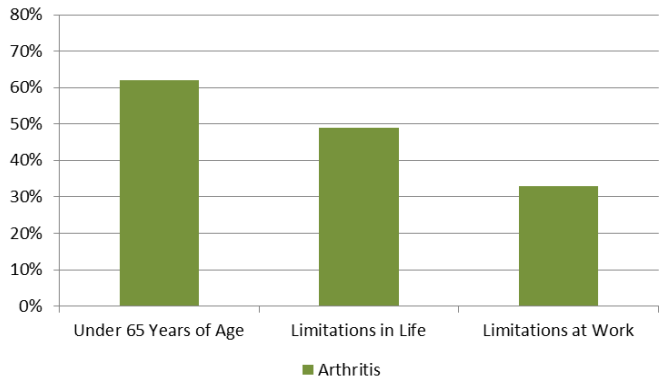
Burden of Arthritis in New Hampshire, 2013

Arthritis is the most common cause of disability among United States adults. It is estimated that approximately 22% (or 50 million) of U.S. adults suffer from arthritis; however, the term "arthritis" is being used for a number of diseases and conditions with different causes, courses, locations and severity. Common to all types of arthritis, and other rheumatic conditions, is the chronic pain affecting joints and surrounding tissues that is often accompanied by stiffness.[1]

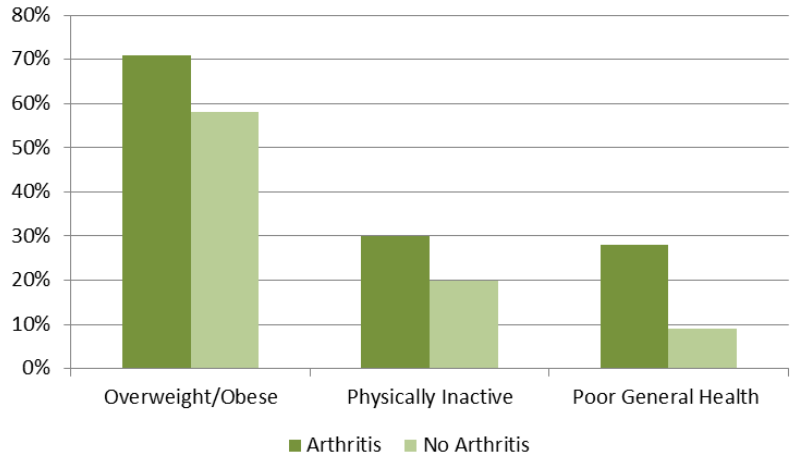
Arthritis contributes to physical inactivity and poses limitations on activities of daily life as well as work-related tasks. According to the 2011 New Hampshire Behavioral Risk Factor Surveillance Survey (BRFSS), approximately 26% of adults 18 years old and older reported being told by a doctor or other health professional that they have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia. Though the prevalence of arthritis increases with age, about 62% of those reporting this condition were individuals under the age of 65 years. Arthritis affects adults across all income and education levels; however, those with lower income and education are more likely to report arthritis than those with higher incomes and education. There are gender differences in self-reported arthritis as well. In 2011, 29% of women compared with 23% of men reported some form of arthritis. Approximately 48% of those ever being diagnosed also reported they have experienced limitations in their life, and 32% reported limitations at their work as a result of arthritis. On the scale from 0 (no pain) to 10 (as bad as it can be), those suffering from arthritis reported median pain of 4.

Proportion of those under the age of 65 years, and limitations in life and at work among those reporting ever being diagnosed with some type of arthritis, NH BRFSS, 2011



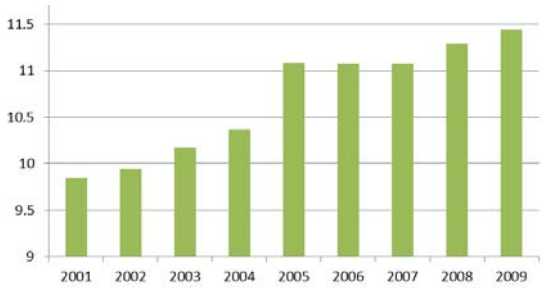
About 30% of respondents with arthritis reported no leisure time physical activity during the past month, compared with 20% of respondents without arthritis. Physical inactivity contributes to obesity, and obesity is a recognized risk factor for arthritis. Among individuals with arthritis, 71% are overweight or obese, compared with 58% of overweight/obese adults among those without arthritis. Only 37% of those with arthritis consider themselves to have excellent or very good general health, compared with 65% of those without this condition.

