

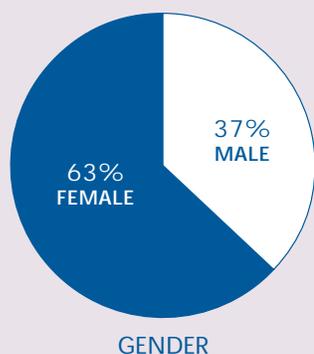
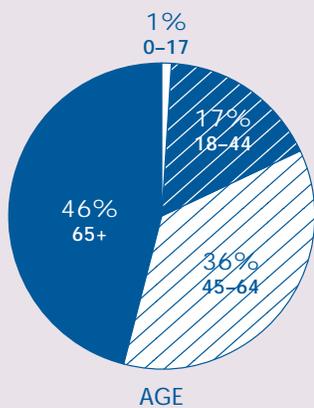


Arthritis

A leading cause of disability in the United States

Arthritis is among the most common chronic conditions in the United States. It affects some 40 million people—almost one out of six—at an annual cost of some \$65 billion. Almost one-quarter of this total—\$15 billion—is for the direct costs of medical care. Lost wages account for some \$50 billion in indirect costs related to arthritis.¹ Almost half of all elderly people have arthritis, and the elderly population is the fastest-growing segment of the U.S. population. Projections indicate that by 2020, almost 60 million people, or about 20 percent of the population, will have arthritis.²

WHO HAS ARTHRITIS?



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

While some individuals who have arthritis lead active, productive lives, others need assistance to accomplish basic activities associated with daily living. Compared to people who do not have arthritis, those who have arthritis:

- experience more physical limitations,
- have more financial difficulties,
- have more occupational limitations,
- are less satisfied with current circumstances, and
- are less optimistic about the future.

Arthritis affects people of all ages

■ The elderly have high rates of arthritis. Although the elderly account for just 12 percent of the entire U.S. population, the population with arthritis is split almost evenly between those age 65 and older and the rest of the population. Just over half of those with arthritis are under age 65, including almost 200,000 children.

WHAT IS ARTHRITIS?

The term arthritis literally means “joint inflammation,” but it is generally used to refer to a family of more than 100 different conditions that affect the joints and may also affect muscles and other tissues. The most common form of arthritis—degenerative arthritis or osteoarthritis—results from the breakdown of the tissue inside the joints. It affects more than 20 million people in the U.S. The other form—*inflammatory arthritis*—results from swelling in the joints. Rheumatoid arthritis is a common type of inflammatory arthritis.

■ Almost two-thirds of all Americans living with arthritis are women. In every age group the proportion of women who have arthritis is substantially higher than the proportion of men with the condition.

■ People with less education and lower incomes have higher rates of arthritis. About one-third of the adult population with arthritis has less than a high school education. This proportion is substantially higher than the proportion of people in the general population that have less than a high school education—20 percent.

■ Income differences between those who have arthritis and the general population may be related, in part, to differences in educational attainment between the groups. In addition, older women, who comprise a substantial portion of those with arthritis, tend to have lower incomes than other groups.

Arthritis affects daily living

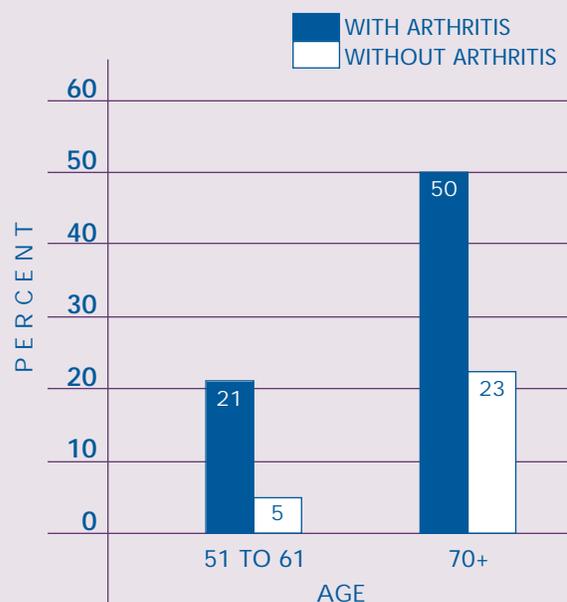
Older adults with arthritis spend similar amounts of time participating in volunteer activities and caring for grandchildren as their contemporaries who do not have arthritis. Still, in the most serious cases, people who have arthritis require assistance with certain activities of daily living or

