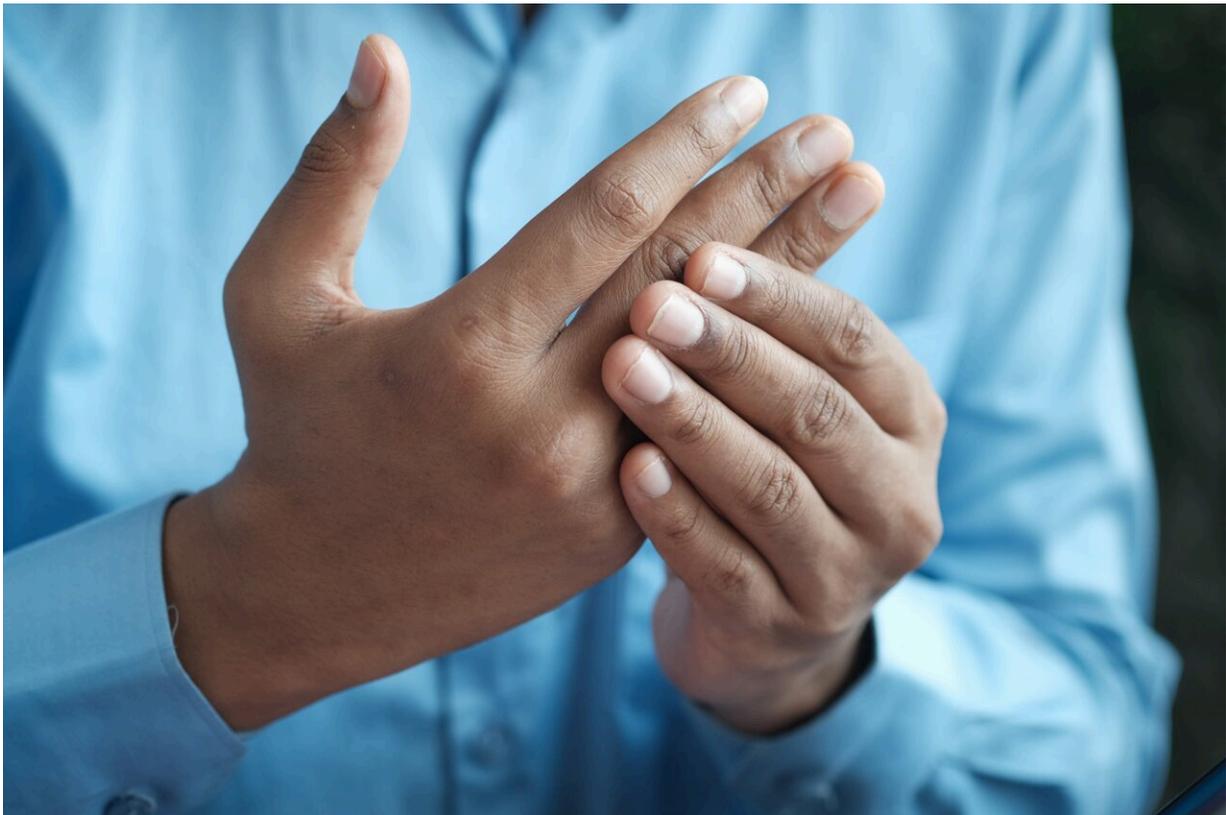


# People with arthritis 20% less likely to be employed, study finds

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Credit: Unsplash/CC0 Public Domain

The typical person living with arthritis in the U.K. is 20% less likely to be employed than their equivalent without the condition, new research shows.

And the most striking finding was that non-university educated women aged 60-plus are at least 37% less likely to be employed if they have arthritis, compared to matched individuals without the condition.

The study, published today by the University of Leeds in the journal *Social Science & Medicine*, matched a group of 18,000 people with arthritis to another group of 18,000 people who were the most similar to the first group in terms of various characteristics, but had not been diagnosed with arthritis. These characteristics included age, gender, level of education, ethnicity and where they lived.

The research shows large differences in how arthritis affects people's working lives, depending on their age, level of education and gender.

The team is now suggesting that workplaces provide more support for people living with the condition, so they can keep working as long as they wish.

Principal Investigator Dr. Adam Martin, Associate Professor in Health Economics at the University of Leeds' School of Medicine, said, "We already know that arthritis is more common amongst women and people from lower socio-economic backgrounds. Our new findings show that substantial inequalities also exist in terms of how the work outcomes of these groups are affected by arthritis.

"Government and employers should consider how interventions in workplaces could better support people living with arthritis and improve their health and employment prospects, whilst also potentially tackling inequalities and address the need to support people in their 50s and 60s to stay in work for longer if they want to.

"Given the increasing prevalence of arthritis and the trend towards older retirement ages, this need for better support represents a substantial and

growing challenge for society."

Deborah Alsina MBE, Chief Executive of Versus Arthritis, said, "This is a vital and important study and reinforces what we have heard from people with arthritis how the condition robs them of their health, their independence, and careers.

"We know work matters to people with arthritis, benefitting health and well-being as well as their finances, yet this evidence demonstrates how arthritis is truly an unfair and unequal condition.

