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INTRODUCTION

Arthritis is creating a serious health crisis that affects millions of people of all ages, genders, races and ethnic groups – and it’s growing. As America’s number one cause of disability, arthritis can seriously limit people’s mobility – preventing them from walking, climbing stairs, bathing, getting dressed, preparing meals and living live to its fullest. Arthritis is a group of serious diseases that steals people’s quality of life.

Arthritis is a large and very complex family of diseases. No matter what type, it can cause damage in ways most people don’t realize – physically, emotionally and financially. There are more than 100 types of arthritis and related conditions. But the common thread is that they all attack joints and connective tissues, making everyday life challenging, often very difficult – and some tasks are impossible.

By the numbers, more than 50 million adults in the United States have been doctor-diagnosed with some type of arthritis. By 2030, the number of adults in the U.S. with arthritis is expected to increase to 67 million. While estimates vary by location, about one child in every 1,000 children in the U.S. (or a total of 70,000 children) has been diagnosed with juvenile idiopathic arthritis. The estimates are higher when other childhood forms of arthritis and other rheumatic conditions are included. The thing we can be certain of is that the prevalence of all types of arthritis will increase as the population increases – unless a cure is found.

The Arthritis Foundation is a leader among health organizations. We have been helping people with arthritis for seven decades, and we’re behind many advances in both research and today’s clinical treatments. Our pursuit of a cure continues today through our ongoing support of innovative research.

As an advocacy organization, the Arthritis Foundation is the voice of people with arthritis. We are a volunteer-driven organization that reaches and touches the lives of a broad cross-section of patients. The Foundation routinely partners with organizations conducting value assessments to inform their methodology and to ensure that treatment needs of people who suffer from arthritis are included. To fully integrate the patient perspective, it is vital to acknowledge the diversity of patient populations, include outcomes important to patients and utilize patient-centered data resources.

Overall, the Arthritis Foundation wants to ensure that people with arthritis have access to the treatments and health care they need to live full, meaningful and productive lives. However, physical well-being is only one dimension of arthritis. Another is the economic burden. Arthritis is one of the top chronic conditions leading to death and disability in the U.S. (CDC 2016). As of 2012, spending for the treatment of musculoskeletal conditions ranked third in the country (Peterson-Kaiser Health System 2016). The challenges faced by U.S. health care may well be conquerable, but will not be conquered without first addressing the costs of arthritis.

The following pages detail more than 200 observations about arthritis. Each has been carefully researched and published in peer-reviewed journals by leaders in the field. This publication is designed to provide thought leaders (elected, academic, industrial, professional and patient advocates) with a trustworthy set of facts. The data will be updated periodically to include the most up-to-date information available. You can access this publication, and additional arthritis information, at arthritis.org. Together, we can make the essential case for prioritizing science and policy that advance the needs of people with arthritis.
TODAY MORE THAN 50 MILLION AMERICANS HAVE ARTHRITIS

(Hootman 2016)
Section 1: General Arthritis Facts

What Is Arthritis?
Arthritis is very common but not well understood. Actually, “arthritis” is not a single disease; it is an informal way of referring to joint pain or joint disease. There are more than 100 different types of arthritis (see Appendix) and related conditions. People of all ages, genders and races can and do have arthritis, and it is the leading cause of disability in the United States. More than 50 million adults and almost 300,000 children have arthritis or some other type of rheumatic disease. It is most common among women and occurs more frequently as people get older.

Common arthritis joint symptoms include swelling, pain, stiffness and decreased range of motion. Symptoms may come and go, and can be mild, moderate or severe. They may stay about the same for years, but may progress or get worse over time. Severe arthritis can result in chronic pain, inability to do daily activities and make it difficult to walk or climb stairs. Arthritis can cause permanent joint changes. These changes may be visible, such as knobby finger joints, but often the damage can only be seen by X-ray. Some types of arthritis also affect the heart, eyes, lungs, kidneys and skin as well as the joints.

The following facts describe some of the features common to all forms of arthritis.
There are more than 100 types of arthritis. (CDC 2016)

- Arthritis affects about 1 in 4 adults. (Barbour 2017)

- In 2010-2012, 52.5 million adults in the US (22.7 percent of all adults) had doctor-diagnosed arthritis, and 22.7 million (9.8 percent) had arthritis-attributable activity limitation. (Barbour 2013)

- Today more than 50 million Americans have arthritis. (Hootman 2016)

- About 43 percent of people with arthritis have arthritis-attributable activity limitations. (Hootman 2016)

- By 2015, 23.7 million adults reported activity limitation due to their arthritis. (Barbour 2017)

- By 2040, the number of US adults with doctor-diagnosed arthritis is projected to increase 49 percent to 78.4 million (25.9 percent of all adults), and the number of adults with arthritis-attributable activity limitation will increase 52 percent to 34.6 million (11.4 percent of all adults). (Hootman 2016)

- In 2014, approximately one-fourth of adults with arthritis had severe joint pain (27 percent).

