



# THE STATUS OF ARTHRITIS IN CANADA: NATIONAL REPORT

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Prepared for the Arthritis Society: August 2019

## EXECUTIVE SUMMARY

Arthritis represents a group of disorders that affect the joints and surrounding tissues of the musculoskeletal system. Arthritis is the most prevalent long-term (also referred to as chronic) health condition in Canada, is associated with significant disability, and is a leading reason for use of healthcare services.

This report is an update to the most recent National Report on the Status of Arthritis in Canada produced in August 2018, which was based on data from Statistics Canada collected through the 2015 and 2016 cycles of the Canadian Community Health Survey (CCHS). Following the release of the 2017 CCHS data, the arthritis prevalence statistics and projections have been updated using a 3-year average across 2015, 2016, and 2017. All other findings have been updated with the most recently available data.

### How common is arthritis?

- ▼ According to the most recent Statistics Canada health surveys, arthritis is the most prevalent long-term health condition in Canada, affecting about 6 million people.
  - This represents 20% of the Canadian population, more than the entire combined populations of Toronto, Montreal, and Calgary.
- ▼ The number of people living with arthritis in Canada is expected to increase by about 3 million to a total of 9 million people by the year 2040.

### Who has arthritis?

- ▼ Over 23% of women and nearly 17% of men are living with arthritis.
- ▼ Although commonly perceived to be a condition affecting seniors, more than half of those living with arthritis in Canada are under the age of 65.

### Overall health and arthritis

- ▼ A high proportion of people with arthritis report poor general health.
- ▼ People with arthritis frequently report worse overall health and worse mental health than people without arthritis.
  - People with arthritis frequently report having additional chronic health conditions.
  - The prevalence of reported anxiety and mood disorders is higher among people living with arthritis.
- ▼ The proportion of people who report moderate or severe pain and pain that prevents activities is significantly higher among those living with arthritis.
- ▼ A significant proportion of people with arthritis are overweight or obese, and report being physically inactive.

### Impact of arthritis on daily life

- ▼ Arthritis negatively impacts peoples' quality of life.
  - A significant proportion of people living with arthritis report difficulties with mobility and activities of daily living such as doing housework and running errands, and report a need for assistance with such activities.
  - A high proportion of people with arthritis report not being in the labour force, even among younger groups.

## Arthritis and use of healthcare and home care services

- ♥ *People living with arthritis are more likely than people without arthritis to report visiting primary care physicians and specialists, staying overnight in hospitals, and receiving home care.*

*The negative physical, mental and social consequences of arthritis are substantial, and these are not limited to seniors. With expected increases in arthritis prevalence over time, the magnitude of these outcomes will place further burdens on society and healthcare resources. As a result, approaches to self-management and medical care that consider arthritis in the context of broader chronic disease management are essential. Initiatives to reduce the pain and disability associated with arthritis and strategies to maintain labour force participation are important for people living with arthritis and for society on the whole.*

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## THE ARTHRITIS SOCIETY

*The Arthritis Society is a national health charity, fueled by donors and volunteers, with a vision to live in a world where people are free from the devastating effects that arthritis has on lives. Founded in 1948 with one very clear goal – to alleviate the suffering of people crippled by arthritis – that same volunteer-led passion carries on today in communities across Canada.*

*Through the trust and support of donors and sponsors, the Arthritis Society is Canada's largest charitable source of investments in cutting-edge arthritis research, proactive advocacy and information and support that will deliver better health outcomes for people affected by arthritis.*

## THE ARTHRITIS COMMUNITY RESEARCH AND EVALUATION UNIT

*Since its founding in 1991, the interdisciplinary research team at the Arthritis Community Research and Evaluation Unit (ACREU) has been committed to shedding light on the impact of arthritis on people, their families, and the overall population, and how arthritis care is delivered.*

*For the past 9 years, the Arthritis Society has partnered with ACREU to evaluate the prevalence and impact of arthritis in Canada. By learning more about the burden that arthritis places on Canadians and our healthcare system, this partnership has helped showcase where we need to do more to support people living with this disease.*

## PREAMBLE

*Arthritis places a tremendous burden on the health of Canadians and has a significant impact on the lives of those living with the condition and their families. It is a highly costly disease, associated with direct medical and surgical costs, and even greater indirect costs attributed largely to long-term disability and loss of productivity. While often perceived as a disease of older age, the reality is that many people are diagnosed with arthritis during their peak period of earning potential. Further, as a consequence of there being no cure, people will live with arthritis for many years.*

*With a view to guide policies and programs that aim to reduce the impact of arthritis on people and society more broadly, this report includes national data on arthritis. Companion provincial highlight reports also feature a subset of data at the provincial level (available upon request). Collectively, these resources present a general overview of the number of people with arthritis in Canada, physical and mental health status among people with arthritis, and the impact of arthritis on daily life and use of healthcare services.*

*This report presents information derived from the most recent Statistics Canada health surveys and is intended to inform Canadians on the current state of arthritis in Canada. It was prepared by ACREU for the Arthritis Society.*

## INTRODUCTION TO THE DATA

*In Canada, population-level health data are gathered through Statistics Canada's health surveys. This report is based on data from the 2015, 2016, and 2017 cycles of the Canadian Community Health Survey (CCHS). The CCHS consists of core questions that remain consistent each year and theme questions which change every 1-2 years, therefore not all of the same questions are asked each year.*

*The CCHS is a cross-sectional survey that collects information related to health status, healthcare utilization, and health determinants for individuals aged 12 years or older living in Canada. Information from the CCHS can be used to plan and implement programs, conduct research, and raise awareness – all with the intention of improving health for Canadians.*

*The annual CCHS surveys collect self-reported health information from a representative sample of the Canadian population, including people from all 10 provinces. The data analyzed do not cover the territories, children under 12 years old, people living on reserves, and members of the Canadian Armed Forces.*

*In the 2015-2017 CCHS, the survey question regarding arthritis diagnosed by a health professional reads: "Do you have arthritis, for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia?". This question was asked only to participants aged 15 years or older.*

### PREVALENCE OF ARTHRITIS IN CANADA

Arthritis is more common in women than men, with nearly 1 in 4 women (23%) and 1 in 6 men (17%) reporting arthritis in Canada.

The bars in Figure 1 show the proportion of men and women in each age group who report having arthritis. The line on the graph shows the total number of people reporting arthritis in each age group. The proportion of people reporting arthritis increases substantially with age. Even so, among Canadians with arthritis, over half (55%) are below the age of 65.

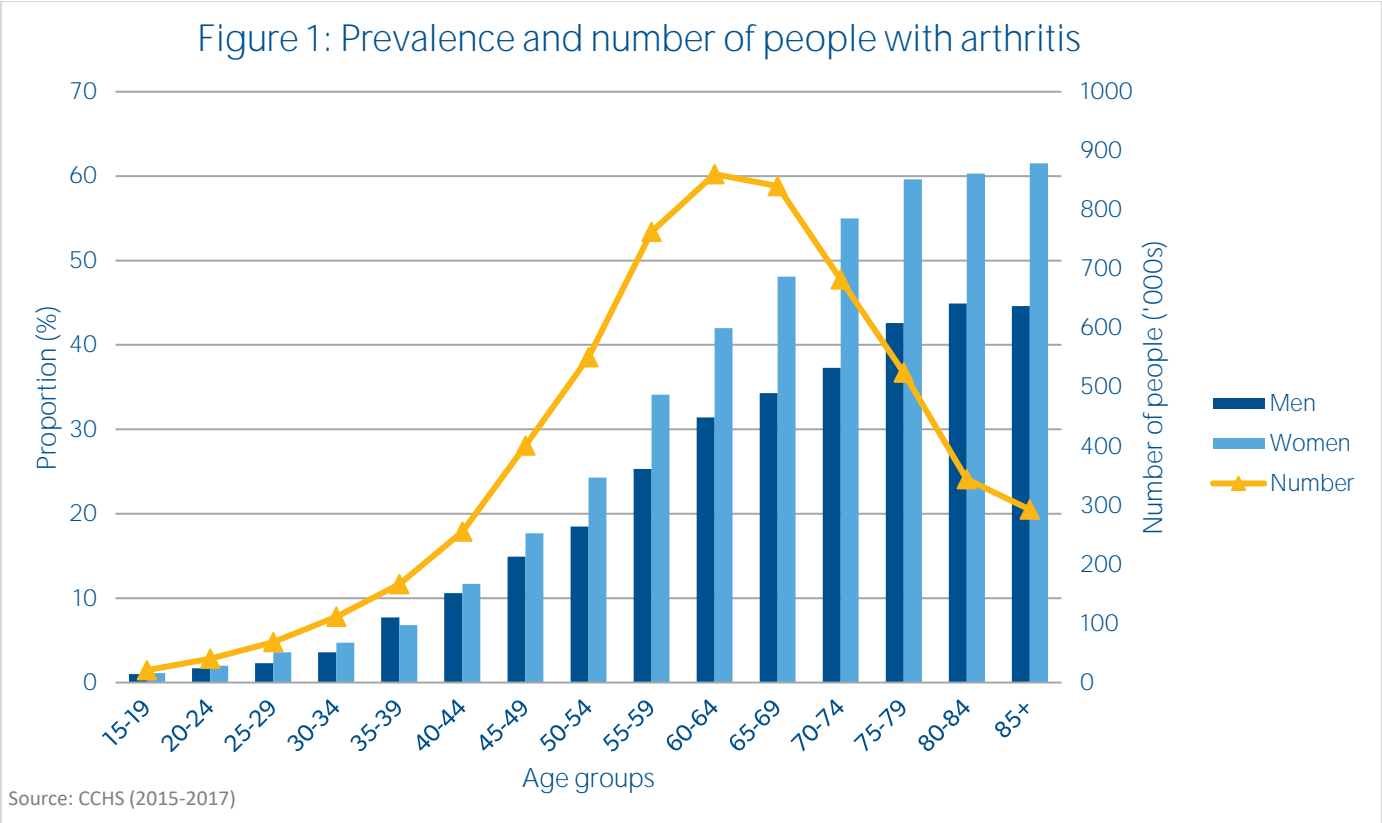


Figure 1: People with arthritis were identified through the question: "Do you have arthritis, for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia?" In French, the question regarding arthritis was: "Souffrez-vous d'arthrite, par exemple l'arthrose, l'arthrite rhumatoïde, la goutte ou toute autre forme d'arthrite, excluant la fibromyalgie?"

Arthritis is the most common long-term health condition in Canada.

About 6 million Canadians aged 15 or older report that they have been diagnosed with arthritis; this makes arthritis the most frequently reported long-term health condition in the country. With about 20% of the Canadian population reporting arthritis, this is more than the combined populations of Toronto, Montreal, and Calgary.

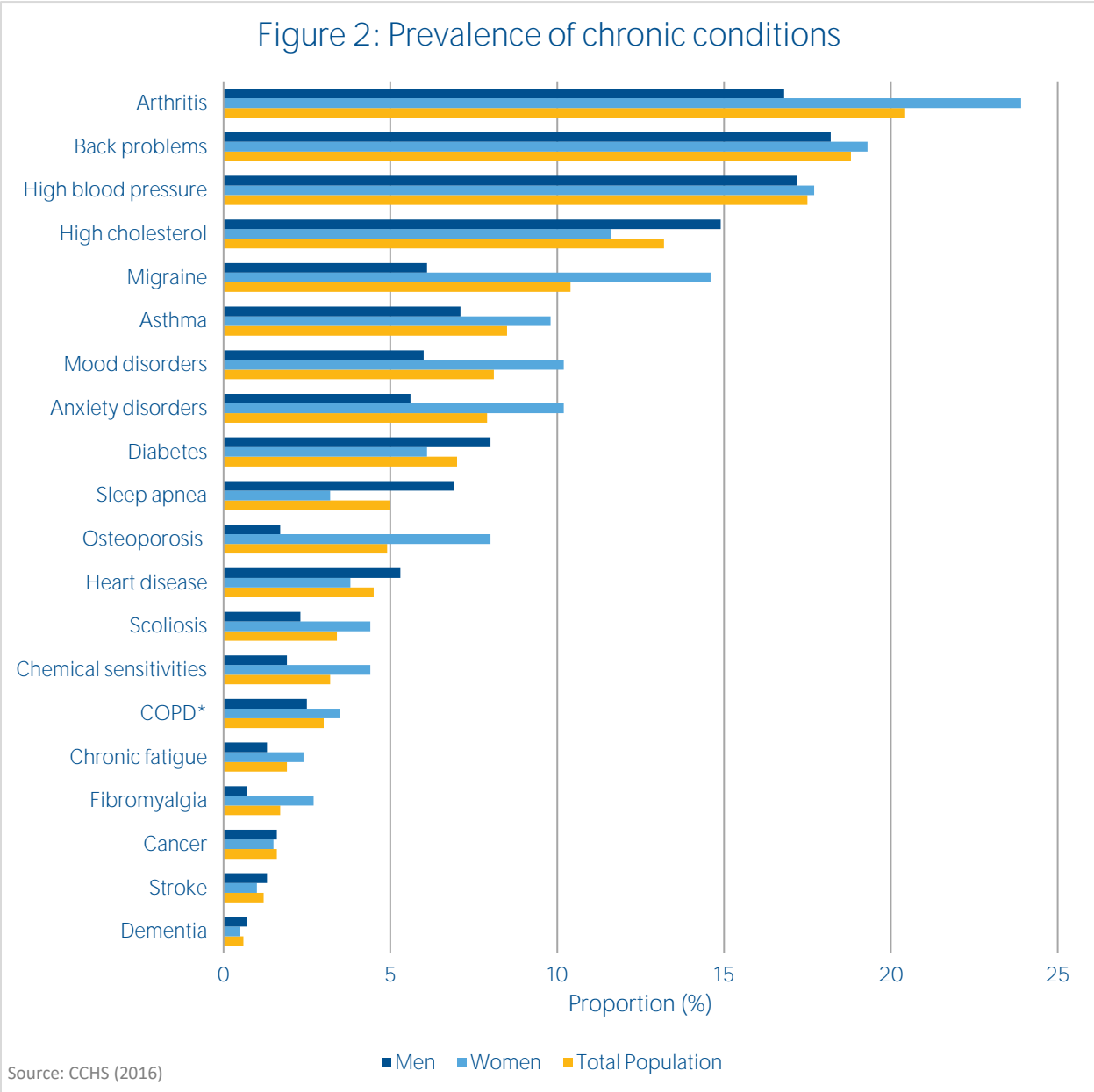


Figure 2: CCHS participants were asked about chronic conditions through the leading question: "Now I'd like to ask about certain long-term health conditions which you may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional." This was followed by a list of chronic conditions. In English, the question regarding arthritis was: "Do you have arthritis, for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia?" In French, the question regarding arthritis was: "Souffrez-vous d'arthrite, par exemple l'arthrose, l'arthrite rhumatoïde, la goutte ou toute autre forme d'arthrite, excluant la fibromyalgie?"

