

2007 Georgia Program and Data Summary:

ARTHRITIS



Arthritis is a leading cause of disability in Georgia.

WHAT IS ARTHRITIS?

The word *arthritis* actually means joint inflammation. The term *arthritis* is used to describe more than 100 rheumatic diseases and conditions that affect joints, the tissues that surround the joint and other connective tissue. The pattern, severity, and location of symptoms can vary depending on the specific form of the disease.

Funded by the Centers for Disease Control and Prevention (CDC), the **Georgia Arthritis Program** is part of a national effort to improve the quality of life for people affected by arthritis.

INITIATIVES AND PARTNERSHIPS

The Georgia Arthritis Program along with the Arthritis Foundation, Georgia Chapter implement a variety of evidence-based programs aimed at reducing the severity of arthritis.

During FY2007, the Georgia Arthritis Program reached 672 Arthritis Foundation Exercise Program participants by effectively partnering with the Arthritis Foundation, Georgia Chapter, the Division of Aging Services, Area Agencies on Aging, and Georgia Recreation and Park Services to expand the Arthritis Foundation Exercise Program statewide.

CURRENT ACTIVITIES AND INTERVENTIONS

Arthritis Awareness Month

During the month of May each year, the Georgia Arthritis Program supports the Arthritis Foundation, Georgia Chapter's Arthritis Awareness initiatives. Events are held throughout the state to raise awareness about arthritis. Also, public health districts and coalitions throughout the state that receive special project funding from DHR, implement Arthritis Awareness month activities.

Special Project Funding to Public Health Districts

The Georgia Arthritis Program awards annual special project funds to multiple public health districts and coalitions. This funding enables local health districts to conduct interventions and implement arthritis awareness and prevention strategies to serve communities that are underserved and disproportionately affected by arthritis. These funds help establish partnerships between the state arthritis program and local arthritis coalitions to implement evidence-based arthritis programs.

Chronic Disease Self-Management Program (CDSMP)

The Chronic Disease Self-Management Program (CDSMP) is an effective program for people with chronic health problems. The program specifically addresses arthritis, diabetes, lung and heart disease, but teaches skills useful for managing a variety of chronic diseases. This program was developed at Stanford University. Participants who took CDSMP demonstrated significant improvements in exercise, communication with physicians, and self-reported general health, and decreases in health distress, fatigue, disability, and social/role activities limitations.

Arthritis Foundation Exercise Program (AFEP) (formerly People with Arthritis Can Exercise or PACE)

The Arthritis Foundation Exercise Program (AFEP) is a community-based recreational exercise program developed by the Arthritis Foundation. Trained AFEP instructors cover a variety of range-of-motion and endurance-building activities, relaxation techniques, and health education topics. The program's demonstrated benefits include improved functional ability, decreased depression, and increased confidence in one's ability to exercise.

Arthritis Foundation Aquatic Program (AFAP)

A water exercise program created by the Arthritis Foundation for people with arthritis and related conditions. The classes are conducted by a trained instructor and are designed to improve flexibility, joint range of motion, endurance, strength, daily function and to decrease pain. The aquatics classes include joint range of motion, stretching, breathing, and light aerobic activities.

Enhance Fitness (EF) (formerly Lifetime Fitness)

An evidence-based, community-delivered exercise program proven to increase strength, boost activity levels, and elevate mood. Certified EF instructors offer a program that focuses on stretching, flexibility, balance, low impact aerobics, and strength training exercises.

Arthritis and chronic joint symptoms affect almost half of adult Georgians.

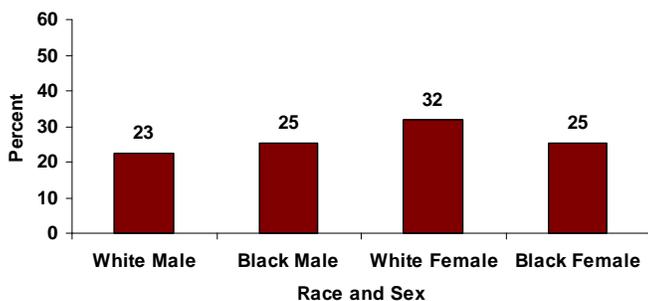
SURVEILLANCE CASE DEFINITION

Doctor-diagnosed arthritis is defined as having been diagnosed with arthritis or other rheumatic conditions including rheumatoid arthritis, lupus, gout, and fibromyalgia by a physician or health professional.