ADLs, such as bathing, dressing, using the toilet, eating, walking, or other personal care activities. One of 5 adults age 51 to 61 who has arthritis has difficulty with one or more ADLs, but only 1 of 20 adults the same age without arthritis has difficulty with one or more ADLs. Adults age 70 and older need more help (see Figure 1).

Relatives play a large role in providing care for the elderly who have arthritis. Spouses provide almost one-quarter of the care to elders with arthritis who need help with ADLs. Children provide 39 percent of the care, and others provide the remaining care.

Some people with arthritis also need help with instrumental activities of daily living, or IADLs. These include preparing meals, shopping, using the telephone, managing money, taking medications, and doing light housework. Children and families provide 71 percent of the help that elderly with arthritis need with IADLs.

FIGURE 1
Proportion of Population Needing Assistance with Activities of Daily Living



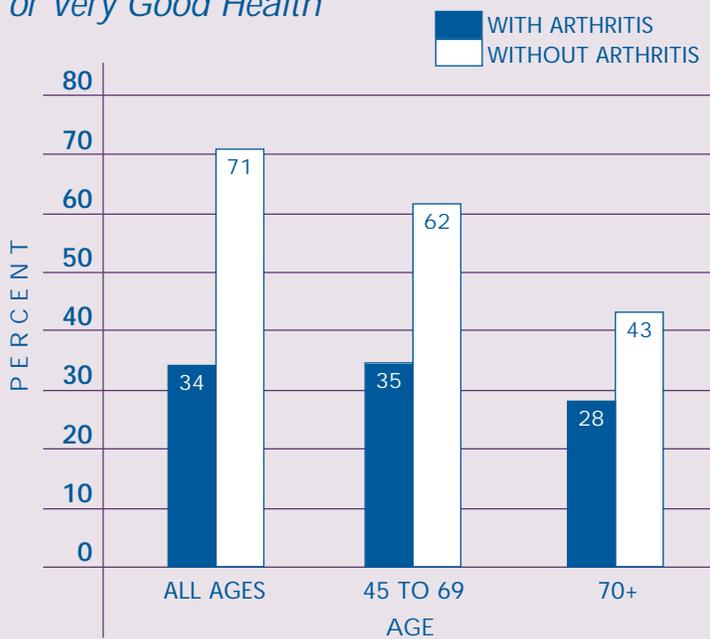
SOURCE: National Academy on an Aging Society analysis of data from the 1992 *Health and Retirement Study* and the 1993 *study of Asset and Health Dynamics Among the Oldest Old*.

People with arthritis are less healthy than others

There are significant differences in self-reported health status for those who have arthritis and those who do not. Among the population with arthritis, only 34 percent say they are in excellent or very good health, compared to 71 percent of those who do not have arthritis (see Figure 2). One-third of the population with arthritis report fair or poor health, compared to just 7 percent of the population without arthritis.

FIGURE 2

Proportion of Population Reporting Excellent or Very Good Health



SOURCE: National Academy on an Aging Society analysis of data from the 1994 National Health Interview Survey.

People who have arthritis are more likely to report that they stayed in bed because of an illness or an impairment. Some 32 percent of those who have arthritis and just 15 percent of those who do not have arthritis report that they spent five or more days in bed in the previous year. In 12 months, almost 3 million people spent five or more days in bed because of their arthritic condition.

People who have arthritis use more health services

The median annual number of physician visits is four for those with arthritis, and two for those without it. Hospital use is also greater for those with arthritis. Some 16 percent of those who have arthritis, and 5 percent of those who do not, report that they were hospitalized in the previous year. As people get older, hospital use increases, but differences between those with and without arthritis remain.

