

Minnesota Department of Health

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 includes osteoarthritis, rheumatoid arthritis, gout, systemic lupus erythematosus, juvenile rheumatoid arthritis, bursitis, Lyme arthritis, carpal tunnel disease and other disorders.¹

Who is Affected by Arthritis?

National Data

- In 2005, 46.4 million or 21.6% of US adults reported physician-diagnosed arthritis. This represents an increase from 2002, when an estimated 20.8% (42.7 million) reported doctor-diagnosed arthritis.²
- Physician-diagnosed arthritis was less prevalent among African Americans and Hispanics than among non-Hispanic whites; however, both groups reported greater proportions of persons with arthritis-attributable activity limitation.²
- Arthritis prevalence is higher in women, 24.4%, than in men, 18.1%.²
- Over 294,000 or 1 in 250 young people under 18 years are affected by arthritis.³
- As the population ages, arthritis is expected to affect an estimated 67 million adults in the United States by 2030.²
- Arthritis co-exists with other conditions. In 2005 and 2007 over half of those with diabetes had arthritis. Additionally, physical inactivity was higher in those with

arthritis and diabetes, 32.0%, than with diabetes alone, 20.8%.⁴

Disability and Arthritis

- Arthritis is the leading cause of disability in the United States. Women are twice as likely to identify arthritis as the cause of their disability than men (22.4% compared with 11.0%).⁵
- Arthritis limits everyday activities such as walking and dressing for more than 19 million Americans.⁶
- Of working age adults (18 to 64 years), 1 in 20 report that arthritis affects their ability to work whereas over one-third of those with arthritis reports that their work is affected by their condition.⁷

Arthritis in Minnesota

- In 2007, 22.9%, or 904,000 Minnesota adults reported arthritis that has been diagnosed by a physician including 24.8%, or 497,000, women and 21.0%, or 407,000, men.⁸
- Arthritis in Minnesota affects individuals of all races and ethnicities. In 2007, 24.1%, or 861,000, of White; 17.4%, or 21,000 of Black; 6.7, or 6,000, of Latino and 9.3% , or 14,000, of Other race/ethnicity adults had arthritis.⁸
- Of those with physician-diagnosed arthritis, in 2007, 37.8% or 342,000 had limitations in their daily activities.⁸
- Over 55% of Minnesotans over 65 years of age and 32% of ages 45 to 64 had physician-diagnosed arthritis, in 2007.⁸



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- In 2007, 47.0% of Minnesota adults with diabetes also had arthritis.⁸
- In 2007, 54.3% of Minnesota adults with cardiovascular disease also had arthritis.⁸
- An estimated 37.7%, of people with arthritis in Minnesota are overweight and 34.7% are obese compared with 34.0% of persons without arthritis being overweight and 22.4% being obese, in 2007.⁸
- In 2007, the proportion of Minnesota adults achieving the recommended level of physical activity is lower in people with arthritis, 45.7%, compared to those without arthritis, 50.2%. Inactivity is greater among Minnesotans with arthritis, 15.3%, compared to those without arthritis, 9.8%.⁸
- In 2003, only 12.5% of Minnesota adults with arthritis had taken a class or course to manage their arthritis, 48.7% had received physical activity counseling and 25.9% had received weight counseling by a health care provider.⁹
- An estimated 5,000 Minnesota children under 18 years have arthritis or related rheumatic conditions.³
- In 2003, 7 % of Minnesota working age adults (18 to 64 years), 3.0% of adults ages 18 to 44 years and 11.9% of adults ages 44 to 64 years reported that arthritis affected their ability to work for pay. Of those working age adults with arthritis, approximately 1 out of 4, 24.6%, reported that arthritis affected their ability to work.⁹
- By 2030, it is projected that 1,376,000 Minnesota adults will have physician-diagnosed arthritis, an increase of 41% over 2005, and 495,000 of those with arthritis will have limitations in their daily activities, an increase of 40% over 2005.¹⁰

- In Minnesota during 2007, 20% of the 1,239 Lyme disease cases resulted in 244 cases of Lyme disease arthritis.¹¹

