

The word arthritis applies to more than 100 different rheumatic conditions of unknown or varied causes with the most common forms being osteoarthritis, rheumatoid arthritis, fibromyalgia, gout, ankylosing spondylitis, juvenile arthritis, systemic lupus erythematosus (also known as lupus or SLE), and scleroderma.

Arthritis in Missouri

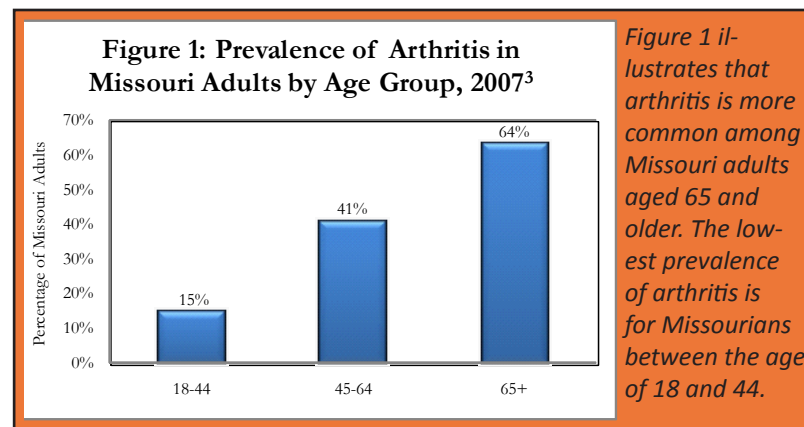
Arthritis in the U.S.

- It is estimated that 46 million U.S. adults (22%) have self-reported doctor-diagnosed arthritis¹
- It is projected that 67 million (25%) adults aged 18 years and older will have arthritis by the year 2030¹
- In 2003, Arthritis resulted in a total cost of \$128 billion (\$81 billion in direct costs and \$47 billion in indirect costs)²
- Arthritis is the most common cause of disability in the U.S.²
- Risk factors for arthritis are both modifiable and non-modifiable. Modifiable risks: overweight/obesity, joint injury, infection, and occupational exposures. Nonmodifiable risks are age, gender, and genetics¹

Arthritis in Missouri

Who's Affected?

- Approximately 1.4 million Missourians (32%) have arthritis. This is a 6% increase over the 2003 estimate of 30%
- 1.72 million Missouri adults are projected to have doctor-diagnosed arthritis by 2030 (an estimated 25% increase from 2005)⁴
- Arthritis occurs more frequently among older Missourians (See Figure 1)
- Arthritis is more common among females (34.9%) than males (28.6%) in Missouri and in the US



Physical Activity

- 16.7% of Missouri adults who have arthritis are inactive compared to 9.9% of Missouri adults who do NOT have arthritis (Table 1)
- Increasing the number of Missouri adults with arthritis who are active is essential in the management of arthritis, since physical activity has many noteworthy benefits including: reductions in pain and improvements in physical function, mental health, and quality of life²

Table 1: Percent of adults who have arthritis and without arthritis who are inactive

	Adults with Arthritis	Adults without Arthritis
Percent Inactive	16.7%	9.9%

Cost

- In 2003, the total cost resulting from arthritis and other rheumatic conditions in Missouri was more than \$2.8 billion⁵ (The U.S. total cost resulting from arthritis was \$128 billion.²)
- With the increased prevalence projections for 2030, the cost resulting from arthritis will continue to increase as well