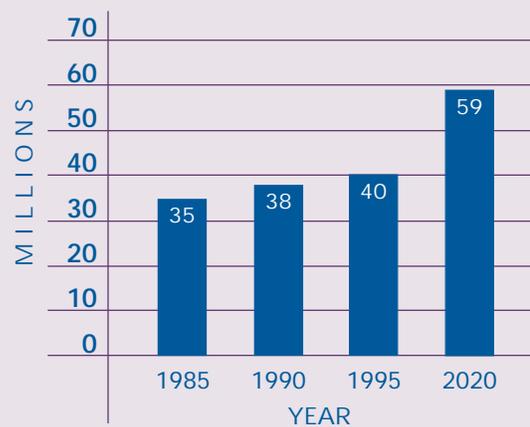
Among the population age 70 and older, those with arthritis are more likely to have stayed in nursing homes than those who do not have arthritis. In addition, 94 percent of the elderly with arthritis use prescription drugs, compared to 82 percent of the elderly who do not have arthritis. Use of a social worker, adult day care, rehabilitation, transportation, and Meals on Wheels is significantly higher for the elderly who have arthritis—13 percent—than for those who do not—7 percent.

The number of Americans with arthritis is expected to increase

As the U.S. population ages, the number of people with arthritis will increase (see Figure 3).

FIGURE 3

Number of People with Arthritis



SOURCE: Centers for Disease Control, 1999.

People with arthritis are more likely than others to have publicly financed health insurance

Almost half of those with arthritis—46 percent—are age 65 or older. Thus, most are covered by Medicare, the federal health care program for the elderly. But Medicare also plays an important role for other people with arthritis. Among adults age 45 to 64, for example, 15 percent of those with arthritis have Medicare coverage, compared to just 3 percent of those without arthritis. Individuals under age 65 generally qualify for Medicare coverage because they have received disability payments from the Social Security program for at least two years. Their disabilities may be related to arthritis or to other conditions.

People who have arthritis are more likely to have Medicaid coverage than those who do not have arthritis. The Medicaid program is a state and federal partnership that provides health care coverage for the low-income and disabled population. Medicaid may help certain low-income individuals pay Medicare premiums and deductibles, or it may cover services that Medicare does not cover. Individuals who qualify for both Medicare and Medicaid programs are called “dually eligible.” Among the elderly, the proportion of the population that is dually eligible is significantly higher for those with arthritis—17 percent—than for those without it—7 percent.

Only about half—46 percent—of people age 45 to 64 with arthritis have private insurance compared to 80 percent of those who do not have arthritis.

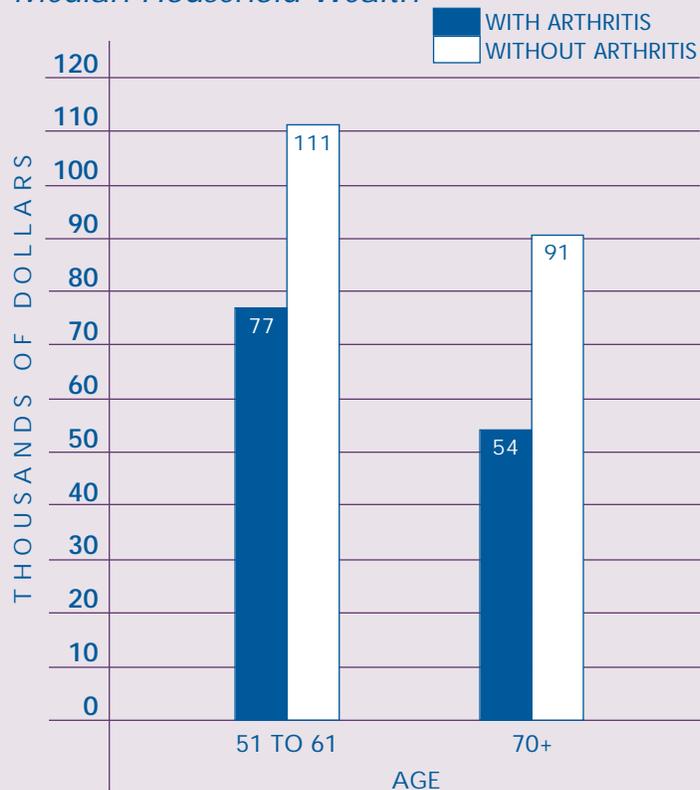
People with arthritis are less secure financially

On average, people who have arthritis earn less than those who do not have the condition. In addition, median wealth is lower for people with arthritis (see Figure 4).

