In this issue: ARTHRITIS – THE LEADING CAUSE OF DISABILITY

in the Los Angeles County Health Survey is conducted in the Los Angeles County Department of Health Services by Field Research Corporation and was supported by grants from First 5 LA, the California Department of Health Services, and the Public Health Research and Determination Federal grant.

Percent of persons aged 18 years and older and adults with arthritis.

Arthritis is the leading cause of disability in the United States, affecting 43 million U.S. adults.1 The total annual cost attributable to arthritis is estimated at $51 billion for medical costs and $35 billion for indirect costs such as lost productivity (in 1997 dollars).2 Results from the 2005 Los Angeles County Health Survey (LACHS) show that nearly one in five county adults (1.3 million) report being diagnosed with arthritis.3 The prevalence of arthritis was higher among women than men and varied by racial/ethnic background, with the highest prevalence found among African-Americans (29%), followed by Whites (21%), Latinos (19%), and Asians/Pacific Islanders (12%).4 The prevalence of arthritis increased markedly with age, from 3% among adults aged 18-29, up to 52% among those 65 years and older (Figure 1). As the average age of our population continues to increase, the percent of adults with arthritis and associated costs are expected to rise even more.

3. The California Arthritis Partnership Program (www.cdc.gov/arthritis/) is working to improve the quality of life for people affected by arthritis.
4. The Arthritis Foundation (www.rheumatology.org) is a global, multi-disciplinary initiative targeting the care of people with musculoskeletal conditions—bone and joint disorders.
5. www.usbjd.org
6. The Centers for Disease Control and Prevention, Arthritis Program is working to improve the quality of life for people affected by arthritis.
7. www.cdc.gov/arthritis/
8. The California Arthritis Partnership Program aims to reduce the burden of arthritis in California through population-based interventions.
10. The American College of Rheumatology advances rheumatology through programs of education, research, advocacy and practice.
11. Latinos, 45% of Asians/Pacific Islanders, and 43% of Whites reporting minimal to no activity.
12. Lastly, maintaining a healthy weight can not only slow the progression of arthritis, but can also prevent the development of certain types of arthritis, including knee osteoarthritis. Obese adults are up to 4 times more likely to develop knee osteoarthritis than normal weight adults.9
13. Healthcare providers can play an important role not only in diagnosing and treating people with arthritis, but also in increasing self-management behaviors by providing counseling on arthritis, weight management, and physical activity. Increasing healthcare provider counseling for arthritis management is an arthritis-related Health People 2010 objective. Only 11% of adults with arthritis report receiving arthritis education from a healthcare provider and only 56% report receiving physical activity counseling. Among overweight
14. For additional information about the L.A. County Health Survey, visit: www.laphilhealth.org/ha

Percent of American adults with arthritis, only 37% reported receiving weight management counseling.10 Represent missed opportunities for healthcare providers to provide counseling.

Arthritis is a common condition that significantly affects health-related quality of life and disproportionately impacts racial/ethnic minorities. The burden of arthritis will continue to increase, with the prevalence of arthritis in the United States projected to reach 67 million (25% of the adult population) by 2030,11 even without taking into account the rising prevalence of obesity. Strategies to reduce the burden of arthritis should include increasing access to and participation in self-management programs, increasing awareness of the importance of physical activity and weight management, and developing programs for groups at higher risk for disability, including racial/ethnic minorities and the elderly.

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Arthritis Burden

Arthritis poses a huge societal burden not only because of its high prevalence and large economic impact, but also because of the pain and limitations it causes in both physical and social functioning. Nationally, more than 16 million Americans report being limited in their everyday physical activities because of arthritis, and nearly one-third of working age adults with arthritis report arthritis-related work limitations.1 Although the prevalence of arthritis in Los Angeles County (20%) is similar to the national prevalence (21%), the proportion of adults with arthritis who reported limitations in their usual activities because of their arthritis was notably higher in LA County (50%) than nationally (38%). Activity limitation was found to differ by race/ethnicity, with 64% of African-Americans with arthritis reporting arthritis-related activity limitation compared to 48% of Latinos, 46% of Whites, and 43% of Asian/Pacific Islanders (Figure 2).

People with arthritis are also significantly more likely to report worse quality of life than people without arthritis.3 Results from the 2005 LACHS found the prevalence of arthritis to increase with age, from 21% among adults younger than 18.5 to 59% among adults aged 65 or older (Figure 1). Self-perceived health status among adults with arthritis was also found to vary by race/ethnicity, with African-Americans more likely to rate their health as fair to poor compared to Whites (60% vs. 23%, respectively).

