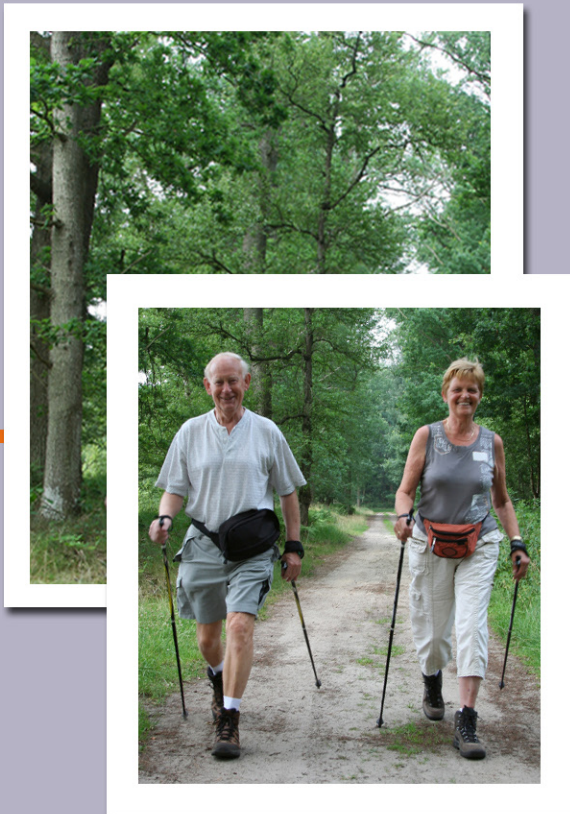


# The Burden of Arthritis In Utah



Findings from the  
**2005  
&  
2007**

**Utah Behavioral  
Risk Factor  
Surveillance  
System**

## Acknowledgments

Appreciation is extended to the following individuals who contributed to this report:

Randy Tanner, MPA, Utah Arthritis Program Epidemiologist, for writing this report.  
Celsa Bowman, MS, whose formatting skills enhanced the appearance of the document.  
Cyndi Bemis, BA, CPM, for editing this report.  
Amy Nelson, BA, whose formatting skills enhanced the appearance of the document.  
Brenda Ralls, PhD, for editing early drafts of this report.  
Shelly Wagstaff, BS, who transformed the Behavioral Risk Factor Surveillance System responses into meaningful data.

The Utah Arthritis Program gratefully acknowledges the following individuals for their support in producing this report:

Nicole Bissonette, MPH, CHES, Program Manager, Utah Arthritis Program  
Heather Borski, MPH, CHES, Bureau Director, Bureau of Health Promotion

Funding for this publication was provided by the National Centers for Disease Control and Prevention (CDC) through Program Announcement 1U58DP001474-01. The contents of this report are solely the responsibility of the Utah Arthritis Program and do not represent the opinions of the CDC.

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## Executive Summary

This is the fourth report since 2000 to describe the burden of arthritis in Utah. This report presents combined data from the 2005 and 2007 Behavioral Risk Factor Surveillance System (BRFSS) surveys. The two years of pooled data generated a sample of 2,969 Utah adults who reported arthritis. These data describe the prevalence of arthritis in Utah overall, and by gender, age, race/ethnicity, education, and income. Other factors such as activity limitation, physical activity, overweight and obesity, health status, and health-related quality of life are also examined.

These data are a means to understanding the burden of arthritis in Utah and its impact on adults with the disease. The challenge now is to use the data to guide public and clinical interventions in an attempt to reduce the impact of the disease in Utah.

### Highlights

Based on the survey data, Utah adults with arthritis are likely to be:

- female
- elderly
- overweight or obese
- less healthy mentally and physically, and
- less physically active

### Prevalence of Arthritis in Utah

One in five Utah adults age 18 and older (22.2%) reported having arthritis during 2005 and 2007.

### Arthritis by Gender and Age Group

Arthritis is more common among Utah women (25.1%) compared to Utah men (19.3%). Arthritis prevalence ranges from 7.4 percent among Utah adults aged 18-34 to a high of 55.2 percent among Utah adults aged 65-74.

### Arthritis by Weight Category

The arthritis rate among persons who were obese was 2.1 times higher than among persons reporting an ideal body weight.

### Health Status

Among adults with arthritis, 26.3 percent reported fair or poor health, 28.2 percent reported seven or more days of poor physical health in the past 30 days, and 18.2 percent reported seven or more days of poor mental health in the past 30 days.