Prevalence of overweight/obese individuals, physical inactivity and perceived poor general health among those with and without diagnosis of arthritis, NH BRFSS, 2011

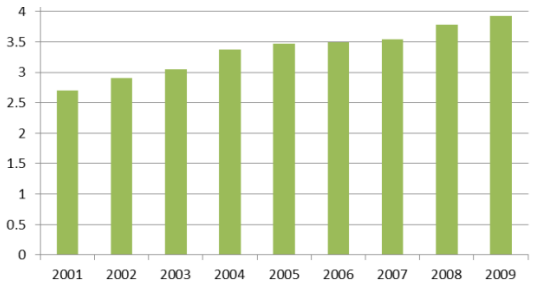


The National Arthritis Data Workgroup defined arthritis and other rheumatic conditions using the ICD-9-CM diagnostic codes for analytic and descriptive purposes.[2] According to the records of the New Hampshire hospital in-patient and emergency room discharge data set, in-patient stays as well as emergency room visits with a primary diagnosis of arthritis or other rheumatic conditions have been steadily increasing during the past several years. In New Hampshire, emergency room visits rose from about 12,500 in 2001 to 15,200 in 2009, and in-patient stays from 3,400 in 2001 to 5,900 in 2009.

Age-adjusted rate of emergency room visits for arthritis, per 1,000 population, NH, 2001-2009

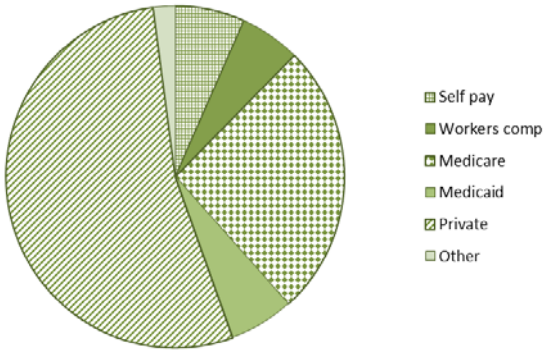


Age-adjusted rate of in-patient hospitalizations for arthritis, per 1,000 population, NH, 2001-2009

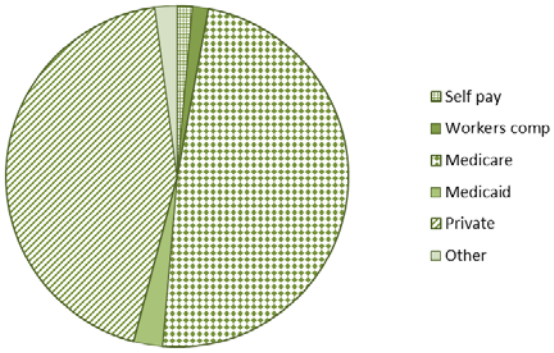


Each year, millions of dollars are spent for the hospital visits and stays associated with arthritis. In 2009, $236 million were charged for New Hampshire in-patient stays alone. In 2009, the visits with primary diagnosis of arthritis or other rheumatic conditions reached over $57 million. Most of the visits and stays occurred among those 45 years old and older, and more often among women. The majority of health care related stays and visits in New Hampshire were paid by private insurance companies and Medicare.

Cost of Emergency Room visits by primary payor, NH, 2009



Cost of in-patient stays by primary payor, NH, 2009



Timely diagnosis and appropriate management of arthritis can decrease associated pain and improve function and productivity while decreasing the health care costs. According to the Centers for Disease Control and Prevention[3], it is important to protect joints against occupational and sports injuries, maintain healthy weight, stay active, and learn arthritis management strategies while under the care of healthcare providers.

Both data sources utilized in this data brief are subject to certain limitations. The BRFSS is a self-reported telephone survey of non-institutionalized adults 18 years old and older. Because respondents are often not fully aware of the specific type of condition they suffer from, the prevalence measure only approximates the burden of arthritis and other rheumatic conditions among New Hampshire adults.

The New Hampshire hospital discharge dataset was established for billing purposes, and only reports of visits, not individual patients, are available. Data presented in this brief are for New Hampshire residents treated both in and out of the New Hampshire hospitals. The ICD-9-CM codes for arthritis and other rheumatic conditions include codes for diseases of the musculoskeletal system and connective tissues and additional selected codes from other chapters, such as gout, carpal tunnel syndrome or psoriatic arthropathy.[2]

Please, visit: http://www.dhhs.nh.gov/dphs/cdpc/aai/ for for additional information and resources regarding arthritis.

1) Centers for Disease Control and Prevention. Arthritis in General. Available from: http://www.cdc.gov/arthritis/basics/general.htm
2) National Arthritis Data Workgroup ICD-9-CM diagnostic codes for arthritis and other rheumatic conditions. Available from: http://www.cdc.gov/arthritis/basics/general.htm
3) Centers for Disease Control and Prevention. Key Public Health Messages. Available from http://www.cdc.gov/arthritis/basics/key.htm.