

Physician

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Arthritis is one of the most prevalent chronic conditions in the United States; it is the nation's most common cause of disability and the third leading cause of work limitation in the U.S. And it is not just an old person's disease—nearly two-thirds of those affected by arthritis are younger than 65 years. There are more than 150 different types of arthritis, and they affect people of all ages and racial and ethnic groups.

Arthritis currently affects 46 million people in the U.S., just under 1 million of whom live in Minnesota. According to CDC predictions, by 2030 the number of adults with doctor-diagnosed arthritis will increase to 67 million nationally and to more than 1.2 million in Minnesota. At present, 23 percent of the adult population and an estimated 5,000 children in Minnesota are affected by arthritis.

Arthritis refers to conditions affecting the joints, surrounding tissues, and other connective tissues. Common symptoms include pain, aching, stiffness, and swelling in or around the joints. Some forms of arthritis, such as rheumatoid arthritis and lupus, can affect multiple organs and cause widespread symptoms. Osteoarthritis is the most common form of arthritis, affecting more than 27 million Americans;

Arthritis in 2010

Local, national programs stress self-management

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rheumatoid arthritis affects 1.3 million and gout 3 million.

Arthritis can interfere with a person's ability to work and be productive. National surveys show that 19 million people report activity limitations because of arthritis; among adults of working age, almost one in three report work limitations. In Minnesota, 35 percent of working-age adults between 18 and 64 years of age report work limitations related to arthritis, and 38 percent report that their arthritis limits them in taking part in work, leisure, and social activities.

The economic impact of arthritis is enormous. The total cost of arthritis and other rheumatic conditions in the U.S. was \$128 billion in 2003, with \$81 billion in medical costs and \$47 billion in lost earnings. In Minnesota in 2003, arthritis was associated with \$1.5 billion in medical costs and nearly \$750 million in lost earnings. Employment rates are lower among adults with arthritis, meaning they are working less or not working at all due

to limitations related to their arthritis.

The effect of arthritis as a comorbid condition heightens its impact. In Minnesota, Behavioral Risk Factor Surveillance Surveys show that more than half of adults with heart disease also have arthritis and almost half of adults with diabetes have arthritis. Research from the Mayo Clinic points out the importance of recognizing that people with inflammatory arthritis, particularly rheumatoid arthritis, are at significantly increased risk for cardiovascular disease and sudden death from cardiac disease. Physical activity is a key strategy for managing all these chronic conditions, but having arthritis presents barriers to increasing physical activity. People with arthritis report that pain, fear of pain, and lack of information about how to exercise safely prevent them from exercising.

Current treatment

Many health care providers and people with arthritis think that arthritis is an inevitable part of aging and

that little can be done to treat their arthritis. In fact, a number of interventions have been shown to be effective. Pharmacological treatments are particularly important in treating inflammatory rheumatic conditions, including rheumatoid arthritis, psoriatic arthritis, and lupus. Pain medications may be used to support day-to-day activities. Currently, disease-modifying agents (DMARDs) can often arrest the progress of inflammatory rheumatic conditions, and new drugs continue to be developed. Effective pharmacological treatments that might delay or prevent the progression of osteoarthritis and the need for joint replacements remain on the horizon. Pain medications can help in managing osteoarthritis, but because of side effects they may not totally meet needs for pain management.

Joint replacement can be an effective method of reducing pain and improving physical function but, as a surgical procedure, is associated with significant risks and costs.

Self-management

Medical care and treatment are essential for people with arthritis, but equally important is what people with arthritis do to take care of themselves day-to-day. Strategies such as physical activity and self-management

education can significantly affect pain, disability, quality of life, and health care costs, but have not been widely used.

The term self-management refers to the tasks individuals must perform to live well with one or more chronic conditions. These tasks include managing day-to-day medical care requirements with confidence; undertaking behavior change to increase physical activity or have healthier eating habits; managing stress, fatigue, and pain; and working effectively with health care providers to find the best care solutions.

Physical activity.

Regular physical activity is one of the self-management tasks people need to live as well as possible with a chronic condition. Research has shown that for people with all types of arthritis, regular physical activity decreases pain, improves function and mental health, reduces risk of falls, and reduces disability as well as risks for other chronic conditions. The Centers for Disease Control and Prevention recently released new recommendations for physical activity for all Americans and included recommendations for those with chronic conditions such as arthritis (see sidebar).