- Among adults with arthritis, the prevalence of severe joint pain was 27 percent, with the highest prevalence among persons 45 to 64 years old (31 percent). (Barbour 2016)

- Severe joint pain was higher among women (29 percent) and those who had fair or poor health (49 percent), obesity (32 percent), heart disease (34 percent), diabetes (40.9 percent) or serious psychological distress (56 percent). (CDC 2016)

- The prevalence of severe joint pain among adults with arthritis was stable from 2002 to 2014, but the absolute number of adults with severe joint pain was significantly higher in 2014 (14.6 million) than in 2002 (10.5 million) due, in part, to population growth. (CDC 2016)

- The prevalence of arthritis was 22.7 percent from 2010 to 2012. (CDC 2016)

- Almost 50 percent of adults 65 years or older reported doctor-diagnosed arthritis from 2010-2012. (Barbour 2013)

- Between 2010 and 2012, arthritis was more common among women (26 percent) than men (19 percent). (Barbour 2013)

- Arthritis is also more common among adults who are obese than among those who are normal weight or underweight. (Barbour 2013)

- About 4 million Hispanic adults have reported being doctor-diagnosed with arthritis. (Barbour 2013)

- Almost 6 million non-Hispanic blacks have reported being doctor-diagnosed with arthritis. (Barbour 2013)

- By the year 2040, the number of people in the U.S. with arthritis older than the age of 65 is projected to grow from the current 15 percent of the population to 21 percent.

  - age 85 and older will double from the current less than 2 percent to 4 percent.
- Health care services worldwide will face severe financial pressures in the next 10 to 20 years due to the escalation in the number of people affected by musculoskeletal diseases. (BMUS 2014)

- Obesity affects 36.5 percent of all adults in the US, occurs frequently among those with arthritis. (Barbour 2016)

- Obesity and arthritis are more likely to have arthritis activity and work limitation, be physically inactive, report depression and anxiety, and have an increased risk of expensive knee replacement. (Barbour 2016)

- Increase in obesity prevalence in older adults with doctor-diagnosed arthritis was not limited to those with poor health characteristics, but also occurred among those who reported meeting physical activity recommendations, had very good/excellent health and did not have a disease, diabetes, or serious psychological distress. (Barbour 2016)

- Researchers from the Centers for Disease Control and Prevention found that one-third of U.S. adults with arthritis, 45 years and older, report having anxiety or depression. (Murphy 2012) Anxiety is nearly twice as common as depression among people with arthritis, despite more clinical focus on the latter mental health condition. (Murphy 2012)

- Nearly one in four adults with arthritis also has heart disease. (Murphy 2012)

- Among people with arthritis, 19 percent also have chronic respiratory conditions and 16 percent also have diabetes. It’s believed that arthritis likely comes first and results in these other health problems. (Murphy 2012)

- Arthritis is the leading cause of disability among adults in the U.S. (Barbour 2013)

- In 2011, the cost directly attributed to treatment of arthritis conditions in the U.S. is $116.1 billion. (Barbour 2013)

- Arthritis is strongly associated with major depression (attributable risk of 18.1 percent), probably through its role in creating functional limitation. (Dunlap 2004)

- Between 2010 and 2012 in the U.S.:
  - Almost half of the people with either heart disease or diabetes also had doctor-diagnosed arthritis. Of those, about one in four reported arthritis-attributable activity limitations.
  - Almost one in three people who were obese also had doctor-diagnosed arthritis. Of those, about 15 percent reported arthritis-attributable activity limitations.
  - About one in five adults 18 and older (52.5 million) had self-reported doctor-diagnosed arthritis. Of those, almost half reported arthritis-attributable activity limitations. (CDC 2013)

- Annually 172 million work days are lost due to arthritis and other rheumatic conditions. (BMUS 2014)

- In 2010 there were more than 100 million outpatient visits due to arthritis. (BMUS 2014)

- In 2011 there were an estimated 6.7 million hospitalizations due to arthritis. (BMUS 2014)

- In 2011 there were 757,000 knee replacements and 512,000 hip replacements. (BMUS 2014)
ANNUALLY 172 MILLION WORK DAYS ARE LOST DUE TO ARTHRITIS AND OTHER RHEUMATIC CONDITIONS

(BMUS 2014)
Section 2: Osteoarthritis

What is Osteoarthritis?
Sometimes called degenerative joint disease or degenerative arthritis, osteoarthritis (OA) is the most common chronic condition of the joints, affecting more than 30 million Americans. OA can affect any joint, but it occurs most often in knees, hips, lower back and neck, small joints of the fingers and the bases of the thumb and big toe.

