

## **Get the Facts: Arthritis in BC**

### **Burden of Arthritis:**

- 1 out of 6 Canadians has arthritis, 60% of these are between the ages of 15 and 60 years of age.
- More than 4.5 million Canadians live with some form of arthritis.
- Approximately 55,000 British Columbians live with inflammatory arthritis.
- In 2001, 325,000 British Columbians were living with osteoarthritis; this number is expected to rise to 560,000 by 2015.
- Arthritis is among the top three chronic diseases in Canada.
- There are more than 100 different types of arthritis, which can be broken down into 2 main types:
  - osteoarthritis, which is caused by a breakdown of cartilage in the joints.
  - inflammatory arthritis, which is an autoimmune disease that causes inflammation, pain, and joint damage. Types include rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, and lupus.
- Arthritis and related conditions can lead to death (2 per 100,000 die from arthritis, and a significant number more die from co-morbidities like heart attack/stroke, lymphomas and certain types of cancer as a direct result of having arthritis).
- Arthritis is among the most common chronic diseases in children. One in 1,000 children in Canada has arthritis.
- Arthritis affects more adults than cancer, heart disease, respiratory conditions and spinal cord trauma, and seriously impacts quality of life.

### **Treatment for inflammatory arthritis:**

- Internationally recognized treatment guidelines recommend the use of inexpensive disease-arresting medications within the first weeks of confirming a diagnosis of rheumatoid arthritis.
- Early, aggressive, and sustained use of disease-arresting medications can stop inflammation and prevent joint damage.
- Failure to adopt these treatment guidelines can result in long-term disability, the later need for more expensive biologic medications, the need for joint surgeries, and premature mortality.

- 50% of people with rheumatoid arthritis in BC are receiving treatment for their disease from a family physician, mostly due to lack of access to a rheumatologist.
- BC research has shown that family physicians in BC are only using the recommended “first-line” medications for 10% of their rheumatoid arthritis patients.
- Inflammatory arthritis that does not respond to first-line treatments can be treated with a class of medications called biologic response modifiers, the “gold standard” in treatment for moderate to severe inflammatory arthritis.

### **Treatment for osteoarthritis**

- Early diagnosis is key to preventing the type of joint damage that necessitates joint-replacement surgeries. Scientists at the Arthritis Research Centre of Canada, based in Vancouver, have determined the most useful way to detect early osteoarthritis of the knee and hip; this standardized examination is now used by the US government.
- Early diagnosis of osteoarthritis allows for behavior modifications, which can lead to improved physical fitness and reduction in body weight—the only two interventions known to reduce the progression of joint damage.
- Research suggests that the majority of knee osteoarthritis in BC is undiagnosed.
- When joint damage progresses, expensive joint replacement surgeries often become necessary.

### **Aboriginal people and arthritis:**

- 19% of Aboriginal people living off-reserve in Canada report having arthritis. If the Aboriginal population had the same age composition as the overall Canadian population, this rate would be 27%.
- Data are not available for Aboriginals living on reserves, but other studies have found an even higher prevalence in this population.
- 1% of the total population of Canada lives with rheumatoid arthritis; this compares to nearly 5% of the aboriginal population.
- Aboriginal people living off-reserve who have arthritis are significantly more likely to report activity limitations than non-Aboriginal Canadians with arthritis.
- Arthritis occurring in Aboriginal people is more debilitating, and more likely to be life-threatening than arthritis in non-aboriginals.
- British Columbians living in rural communities often fare worst in terms of accessing timely diagnosis and appropriate treatment.

**Economic Costs of Arthritis:**

- Arthritis is the leading cost of disability for people over the age of 15.
- The cost of musculoskeletal diseases in Canada is estimated at \$16.4 billion each year, the second highest cost after heart disease.
- Long-term disability accounts for almost 80% of the economic cost of arthritis. People aged 35-64 incurred 70% of these costs.
- For all age groups, arthritis disables two to three times more workers than all other chronic conditions.
- In rheumatoid arthritis, reported rates of work disability are remarkably high: 32% - 50% ten years after onset and 50% - 90% thirty years after onset. Studies have also shown that work disability occurs early in the course of rheumatoid arthritis.
- Treating people with rheumatoid arthritis with biologic response modifiers helps them stay at, or return to, work.
- Disability associated with arthritis costs the Canadian economy about \$4.4 billion/year.
- Arthritis is the number one reason a person over the age of 65 visits their family physician.

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\*Bibliographic information available upon request from Arthritis Consumer Experts, [kendall@jointhehealth.org](mailto:kendall@jointhehealth.org) or 604-974-1366.