### Ability to Work

More than one-third (38.0%) of persons with arthritis aged 18-64 reported arthritis or joint symptoms affected whether they worked and the type or amount of work they did.

### Activity Limitation

When asked if arthritis or joint symptoms limited their usual activities in any way during 2005 and 2007, more than one-third (38.0%) of Utah adults with arthritis reported limiting their usual activities.

Persons with arthritis had a rate nearly four times higher of being limited in activities because of a physical, mental, or emotional problem (42.7%) than persons without arthritis (11.1%).

Persons with arthritis had a rate seven times higher of using special equipment such as a cane, wheelchair, or special bed (14.6%) than persons without arthritis (2.2%).

### Physical Activity/Exercise

Adults with arthritis were more likely to report being inactive (25.9%) than adults without arthritis (17.0%).

### Age-adjusted Prevalence of Arthritis by Local Health District

After adjusting for age, Central Utah and TriCounty health districts had a higher prevalence of arthritis (30.9% and 27.3%, respectively) compared to the state rate of 25.3 percent and the U.S. rate of 26.1 percent.

The age-adjusted prevalence of arthritis in Utah's local health districts ranged from a low of 21.1 percent in Wasatch County to a high of 30.9 percent in Central Utah.

#### **Age-adjusted Prevalence of Arthritis by Education Level and Income**

Among persons with less than a high school education, 24.2 percent of adults reported arthritis compared to 28.6 percent with a high school education, 27.4 percent who reported some college, and 21.3 percent who reported a college degree.

Among persons with an annual income of less than \$20,000, 31.5 percent stated they had arthritis. As income increased to \$50,000 or more, the percentage of persons reporting arthritis decreased to 23.3 percent.

#### **Age-adjusted Prevalence of Arthritis by Race/Ethnicity**

Arthritis affects all racial groups, but is most prevalent among Whites in Utah.

The age-adjusted prevalence rates for arthritis by ethnicity were 25.4 percent for White non-Hispanic, 24.7 percent for non-White non-Hispanic/Latinos, and 16.8 percent for Hispanic/Latinos.

## Introduction

Obtaining accurate and reliable arthritis data at the state and local levels allows for accurate measurement of the prevalence of arthritis. Such data help set public health priorities and focus the use of limited public health resources most effectively. They also help us understand who is affected, who is at risk, what health behaviors may increase that

risk, which occupations and activities may increase that risk, and how the disease affects physical health, quality of life, and economics. Thus, surveillance of arthritis is critical for understanding the disease, targeting interventions, developing policy, and setting priorities for research.

---

## Background

The word arthritis means inflammation of a joint and refers to more than 100 different diseases and conditions including osteoarthritis, rheumatoid arthritis, fibromyalgia, systemic lupus erythematosus, gout, and bursitis. Arthritis and its related disabilities may cause pain, stiffness, and swelling, not just in the joints but in other supporting structures of the body such as the muscles, tendons, ligaments, and bones.

Arthritis can also create enormous economic, social, and psychological burdens for individuals with arthritis, their families, and the health care system. Although some of the effects of arthritis are easily converted into economic expressions such as lost wages and medical care costs, many effects, such as pain, reductions in daily housekeeping activities, and the inability to enjoy leisure activities are not quantified as easily.

The prevalence of doctor-diagnosed arthritis in the U.S. is projected to increase from 48 million in 2005 to nearly 67 million by 2030 (25% of the adult population). By 2030, it is estimated that 25 million (9.3% of the adult population) will report arthritis-attributable activity limitations. In 2030, more than 50 percent of arthritis cases will be among adults older than 65. However, adults 45 to 64 will account for nearly one-third of cases. It is important for clinicians and other health care providers to understand the future impact of arthritis so they can respond to the challenges.

### Arthritis Definition

Beginning with the 2002 BRFSS survey, the Centers for Disease Control and Prevention (CDC) recommended that surveillance estimates for arthritis focus on doctor-diagnosed arthritis only. Therefore, “arthritis” refers only to doctor-diagnosed arthritis in this report.