Predictions about future circumstances also indicate that people who do not have arthritis are more secure financially.

FIGURE 4

Median Household Wealth



SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study and the 1993 study of Asset and Health Dynamics Among the Oldest Old.

■ A lower proportion of people age 51 to 61 who have arthritis—40 percent—than people who do not have arthritis—45 percent—say that two years from now they expect to be somewhat or much better-off financially.

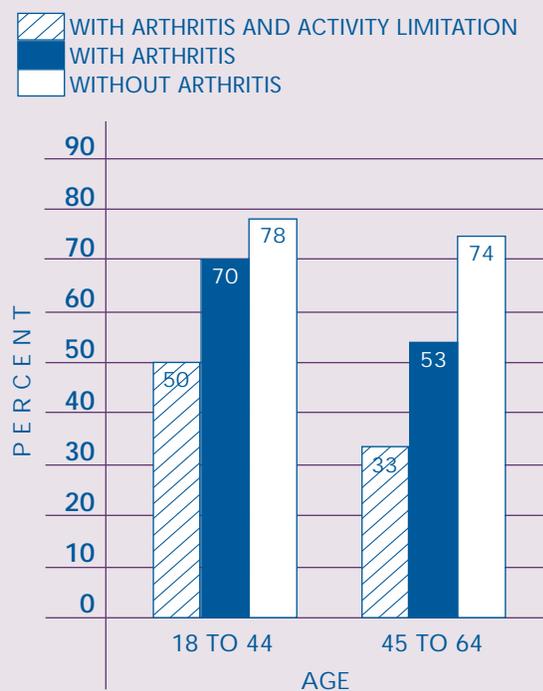
■ About one-quarter—26 percent—of people age 70 and older with arthritis expect to leave an inheritance, but a larger proportion—35 percent—of those who do not have arthritis say they will leave an inheritance.

Another indication that people with arthritis are not as well-off financially is that participation rates for the Supplemental Security Income (SSI) Program are higher for those who have arthritis than for those who do not have it. Among those age 70 and older, for example, 14 percent of people who have arthritis participate in the SSI Program, compared to just 5 percent of those who do not have arthritis.

Labor force participation is lower for people with arthritis

Among people with and without arthritis, the difference in labor force participation rates is greater for older workers than for younger workers. Employment rates are particularly low for adults who have arthritis and report that the condition causes them to have difficulty with certain ADLs (see Figure 5). Arthritis is second only to heart disease as a cause of worker disability.³

FIGURE 5
Labor Force Participation Rates



SOURCE: National Academy on an Aging Society analysis of data from the 1993 panel of the Survey of Income and Program Participation and the 1994 National Health Interview Survey.

Labor force participation rates may be lower for those with arthritis because their condition affects their ability to perform activities. Some 1.8 million people of working age, including 21 percent of people age 18 to 44 and 28 percent of people age 45 to 64 with arthritis, are not working and report that arthritis causes limitations in their ability to work.

Workers with arthritis earn less

Differences in earnings may be due, in part, to the inability of workers with arthritis to perform the same jobs or to work the same number of hours as they did before the condition caused difficulties. Estimates show a 60 percent decline in earnings on average during the first six years people have rheumatoid arthritis.⁴

Among the group of workers who report that arthritis causes them to have difficulty with activities, the median monthly income for people age 45 to 64 is \$1,037 for those who are limited, and \$1,976 for those who are not limited by arthritis.