The safest, most effective physical activities for adults with arthritis are low-impact, moderate-intensity aerobics such as walking, water exercise, and cycling, and muscle-strengthening exercises that use different forms of resistance.

Many people benefit from group exercise programs, which provide support and accountability to regular participants. The Arthritis Foundation Exercise Program and Aquatic Exercise Program have been shown to improve health status among participants. These community programs, led by trained leaders, include a variety of exercises targeting range of motion,

Minnesota and national resources

The Minnesota Department of Health Arthritis Program, in partnership with the Arthritis Foundation and other organizations, offers community programs in self-management for people with arthritis and other chronic conditions. To find out more about these programs, where they are offered, or how you can be involved in implementing them in your community, go to www.arthritis.org, www.mnhealthyaging.org, www.health.state.mn.us (search for "arthritis") or e-mail health.arthritis@state.mn.us. You can call the Arthritis Foundation North Central Chapter at 1-800-333-1380. The Chronic Disease Self-Management Program is offered in Minnesota under the names Living Well With Chronic Conditions, Pathways to Better Health, and Living in Balance.

Other resources:

- **Physical Activity Guidelines for Americans**, available at www.health.gov/PAGuidelines/guidelines
- **National Institute of Arthritis and Musculoskeletal and Skin Diseases** www.niams.nih.gov
- **CDC Arthritis Program:** www.cdc.gov/arthritis

CDC's report on osteoarthritis

A National Public Health Agenda for Osteoarthritis 2010 was released in February by the Centers for Disease Control and Prevention and the Arthritis Foundation (www.cdc.gov/arthritis/docs/OAagenda.pdf). The report sets the stage for collaborative, focused action to address osteoarthritis (OA) in the next three to five years. An extensive review of the state of the science by a panel of experts identifies four key intervention strategies to prevent and manage osteoarthritis:

- Self-management education should be expanded for people with symptomatic OA.
- Low-impact, moderate-intensity aerobic physical activity and muscle-strengthening exercise should be widely promoted as a public health intervention for adults with OA.
- Existing policies and interventions that have been shown to reduce OA-related joint injuries should be promoted, implemented, and enforced.
- Weight management should be promoted for the prevention and treatment of OA, and adults with OA should follow national nutrition and dietary guidelines for the general population.

flexibility, balance, and endurance. The aquatic program is a warm-water exercise program that provides the benefits of water's support and resistance along with the comfort of the warm temperature. The Arthritis Foundation has partnered with the Minnesota Department of Health Arthritis Program to expand the availability of these programs in Minnesota. Later this year, they will introduce a new program, Walk With Ease. Offered in both group and individual formats, the program will provide support for walking programs for people with arthritis and other chronic conditions. The Enhance Fitness exercise

program available in many Minnesota communities has been shown to be safe and effective for people with arthritis.

Self-management education. Programs like the Arthritis Self-Management Program and the Chronic Disease Self-Management Program help participants develop the skills and confidence to manage their arthritis and other chronic conditions day-to-day. These programs were developed by Stanford University's Patient Education Research Center. Twenty years of research have shown that the programs help participants decrease pain and fatigue, increase physical activity and

healthy eating, improve self-confidence and quality of life, and reduce health care costs. In both programs, highly interactive small-group workshops help participants develop skills, set and achieve goals to make lifestyle changes, and identify ways to manage their symptoms and challenges. Led by trained facilitators, the workshops meet for two-hour sessions once a week for six weeks. Participants not only gain insight from others who are meeting the same challenges they are, but also have the opportunity to contribute their experience in helping others.

These programs do not replace disease-specific content education—rather, they give participants the tools to incorporate disease-specific recommendations and behavior change into their lives.

Physician support is essential

Physicians are key partners in helping people with arthritis manage their condition. In addition to regular assessment of disease status, progress, problems, and information needed for shared decision-making about goals and treatment, physicians can provide patients with direction and access to resources, including information about self-management programs (see sidebar). A physician's encouragement to participate in self-management education and physical activity programs will increase the likelihood that a patient will make positive changes. Health care providers can play a vital role by supporting organizations in their communities in increasing the availability and accessibility of evidence-based self-management programs. ❑

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