## Prevalence of Arthritis in Utah

The crude rate of arthritis among adults age 18 and older in Utah was 22.2% in 2005 and 2007. (See Appendix A)

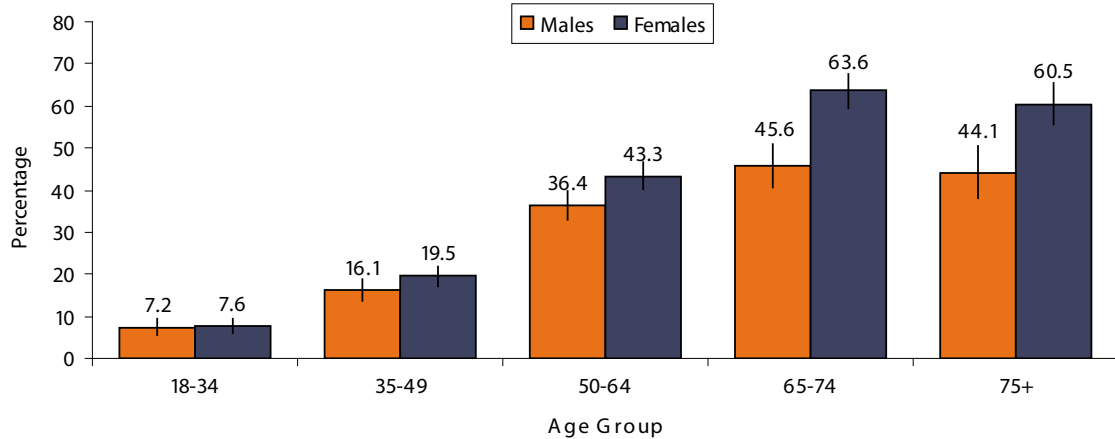
### Prevalence of Arthritis by Gender and Age Group

While arthritis affects both men and women, women are more likely to report arthritis. In 2005 and 2007, 25.1 percent of Utah women reported arthritis compared to 19.3 percent of Utah men.

Although arthritis affects Utahns of all ages, some age groups are more likely to be affected. The prevalence of self-reported arthritis ranges from 7.4 percent among 18-34-year-olds to 55.2 percent among those aged 65-74. Prevalence increases significantly after age 50, especially among Utah women. (See Figure 1 and Appendix A)

1

Prevalence of Arthritis by Age Group and Gender, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey

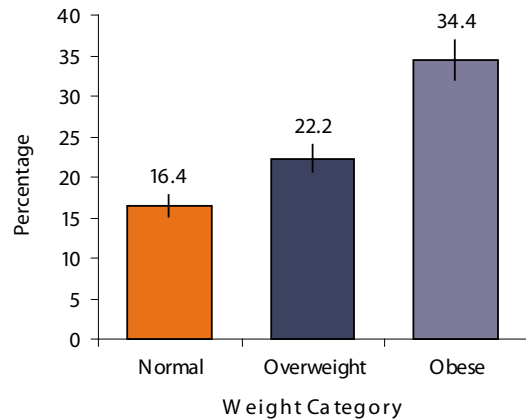
### Arthritis Prevalence by Weight Category

Weight type is categorized into normal, overweight, and obese by using body mass index (BMI). BMI is defined as weight in kilograms divided by height in meters squared. A normal weight is a BMI of less than 25, overweight is a BMI of 25 and less than 30. Obesity is a BMI of 30 or greater. (See Appendix B)

The rate of arthritis among Utah adults who were obese was 2.1 times higher than among persons who reported a normal body weight. (See Figure 2)

2

Prevalence of Arthritis by Weight Category, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey

## Health Status and Physical Health

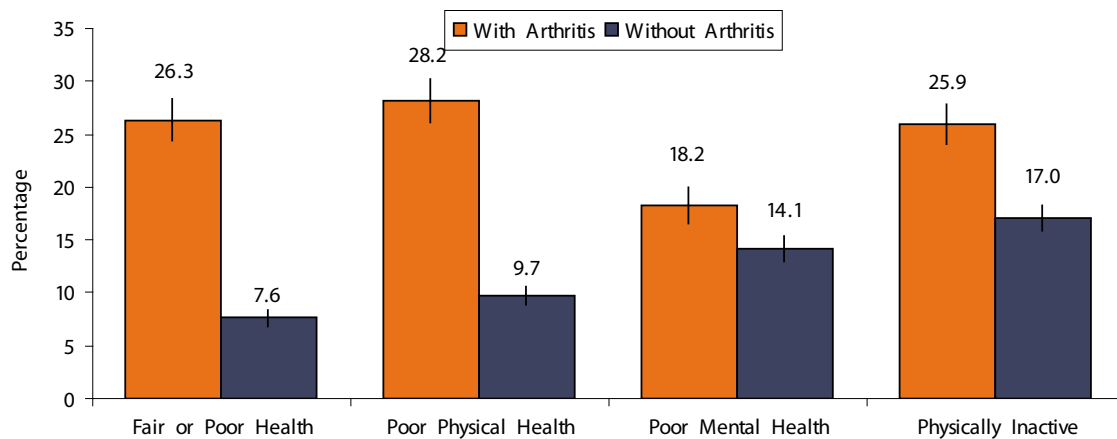
Utah adults with arthritis had a rate three times higher for fair or poor health than those without arthritis (26.3% vs. 7.6%). The rate was also nearly three times higher than for persons without arthritis who reported experiencing seven or more days in the last month when their physical health was not good (28.2% vs. 9.7%). (See Figure 3)

