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Adults with arthritis suffer with poorer health related quality of life

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A new study reports that the health-related quality of life (HRQOL) for U.S. adults with arthritis is much worse than for those without this condition. Both physical and mental health are affected by arthritis, which poses a significant health and economic burden as the number of those diagnosed continues to climb. Details of this study are now online in *Arthritis Care & Research*, a journal published by Wiley-Blackwell on behalf of the American College of Rheumatology (ACR).

Approximately, 50 million Americans have doctor-diagnosed arthritis, and the Centers for Disease Control and Prevention (CDC) estimates that with the aging U.S. population 67 million adults could be affected by 2030. Arthritis is also the most common cause of disability in the U.S.—limiting activity for 19 million individuals and inhibiting employment for nearly 8 million working-age Americans. According to prior studies, arthritis accounts for 44 million outpatient visits, roughly 1 million hospitalizations, and more than $128 billion in medical expenses and lost earnings in the U.S. annually.

In the present study, Sylvia Furner, MPH, PhD, of the School of Public Health at the University of Illinois at Chicago and colleagues at CDC analyzed data from the Behavioral Risk Factor Surveillance System (BRFSS) to compare HRQOL in U.S. adults with and without arthritis. BRFSS is a telephone survey used by state health departments and CDC to collect HRQOL, demographic, and behavioral risk factor information from a representative sample of U.S. adults 18 years of age and older. Questions related to arthritis are included in the annual survey in odd

years, and the current study used data from 2003, 2005, 2007.

More than 1 million respondents were included in the analysis during the 3-year study period. Researchers found 27% of survey respondents with arthritis reported fair or poor health compared to 12% of those without arthritis. The mean number of physically unhealthy days (7 vs.3), mentally unhealthy days (5 vs.3), total unhealthy days (10 vs.5), and activity-limited days (4 vs.1) was greater for individuals with arthritis than for those without. Additionally, those with arthritis who experienced limitations to normal activities reported poorer HRQOL than individuals without arthritis-related restrictions.

"Our analysis showed that the values for all five measures of HRQOL were 2-3 times worse in those with arthritis compared to those without," said Dr. Furner. HRQOL measures used for analysis were demographics (age, gender, race), social factors (education, income, employment), healthcare factors (access to care, cost barrier to care), health behaviors (physical activity, smoking status, alcohol consumption), and health conditions (diabetes, hypertension, body mass index). Having low family income, being unable to work, cost being a barrier to care, and having diabetes were all strongly associated with poor HRQOL.

Individuals who were physically active had significantly better HRQOL compared with those who were inactive. Furthermore, those who had arthritis and remained physically active were less likely to report fair or poor health. "Given the projected high prevalence of arthritis in the U.S. interventions should address both physical health and mental health," concluded Dr. Furner. "Increasing physical activity, reducing co-morbidities, and increasing access to healthcare could improve the quality of life for adults with arthritis."

More information: "Health-Related Quality of Life of U.S. Adults with Arthritis: Analysis of Data from the Behavioral Risk Factor

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Surveillance System, 2003, 2005, and 2007." Sylvia E. Furner, Jennifer M. Hootman, Charles G. Helmick, Julie Bolen, Matthew M. Zack. Arthritis Care and Research; Published Online: April 28, 2011 (DOI: 10.1002/acr.20430).

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