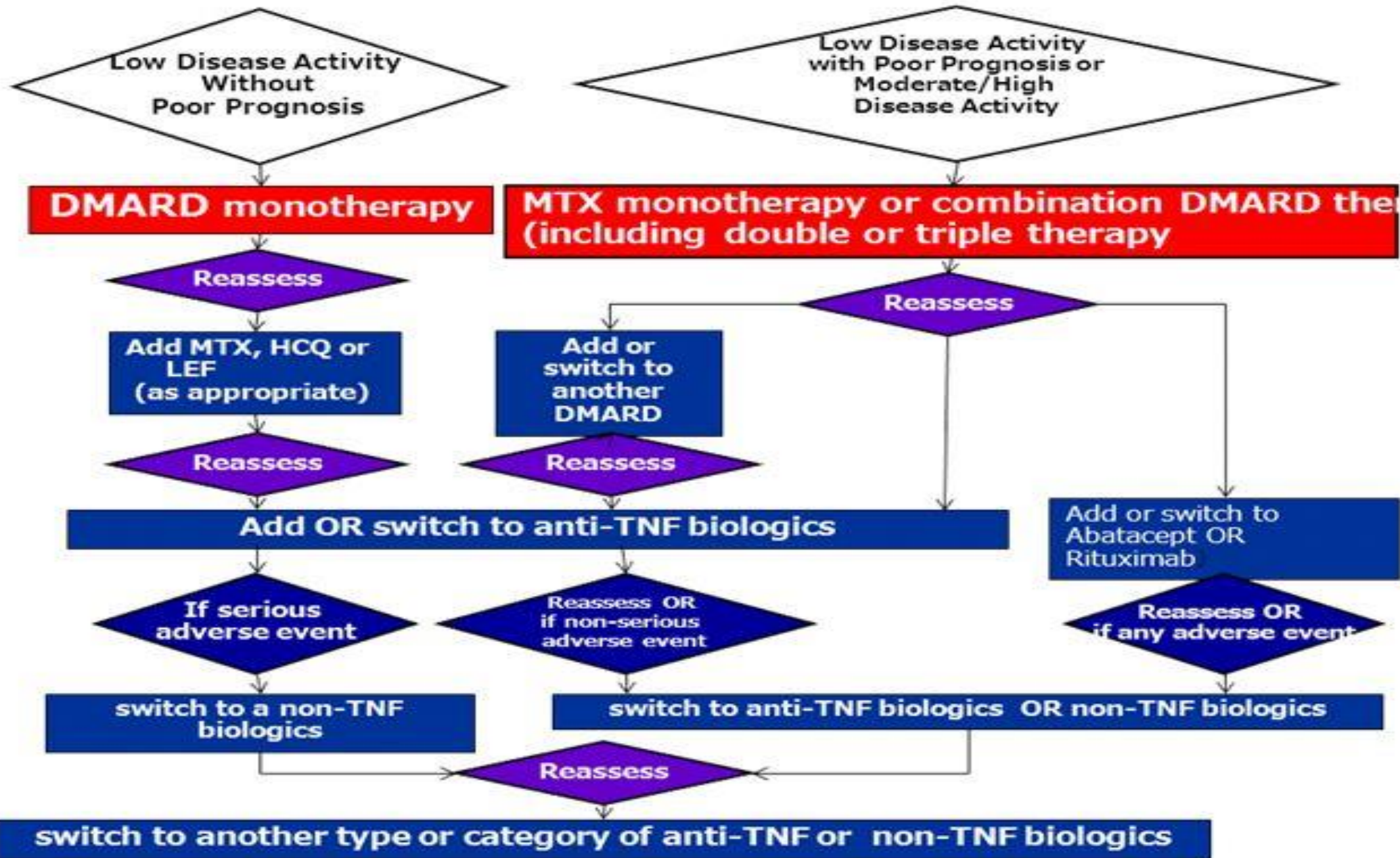
- ▶ ejector seat chairs, which may help people with limited mobility
- ▶ light, long-handled brooms and dustpans to avoid bending.
- ▶ Eliminate home hazards – always keep your home well lit and remove all loose wires and cords that you may trip over. Make sure treads, rugs and carpets are secure.
- ▶ Keep rubber mats by the sink and in the bath to prevent slipping and always clean up spills immediately.

How to Adapt your Home

- ▶ Install grab rails in the bathroom and toilet to help you stand up without falling.
- ▶ Your doctor may be able to provide support and advice about safety in the home.
- ▶ Improve your balance – exercise that helps improve your balance can prevent falls.
- ▶ Ideal forms of exercise for improving balance include tai chi, yoga and dance.
- ▶ Get ideas from the audience

Medical Treatments

- ▶ Ask the audience for a list of treatments that they have tried.
- ▶ Heat – paraffin wax
- ▶ Acupuncture
- ▶ Herbal medicines (always report these to your doctor)
- ▶ Traditional Medicines NSAIDS, COX inhibitors, Biologics (Humira story)



References

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