\*Chronic Obstructive Pulmonary Disease (COPD)



The number of Canadians living with arthritis is expected to increase.

When considering expected changes in the demographics of the Canadian population – primarily aging of the baby boomer population, overall increases in life expectancies, and immigration – the number of people living with arthritis is estimated to increase from an average of about 6 million people currently to 8.8 million in 2040. This increase will have a major impact on the healthcare system and the need for health resources. It highlights a need for improved prevention initiatives and strategies to mitigate the pain and disability associated with arthritis.

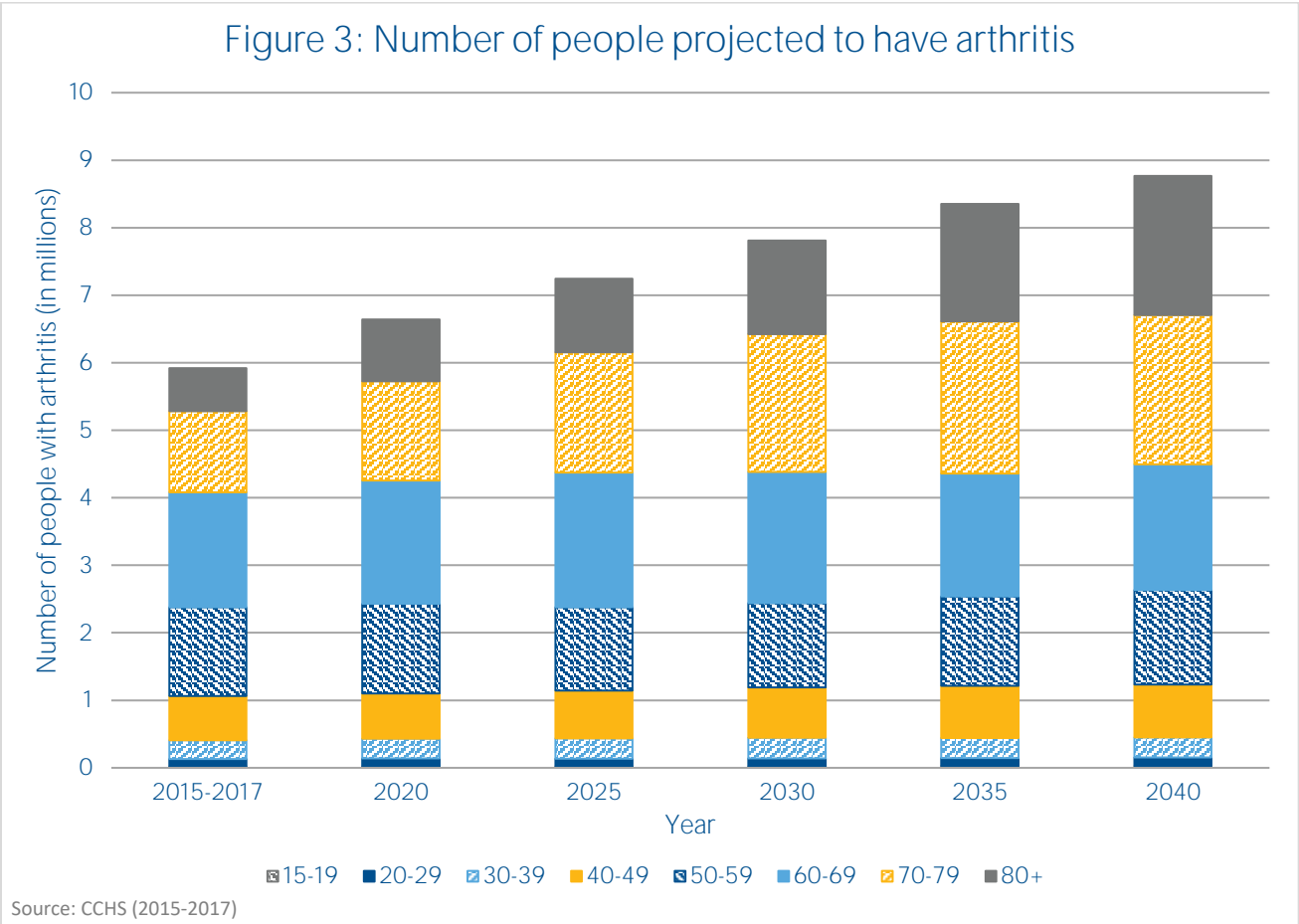


Figure 3: Population projections from Statistics Canada for the years 2015 to 2040 were used to estimate the number of people with arthritis. Projections are based on the age- and sex-specific arthritis prevalence from the 3-year average of the 2015-2017 Canadian Community Health Surveys (CCHS).

## WHO HAS ARTHRITIS?

### ARTHRITIS AND EDUCATION

People with arthritis are more likely to report lower levels of education than people without arthritis.

Overall, 45% of people aged 20 years or older with arthritis report receiving a secondary school education or less, compared to 32% of the people without arthritis. The differences in education levels are more pronounced among those aged 35 to 74. Lower education may limit a person’s knowledge about access to and use of appropriate healthcare services.

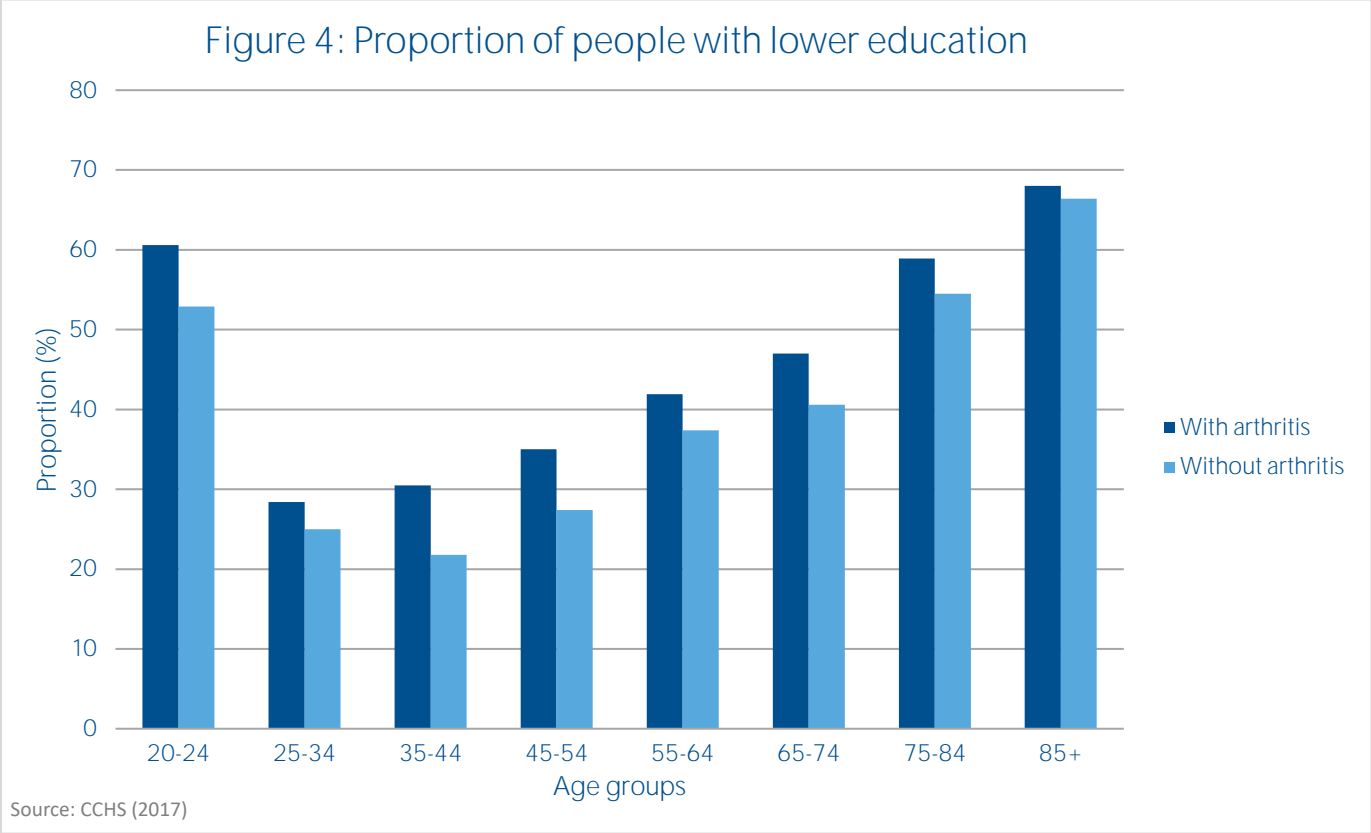


Figure 4: Low education was defined based on respondents’ highest level of education attained. Respondents with secondary education or less were classified as having low education.

### ARTHRITIS AND HOUSEHOLD INCOME

People with arthritis are more likely to report being from lower income households compared to those without arthritis.

The proportion of people that report living in lower income households is significantly higher among those with arthritis compared to those without arthritis. 31% of men with arthritis report living in lower income households compared to 26% of men without arthritis. Among women, 38% with arthritis report living in lower income households compared to 31% without arthritis. Overall, among people with arthritis, the proportion of women that report living in lower income households is higher than that of men.

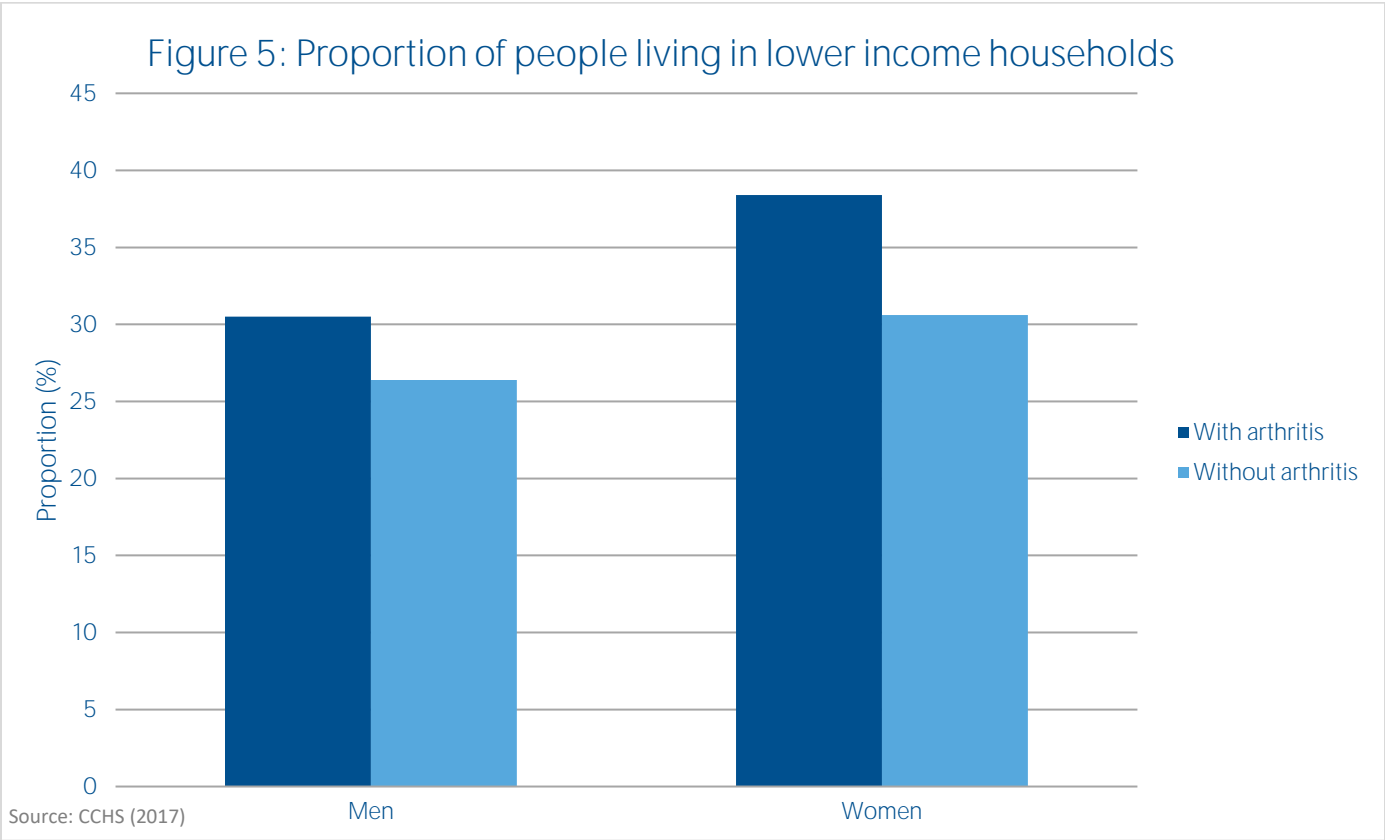


Figure 5: Low income was defined based on the distribution of household income. Respondents were allocated into deciles (i.e. ten categories including approximately the same percentage of residents for each province) of the ratio of their total household income to the low income cut-off corresponding to their household and community size. This provided, for each respondent, a relative measure of their household income in relation to the household income of all other respondents. The three lower deciles were used to classify people in the low income category.

## HEALTH BEHAVIOURS IMPACTING ARTHRITIS

### SMOKING

The relationship between arthritis status and reported smoking varies across age groups.

Among Canadians under the age of 65, the proportion of people who report currently smoking is higher among those with arthritis than those without. The difference is greatest among those aged 35-44 years, with over 32% of those with arthritis being current smokers compared to just 18% of those without arthritis in this age group.

However, the total proportion of reported smokers does not differ significantly, with about 17% of both groups reporting being current smokers.