Risk Factors for arthritis

There are different forms of arthritis, most affecting joints or the tissues that surround the joints (the most common forms of arthritis are osteoarthritis, rheumatoid arthritis, gout, and fibromyalgia). The more severe forms (for example, systemic lupus erythematosus) can affect multiple organs. Although the prevalence of arthritis increases with age, arthritis affects people of all ages, including children. In addition to non-modifiable risk factors such as age, gender, and genetics, a person’s risk of developing arthritis is increased by being overweight, having a previous joint injury or joint infection, and sometimes by having an occupation that involves repetitive motions that put a lot of stress on the joints. Overweight is strongly associated with increased risk for both the development and progression of arthritis, particularly osteoarthritis. The LACHS found the prevalence of arthritis to increase with increasing body mass index, from a low of 12% among those underweight, up to 25% among those who were obese (Figure 5).

Arthritis Prevention and Management

Many people do not realize that arthritis is not a normal part of aging and can be prevented, and arthritis can be treated and managed. Maintaining a healthy weight, avoiding joint injuries, and prevention or early treatment of infections can reduce the progression of arthritis. Once arthritis develops, early diagnosis and treatment is important for preventing or delaying the disability associated with arthritis and reducing the need for joint replacements. Self-management activities, engaging in regular physical activity, and maintaining a healthy weight are very important in preventing the progression of arthritis and have been shown to decrease pain, improve function, and delay disability. Each of these interventions can help people with arthritis maintain their independence and quality of life, but are widely under-utilized. For example, the Arthritis Foundation offers a 6-week course called “Arthritis Self Help Course (see on the web)” that teaches people how to manage their arthritis. People completing the course have found it to help less pain, improved function, and fewer visits to physicians.

Make time to be active – Regular, moderate physical activity has been shown to reduce pain, improve physical functioning, and improve mental well-being in persons with arthritis. People with arthritis should be participating in at least 30 minutes of moderate physical activity a minimum of 3 days per week. Programs such as the Arthritis Foundation’s Exercise Program and Aquatics Program are designed especially to help people with arthritis.

Maintain a healthy weight – Maintaining a healthy weight can reduce a person’s risk for developing knee osteoarthritis and may slow the progression of arthritis.

Avoid injury – Protect your joints from injuries that can occur during sports activities and avoid injuries that can occur on the job by avoiding repetitive motions and using ergonomic principles to adapt tasks to the worker.

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8 The LACHS found that 47% of adults with arthritis reported minimal to no activity, compared to 85% of adults without arthritis (Figure 6). The level of physical activity among adults with arthritis varied by race/ethnicity, with 59% of African-Americans, 49% of moderate-intensity physical activity generally does not worsen arthritis symptoms or disease activity, people with arthritis may have traditionally been resistant to increasing physical activity levels due to misplaced concerns about potential harm to joints or worsened arthritis pain, and people with arthritis have consistently worn a weight too high.4 Of these adults, 85% of adults with arthritis (Figure 6) — Maintaining a healthy weight can reduce a person’s risk for developing knee osteoarthritis and may slow the progression of arthritis. — Avoid injury – Protect your joints from injuries that can occur during sports activities and avoid injuries that can occur on the job by avoiding repetitive motions and using ergonomic principles to adapt tasks to the worker. — Make time to be active – Regular, moderate physical activity has been shown to reduce pain, improve physical functioning, and improve mental well-being in persons with arthritis. People with arthritis should be participating in at least 30 minutes of moderate physical activity a minimum of 3 days per week. Programs such as the Arthritis Foundation’s Exercise Program and Aquatics Program are designed especially to help people with arthritis. — Maintain a healthy weight – Maintaining a healthy weight can reduce a person’s risk for developing knee osteoarthritis and may slow the progression of arthritis. — Avoid injury – Protect your joints from injuries that can occur during sports activities and avoid injuries that can occur on the job by avoiding repetitive motions and using ergonomic principles to adapt tasks to the worker. — Make time to be active – Regular, moderate physical activity has been shown to reduce pain, improve physical functioning, and improve mental well-being in persons with arthritis. People with arthritis should be participating in at least 30 minutes of moderate physical activity a minimum of 3 days per week. Programs such as the Arthritis Foundation’s Exercise Program and Aquatics Program are designed especially to help people with arthritis. — Maintain a healthy weight – Maintaining a healthy weight can reduce a person’s risk for developing knee osteoarthritis and may slow the progression of arthritis. — Avoid injury – Protect your joints from injuries that can occur during sports activities and avoid injuries that can occur on the job by avoiding repetitive motions and using ergonomic principles to adapt tasks to the worker. — Make time to be active – Regular, moderate physical activity has been shown to reduce pain, improve physical functioning, and improve mental well-being in persons with arthritis. People with arthritis should be participating in at least 30 minutes of moderate physical activity a minimum of 3 days per week. Programs such as the Arthritis Foundation’s Exercise Program and Aquatics Program are designed especially to help people with arthritis.
Arthritis Burden