Arthritis may lead to premature retirement

Among individuals age 51 to 61, some 16 percent of those with and 10 percent without arthritis are completely retired. Retirement is more common among those who have arthritis, but the difference may reflect the necessity rather than the desire to retire. The level of satisfaction with retirement is not as high for people with arthritis as for others (see Figure 6). Also, retirees with arthritis are less likely to rate activities such as sports, hobbies, volunteer work, or travel as very important.

FIGURE 6
Attitudes About Retirement Among Retirees Age 51 to 61 With and Without Arthritis

	WITH ARTHRITIS	WITHOUT ARTHRITIS
Wanted to retire	25%	53%
Poor health was an important factor in the decision to retire	61%	36%
Retirement is very satisfying	29%	51%

SOURCE: National Academy on an Aging Society analysis of data from the 1992 Health and Retirement Study.

Arthritis affects people's outlook on life

There is a striking difference in overall satisfaction with life between those who have arthritis and those who do not. The biggest differences concern satisfaction with health and financial circumstances. Those with arthritis are much less satisfied with respect to both (see Figure 7).

FIGURE 7

Attitudes About Life Among People Age 51 to 61 With and Without Arthritis

	WITH ARTHRITIS	WITHOUT ARTHRITIS
Dissatisfied with life	7%	3%
Dissatisfied with health or physical condition	24%	9%
Dissatisfied with financial situation	31%	20%

SOURCE: National Academy on an Aging Society analysis of data from the 1992 *Health and Retirement Study*.

The presence of arthritis also appears to influence people's expectations for the future. Of people age 70 and older who have arthritis, 29 percent think there is absolutely no chance that they will live at least ten to fifteen years more, but only 21 percent who do not have arthritis hold that belief.

1. Centers for Disease Control and Prevention. (1999). *Targeting Arthritis: The Nation's Leading Cause of Disability*. Estimates of the number of people currently affected by arthritis are calculated by the Centers for Disease Control based on data from the Census Bureau and from the National Health Interview Survey. This estimate yields a higher number of cases of arthritis than the number from the 1994 National Health Interview Survey, the source used for much of the information presented in this Profile.

2. Ibid.

3. National Institute of Arthritis and Musculoskeletal and Skin Diseases, National Institutes of Health. (1998). *Arthritis Prevalence Rising as Baby Boomers Grow Older; Osteoarthritis Second Only to Chronic Heart Disease in Worksite Disability*. Available at: <http://www.nih.gov/niams>.

4. Smith, Marilyn Dix, and William F. McGhan. (1997). "Economic Pains of Rheumatoid Arthritis," *Business and Health*, February 1997.

ABOUT THE DATA

Unless otherwise noted, the data presented in this *Profile* are from four national surveys of the community-dwelling population living within the United States. The 1994 National Health Interview Survey (NHIS), conducted by the National Center for Health Statistics, provides data for the entire population, including children. The 1993 panel of the Survey of Income and Program Participation (SIPP) was conducted by the U.S. Bureau of the Census, and provides data for the population age 18 to 84. Wave 1 of the Health and Retirement Study (HRS) provides information for a population age 51 to 61 in 1992. Wave 1 of the study of Asset and Health Dynamics Among the Oldest Old (AHEAD) provides information about respondents age 70 and older in 1993 and 1994. Both the HRS and AHEAD data sets were sponsored by the National Institute on Aging and conducted by the Institute for Social Research at the University of Michigan.

ABOUT THE PROFILES

This series, *Challenges for the 21st Century: Chronic and Disabling Conditions*, is supported by a grant from the Robert Wood Johnson Foundation. This *Profile* was written by Laura Summer with assistance from Greg O'Neill and Lee Shirey. It is the fifth in the series. Previous *Profiles* include:

1. Chronic Conditions: A challenge for the 21st century
2. Hearing Loss: A growing problem that affects quality of life
3. Heart Disease: A disabling yet preventable condition
4. At Risk: Developing chronic conditions later in life

The National Academy on an Aging Society is a Washington-based nonpartisan policy institute of The Gerontological Society of America. The Academy studies the impact of demographic changes on public and private institutions and on the economic and health security of families and people of all ages.



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