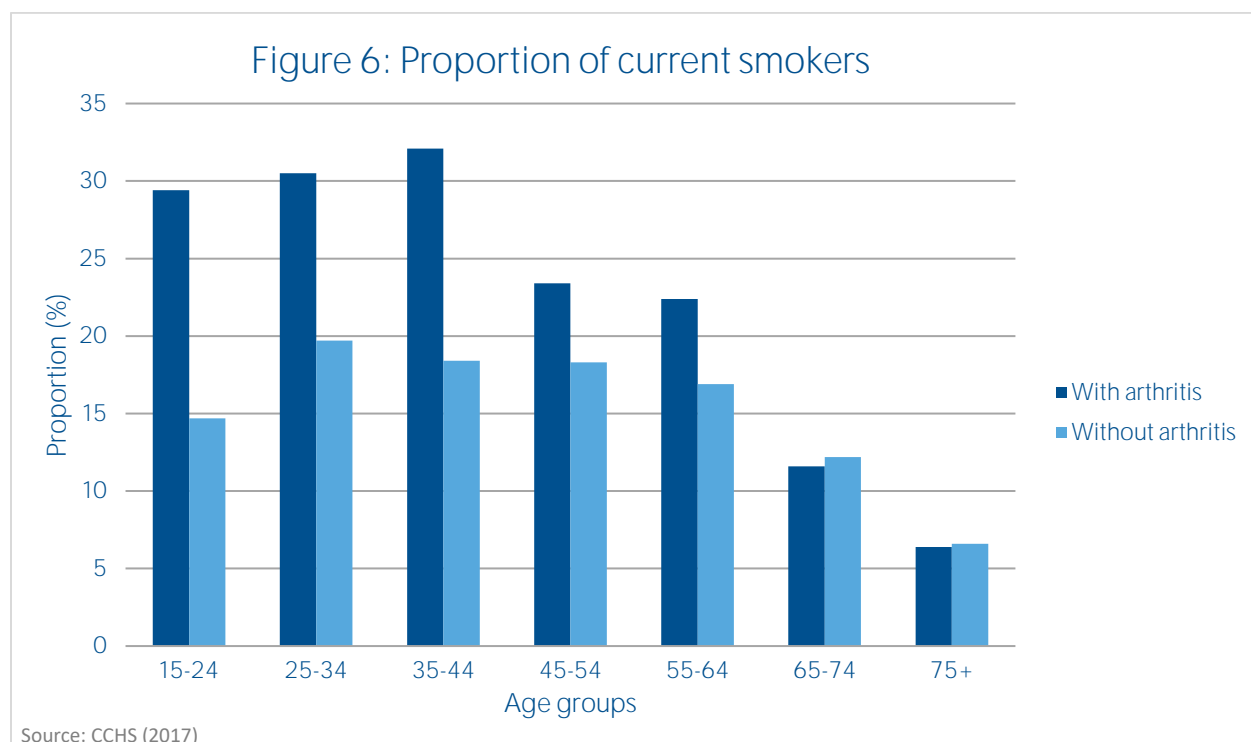


Figure 6: Respondents stated the type of smokers they are. Daily smokers, occasional (formerly daily) smokers, and always occasional smokers were categorized as current smokers.

### ARTHRITIS AND CANNABIS USE

The relationship between arthritis status and reported cannabis use varies across age groups.

Using available data from Ontario, Quebec and Nova Scotia, 8% of people living with arthritis compared to 13% of people without arthritis reported cannabis (i.e. marijuana or hashish) use in the last year and more than once in their life. Overall, there was a higher percentage of reported cannabis use among the general population compared to the population with arthritis. However, a higher proportion of people with arthritis aged 25 or older reported using cannabis compared to those without arthritis.

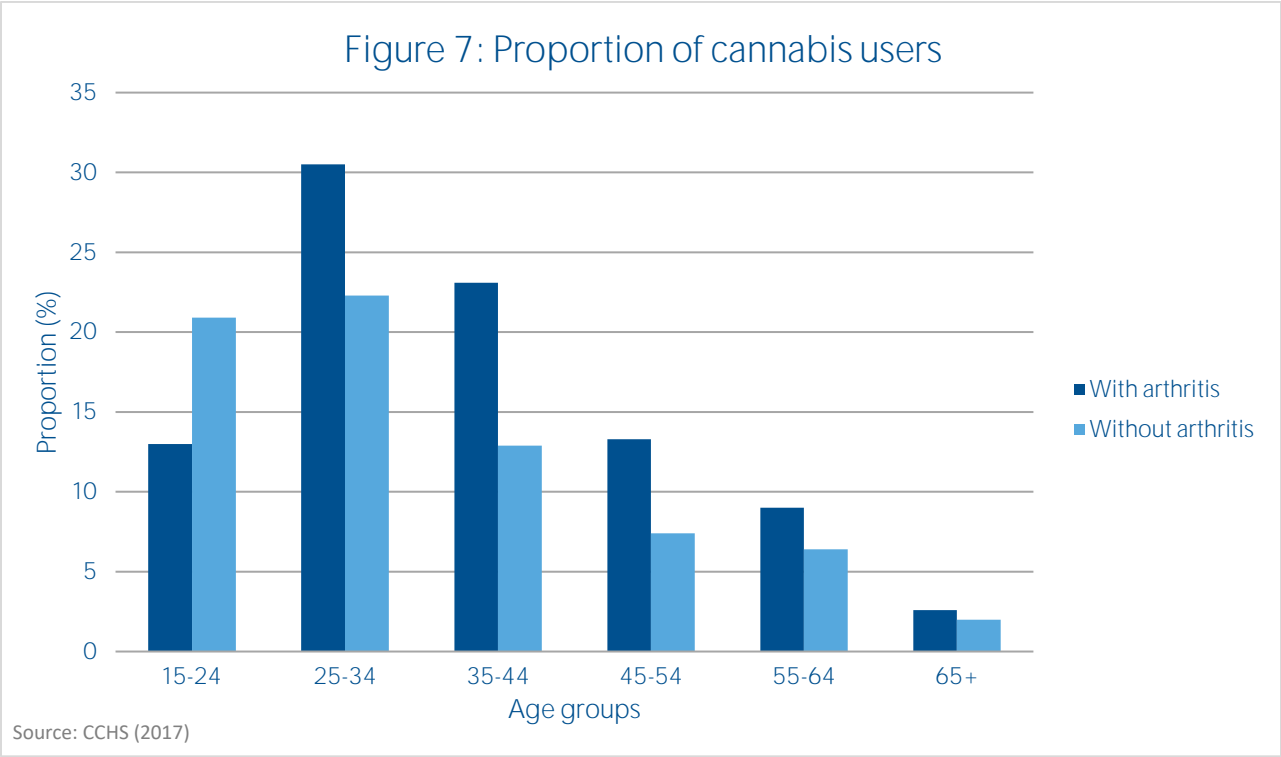


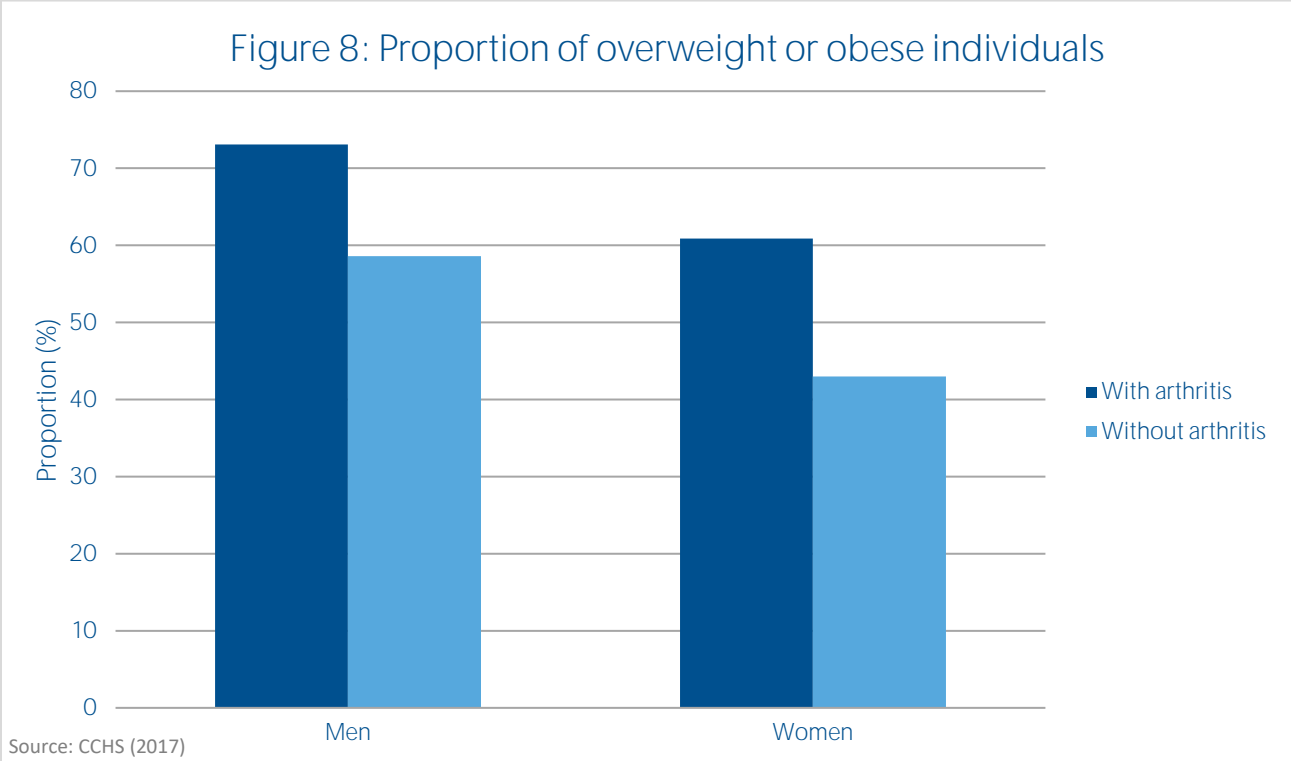
Figure 7: Cannabis use was defined based on reported use of marijuana or hashish. Respondents were asked: "Have you ever used or tried marijuana or hashish?" The response "yes, more than once" was categorized as more than once in a lifetime. The respondents were then asked: "Was this in the past 12 months?"

### OVERWEIGHT AND OBESE

People with arthritis are more likely to be overweight or obese than those without arthritis.

*Being obese or overweight is a known risk factor for certain types of arthritis such as osteoarthritis, and may be associated with an increased risk of joint injury and other arthritis-related disability.*

*Overall, the proportion of people that are overweight or obese is significantly higher among those with arthritis than those without arthritis. In Canada, 73% of men with arthritis are obese or overweight compared to just 59% of men without arthritis. Likewise, 61% of women with arthritis are obese or overweight compared to 43% of women without arthritis.*



*Figure 8: Obese or overweight status was based on body mass index (BMI) calculated from self-reported weight and height. BMI was calculated by dividing weight in kilograms by height in metres squared. Pregnant women were excluded from calculations. Respondents with BMI ≥ 25 were classified as overweight or obese according to international standards.*

### PHYSICAL INACTIVITY

People with arthritis are more likely to report no physical activity than those without arthritis.

Physical activity is determined based on a person’s exercise activities, leisure time activities (e.g. dancing), and active transportation (e.g. walking and cycling). Nearly double the proportion of people with arthritis report being physically inactive (31%) compared to people without arthritis (17%).

Although arthritis may limit physical ability, moderate physical activity is important for managing arthritis, and has been shown to reduce pain and disability. Therefore, physical activity should be included in the daily activities of people living with arthritis.

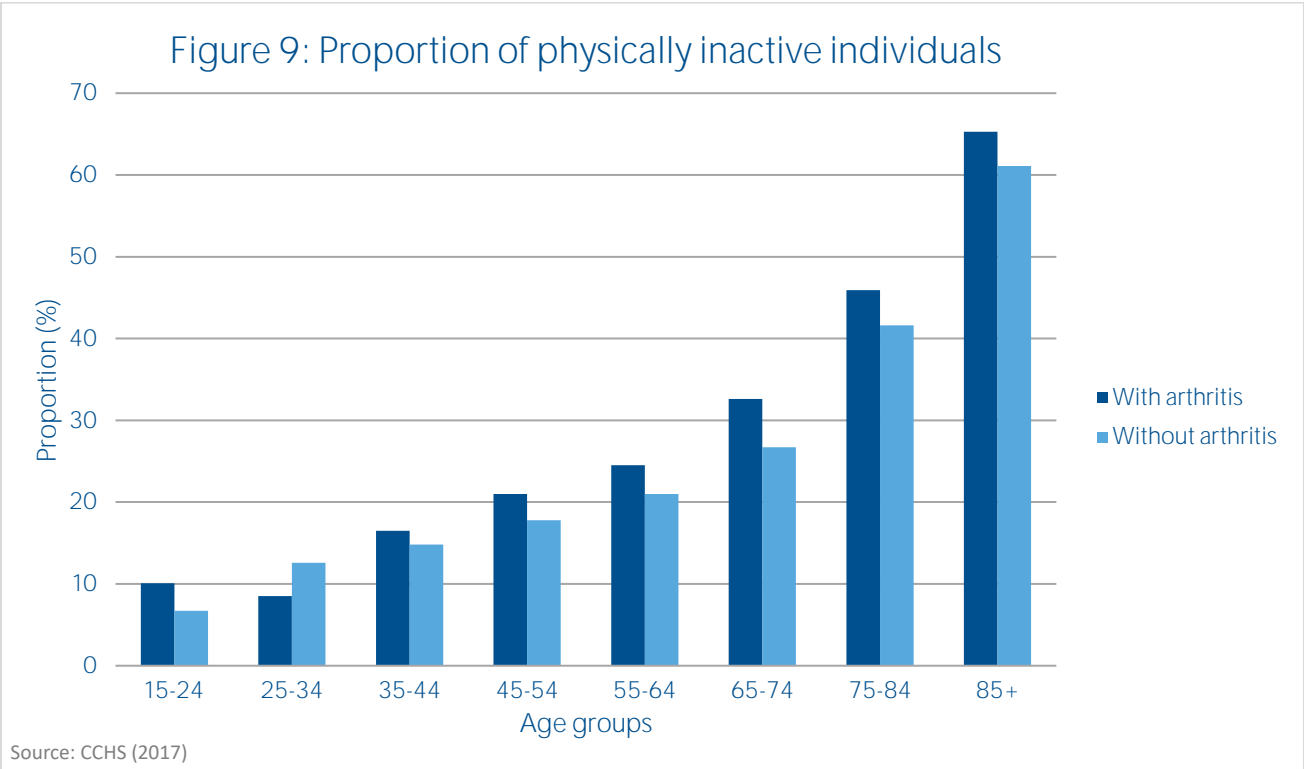


Figure 9: The physically active variable categorizes respondents as being “active”, “moderately active”, or “inactive” in their exercise activities, leisure time activities, or transportation activities based on the total daily Energy Expenditure value (kcal/kg/day). This value is calculated using the frequency and duration per session of the physical activity as well as the metabolic energy cost value of the activity (e.g. walking for exercise, swimming, gardening, walking to work).