Arthritis poses a huge societal burden not only because of its high prevalence and large economic impact, but also because of the pain and limitations it causes in both physical and social functioning. Nationally, more than 16 million Americans report being limited in their everyday physical activities because of arthritis, and nearly one-third are unable to work or carry on normal daily living activities because of arthritis, and nearly one-third are unable to work or carry on normal daily living activities because of arthritis. Nationally, more than 16 million

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People with arthritis are also significantly more likely to report worse quality of life than people without arthritis.1 Results from the 2005 LACHS found that 47% of adults with arthritis reported arthritis-related work limitations. Although the prevalence of arthritis increases with age, arthritis affects people of all ages, including children. In addition to non-modifiable risk factors such as age, gender, and genetics, a person's risk of developing arthritis is increased by being overweight, having a previous joint injury or joint infection, and sometimes by having an occupation that involves repetitive motions that put a lot of stress on the joints.

Overweight is strongly associated with arthritis. For both the development and progression of arthritis, particularly osteoarthritis,1 the LACHS found the prevalence of arthritis to increase with increasing body mass index, from a low of 12% among those underweight, up to 25% among those who were obese (Figure 5).

Arthritis Prevention and Management

Many people do not realize that arthritis is not a normal part of aging and can be prevented. Maintaining a healthy weight, avoiding joint injuries, and prevention or early treatment of infection can delay or prevent the development of arthritis. Once arthritis develops, early diagnosis and treatment is important for preventing or delaying the disability associated with arthritis and reducing the need for joint replacements.

Self-management activities, engaging in regular physical activity, and maintaining a healthy weight are very important in preventing the progression of arthritis and have been shown to decrease pain, improve function, and delay disability. Each of these interventions can help people with arthritis maintain their independence and quality of life, but are widely under-utilized. For example, the Arthritis Foundation offers a 6-week Arthritis Self Help Course (see “on the web” that teaches people how to manage their arthritis. People completing the course often have been found to have less pain, improved function, and fewer visits to physicians.

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What is the best way to prevent arthritis? There is no one answer, but experts agree that healthy weight, regular physical activity, and healthy life habits (such as not smoking) are key.

What about diet? The evidence is mixed on the role of diet in preventing arthritis. Some experts recommend eating foods that are high in antioxidants, which are thought to help protect joints and prevent inflammation. Others recommend avoiding foods that may trigger joint pain, such as processed meats and refined carbohydrates.

What about supplements? Some supplements, such as glucosamine and chondroitin, are thought to help reduce joint pain and inflammation. However, the evidence is mixed and it is important to talk to a healthcare provider before taking any supplements.

What can I do to manage my arthritis? There are many self-management strategies that can help improve physical function and delay disability. These include:

• Regular physical activity: This can help improve flexibility, strength, and joint function.
• Occupational therapy: This can help modify activities of daily living and improve function.
• Education: Learning about arthritis and its management can help improve self-management.
• Support groups: These can provide emotional support and practical advice.

What about surgery? Surgery is sometimes necessary for arthritis, such as total joint replacement for severe hip or knee osteoarthritis. However, surgery should be considered as a last resort after all other options have been exhausted.

Alternative Medicine: What works and what doesn’t?

Many alternative treatments for arthritis are popular, but the evidence for their effectiveness is mixed. Some treatments, such as acupuncture and massage, can be helpful for some people, but may not provide lasting benefits. Others, such as herbal supplements and natural remedies, are not well studied and may have serious side effects. It is important to talk to a healthcare provider before trying any alternative treatment.

Preventing Arthritis

Maintaining a healthy weight and avoiding obesity, which is defined as a body mass index (BMI) of 30 or greater, can reduce the risk of developing arthritis.