Arthritis and Weight

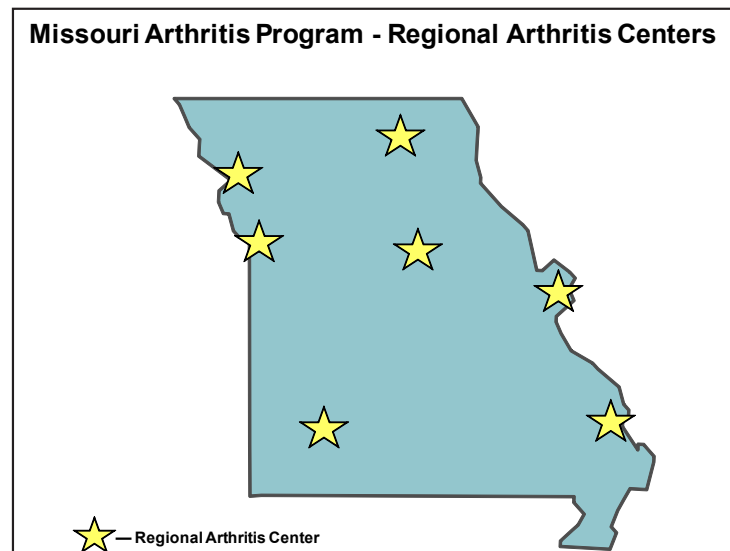
- Among Missouri adults with arthritis 72% are overweight or obese compared to 58.4% of Missouri adults without arthritis
- Reducing the prevalence of overweight/obesity among Missouri adults who are diagnosed with specific types of arthritis can help reduce the development and symptoms of those conditions. For example, weight control can lower a person's risk for developing osteoarthritis, and weight loss can reduce symptoms for people with knee osteoarthritis²

Arthritis and Other Chronic Conditions

- 61% of Missouri adults with diabetes also have arthritis
- 66% of Missouri adults with cardiovascular disease also have arthritis
- 52% of Missouri adults with hypertension also have arthritis
- 50% of Missouri adults with high cholesterol also have arthritis
- With so many of Missouri adults reporting these conditions also reporting being diagnosed with arthritis, it is important to address the unique barriers that having arthritis presents to participating in physical activity, especially since physical activity is often recommended to individuals who have these co-morbidities as a strategy for management²

What's Happening in Missouri

- Missouri has seven Regional Arthritis Centers (known as RACs). See map below for RAC locations
- From July 2007 to June 2008, Missouri offered a total of 830 evidence-based courses throughout the state in partnership with the RACs
- Starting in July 2008, Missouri will be modifying the evidence-based course selection to include Arthritis Foundation Exercise Program, Arthritis Foundation Self-Help Program, Chronic Disease Self-Management Program, and EnhanceFitness



Works Cited

¹ National Center for Chronic Disease Prevention and Health Promotion (2008, October 15). Data and Statistics. Retrieved January 7, 2009, from Arthritis: http://www.cdc.gov/arthritis/data_statistics/index.htm

² Centers for Disease Control and Prevention. (2008, July). Targeting Arthritis. Retrieved January 7, 2009, from At a Glance 2008: <http://www.cdc.gov/nccdphp/publications/aag/arthritis.htm#aag>

³ Centers for Disease Control and Prevention (2007). Tables 1-4, Behavioral Risk Factor Surveillance System, 2007.

⁴ Centers for Disease Control and Prevention (2007, June 22). Morbidity and Mortality Weekly Report. Retrieved January 8, 2009, from Errata: Vol. 56, No. 17: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5624a5.htm>

⁵ Centers for Disease Control and Prevention (2007, January 12). Morbidity and Mortality Weekly Report. Retrieved January 7, 2009, from National and State Medical Expenditures and Lost Earnings Attributable to Arthritis and Other Rheumatic Conditions — United States, 2003: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5601a2.htm>

To print additional copies of this fact sheet please visit www.moarthritis.org



This publication was supported by CDC Grant/Cooperative Agreement Number 03022, Missouri Arthritis & Osteoporosis Program & Behavioral Risk Factor Surveillance System, Cooperative Agreement Number u58/ccu722795-04. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health & Senior Services at 800.316.0935. Hearing & speech impaired citizens telephone 1.800.735.2966. voice 1.800.735.2466. An equal opportunity/affirmative action employer services provided on a nondiscriminatory basis.