## IMPACT OF ARTHRITIS ON HEALTH

### NUMBER OF ADDITIONAL CHRONIC CONDITIONS

People with arthritis are more likely to report having additional chronic conditions than people without arthritis.

Over three-quarters of the population with arthritis are also living with at least one additional chronic condition (77%) compared to just 43% of those without arthritis. Arthritis was not considered as an additional chronic condition. This pattern is consistently found in each age group. This indicates that people with arthritis are at a greater risk of additional health problems, regardless of their age.

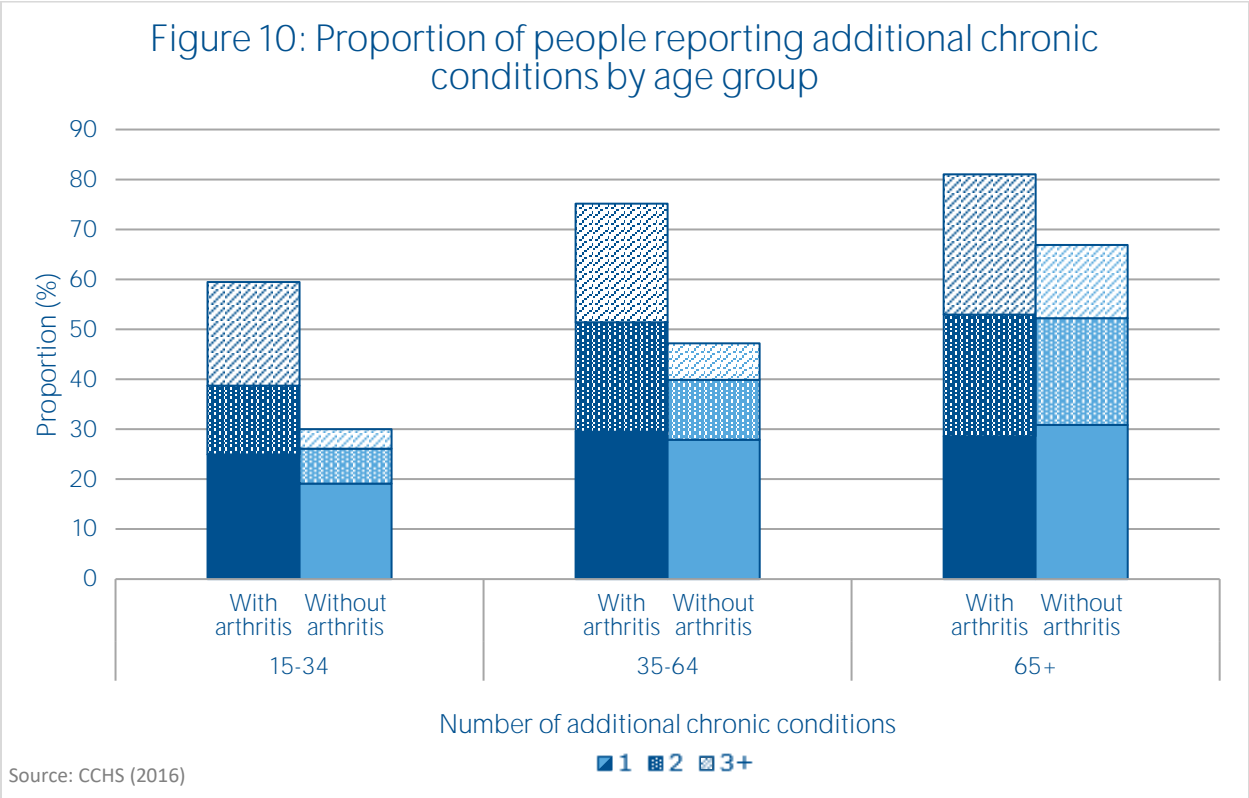


Figure 10: Respondents were prompted: "Now I'd like to ask about certain long-term health conditions which you may have. We are interested in 'long-term conditions' which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional." This was followed by a list of 50 individual chronic conditions. "Yes" responses were used to calculate the number of other chronic conditions.



People with arthritis report several different additional chronic conditions.

Back problems represent the most common chronic condition reported among men and women living with arthritis, followed by hypertension and high cholesterol.

More women than men with arthritis report migraines, mood disorders and anxiety disorders, while more men than women with arthritis report diabetes and heart disease.

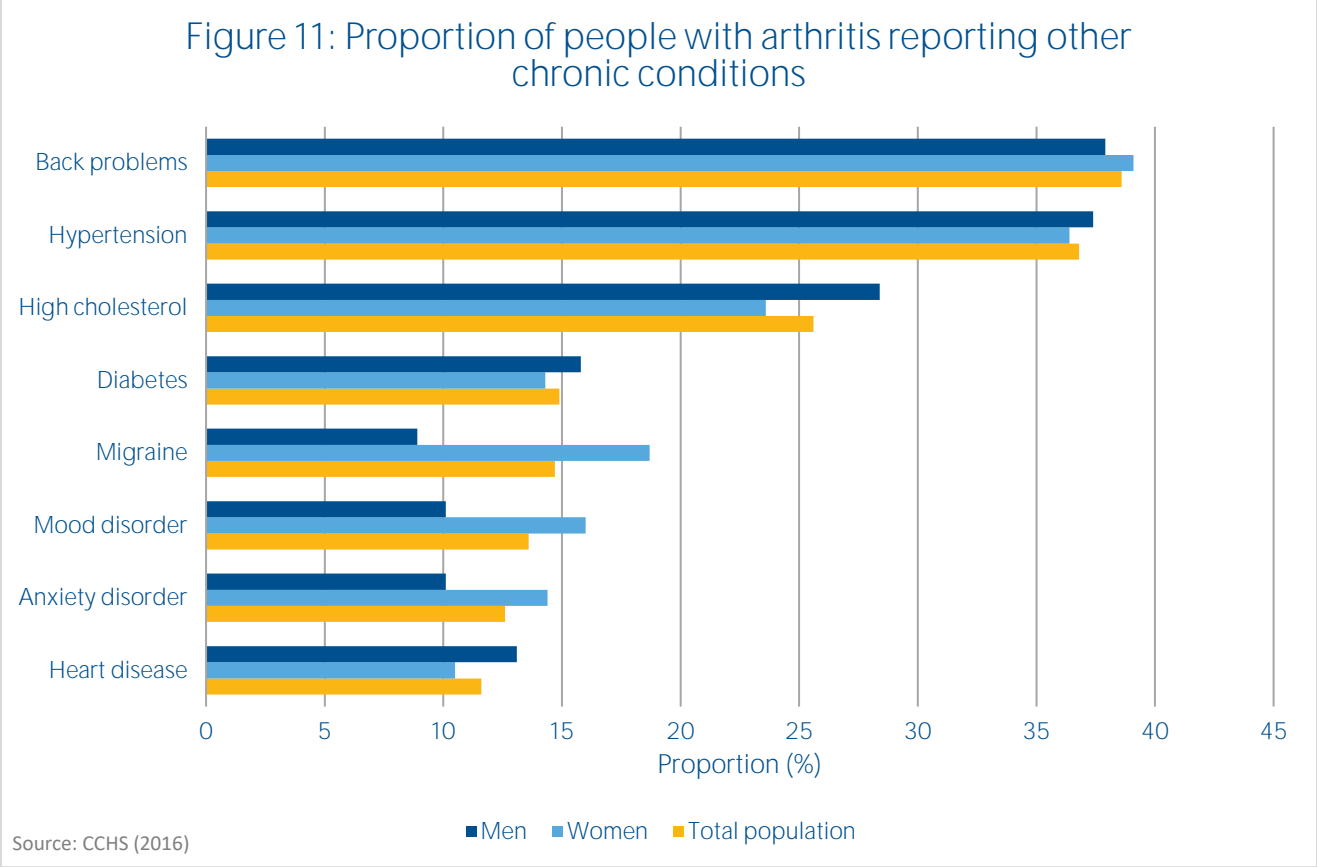


Figure 11: Respondents were asked about chronic conditions through the statement: “Now I’d like to ask about certain long-term health conditions which you may have. We are interested in ‘long-term conditions’ which are expected to last or have already lasted 6 months or more and that have been diagnosed by a health professional.” This was followed by a list of chronic conditions. Responses to chronic conditions were paired with the arthritis-specific question. In English, the question regarding arthritis was: “Do you have arthritis, for example osteoarthritis, rheumatoid arthritis, gout or any other type, excluding fibromyalgia?” In French, the question regarding arthritis was: “Souffrez-vous d’arthrite, par exemple l’arthrose, l’arthrite rhumatoïde, la goutte ou toute autre forme d’arthrite, excluant la fibromyalgie?”

### REPORTED HEALTH OUTCOMES

People with arthritis report worse self-rated health than those without arthritis.

Self-rated health refers to a person’s perception of their general health, and is an indicator of overall health status. Among people with arthritis, over 1 in 4 (28%) report fair or poor self-rated health, compared to 1 in 13 (8%) people without arthritis. The reporting of worse self-rated health in those with arthritis is consistent across all ages. People aged 15-24 years old with arthritis had a nearly 7 times higher proportion of fair or poor self-rated health (34%) compared to their non-arthritic counterparts (5%). This shows that 15-24 year olds living with arthritis may have unique and unaddressed life or health challenges.

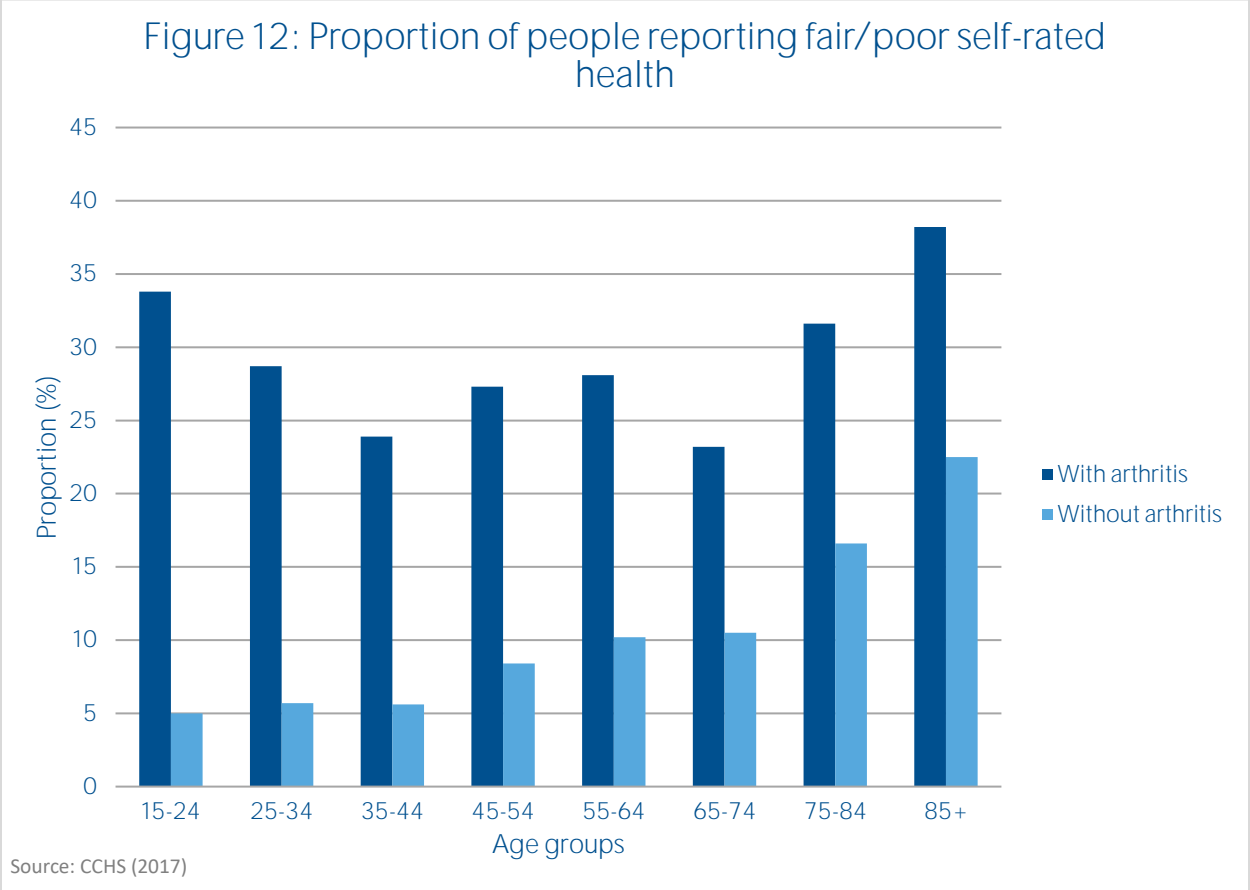


Figure 12: Respondents were asked, “In general, would you say your health is: excellent, very good, good, fair, or poor?” Responses of “fair” or “poor” were combined.

### People living with arthritis report difficulty sleeping

Using data available from British Columbia, Alberta, Quebec and Prince Edward Island, about 60% of people with arthritis report having trouble sleeping, compared to 46% of people without arthritis. The proportion of people who reported difficulty sleeping is higher among those with arthritis compared to people without arthritis in most age categories (25-84 years). Lack of sleep may negatively impact a person’s daily function and other health outcomes.