Maintaining a healthy weight and avoiding obesity, which is defined as a body mass index (BMI) of 30 or greater, can reduce the risk of developing arthritis. While a healthy weight is important for overall health, it is also important for arthritis prevention. The LACHS found that 47% of adults with arthritis reported minimal to no activity, compared to 35% of adults without arthritis (Figure 6). The level of physical activity among adults with arthritis varied by race/ethnicity, with 59% of African-Americans, 49% of...
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People with arthritis are also significantly more likely to report worse quality of life than people without arthritis. 4 Results from the 2005 LACHS found that 47% of adults with arthritis report unhealthy days, and more days where their daily activity was limited by poor physical or mental health than adults without arthritis (Figure 3). Adults with arthritis were also more likely to perceive their health as being poorer than adults without arthritis, with 40% reporting their health as being fair or poor compared to only 16% of adults without arthritis (Figure 4). Self-perceived health status among adults with arthritis was also found to vary by race/ethnicity, with African-Americans more likely to rate their health as fair to poor compared to Whites (60% vs. 23%), respectively.

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WHAT SHOULD I DO?

Visit your doctor early – Early diagnosis and treatment is important because it can prevent the progression of arthritis and ameliorate the need for expensive procedures like joint replacements.

Learn to manage your arthritis – The Arthritis Foundation offers the Self Help Course (ASHC), which was developed at Stanford University, is a 6-week course that teaches people how to manage their arthritis. People completing the course have been found to have less pain and fewer visits to physicians.

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www.cdc.gov/arthritis/arthritis/key.htm

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or obese adults with arthritis, only 37% reported receiving weight management counseling. 19 These represent missed opportunities for healthcare providers to provide counseling.

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The Los Angeles County Health Survey is a periodic, population-based telephone survey that collects information on sociodemographic characteristics, health status, health behaviors, and arthritis self-report among adults and children in the county. The recent survey was conducted in 2005 for the Los Angeles County Department of Health Services by Field Research Corporation and was supported by grants from First 5 LA, the California Department of Health Services, and the Public Health Response and Bioterrorism Preparedness federal grant.

The Los Angeles County Arthritis Partnership Program (LACHS) is a national not-for-profit organization that provides information, resources, and services for the Arthritis Self-Help Course, Arthritis Foundation Exercise Program, and Arthritis Foundation Aquatic Program to those living with arthritis, to researchers, and to policy makers. www.arthritis.org

Latino adults, age differences.

† Age-adjusted percentage according to the 2000 U.S. standard population aged 18 years and older.

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Table 1: Percent of Adults (18+ years old) Diagnosed with Arthritis by Age Group, 2005

<table>
<thead>
<tr>
<th>Age Group</th>
<th>% of Adults with Arthritis</th>
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</thead>
<tbody>
<tr>
<td>18-24 yrs</td>
<td>20.7%</td>
</tr>
<tr>
<td>25-44 yrs</td>
<td>23.4%</td>
</tr>
<tr>
<td>45-64 yrs</td>
<td>29.0%</td>
</tr>
<tr>
<td>65 yrs +</td>
<td>51.6%</td>
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</tbody>
</table>

The prevalence of arthritis was higher among women than men and varied by racial/ethnic background, with the highest prevalence found among African-Americans (29%), followed by Whites (21%), Latinos (19%), and Asians/Pacific Islanders (12%). The prevalence of arthritis increased markedly with age, from 3% among adults aged 18-29, up to 52% among those 65 years and older (Figure 1). As the average age of our population continues to increase, the percent of adults with arthritis are expected to rise even more.

The prevalence of arthritis is estimated to be 11% of all adults. It affects nearly one in five county adults (1.3 million), and the economic burden is estimated at $51 billion for medical costs and $35 billion for indirect costs such as lost productivity (in 1997 dollars). 7 Results from the 2005 Los Angeles County Health Survey (LACHS) show that nearly one in five county adults (1.3 million) report being diagnosed with arthritis (Table 1). 8

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**Table 1**

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<thead>
<tr>
<th>Percent of Adults (18+ years old) Diagnosed with Arthritis</th>
<th>Age-Adjusted Percent</th>
<th>Estimated Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Los Angeles County</td>
<td>19.5</td>
<td>1,131,000</td>
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<tr>
<td>Gender</td>
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<tr>
<td>Male</td>
<td>15.2</td>
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<tr>
<td>Female</td>
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<td>Race/Ethnicity</td>
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<td>Latino</td>
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<td>White</td>
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<td>African-American</td>
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<td>Asian/Pacific Islander</td>
<td>12.3</td>
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<td>Federal Poverty Level†</td>
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<td>0-99% FPL</td>
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<td>100%-199% FPL</td>
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<td>200%-299% FPL</td>
<td>20.6</td>
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<tr>
<td>300% of above FPL</td>
<td>17.6</td>
<td>476,000</td>
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</table>

**Service Planning Area**

Antelope Valley | 25.2 | 55,000 |
Santana | 16.8 | 270,000 |
San Gabriel | 17.0 | 231,000 |
Metro | 16.3 | 187,000 |
South | 15.8 | 91,000 |
Southwest | 25.5 | 137,000 |
Los Angeles | 20.7 | 109,000 |
South Bay | 21.0 | 231,000 |

† Age-adjusted percentage according to the 2000 U.S. population aged 18 years and older.