## Mental Health

The relationship between arthritis and mental health is less dramatic when comparing persons with and without arthritis. However, the pattern remains the same, as nearly one in five Utah adults with arthritis (18.2%) reported seven or more days of poor mental health in the past month compared to one in seven adults (14.1%) without arthritis. (See Figure 3)

3

Impact of Arthritis on Health-related Quality of Life, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey

## Physical Activity/Exercise

Adults with arthritis were more likely to report being inactive (25.9%) compared to persons without arthritis (17.0%). (See Figure 3)

## Ability to Work

More than one-third (38.0%) of persons 18-64 with arthritis aged reported arthritis or joint symptoms affected whether they worked and the type or amount of work they did.

## Activity Limitation

When asked if arthritis or joint symptoms limited their usual activities in any way, one-third (38.0%) of Utah adults with arthritis reported limiting their usual activities.

Pain appears to play a lead role in activity limitation for people with arthritis. Utah adults with arthritis had a rate nearly five times higher for pain limiting their activities for more than seven days during the past month (30.2%) than adults without arthritis (6.7%).

More than one-third of adults with arthritis (33.9%) reported they needed help with their routine needs such as everyday household chores, doing necessary business, shopping, or getting around for other purposes compared to one in five adults without arthritis (23.2%). Persons with arthritis had a rate seven times higher for using equipment such as a cane, wheelchair, or special bed (14.6%) than persons without arthritis (2.2%).

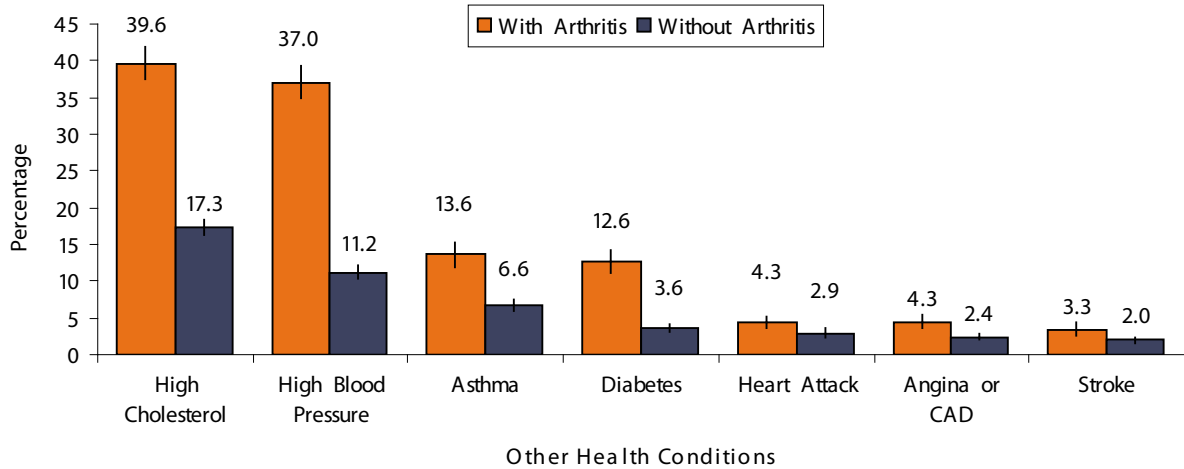
## Arthritis and Coexisting Conditions

Arthritis is frequently associated with other health conditions like high blood pressure and other chronic diseases. In this report, the coexisting prevalence of seven conditions was examined for adults with and without arthritis. For each of the seven conditions, the prevalence of other conditions was

higher among adults with arthritis than those without it. In particular, the prevalence of high cholesterol (39.6%), high blood pressure (37.0%), and asthma (13.6%) was high among adults with arthritis. (See Figure 4)