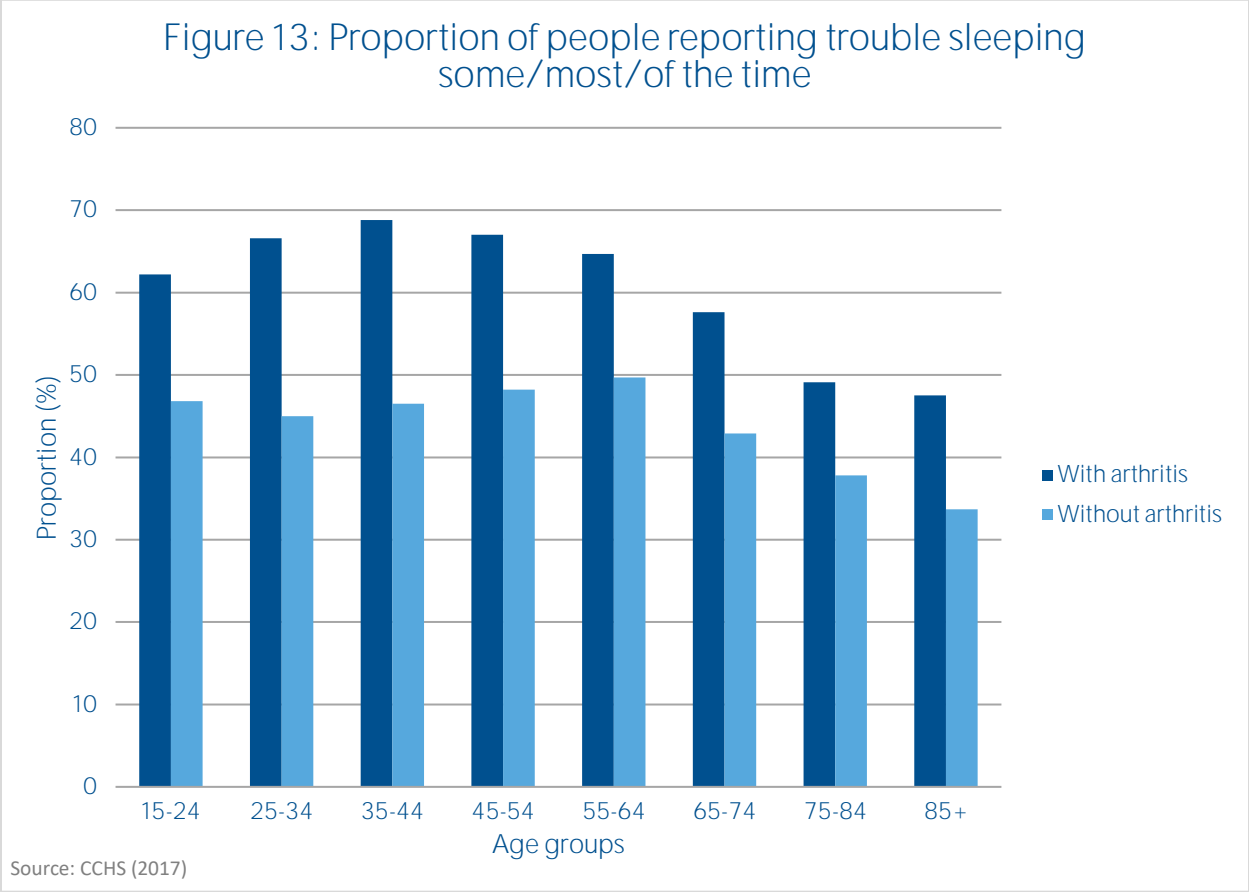


Figure 13: Respondents were asked, “How long do you usually spend sleeping each night?”, followed by, “How often do you have trouble going to sleep or staying asleep?” Responses to the latter of “some of the time”, “most of the time” and “all of the time” were categorized as having trouble sleeping.

People with arthritis report pain and discomfort.

Moderate or severe pain or discomfort is reported by 39% of people living with arthritis, compared to less than 8% of those without arthritis. The significantly higher reported proportion of pain among people with arthritis is observed within every age group.

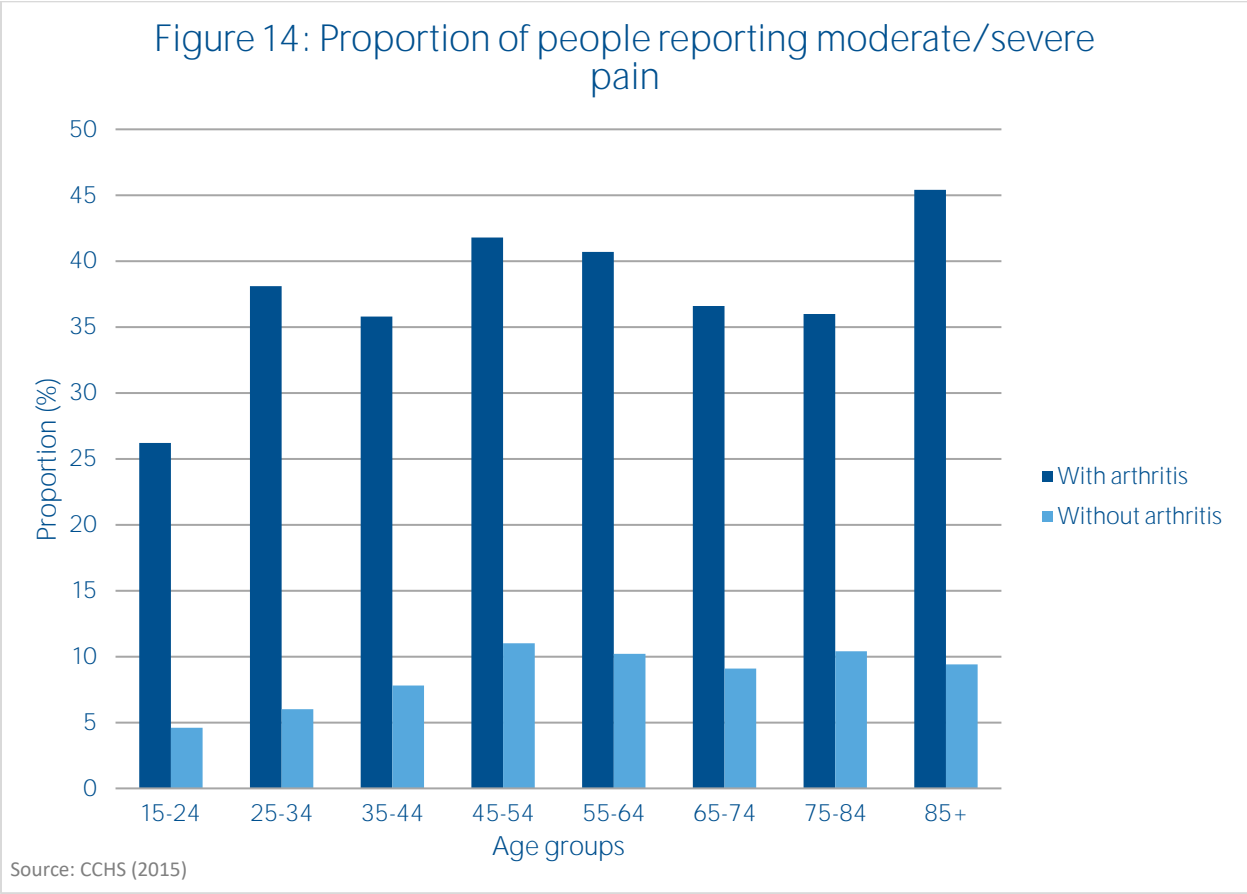


Figure 14: Respondents were asked “Are you usually free of pain or discomfort?” This was followed by: “How would you describe the usual intensity of your pain or discomfort: mild, moderate, severe?” Responses of “moderate” and “severe” were combined.

People with arthritis frequently report pain that prevents activity.

The proportion of people living with arthritis who report that pain prevents at least a few of their activities is more than 4 times higher than for people without arthritis (40% vs 9%). Pain often leads to long-term disability for people with arthritis.

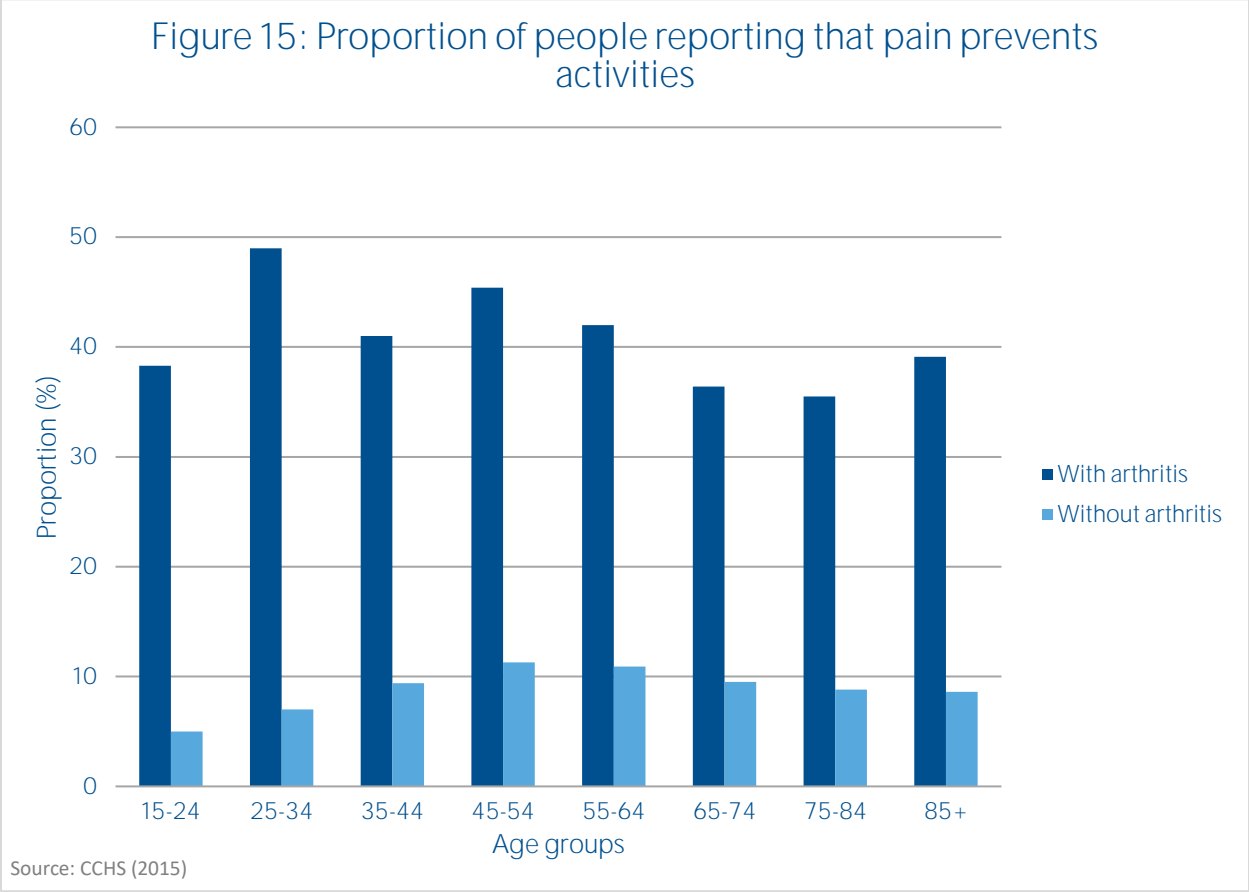


Figure 15: Respondents were asked, “Are you usually free of pain or discomfort? And how many activities does your pain or discomfort prevent?” Respondents who stated “pain prevents a few activities”, “pain prevents some activities”, and “pain prevents most activities” were considered as having pain that prevents activities.

## ARTHRITIS AND MENTAL HEALTH

### SELF-RATED MENTAL HEALTH

People with arthritis report worse self-rated mental health than those without arthritis.

Survey participants were asked to rate their own mental health and perceived stress in life. Overall, people with arthritis rated their mental health as fair or poor more often than those without arthritis (11% vs 7%). Notable differences are seen among those between 25-74 years of age, with the greatest difference seen in the 35-44 age group.

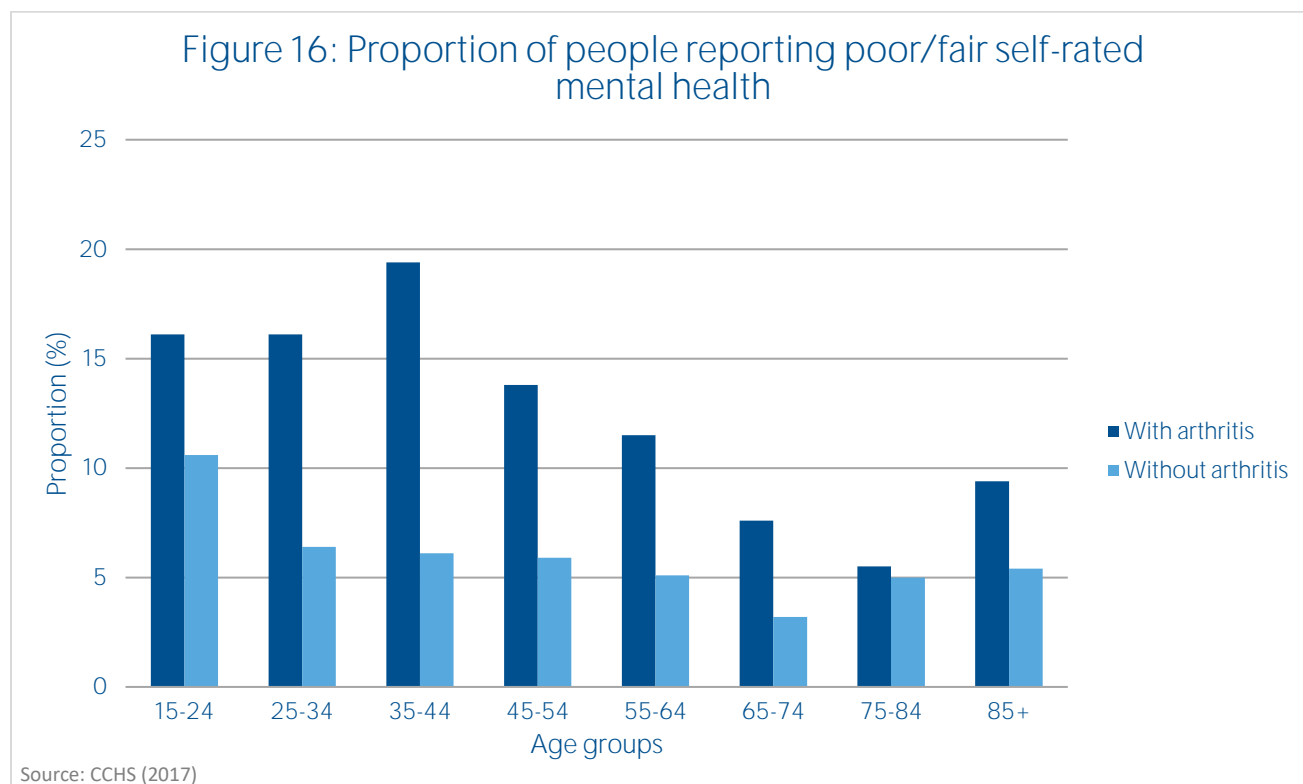


Figure 16: Respondents were asked, "In general, would you say your mental health is: excellent, very good, good, fair, or poor?" Responses of "fair" or "poor" were combined.

Most people with arthritis report finding life stressful.

Overall, the total proportion of people who report finding life stressful does not differ significantly between those with and without arthritis (23% vs 22%). However, substantial differences are seen within certain age groups. Differences are most significant within the 25-34 and 35-44 year old groups. This is consistent with prior research suggesting that young and middle-aged adults experience more stress related to arthritis compared to older adults with the condition.