**Selected References**


**Acknowledgements**

Mireya A. Peña; Sara Reeve; for their helpful review.

**The California Arthritis Partnership Program**

Advances rheumatology through programs of education, research, advice, and advocacy.

www.rheumatology.org

**The Arthritis Foundation**

A global, multi-disciplinary initiative targeting the care of people with musculoskeletal conditions—bone and joint disorders.

www.usaidf.org

**The Centers for Disease Control and Prevention, Arthritis Program**

Working to improve the quality of life for people affected by arthritis.

www.cdc.gov/arthritis/

**The Bone and Joint Decade is a global, multi-disciplinary initiative targeting the care of people with musculoskeletal conditions—bone and joint disorders.**

www.usbjd.org

Latinos, 45% of Asians/Pacific Islanders, and 43% of Whites reporting minimal to no activity. Lastly, maintaining a healthy weight can not only slow the progression of arthritis, but can also prevent the development of certain types of arthritis, including knee osteoarthritis. Obese adults are up to 6 times more likely to develop knee osteoarthritis than normal weight adults.8 Healthcare providers can play an important role not only in diagnosing and treating people with arthritis, but also in increasing self-management behaviors by providing counseling on arthritis, weight management, and physical activity. Increasing healthcare provider counseling for arthritis management is an arthritis-related Healthy People 2010 objective. Only 11% of adults with arthritis report receiving arthritis education from a healthcare provider and only 56% report receiving physical activity counseling. Among overweight or obese adults with arthritis, only 37% reported receiving weight management counseling. These represent missed opportunities for healthcare providers to counsel on prevention. Arthritis is a common condition that significantly affects health-related quality of life and disproportionately impacts racial/ethnic minorities. The burden of arthritis will continue to increase, with the prevalence of arthritis in the United States projected to reach 67 million (25% of the adult population) by 2030, even without taking into account the rising prevalence of obesity. Strategies to reduce the burden of arthritis should include increasing access to and participation in self-management programs, increasing awareness of the importance of physical activity and weight management, and developing programs for groups at higher risk for disability, including racial/ethnic minorities and the elderly.9 References


5. The American College of Rheumatology advances rheumatology through programs of education, research, advice, and advocacy. www.rheumatology.org

6. The Bone and Joint Decade is a global, multi-disciplinary initiative targeting the care of people with musculoskeletal conditions—bone and joint disorders. www.usbjd.org

7. The Centers for Disease Control and Prevention, Arthritis Program works to improve the quality of life for people affected by arthritis. www.cdc.gov/arthritis/

8. Latinos, 45% of Asians/Pacific Islanders, and 43% of Whites reporting minimal to no activity. Lastly, maintaining a healthy weight can not only slow the progression of arthritis, but can also prevent the development of certain types of arthritis, including knee osteoarthritis. Obese adults are up to 6 times more likely to develop knee osteoarthritis than normal weight adults.9 Healthcare providers can play an important role not only in diagnosing and treating people with arthritis, but also in increasing self-management behaviors by providing counseling on arthritis, weight management, and physical activity. Increasing healthcare provider counseling for arthritis management is an arthritis-related Healthy People 2010 objective. Only 11% of adults with arthritis report receiving arthritis education from a healthcare provider and only 56% report receiving physical activity counseling. Among overweight or obese adults with arthritis, only 37% reported receiving weight management counseling. These represent missed opportunities for healthcare providers to counsel on prevention. Arthritis is a common condition that significantly affects health-related quality of life and disproportionately impacts racial/ethnic minorities. The burden of arthritis will continue to increase, with the prevalence of arthritis in the United States projected to reach 67 million (25% of the adult population) by 2030, even without taking into account the rising prevalence of obesity. Strategies to reduce the burden of arthritis should include increasing access to and participation in self-management programs, increasing awareness of the importance of physical activity and weight management, and developing programs for groups at higher risk for disability, including racial/ethnic minorities and the elderly.9 References

