Kentucky
Arthritis Fact Sheet

What is Arthritis?
The term “arthritis” covers more than 100 diseases and conditions affecting joints, the surrounding tissues, and other connective tissues. Arthritis and other rheumatic conditions include osteoarthritis, rheumatoid arthritis, systemic lupus erythematosus, juvenile rheumatoid arthritis, gout, bursitis, rheumatic fever, Lyme arthritis, carpal tunnel disease and other disorders. Defining arthritis in adults has evolved over time. Currently, physician-diagnosed arthritis is defined as self-report of a physician diagnosis of arthritis. Possible arthritis is characterized by pain, aching or stiffness in or around a joint within the past 30 days that has been present for 3 or more months.

Who is affected by Arthritis?
- 43 million adults report doctor-diagnosed arthritis.
- Arthritis or chronic joint symptoms affects nearly one out of every three adults, or about 70 million Americans.
- Over two thirds of people with arthritis are younger than 65 years of age.
- Arthritis is expected to increase as the population ages with over 41.1 million adults age 65 years and older having arthritis or possible arthritis by 2030.
- Nationally, approximately 285,000 or 0.5% of young people under the age of 16 are affected by arthritis.
- Arthritis is the leading cause of disability in the United States.
- Arthritis limits everyday activities such as walking and dressing for more than 8 million Americans.
- During 2001, over 10 million adults with chronic joint symptoms had never seen a health-care provider for their condition.
- Systemic Lupus Erythematosus (SLE) is a serious form of rheumatic disease that can affect several organs. Death rates from SLE are 3 times more likely in African American women aged 45-64 years than White women.

Cost of Arthritis
- Each year, arthritis results in 44 million physician visits, 750,000 hospitalizations and 36 million ambulatory care visits. Women accounted for 63% of these visits; 68% of these visits were by persons under 65 years of age.
- Estimated medical care costs for arthritis total $51 billion and $86 billion in total costs (medical care and lost productivity).

Kentucky Data
- Approximately 1,044,000 or 35% of Kentucky’s adult population report they have doctor-diagnosed arthritis.
- Nearly 50% of Kentuckians with arthritis have limitations in their daily activities.
- Nearly 61% of Kentucky’s adults age 65 years and older have arthritis. Nearly 46% of Kentucky’s residents ages 45 to 64 have arthritis.
- Approximately 38% of women and 31% of men in Kentucky have arthritis.
- In 1997, the total direct and indirect costs of arthritis care in Kentucky was $1.6 billion.

Risk Factors for Arthritis
- Women make up nearly 60% of arthritis cases.
- Older Age: Nearly 60% of the elderly population has arthritis. Risk increases with age.
- Genetic Predisposition: Certain genes are known to be associated with a higher risk of some types of arthritis.
- Lyme disease: Approximately 60% of untreated patients will develop Lyme arthritis.
- Obesity: Obesity is associated with gout in men and osteoarthritis of the knee, hip and hand in women.
- Joint injuries: Sports injuries, occupation-related injuries and repetitive use joint injuries can increase the risk of arthritis. Occupations such as farming, heavy industry, and occupations with repetitive motion are associated with arthritis.
**Effective Treatments for Arthritis**

- The Arthritis Foundation Self Help Course has proven to reduce arthritis related pain by 20% and decrease physician visits by 43%. This course involves small group education with a focus on problem solving, exercise, relaxation and communication.\(^1\)

- Physical activity in the form of regular, moderate exercise maintains joint health, relieves symptoms, improves functions, reduces joint swelling, increases pain threshold, and improves energy levels. Several effective physical activity programs are available for people with arthritis. These programs include The Arthritis Foundation Exercise Program which has been proven to improve self efficacy in participants\(^2\), and the Arthritis Foundation Aquatic program.\(^3\)

- Weight loss of an average of 11 pounds can reduce the risk of knee osteoarthritis by as much as 50%.\(^4\) Physical activity and a low fat diet are key to weight management.\(^1\)

- Physical and occupational therapy can help impairments and activity limitations.\(^1\)

- Medications for some types of arthritis can limit disease progression, control symptoms and prevent serious complications.\(^1\)

- Joint replacement therapy often reduces pain and improves activity.\(^1\)

**The Kentucky Arthritis Program**

- In response to the recommendations of the *National Arthritis Action Plan (NAAP)*, the Centers for Disease Control and Prevention’s (CDC) National Center for Chronic Disease Prevention and Health Promotion established cooperative agreements with state health departments to develop and enhance state-based programs that aim to decrease the burden of arthritis and improve the quality of life among people with arthritis.

- Begun in 1999 the Kentucky Arthritis Program receives $135,000 in funding from the CDC.

- Currently, the Kentucky Arthritis Program is focusing on increasing state-wide arthritis awareness, increasing the availability of arthritis self-management strategies and data surveillance using the Behavioral Risk Factor Surveillance System (BRFSS).

- The Kentucky Arthritis Program can be contacted at: 502-564-7996, ext. 4591 or contact Patricia Hinson at [Patricia.Hinson@ky.gov](mailto:Patricia.Hinson@ky.gov)

**References**