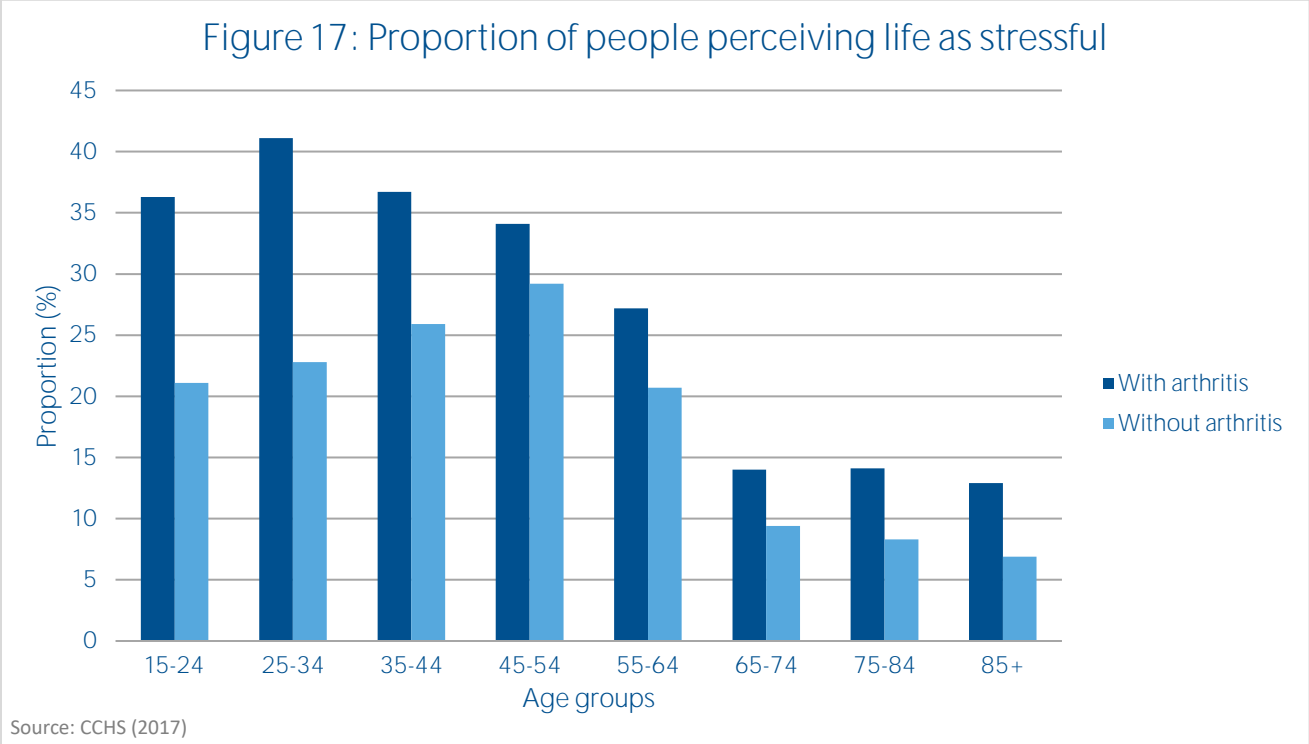


Figure 17: Respondents were asked, “Thinking about the amount of stress in your life, would you say that most days are: not at all stressful, not very stressful, a bit stressful, quite a bit stressful, or extremely stressful?” Responses of “quite a bit stressful” and “extremely stressful” were combined.

### MOOD AND ANXIETY DISORDERS

People with arthritis are more likely to report mood and anxiety disorders than people without arthritis.

Mood disorders include depression, bipolar disorder, mania, and others. A significantly higher proportion of people with arthritis (14%) report living with a mood disorder than people without arthritis (8%). The proportion of 35-44 year olds living with arthritis reporting mood disorders is about 3 times higher than those living without arthritis (24% vs 8%). Consistent with general findings in the population, the prevalence of mood disorders declines with increasing age.

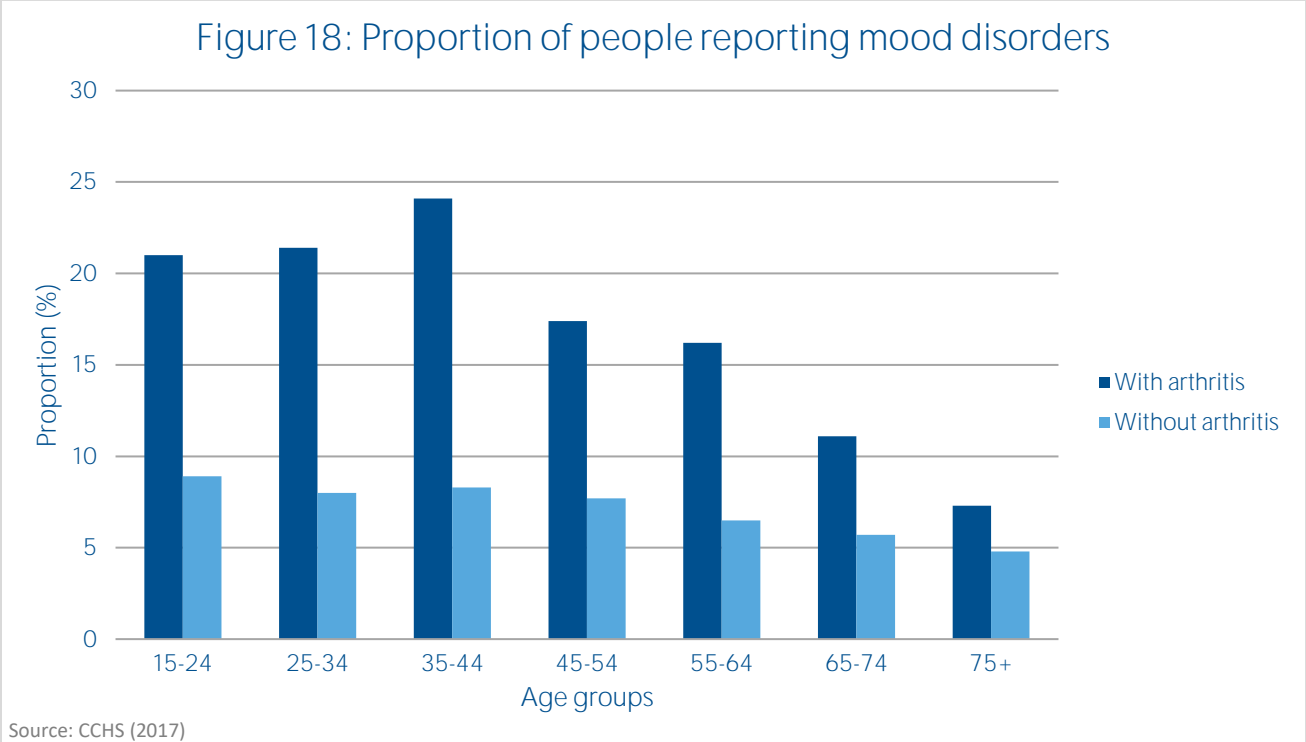


Figure 18: Respondents were asked, “We are interested in conditions diagnosed by a health professional. Do you have a mood disorder such as depression, bipolar disorder, mania or dysthymia?”



Anxiety disorders include panic disorders, generalized anxiety disorder, phobias, post-traumatic stress disorder, obsessive compulsive disorder, and others. Among people with arthritis, 12% reported having an anxiety disorder, compared to 8% of people without arthritis. Similar to mood disorders, the proportion of 35-44 year olds living with arthritis who have an anxiety disorder is nearly 3 times greater than that of 35-44 year olds without arthritis (26% vs 9%). As seen with mood disorders, the prevalence of anxiety disorders also decreases with increasing age.

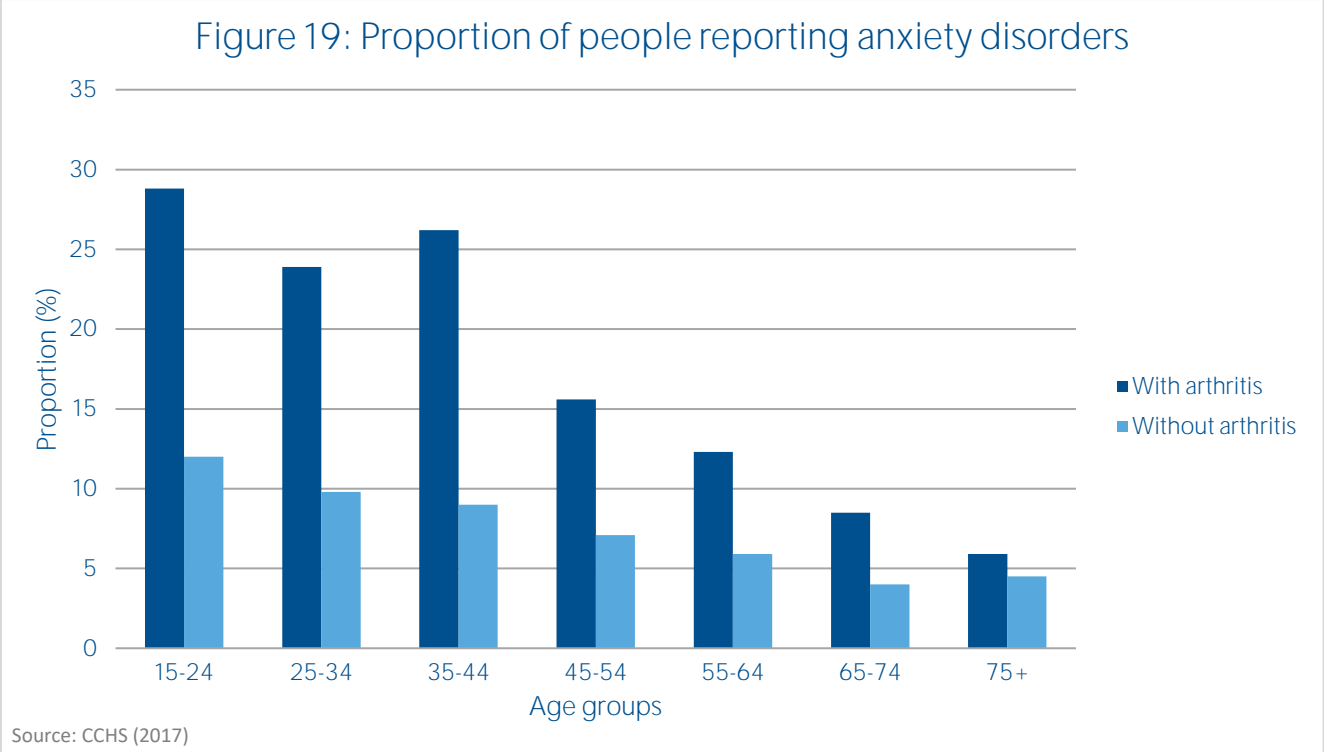


Figure 19: Respondents were asked, "We are interested in conditions diagnosed by a health professional. Do you have an anxiety disorder such as a phobia, obsessive-compulsive disorder or a panic disorder?"

## MODERATE DEPRESSION

People with arthritis are more likely to report symptoms of at least moderate depression than those without arthritis.

*Survey participants in all provinces except Quebec and Alberta were asked 10 questions about problems they may have had over the past few weeks related to their motivation, energy, sleep, appetite, and emotional well-being. Responses were scored such that people with symptoms indicating possible depression could be identified.*

*Nearly 10% of people with arthritis, compared to 5% of people without arthritis, were identified as likely to have at least moderate depression. At all ages, higher scores on the depression indicators were observed among people with arthritis compared to people without arthritis.*

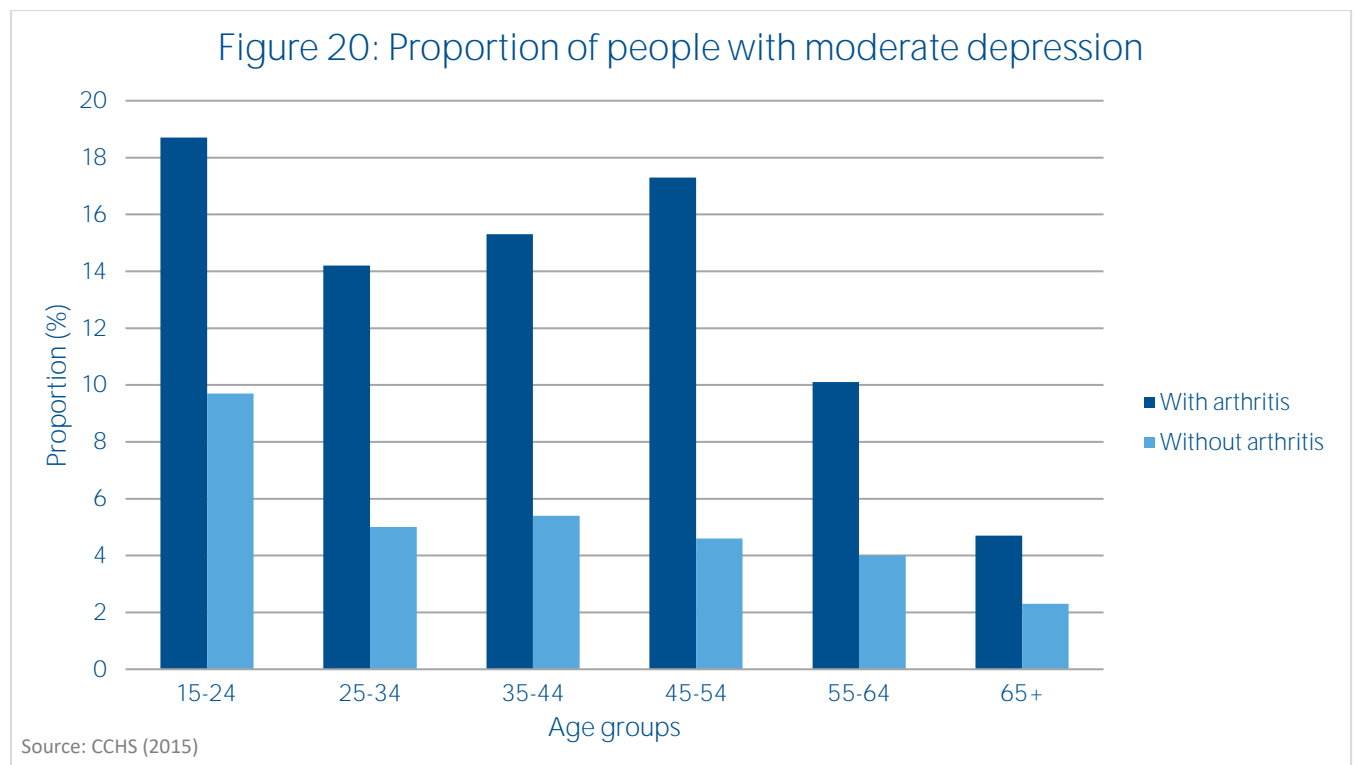


Figure 20: Participants were asked 10 questions related to symptoms of depression, and were scored accordingly. Data from Alberta and Quebec were not available.