PREVALENCE

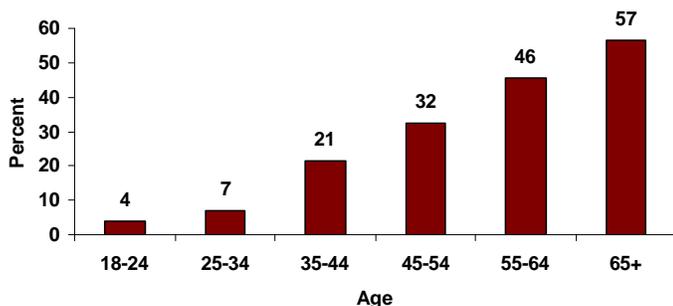
- About **1 in 4** adult Georgians reported doctor-diagnosed arthritis in 2005.
- Doctor-diagnosed arthritis is more common in women (**29%**) than men (**22%**).
- Doctor-diagnosed arthritis is more common in whites (**27%**) and blacks (**25%**) than Hispanics (**11%**).
- Among race and sex groups, white females have the highest prevalence of doctor-diagnosed arthritis (**32%**), and white males have the lowest (**23%**).

Percent of Adult Georgians with Doctor-diagnosed Arthritis by Race and Sex, 2005



- The prevalence of doctor-diagnosed arthritis increases with age, from about **4%** among 18-24 year olds to **57%** among those 65 years and older.

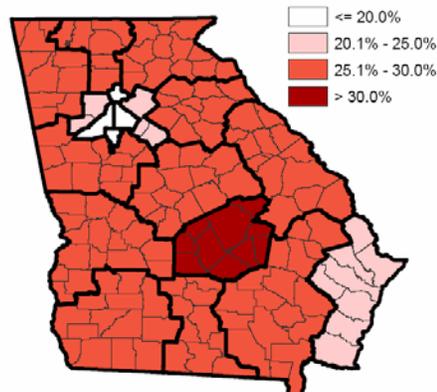
Percent of Adult Georgians with Doctor-diagnosed Arthritis by Age, 2005



PREVALENCE BY HEALTH DISTRICT

The metropolitan Atlanta area has the lowest prevalence of doctor-diagnosed arthritis (less than **1 in 5**) while the south-central region of Georgia has the highest (almost **1 in 3**).

Percent of Adult Georgians with Doctor-diagnosed Arthritis by Health District, 2003 & 2005



HOSPITALIZATIONS

- In 2005, there were **23,535** hospitalizations with a primary diagnosis of arthritis. Of these, osteoarthritis accounted for **65%**.
- Total hospital charges for arthritis exceeded **\$795 million** in 2004 with the average length of stay lasting about **4.2 days**.

RISK FACTORS

- Obesity, injury, and family history are risk factors for arthritis. Appropriate physical activity can prevent arthritis and reduce arthritis-related disability.
- Over **66%** of adults with doctor-diagnosed arthritis are physically **inactive** or **insufficiently active**.
- **36%** of adults with doctor-diagnosed arthritis are **obese**.

IMPACT OF ARTHRITIS

Adults with arthritis are more likely to report poor health, limitations due to joint symptoms, and injuries.

- 34% of adults with doctor-diagnosed arthritis reported fair or poor general health (versus good, very good, or excellent general health).
- Almost half of adults with doctor-diagnosed arthritis reported days of poor physical health during the past 30 days; 37% reported days of poor mental health during the past 30 days.
- 48% of adults with doctor-diagnosed arthritis reported days when poor health kept them from doing their usual activities during the past 30 days.
- 41% of adults with doctor-diagnosed arthritis reported limitations in daily activities; 41% reported limitations in work-related activities.
- 17% of adults with doctor-diagnosed arthritis reported having a fall in the past 3 months; 44% of whom were injured due to the fall.