4

Coexisting Conditions Among Persons With and Without Arthritis, Utah, 2005 and 2007

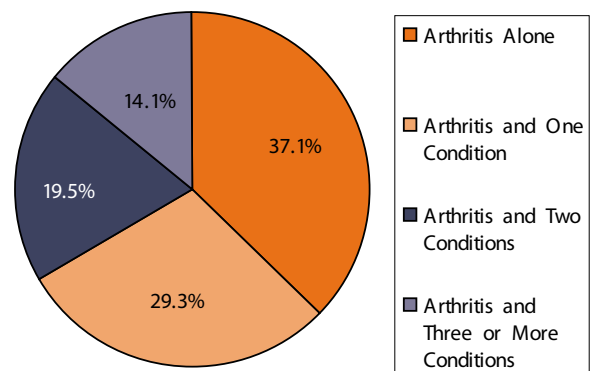


Source: 2005 and 2007 Utah BRFSS Survey

Comorbidity is common among people with arthritis. About two-thirds (62.9%) of persons with arthritis reported one or more additional chronic conditions. Nearly one in three (29.3%) reported one other condition. Nearly one in five (19.5%) reported two conditions, and more than one in eight (14.1%) reported three or more conditions. (See Figure 5)

5

Percentage of Adults with Doctor-diagnosed Arthritis and Other Chronic Conditions, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey

## Age-adjusted Prevalence of Arthritis

Because age affects the likelihood of having arthritis, it is beneficial to adjust the crude prevalence rate for the effect of age when comparing populations. This helps determine if a certain population has factors other than age that contribute to arthritis prevalence.

### Age-adjusted Prevalence of Arthritis by Local Health District

After adjusting for age, Central Utah and TriCounty health districts had a higher prevalence of arthritis (30.9% and 27.3%, respectively) compared to the state rate of 25.3 percent and the U.S. rate of 26.1 percent. The age-adjusted prevalence of arthritis in Utah's local health districts ranged from a low of 21.1 percent in Wasatch County health district to a high of 30.9 percent in Central Utah health district in 2005 and 2007. (See Figure 6)

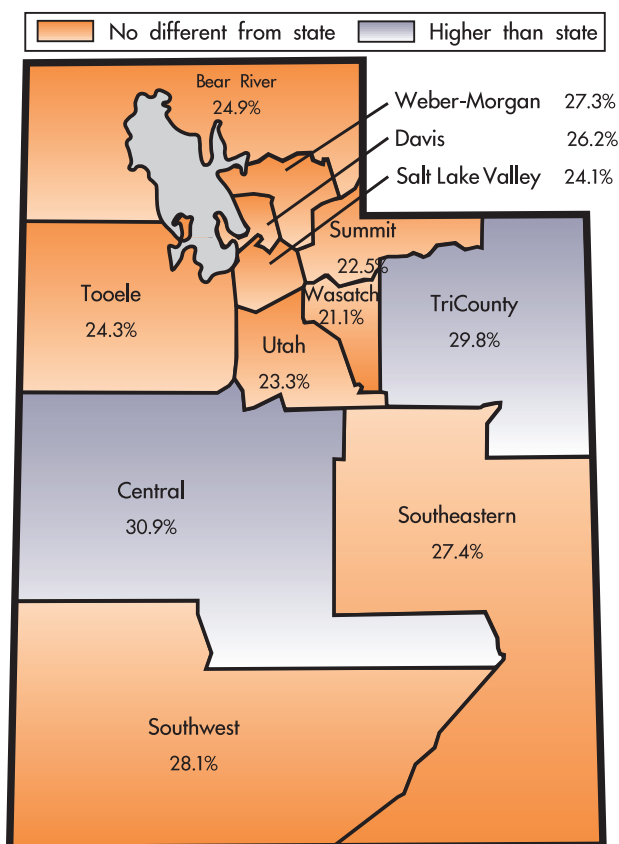
At the local level, public health services in Utah are organized into 12 health districts. Six of the 12 local health departments are single-county and six are multi-county districts.