### IMPACT OF ARTHRITIS ON DAILY LIFE

#### PROPORTION OF PEOPLE NOT IN THE LABOUR FORCE

People with arthritis are more likely to report not being in the labour force than those without arthritis.

As many Canadians continue to work past the traditional age of retirement (65 years), working-aged people are defined as those between 20-74 years old for this report. Within this age group, over half of the working-age population with arthritis (51%) report not being the labour force or in school, compared to less than one quarter (23%) of the population without arthritis. This reduced participation is significantly observed within each age group above 35 years of age.

Just looking at people aged 20-64, about 2 times more people with arthritis report not being in the labour force compared to those without arthritis (35% vs 17%).

Given the large proportion of working-age people with arthritis not in the labour force, it may be important to consider strategies to help people with arthritis remain in or re-enter the workforce.

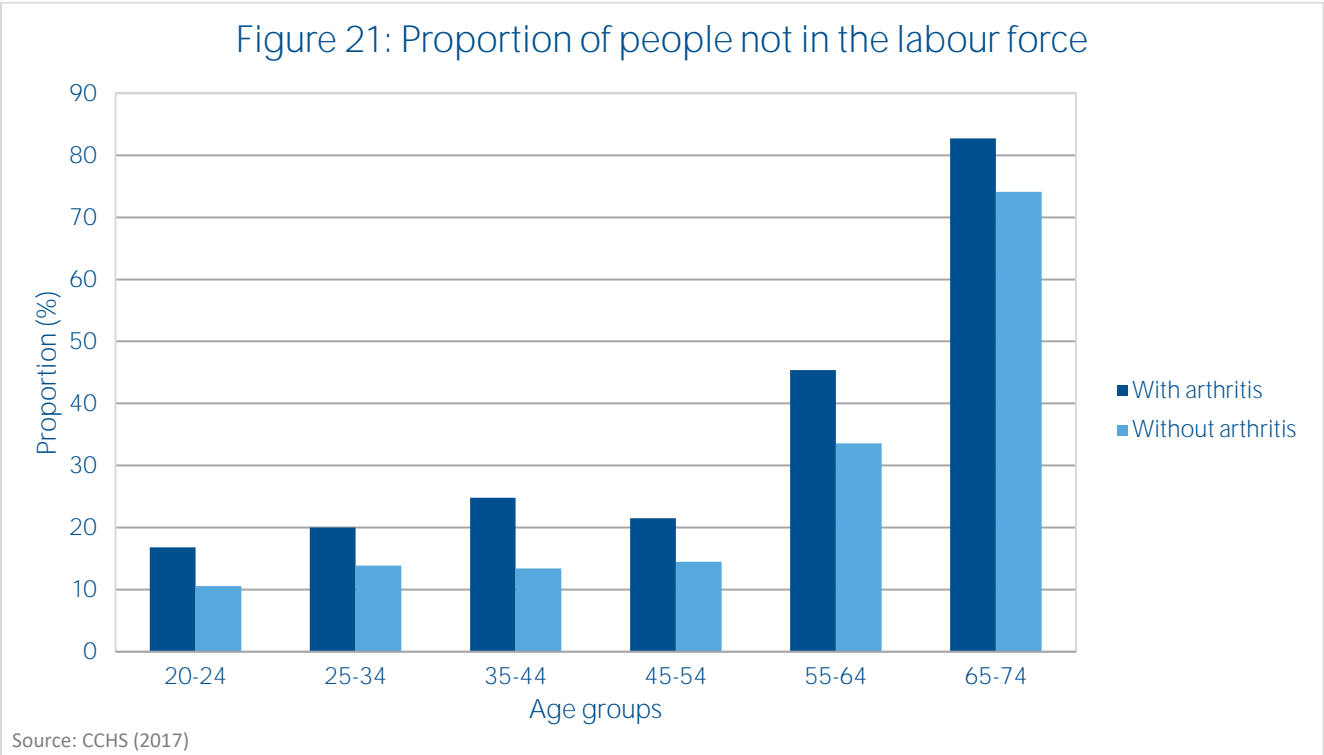


Figure 21: Labour force participation was determined from the survey questions on employment and schooling. Respondents who were working-aged (20-74 years old) and in school or who worked through all or part of the year were considered as being in the labour force.

DISABILITY

People with arthritis are more likely to report disability and, in particular, difficulty with mobility and activities of daily living than those without arthritis.

The Washington Group Short Set on Functioning (WG-SS) measures difficulty in seeing, hearing, walking or climbing steps, concentrating, communicating and taking care of oneself (e.g. washing or dressing). These functional disability domains measure a person’s risk of participation restrictions.

Overall, those with arthritis report experiencing more disability (67% vs 33%). This is true for every age group. More than double the proportion of 35-45 year olds living with arthritis report experiencing difficulties compared to their non-arthritic counterparts (60% vs 25%).

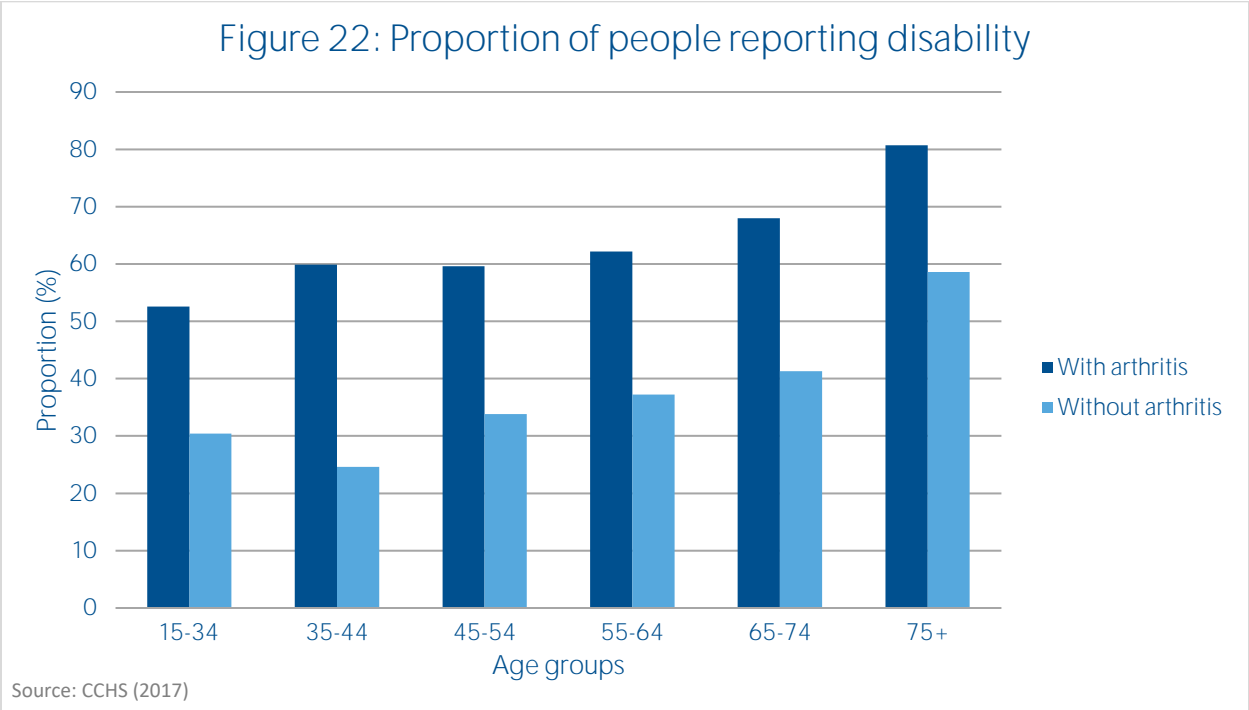


Figure 22: Respondents experiencing disability were those who responded experiencing “some difficulty”, “a lot of difficulty” or “cannot do at all/unable to do” to any of the six following domains in the Washington Group Short Set on Functioning: difficulty seeing (even with glasses), difficulty hearing (even with a hearing aid), difficulty walking or climbing steps, difficulty remembering or concentrating, difficulty with self-care (i.e. washing all over or dressing), or difficulty communicating.

Looking at the mobility-related questions from the WG-SS – such as walking or climbing stairs, or taking care of oneself, the proportion of people with arthritis reporting mobility difficulties is more than 5 times higher than for people without arthritis (44% vs 8%). The proportion of 15-44 year olds living with arthritis reporting a mobility difficulty is nearly 7 times greater than that of those without arthritis (31% vs 5%).

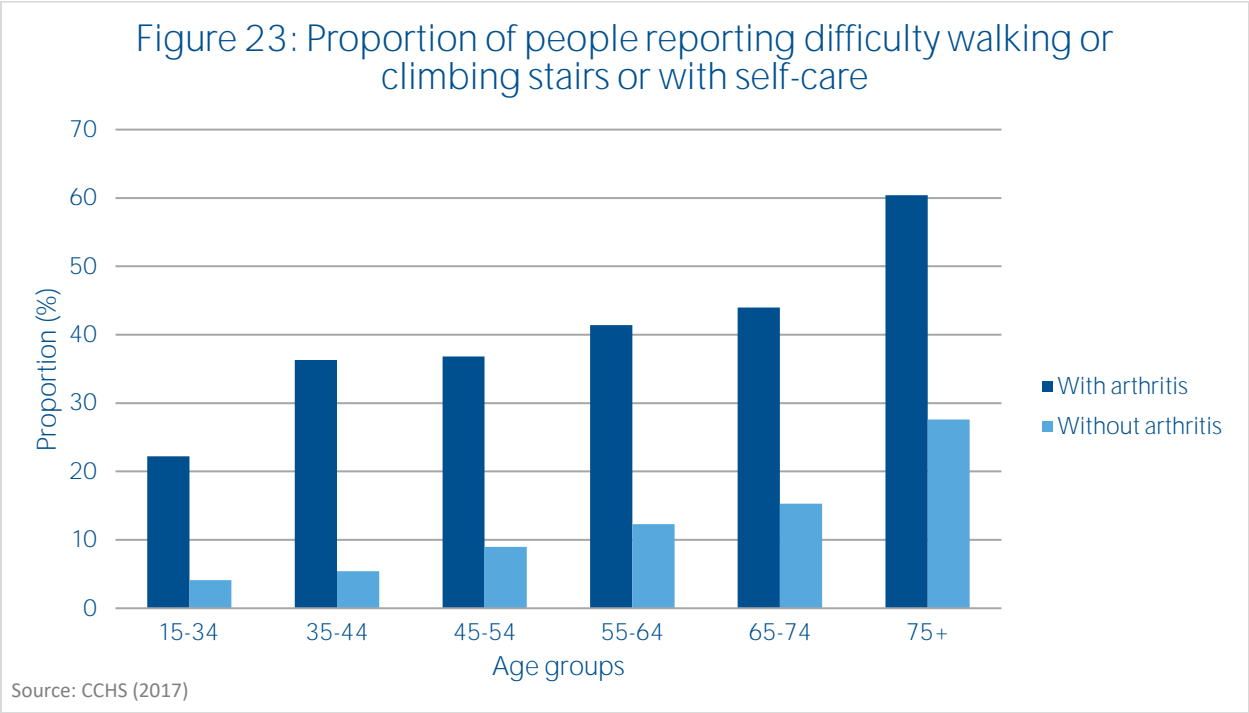


Figure 23. Respondents experiencing a mobility difficulty were those who responded experiencing “some difficulty”, “a lot of difficulty” or “cannot do at all/unable to do” to at least one of the two following questions in the WG-SS: difficulty with walking or climbing steps and self-care (i.e.: washing all over or dressing).

The survey questions on activities of daily living were asked only in Prince Edward Island, New Brunswick, and Quebec. These questions ask about difficulties, needing help, or being unable to perform activities of daily living. These activities include preparing meals, running errands, doing household chores, personal care, and moving around the house.

Similar to the findings shown previously in this report, people with arthritis report having greater difficulty or needing assistance with activities of daily life. A little over 24% of people with arthritis report that they have difficulty, need help or cannot do activities of daily living, compared to only 7% of the population without arthritis. Differences between those with and without arthritis were observed in every age group.

It is possible that arthritis-related pain contributes to the vast differences seen in report of disability, mobility difficulties, and difficulties with activities of daily living.

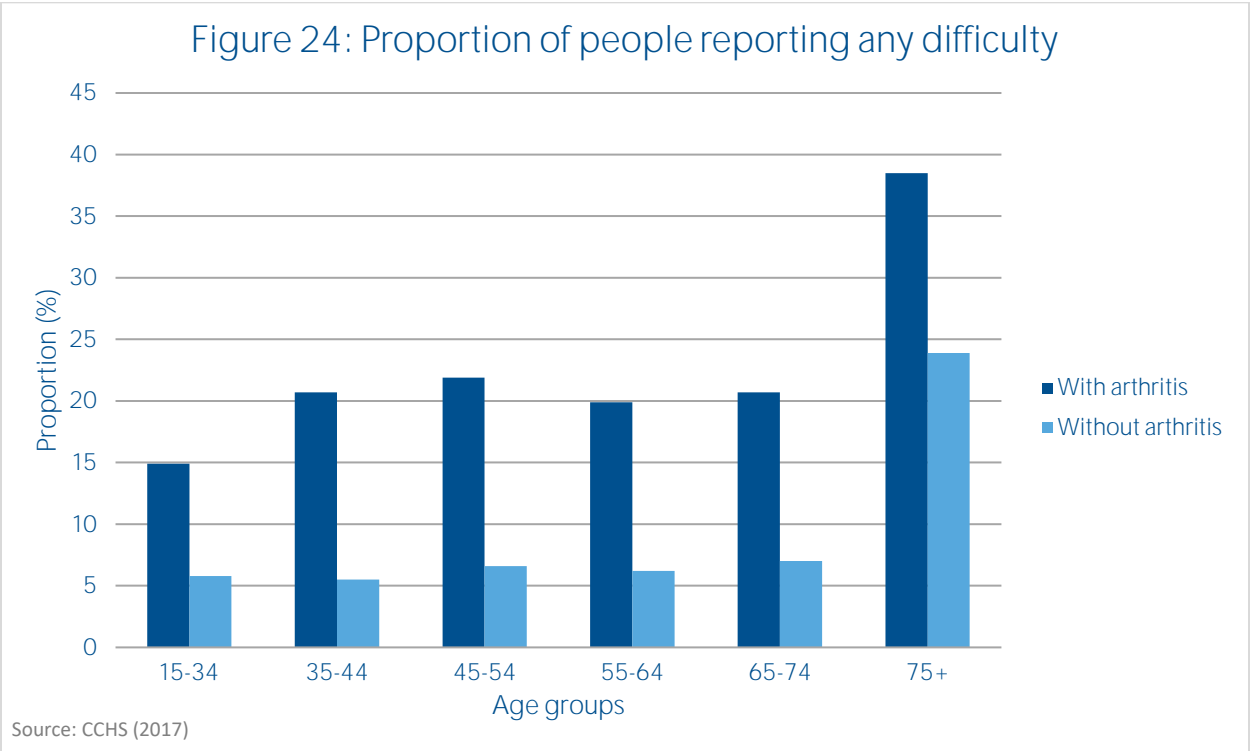


Figure 24: Respondents were classified according to their need for help (because of health reasons) with instrumental activities of daily living such as preparing meals, shopping for groceries or other necessities, doing everyday housework, doing heavy household chores (e.g. washing walls, yard work), personal care (e.g. washing, dressing or washing), moving about the inside of the house or paying bills. The responses included "no difficulty", "have difficulty but no help is needed", "have difficulty but can do it with the help of others", and "cannot do it at all". Responses of difficulty for each activity of daily living were combined into an overall score.