Cost of Arthritis

- Each year, arthritis results in 44 million physician visits and nearly ¾ of a million hospitalizations.¹²
- In 2003, arthritis and other rheumatic conditions cost the United States \$127.8 billion (\$80.8 billion in medical care expenditures and \$47.0 billion in lost earnings) or 1.2% of the Gross Domestic Product, which is equal to a chronic, small recession.¹³
- In Minnesota, nearly \$2.2 billion were spent on arthritis and other rheumatic conditions (approximately 1½ billion in medical care expenditures and nearly ¾ billion in lost earnings).¹³
- The average per person per year medical costs was \$2,206 for men and 1,454 for women during 2003.¹⁴

Types of Arthritis

- In 2005, an estimated 27 million adults were affected by osteoarthritis,¹⁵ 5.0 million by fibromyalgia,¹⁵ 4 to 10 million by carpal tunnel syndrome,¹⁵ up to 3 million by gout,¹⁵ 1.3 million by rheumatoid arthritis,¹⁶ 0.6 million to 2.4 million by spondylarthritides,¹⁶ 0.4 million to 3.1 million by primary Sjogren's,¹⁶ 711,000 by polymyalgia rheumatica,¹⁵ 228,000 by giant cell arteritis,¹⁵ 161,000 to 332,000 by systemic lupus erythematosus,¹⁶ 49,000 by systemic sclerosis,¹⁶ Additionally, 59 million have had low back pain in the last 3 months and 30.1 million have had neck pain in the past 3 months.¹⁵
- Systemic Lupus Erythematosus (SLE) is a serious form of arthritis that can affect organs as well as joints. It affects

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significantly more African American women than other groups. Death rates from SLE are 3 times more likely in African American women 45-64 years than white women.¹⁷

Health Care Access and Arthritis

- Nationally, during 2001, of over 10 million adults with joint symptoms, 21.7%, had never seen a health-care provider for their condition.¹⁸
- Nationally, in 2003, only 10.8% of adults with arthritis had taken a class or course to manage their arthritis, only 55.5% had received physical activity counseling and only 37.3% had received weight counseling by a health care provider.¹⁹

Risk Factors for Arthritis

- **Gender:** Rheumatoid arthritis and lupus are more common in women; gout is more common in men. Osteoarthritis is more common in men before age 50 and in women in later decades.²⁰
- **Older Age:** Risk increases with age.²
- **Family History:** Current research shows family history is a risk factor for some types of arthritis, particularly osteoarthritis, lupus and gout.²¹
- **Obesity:** Obesity is associated with gout in men and osteoarthritis of the knee, hip and hand in women.²²
- **Joint injuries:** Sports injuries, occupation-related injuries and repetitive use joint injuries can increase the risk of arthritis.¹ Occupations such as farming, heavy industry, and occupations with repetitive motion are associated with arthritis.²²
- **Lyme disease:** If Lyme disease is untreated, chronic arthritis may occur.¹¹

Effective Treatments for Arthritis

- The Arthritis Foundation Self-Help Program has been shown to reduce arthritis-related pain by 20% and decrease physician visits by 43%. This course involves small group education with a focus on problem solving, exercise, relaxation and communication.²³
- The Chronic Disease Self-Management Program has also been shown to improve self-efficacy or confidence in one's ability to manage their arthritis. Self-management programs such as the Arthritis Foundation Self-Help Program and the Chronic Disease Self-Management Program have been shown to reduce pain, reduce depression, improve physical functioning, improve quality of life and delay disability.²⁴
- Physical activity has been shown to have significant benefits for people with arthritis, including reductions in pain and improvements in physical function, mental health, and quality of life.²⁴ Effective physical activity programs are available for people with arthritis. These programs include the Arthritis Foundation Exercise Program which has been proven to improve self efficacy in participants²⁴, the Arthritis Foundation Aquatics Program¹, and Enhanced Fitness.²⁴
- Weight loss of an average of 11 pounds can reduce the risk of knee osteoarthritis by as much as 50%.²⁵
- Physical and occupational therapy can help impairments and activity limitations.
- Medications for some types of arthritis, particularly rheumatoid arthritis, can limit disease progression, control symptoms and prevent serious complications.¹
- Joint replacement therapy often reduces pain and improves activity.¹

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