The local health districts in Utah include the following counties:

- Bear River (Box Elder, Cache, and Rich)
- Central Utah (Juab, Millard, Piute, Sanpete, Sevier, and Wayne)
- Davis
- Salt Lake

6

Age-adjusted Percentage of Adults Reporting Arthritis by Local Health District, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey  
Age-adjusted to the U.S. 2000 standard population

- Southeastern Utah (Carbon, Emery, Grand, and San Juan)
- Southwest Utah (Beaver, Garfield, Iron, Kane, and Washington)
- Summit
- Tooele
- TriCounty (Daggett, Duchesne, and Uintah)
- Utah
- Wasatch
- Weber and Morgan

Davis, Salt Lake, Utah and Weber Counties are located along the Wasatch Mountain Range and are much more urbanized than counties in the remaining health districts.

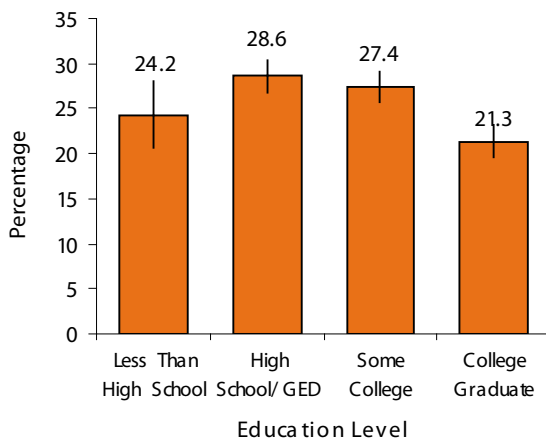
## Age-adjusted Prevalence of Arthritis by Education Level, Income and Race/Ethnicity

The age-adjusted prevalence of arthritis varies by education level. Among adults with less than a high school education, 24.2 percent reported arthritis compared to 28.6 percent of adults with a high school education, 27.4 percent among persons who reported some college, and 21.3 percent among persons who reported a college degree. (See Figure 7)

Among persons with an annual income of less than \$20,000, 31.5 percent stated they had arthritis. As income increased to \$50,000 or more, the percentage of persons reporting arthritis decreased to 23.3 percent. (See Figure 8)

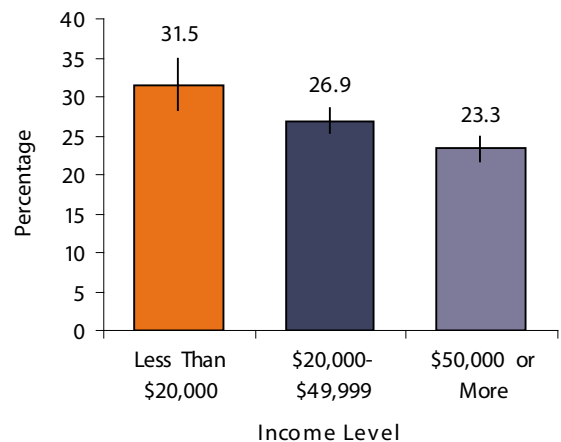
Arthritis affects all racial groups, but is most prevalent among Whites in Utah. The age-adjusted prevalence rates for arthritis by ethnicity were 25.4 percent for White non-Hispanic, 24.7 percent for non-White non-Hispanic/Latinos, and 16.8 percent for Hispanic/Latinos.

7 Age-adjusted Prevalence of Arthritis by Education Level, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey  
Age-adjusted to the U.S. 2000 Standard Population

8 Age-adjusted Prevalence of Arthritis by Income, Utah, 2005 and 2007



Source: 2005 and 2007 Utah BRFSS Survey  
Age-adjusted to the U.S. 2000 Standard Population

## Conclusions

Data in this report are presented to assess the impact of arthritis on Utahns. By using the data, we can identify target populations that may benefit from activities to reduce the incidence of arthritis in Utah. Through awareness, education, and action, the public health concerns noted in this report can be addressed. Ultimately, adults with arthritis should learn about treatment options, attend self-management programs, participate in regular physical activity, and maintain appropriate body weight to relieve their symptoms.

Managing the care of persons with arthritis who have multiple health conditions should be oriented toward a person's overall health, rather than focusing on an individual disease. This requires:

- Increasing dialogue among public health professionals, medical providers, medical specialists, persons with arthritis, private organizations, and others to better understand the high prevalence of arthritis and other health conditions.
- Developing alliances among public and private health care systems to provide a more complete approach to treating arthritis and comorbid conditions.

