Arthritis can have serious impacts on the physical, social, and functional aspects of a person’s life. According to the CDC, arthritis is the most common cause of disability among adults in the United States.\(^1\) Arthritis causes work limitations for 6.9 million Americans and is reported by 30% of working-age (18-64) adults with arthritis.\(^2\) Arthritis-attributable work limitation (AAWL) is an important component of the larger picture of arthritis disability, and reflects the economic impacts of arthritis such as absenteeism, reduced productivity, work loss, and lower income.\(^3\),\(^4\) This document describes AAWL among people with arthritis in Utah.

**Figure 1: Percentage of Working-age Adults with Arthritis Who Report Arthritis-attributable Work Limitations by Sex and Age Group\(^5\)**

<table>
<thead>
<tr>
<th></th>
<th>18-44</th>
<th>45-64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>36.0</td>
<td>27.5</td>
</tr>
<tr>
<td>Females</td>
<td>41.3</td>
<td>36.0</td>
</tr>
<tr>
<td>Total</td>
<td>39.2</td>
<td>32.3</td>
</tr>
</tbody>
</table>

**AAWL in Utah**

- One in every three (34.7%) working-age adults with arthritis reported being limited in his or her ability to work
- Working-age women and men reported substantial AAWL
- AAWL affects both younger adults aged 18-44 and middle-aged adults aged 45-64

(continued on next page)
I didn’t understand how fatigue from my arthritis was affecting me. It is sort of a quiet, silent thing that happens to you and you sit back at the end of the day and think—I could have done that better, why didn’t I do that? You don’t know how to deal with it. I think that is one of the real weaknesses of the medical treatment for arthritis.

Regardless of the type of arthritis, a common symptom for all arthritis disorders is pain or a constant ache in or around a joint or joints. Working-age adults ages 18-64 with arthritis who reported moderate to extreme pain (5-10) reported AAWL more than three times as often (54.4%) as adults with arthritis who reported no or mild pain (0-4) (17.2%). See Figure 2.

When examined by age, the prevalence of moderate to severe joint pain was statistically the same among 18- to 44-year-olds (58.0%) and 45- to 64-year-olds (52.6%) who have AAWL. The high prevalence of moderate to extreme joint pain among adults ages 18-44 suggests the need for interventions that allow younger adults to remain in the workforce and avoid premature retirement. See Figure 3.
Economic Costs Associated with Arthritis in Utah

- **Annual costs** specific to arthritis across all payers (Medicaid, Medicare, and private insurers) in Utah is **$818,000,000**. This number represents medical spending that could be reduced through prevention of arthritis and its adverse effects.
- **More than half (55.2%)** of Utahns treated for arthritis are employed, with **treatment costs at $2,570 per person per year**.
- The current annual cost of arthritis in Utah is projected to rise to **$1.52 billion by 2020**.

Recommendations

The Utah Arthritis Program (UAP) goal is to reduce the number of people with doctor-diagnosed arthritis who are limited in their ability to work due to arthritis. To accomplish this objective, the UAP suggests that evidence-based arthritis interventions be offered to all people with arthritis who are experiencing any level of pain. These programs can reduce the disabling effects of arthritis and have been shown to reduce pain and fatigue and increase confidence in managing pain.

These programs have been demonstrated to be effective in reducing the physical and functional limitations and delaying disability attributed to arthritis that may contribute to AAWL. Also, because these programs are designed for community-based implementation, they are feasible for worksite health-promotion programs. Finally, worksite accommodations can help people with arthritis and AAWL cope with activity limitations so they can remain employed.

- For more information about these self-management programs, please visit: [http://www.health.utah.gov/arthritis/](http://www.health.utah.gov/arthritis/)
Public Health Message

Reducing the adverse effects of arthritis, e.g., pain, activity limitations and reduced physical function, through evidence-based physical activity and self-management education interventions may reduce the economic effects of arthritis in Utah. Identifying people at risk for arthritis-related work disability before work limitations occur and encouraging them to enroll in appropriate, evidence-based interventions may be more effective than beginning interventions after job loss or work disability occur.

Methodology

For this report, individuals were considered to have self-reported, doctor-diagnosed arthritis if they answered “yes” to the question, “Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?” Those who answered “yes” were also asked whether “arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do.” Persons who were limited in their work by arthritis were considered to have AAWL. Responses to the work limitation question were analyzed only for the typical working-age population (i.e., ages 18-64 years). To evaluate the impact of pain, individuals who reported AAWL were also asked if they had joint pain (excluding the neck or back) during the preceding 30 days and to rate their average pain on a scale of 0 (no pain) to 10 (extreme pain).

References