"We as a country need to tackle these health inequalities. Arthritis should no longer disproportionately and unfairly impact women and those less well served in our society, potentially driving millions into disability and unemployment."

## **Patient experience**

Sandra Purdy, 61, from Churwell in Leeds, had to retrain due to [chronic pain](#) caused by ankylosing spondylitis, a type of arthritis in which the spine and other areas of the body become inflamed.

She said, "I had problems with pain since my late teens, and was misdiagnosed several times.

"When I was younger I had manual jobs but the pain meant I often couldn't work. There's a stigma in saying you have back pain at work, so I tried to hide it but that got more difficult as the pain became worse.

"Eventually I started looking for an office job which I thought would be more manageable. I got a job in a bank but sitting down all day was worse. Due to morning stiffness, I needed to get up at 4.30am to be ready for 7.30am. I needed crutches and sticks to walk at the start of the

day. I wouldn't need them by the end of the day so I'd worry that people thought I was making it up. But during a bad flare up, the pain would last all day and I couldn't move.

"When I was 45, I developed iritis, a painful eye condition which causes swelling and irritation in the iris. I was referred to a rheumatologist and had an MRI scan, and they diagnosed me with ankylosing spondylitis.

"I took part in a trial for a drug called infliximab, which was liquid gold. It changed my life—but at the end of the trial I had a severe flare up. Because of this I was moved onto a different drug called adalimumab, which I still take now. However, it lowers my immune system, so I pick up a lot of bugs.

"I found a new job with a more understanding employer, where I could move about during the day. I now have a management role so I'm less customer-facing, and I can work from home.

"I hear a lot of people at my hospital patient participation group talking about how they have been treated and their employers aren't great.

"I have always worried about losing my job, especially at first. I left school with no qualifications so I had to sit exams in English and maths to get work in an office. I've had to adapt but not everyone can do this.

"Patients need better access to diagnostics and more joined up thinking between employers and the health service."

## **Research findings**

The research used two decades of data about people aged 18–80 years old. The team compared 18,000 people with arthritis to 18,000 people without the condition, to gain a more in-depth understanding of how it

affects people's lives.

The study showed that as people with arthritis reach middle age, their likelihood of being employed diminishes at a faster rate than those who do not have the condition. Many of these will have taken early retirement. This effect is more pronounced in general for people without a university-level education, possibly as symptoms may be easier to manage in professional jobs than manual roles.

And once both men and women reach 60, their chances of being employed when living with arthritis are markedly more reduced when compared to people without the condition.

The chart below shows the percentage reduction in the likelihood of being employed for each group when compared with their counterparts without arthritis.

	Age:	30	40	50	60
Men with a degree		6.3%	2.0%	2.0%	14.1%
Men without a degree		12.6%	5.3%	5.3%	25.0%
Women with a degree		12.8%	5.3%	5.3%	25.4%
Women without a degree		24.3%	14.0%	12.6%	37.2%

Credit: University of Leeds

People who had a history of working in routine (such as lorry drivers or bar staff) and intermediate (such as paramedics or bank staff) occupational groups were also much less likely to be employed if they had arthritis. However, this was not the case for people in professional work (such as lawyers or architects). For them, arthritis did not seem to affect the likelihood of being employed, although some people with arthritis in this group did work fewer hours and had lower earnings if they had arthritis. This was especially true for working women aged over 40.

Among people living with arthritis, those with a history of working at

small private companies were also generally less likely to be employed than people with arthritis who had worked in larger companies or in the public sector. The team's discussions with people living with arthritis indicated that this might be due to smaller firms having fewer resources available, or less scope for them to adjust work patterns or take on alternative roles.

Dr. Martin said, "In light of this research, people living with arthritis told us that potential interventions could involve making appropriate adjustments to the [working environment](#), tackling workplace discrimination and supporting changes in people's roles.

"Existing evidence suggests that providing personalized case management by an occupational health practitioner could help to encourage constructive dialogue between employees, health care practitioners and employers.

"Our study indicates that such support could be especially cost-effective if it is designed for and targeted for the people we identified who are most at risk of poor work outcomes."

## **About the study**

The 18,000 people aged 18–80 in the data who said they had been diagnosed with arthritis was collected between 2001 and 2019. This group was compared with 18,000 selected people from the same datasets who were similar in terms of age, gender, ethnicity, education level and where they live, but who had not been diagnosed with the condition.

Comparisons were made between the two groups based on the likelihood that each individual had a job, what their earnings were and their weekly working hours, using statistical models. The team then looked at differences in age, gender, degree status, occupation (professional,

administrative, technical or routine) and employer characteristics (size of organization; public or private sector).

The team expected that some people with [arthritis](#) might experience poorer work outcomes than those without the condition, such as job loss or slower career progression. Their study set out to find out how large the differences in work outcomes were, and if particular age groups or genders doing specific jobs were especially at risk.

**More information:** Nasir Rajah et al, How does arthritis affect employment? Longitudinal evidence on 18,000 British adults with arthritis compared to matched controls, *Social Science & Medicine* (2023). [DOI: 10.1016/j.socscimed.2022.115606](https://doi.org/10.1016/j.socscimed.2022.115606)

Provided by University of Leeds

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