

Costs of treating arthritis on the rise nationwide, study finds

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The amount Americans spent on arthritis medications more than doubled between 1998 and 2003, due to the fast-rising number of people with the disease, increases in the number of medications they take each month and the inflation-adjusted cost per prescription, according to a new study led by a UCSF researcher.

Results from a six-year study of U.S. arthritis patients and the cost of arthritis medications and clinical treatments appear in the May 2007 issue of "Arthritis & Rheumatism," the journal of the American College of Rheumatology.

The study was performed in response to a growing concern about the escalating costs of arthritis care as the U.S. population ages, according to Ed Yelin, PhD, a professor of rheumatology in the UCSF School of Medicine and lead author of the study.

"Arthritis can be a highly debilitating disease that, as this study shows, presents a substantial cost to our society," Yelin said. "We are also seeing a shift in the burden of that cost onto patients, who rely on Medicare to cover a large fraction of their inpatient care, but pay for a relatively larger share of their drug treatments from their own pockets."

From 1997 to 2003, the number of Americans with arthritis or other rheumatic conditions rose 25 percent, due to the aging U.S. population, Yelin said, from 36.8 million adults to 46.1 million. Those numbers correspond to 18.7 percent and 21.5 percent of the population,

respectively.

During the same period, the cost of prescription drugs to treat the condition nearly doubled, from \$897.60 per patient per year to \$1,638, Yelin said. The change was due to both an increase in the mean number of prescriptions each patient received (from 18.7 per year to 25.2) and a rise in the cost of each prescription from \$48 to \$65, after adjusting for inflation.

The study estimated total medical care expenditures incurred on behalf of those with musculoskeletal conditions as well as the increment in costs beyond what would be expected of people of the same ages in the absence of the conditions. Total expenditures increased between 1997 and 2003 by about \$88 billion a year, to roughly \$322 billion. The incremental expenditures increased by \$16 billion a year, to about \$81 billion.

However, the average increment in medical care expenditures for an individual with arthritis remained surprisingly stable – \$1,762 in 1997 and \$1,752 in 2003 – said Louise Murphy, PhD, at the National Center for Chronic Disease Prevention and Health Promotion, part of the Centers for Disease Control and Prevention (CDC), and a co-author of the study.

"In 2003, the costs attributable to arthritis were approximately 1 percent of the gross domestic product of the United States, which is equivalent to a low-grade, chronic recession," Murphy said. "However, the growing economic toll is a result of the increase in numbers of people affected, rather than an increase in mean expenditures and earnings losses."

That economic toll threatens to continue to escalate, she said, because the number of arthritis sufferers is projected to increase steadily to nearly 67 million by 2030. She called urgent attention to the need for

cost-effective efforts to decrease medical expenses and increase the earning power of people with arthritis.

In 2003, employed adults with arthritis earned an average of \$3,613 less than healthy working adults between the ages of 18 and 64. Nationwide, raw earnings losses due to arthritis totalled \$108 billion, up from \$99 billion in 1997.

Source: University of California - San Francisco

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