ACCESS TO CARE

Many adults who may have arthritis have not seen a doctor for their joint symptoms, and many adults with arthritis cannot see a doctor due to costs.

- Almost half of those reporting chronic joint symptoms, but who have not been clinically diagnosed with arthritis, have not seen a doctor for their joint symptoms.
- Almost half of adults with doctor-diagnosed arthritis or chronic joint symptoms needed to see a doctor in the past 12 months but could not because of costs.

ARTHRITIS MANAGEMENT

Physicians and health care providers can recommend exercise and weight control for those who could benefit from them.

- Among obese adults with doctor-diagnosed arthritis, only 65% were recommended by a doctor to lose weight to manage their arthritis, and only 55% were recommended both to lose weight and to exercise.
- Among adults with normal weight and doctor-diagnosed arthritis, only 49% were recommended to exercise to manage their arthritis.

COMORBIDITY

Adults with arthritis are more likely to have other chronic diseases or modifiable risk factors.*

- 3 in 4 adults with doctor-diagnosed arthritis reported having other chronic diseases or modifiable risk factors.*
- 1 in 3 adults with doctor-diagnosed arthritis reported having high blood pressure; 1 in 3 adults with doctor-diagnosed arthritis reported ever having high cholesterol.
- 1 in 8 adults with doctor-diagnosed arthritis reported having diabetes.
- 1 in 20 adults with doctor-diagnosed arthritis reported having angina or coronary heart disease.

*High cholesterol, high blood pressure, smoking, asthma, diabetes, heart attack, angina/coronary heart disease, and stroke

SIGNS AND SYMPTOMS OF ARTHRITIS and PREVENTION TECHNIQUES*

SIGNS AND SYMPTOMS OF ARTHRITIS

Pay attention to symptoms, see your doctor and get an accurate diagnosis. If you have pain, stiffness or swelling in or around a joint for more than two weeks, it's time to see your doctor. These symptoms can develop suddenly or slowly. Only a doctor can tell if it's arthritis. But "you have arthritis" is not a diagnosis. Ask for a specific diagnosis of the type of arthritis you have. There are more than 100 types, each of which has different treatments. Getting the right treatment requires getting the right diagnosis.

See Your Doctor—Although there is no cure for most types of arthritis, early diagnosis and appropriate management is important, especially for inflammatory types of arthritis. For example, early use of disease-modifying drugs can affect the course of rheumatoid arthritis. If you have symptoms of arthritis, see your doctor and begin appropriate management of your condition.

MANAGEMENT TECHNIQUES

Early diagnosis and appropriate management of arthritis, including self-management activities, can help people with arthritis decrease pain, improve function, stay productive, and lower health care costs. Key self-management activities include the following:

Be Active—Research has shown that physical activity decreases pain, improves function, and delays disability. Make sure you get at least 30 minutes of moderate physical activity at least 3 days a week. You can get activity in 10-minute intervals.

Watch Your Weight—The prevalence of arthritis increases with increasing weight. Research suggests that maintaining a healthy weight reduces the risk of developing arthritis and may decrease disease progression. A loss of just 11 pounds can decrease the occurrence (incidence) of knee osteoarthritis.

Protect Your Joints—Joint injury can lead to osteoarthritis. People who experience sports or occupational injuries or have jobs with repetitive motions like repeated knee bending have more osteoarthritis. Avoid joint injury to reduce your risk of developing osteoarthritis.

(Excerpted from, National Center for Chronic Disease Prevention and Health Promotion, Division of Adult and Community Health, Health Care and Aging Studies Branch, Arthritis Program) <http://www.cdc.gov/arthritis/arthritis/key.htm>

Following the above recommendations will reduce the burden of living with arthritis. To learn more about arthritis and other chronic diseases, visit www.livehealthygeorgia.com.



Data source: Georgia Behavioral Risk Factor Surveillance System, Georgia Hospital Discharge Data

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Visit <http://www.health.state.ga.us/epi/cdiee/arthritis.asp> for more information about arthritis in Georgia.