- Using system resources more effectively to simultaneously address multiple conditions.
- Collaborating with programs within state government, especially the Bureau of Health Promotion, that have common goals such as increasing physical activity and/or reaching and maintaining a normal weight to help the common target audience.
- Using cross-cutting, evidence-based self-management education programs (like the Chronic Disease Self-Management Program) and physical activity programs (like EnhanceFitness) to dramatically increase the reach of Bureau of Health Promotion Programs.
- Promoting and using arthritis-specific self-management education programs (like the Arthritis Self-Management Program) and physical activity programs (like the Arthritis Foundation Exercise Program and Arthritis Foundation Aquatic Program) to address the arthritis-specific concerns of people with arthritis and other chronic conditions.
- Embedding arthritis information in other chronic disease program messages to reduce arthritis-specific barriers among people with other chronic conditions who also have arthritis.

## Opportunities for Action

Arthritis management approaches must focus on improving health-related quality of life and reducing disability. To improve health-related quality of life for Utah residents living with arthritis, the Utah Arthritis Program has an extensive list of partners, including persons with arthritis, the Arthritis Foundation Utah/Idaho Chapter (AF), National Centers for Disease Control and Prevention, other states' arthritis programs, Local Area Agencies on Aging, The Orthopedic Specialty Hospital, Alliance Community Services, Salt Lake County Healthy Aging Program, local health departments, other programs within the Utah Department of Health (including other chronic disease programs, data reporting and surveillance programs, and others), health care providers and health systems (including community health centers, managed care, clinics, rheumatologists, and physical therapists), Community Nursing Services, and Utah senior centers.

The Utah Arthritis Program's (UAP) major strategies include:

- Promoting, implementing, and delivering evidence-based self-management programs including the Arthritis Foundation Self-Help Course (AFSHC), Spanish Arthritis Foundation Self-Help Course (SAFSHC), Arthritis Foundation Exercise Program (AFEP), Chronic Disease Self-Management Course (CDSMP), and EnhanceFitness (EF).
- Conducting targeted arthritis awareness campaigns in rural and urban communities.
- Partnering with providers, clinics, and health systems to identify and implement methods of professional education and process improvement.
- Implementing the Utah State Arthritis Plan, 2007-2011.
- Promoting healthy lifestyles.
- Increasing early diagnosis and appropriate medical management of arthritis.
- Increasing the use of self-management strategies.

- Developing and maintaining surveillance and reporting systems to describe the burden of arthritis in Utah and capture and evaluate program impact.

---

### New Initiative

**During the past year, an integrated initiative to implement the CDSMP has begun. Active partners include local health departments, Area Agencies on Aging, university clinics, community clinics, pharmaceutical companies, and other Bureau of Health Promotion agencies and volunteers. Partners have been identified as either infrastructure partners or referral partners. Infrastructure partners are those who are developing the infrastructure to conduct courses and referral partners are those who have access to potential participants. This coordinated effort will allow the dissemination of the program statewide while combining efforts without duplication.**

---

## Appendix A – Prevalence of Arthritis by Demographic Characteristics

Demographic Characteristic	Percentage	95 Percent Confidence Interval	
		Lower	Upper
<b>Gender</b>			
Males	19.3%	18.0%	20.8%
Females	25.1%	23.7%	26.4%
<b>Age Group</b>			
18-34	7.4%	6.2%	8.8%
35-49	17.7%	16.1%	19.5%
50-64	39.9%	37.6%	42.2%
65-74	55.2%	51.8%	58.6%
75+	53.8%	49.9%	57.7%
<b>Weight Category</b>			
Ideal	16.4%	15.1%	17.8%
Overweight	22.2%	21.6%	23.9%
Obese	34.4%	32.1%	36.9%
<b>Health Status</b>			
Fair or Poor Health	49.9%	46.4%	53.3%
<b>Income*</b>			
Less than \$20,000	31.5%	28.4%	34.8%
\$20,000-\$49,999	26.9%	25.3%	28.6%
\$50,000 and over	49.9%	46.4%	53.3%
<b>Education*</b>			
Less than High School	24.2%	22.6%	28.1%
High School or GED	28.6%	26.8%	32.0%
Some College	27.4%	25.7%	29.1%
College Graduate	21.3%	19.6%	23.0%
<b>Race/Ethnicity*</b>			
American Indian/ Alaskan Native	36.8%	27.5%	47.2%
Asian	8.2%	3.5%	17.8%
Black	21.3%	11.4%	36.5%
Pacific Islander	18.7%	7.8%	38.8%
White	25.3%	24.4%	26.4%
White, Non-Hispanic	25.4%	24.4%	26.4%
Hispanic	16.8%	13.6%	20.5%
<b>Total All Adults 18+</b>	<b>22.2%</b>	<b>21.3%</b>	<b>23.2%</b>

Source: 2005 and 2007 Utah BRFSS Survey

\*Age-adjusted to the U.S. 2000 standard population

## Appendix B – Body Mass Index Table

To use the table, find a height in the first row and the weight in the column. The number in the left column is the BMI at that height and weight.