In normal joints, cartilage covers the end of each bone. Cartilage provides a smooth, gliding surface for joint motion and acts as a cushion between the bones. In OA, the cartilage breaks down, causing pain, swelling and problems moving the joint. As OA worsens over time, bones may break down and develop growths called spurs. Bits of bone or cartilage may chip off and float around in the joint. In the body, an inflammatory process occurs and cytokines (proteins) and enzymes develop that further damage the cartilage. In the final stages of OA, the cartilage wears away and bone rubs against bone, leading to joint damage and more pain.

The following facts describe some of the features common to OA.
Prevalence
- Today an estimated 30.8 million adults have osteoarthritis. (Cisternas 2015)

- In U.S. adults, osteoarthritis is considered to be the most common form of arthritis and the most common cause of disability. (Lawrence 2008)

- Prevalence increases with age, ranging from about 2 percent among persons younger than 45 to more than 80 percent among those aged 75 and older. (Berger 2011)

- Among people younger than 45, osteoarthritis is more prevalent among men; among those age 45 and older, it is more prevalent among women. (Berger 2011)

- The prevalence of symptomatic knee osteoarthritis (OA) increases with each decade of life, with the annual incidence of knee OA being highest between 55 and 64 years old. (Deshpande 2016)

- The prevalence of symptomatic knee osteoarthritis has been increasing over the past several decades in the U.S., concurrent with an aging population and the growing obesity epidemic. (Deshpande 2016)

- The overall number of people in the U.S. with symptomatic knee OA is nearly identical between those between the ages of 45 and 64 compared to those older than 65. (Deshpande 2016)

- There are 14 million individuals in the U.S. who have symptomatic knee osteoarthritis. (Deshpande 2016)

- Nearly 2 million people under the age of 45 and 6 million people between 45 and 64 have symptomatic knee osteoarthritis. (Deshpande 2016)

- More than 3 million people identifying as a racial/ethnic minority have symptomatic knee OA, and that number is expected to rise. (Deshpande 2016)

- More than half of all individuals with diagnosed symptomatic knee osteoarthritis (OA) have had sufficient progression of OA to make them eligible for knee replacement. (Deshpande 2016)

- Many people with symptomatic knee osteoarthritis (OA) who are younger than 65 will live for three decades or more, substantially increasing the chance for greater disability to occur. (Deshpande 2016)

- In 2010, the prevalence of symptomatic knee osteoarthritis (OA) in patients 45 and older has been estimated between 5.9 and 13.5 percent in men and 7.2 and 18.7 percent in women. Approximately 10 million adults had symptomatic knee OA. (AAOS 2013)

- In people age 55 and younger, the prevalence of knee osteoarthritis (OA) in men is lower compared to women. (Heidari 2011)

- About 13 percent of women and 10 percent of men age 60 and older have symptomatic knee osteoarthritis (OA). (Zhang 2010)

US Military Prevalence
- One of every three military veterans in the United States lives with arthritis. (CDC 2014)

- A study of combat-injured soldiers found that osteoarthritis was the most common unfitting condition, with 94.4 percent of osteoarthritis cases attributable to combat injury. (Rivera 2012)

- The rate of osteoarthritis in military service members ages 20 to 24 is 26 percent higher than the general population. (Cameron 2011)

- The rate of osteoarthritis in military personnel age 40 and older is twice as high as the general population. (Cameron 2011)

- Osteoarthritis is the most common cause of disability among service members who are medically separated from active duty. (Cross 2011)

- Among service members 25 and older, the rate of osteoarthritis (OA) overall was higher among black, non-Hispanics than other racial/ethnic group members. The rate of shoulder OA was higher among males than females. (Williams 2016)
Among service members 35 and older, rates of OA of the knee and pelvic region/thigh were higher among females than males. (Williams 2016)

Global Prevalence
- Osteoarthritis (OA) is the most common articular disease of the developed world and a leading cause of chronic disability, mostly as a consequence of knee OA and/or hip OA. (Grazio 2009)

- The prevalence of osteoarthritis (OA) increases with age, up to 80 percent in people over 65 in high-income countries. (Fernandes 2013)

- As the world’s population continues to age, it is estimated that degenerative joint disease disorders such as osteoarthritis will impact at least 130 million individuals around the globe by the year 2050. (Maiese 2016)