## ARTHRITIS AND HEALTHCARE USAGE

### HOSPITAL VISITS

Healthcare usage is high among Canadians with arthritis.

Nearly twice as many people with arthritis report overnight hospital stays compared to people without arthritis: 10% of people with arthritis compared to 6% of people without arthritis. The proportion of people with arthritis reporting overnight hospital stays is higher than that of those without arthritis in every age group, particularly for those aged 15-34 and 85 and older.

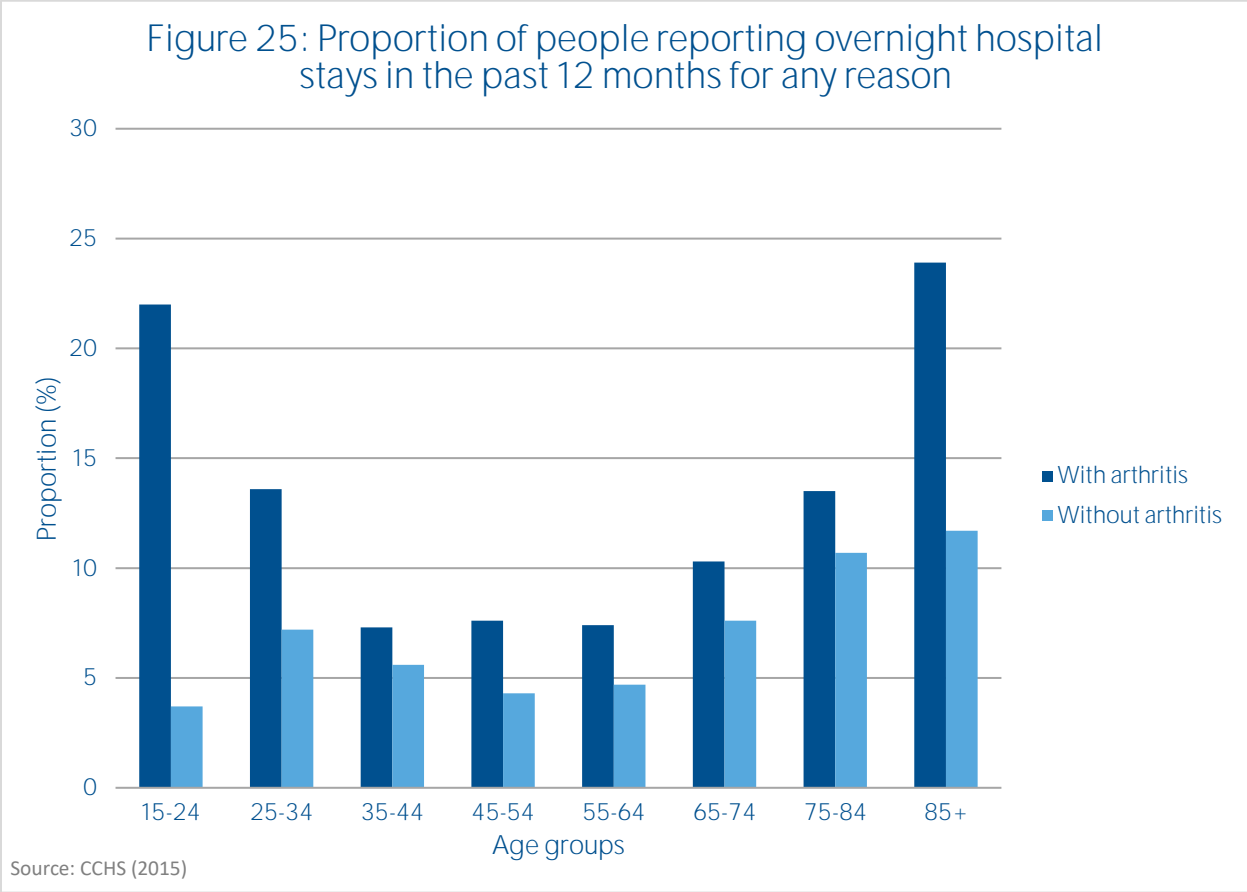


Figure 25: Respondents were asked, "In the past 12 months have you been a patient overnight in a hospital, nursing home or convalescence home?"

### PHYSICIAN AND SPECIALIST VISITS

People with arthritis are more likely to report visiting a physician or a specialist than those without arthritis.

A higher proportion of Canadians with arthritis than those without arthritis report 4 or more visits to primary care physicians and 1 or more visits to a specialist in the past year. Among those with arthritis, 44% report at least 4 primary care physician visits compared to 34% of people without arthritis. A higher proportion of people with arthritis (45%) report 1 or more visits to a specialist compared to people without arthritis (26%). Data on the type of specialist seen are not available.

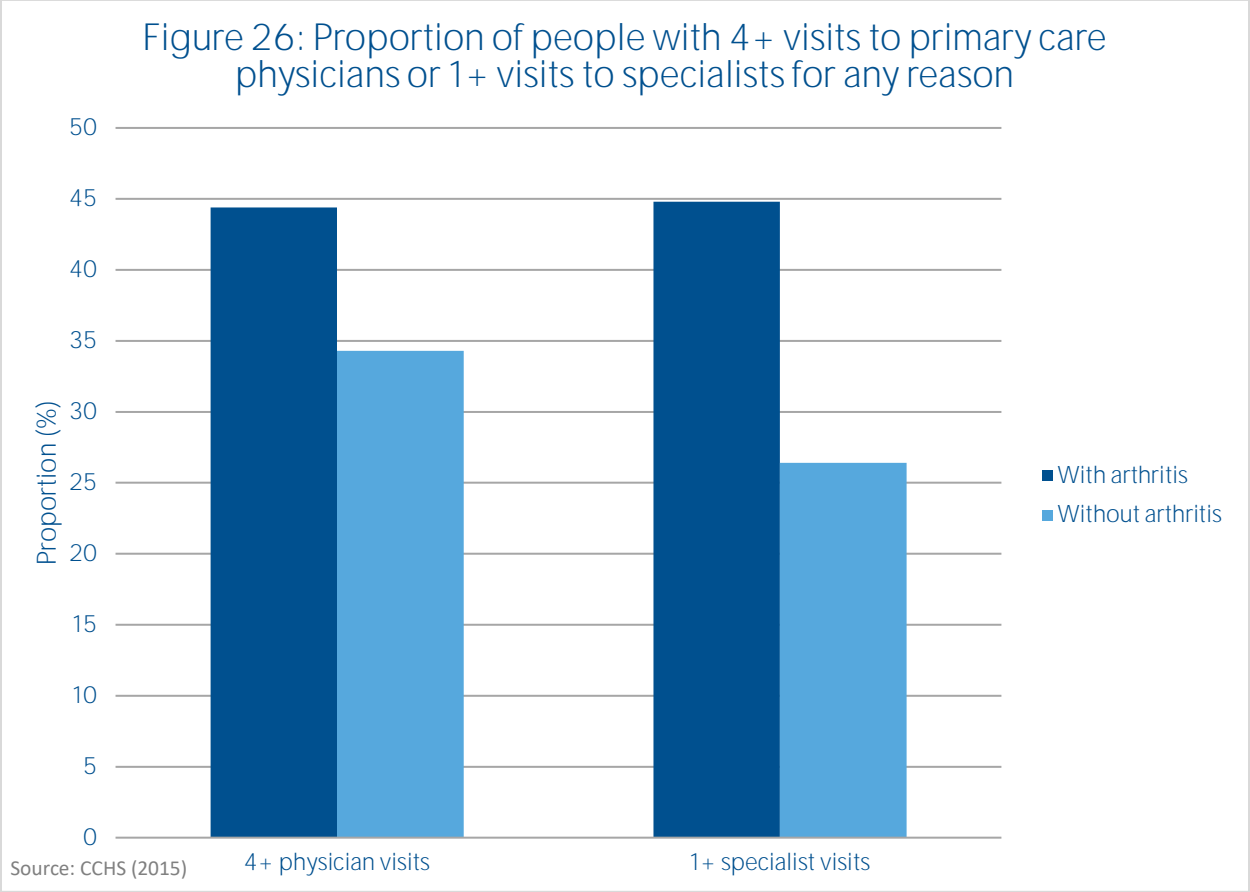


Figure 26: Primary care visits were defined based on the self-reported number of consultations with a family or general practitioner (FP/GP) in the previous 12 months. Respondents who reported 4 or more visits were identified. Visits to specialists were defined based on the self-reported number of consultations with medical specialists in the previous 12 months. Respondents who reported at least 1 visit were identified.



### HOME CARE

People with arthritis are more likely to report having received home care than those without arthritis.

Home care services are defined as services provided in a person’s home because of a health condition or a limitation with activities of daily life. Home care services include nursing care, meal preparation, personal care and assistance with household chores. Home care does not include help from family or friends.

Of the people with arthritis, 8% report having received home care, while 2% of people without arthritis reported receiving home care.

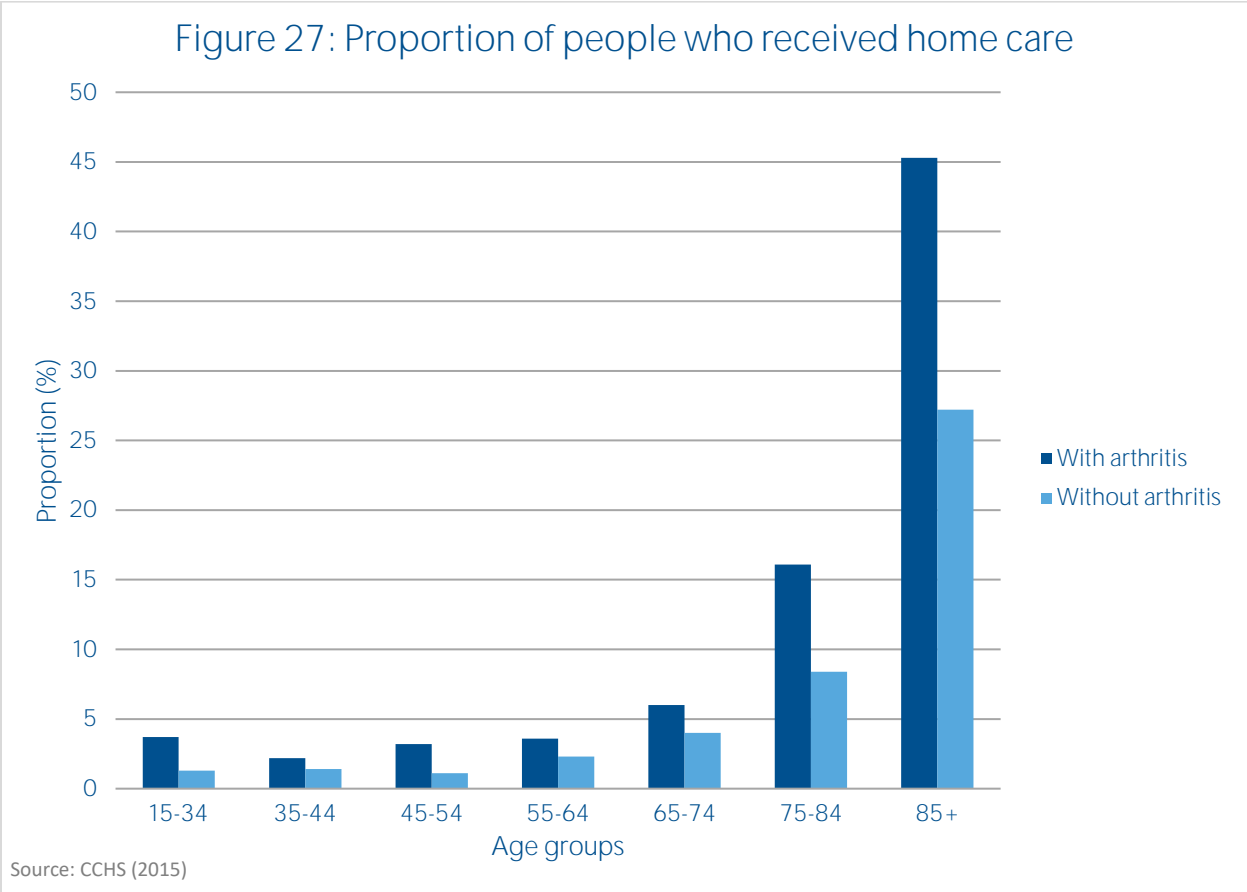


Figure 27: Respondents were asked “In the past 12 months, have you received any home care services?”

## CONCLUSIONS

Arthritis is a serious disease that can have devastating impacts on people's lives. As the most common long-term health condition in Canada, it places a tremendous burden on the healthcare system and Canadian society at large, including the millions of Canadians living with the impact of the disease and their caregivers, families and friends. Arthritis is associated with greater disability, poorer physical and mental health, and diminishing quality of life at all ages.

Arthritis affects about 6 million Canadians and if nothing changes, the number of people with arthritis is poised to increase by 50% by 2040, with nearly 9 million Canadians living with pain, disability, and other consequences of arthritis. For this reason, stakeholders across the full spectrum of the arthritis community will need to work together to prevent arthritis before its onset, improve how it is managed and treated, and enhance people's ability to thrive despite this condition.