### BMI Categories

- Normal Weight = 18.5-24.9
- Overweight = 25-29.9
- Obesity = 30 to 39.9
- Extreme Obesity = 40 or greater

BMI	Height (inches)																			
	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	
Normal	19	91	94	97	100	104	107	110	114	118	121	125	128	132	136	140	144	148	152	156
	20	96	99	102	106	109	113	116	120	124	127	131	135	139	143	147	151	155	160	164
	21	100	104	107	111	115	118	122	126	130	134	138	142	146	150	154	159	163	168	172
	22	105	109	112	116	120	124	128	132	136	140	144	149	153	157	162	166	171	176	180
	23	110	114	118	122	126	130	134	138	142	146	151	155	160	165	169	174	179	184	189
24	115	119	123	127	131	135	140	144	148	153	158	162	167	172	177	182	186	192	197	
Overweight	25	119	124	128	132	136	141	145	150	155	159	164	169	174	179	184	189	194	200	205
	26	124	128	133	137	142	146	151	156	161	166	171	176	181	186	191	197	202	208	213
	27	129	133	138	143	147	152	157	162	167	172	177	182	188	193	199	204	210	216	221
	28	134	138	143	148	153	158	163	168	173	178	184	189	195	200	206	212	218	224	230
	29	138	143	148	153	158	163	169	174	179	185	190	196	202	208	213	219	225	232	238
Obese	30	143	148	153	158	164	169	174	180	186	191	197	203	209	215	221	227	233	240	246
	31	148	153	158	164	169	175	180	186	192	198	203	209	216	222	228	235	241	248	254
	32	153	158	163	169	175	180	186	192	198	204	210	216	222	229	235	242	249	256	263
	33	158	163	168	174	180	186	192	198	204	211	216	223	229	236	242	250	256	264	271
	34	162	168	174	180	186	191	197	204	210	217	223	230	236	243	250	257	264	272	279
	35	167	173	179	185	191	197	204	210	216	223	230	236	243	250	258	265	272	279	287
	36	172	178	184	190	196	203	209	216	223	230	236	243	250	257	265	272	280	287	295
	37	177	183	189	195	202	208	215	222	229	236	243	250	257	265	272	280	287	295	304
	38	181	188	194	201	207	214	221	228	235	242	249	257	264	272	279	288	295	303	312
	39	186	193	199	206	213	220	227	234	241	249	256	263	271	279	287	295	303	311	320
Extreme Obesity	40	191	198	204	211	218	225	232	240	247	255	262	270	278	286	294	302	311	319	328
	41	196	203	209	217	224	231	238	246	253	261	269	277	285	293	302	310	319	327	336
	42	201	208	215	222	229	237	244	252	260	268	276	284	292	301	309	318	326	335	344
	43	205	212	220	227	235	242	250	258	266	274	282	291	299	308	316	325	334	343	353
	44	210	217	225	232	240	248	256	264	272	280	289	297	306	315	324	333	342	351	361
	45	215	222	230	238	246	254	262	270	278	287	295	304	313	322	331	340	350	359	369
	46	220	227	235	243	251	259	267	276	284	293	302	311	320	329	338	348	358	367	377
	47	224	232	240	248	256	265	273	282	291	299	308	318	327	338	346	355	365	375	385
	48	229	237	245	254	262	270	279	288	297	306	315	324	334	343	353	363	373	383	394
	49	234	242	250	259	267	278	285	294	303	312	322	331	341	351	361	371	381	391	402
	50	239	247	255	264	273	282	291	300	309	319	328	338	348	358	368	378	389	399	410
	51	244	252	261	269	278	287	296	306	315	325	335	345	355	365	375	386	396	407	418
	52	248	257	266	275	284	293	302	312	322	331	341	351	362	372	383	393	404	415	426
	53	253	262	271	280	289	299	308	318	328	338	348	358	369	379	390	401	412	423	435
	54	258	267	276	285	295	304	314	324	334	344	354	365	376	386	397	408	420	431	443

Source: Adapted from Clinical Guidelines on the Identification, Evaluation and Treatment of Overweight and Obesity in Adults: The Evidence Report