- At least 15 percent of all adults over the age of 60 are believed to suffer from this disorder with women having greater prevalence of osteoarthritis than men. (Maiese 2016)

- It is estimated that worldwide, 9.6 percent of men and 18.0 percent of women over the age of 60 suffer with osteoarthritis (OA). (Maiese 2016)

- Osteoarthritis is thought to be the most prevalent of all musculo-skeletal pathologies, affecting an estimated 10 percent of the world’s population over the age of 60. (Pereira 2011)

- Osteoarthritis ranks fifth among all forms of disability worldwide. (Murray 2012)

- Hip and knee osteoarthritis represent a substantial cause of disability worldwide and are responsible for approximately 17 million years lived with disability globally. (Cross 2014)

Human and Economic Burdens
- Current therapies, including pain management, improved nutrition and regular programs for exercise, do not lead to the resolution of osteoarthritis. (Maiese 2016)

- Advanced age, obesity, genetics, gender, bone density, trauma and a poor level of physical activity can lead to the onset and progression of osteoarthritis. (Gabay 2016)

- Osteoarthritis is linked to increased rates of comorbidity (e.g., obesity, diabetes and heart disease). (Suri 2012)

- In the U.S., about 65 percent of patients with osteoarthritis are prescribed NSAIDs, making them one of the most widely used drugs in this patient population. (Gore 2012)

- Females, particularly those 55 and older, tend to have more severe osteoarthritis in the knee but not in other sites. (Srikanth 2005)

- Osteoarthritis accounts for more than 25 percent of all arthritis related health care visits. (AAOS 2008)

- A greater proportion of individuals with osteoarthritis are reported to have depression (12.4 percent), as compared to individuals without the disease. (Gore 2011)
- Five common athletic injuries have been identified as placing patients at greater risk of developing post-traumatic osteoarthritis. These include three types of knee injuries (anterior cruciate ligament ruptures, meniscus tears, and patellar dislocation), shoulder dislocation, and ankle instability (the most commonly injured joint in the body). (Whittaker 2015)

**Economic Burden**

- Earning losses due to osteoarthritis cost an estimated $80 billion per year between 2008 and 2011. (OAA 2014)

- Employed individuals with evidence of osteoarthritis (OA) have much higher health care costs over a single year than those of similar age and gender without evidence of OA. (Berger 2011)

- Costs of short-term disability, workers’ compensation and absenteeism are much higher among persons with osteoarthritis. (Berger 2011)

- In the U.S. alone, osteoarthritis is the highest cause of work loss and affects more than 20 million individuals, costing the U.S. economy more than $100 billion annually. (Sandell 2012)

- The indirect cost of absenteeism was estimated at approximately $10.3 billion in the U.S in 2010. (Kotlarz 2010)

- It has been estimated that the costs due to absenteeism from osteoarthritis alone are at least $11.6 billion due to an estimated three lost workdays per year. (Kotlarz 2010)

- Over 1 million total joint arthroplasties, at a cost of $18.8 billion, were performed in the United States in 2012. (CDC-Table 105 2015)

- Coupled with increasing knee osteoarthritis prevalence, the rising costs of health care may inflict a tremendous societal economic burden in the future. There are currently no medical or surgical treatments that will improve this alarming trajectory. (London 2011)

- Risks of revision surgery are especially pronounced in the younger patient who may be more physically active and, consequently, subject to multiple revision surgeries over a lifetime. (Bhandari 2012)

- More than 55,000 revision surgeries were performed in 2010 in the U.S., with 48 percent of them in patients under age 65. (Bhandari 2012)

- By 2030, nearly two in three total knee arthroplasty revision patients will be under 65 years. (Kurtz 2009)

- In 2010, each total knee arthroplasty revision surgery was associated with total costs of $49,360. (Bozic 2010)

- During fiscal year 2011, the Medicare program reimbursed U.S. hospitals:
  - $3.5 billion for total knee arthroplasty (the program’s largest expenditure for a single procedure)
  - $3.4 billion for heart failure
  - $2.0 billion for coronary intervention with drug-eluting stents
  - $3.2 billion for spinal fusion. (Culler 2015)

- Opioids do not appear to be cost-effective in osteoarthritis patients without comorbidities, principally because of their negative impact on pain relief after total knee arthroplasty. (Rose 2016)

- Total knee arthroplasty procedures are costly, with an inpatient procedure costing approximately $20,000, and a revision costing approximately $25,000. (Losina 2015)
The total cost for all total knee arthroplasty procedures in the U.S. in 2012 was over $11 billion. (Losina 2013)

Compared with nonsurgical treatments, total hip arthroplasty increased average annual productivity of patients by $9,503. (Koenig 2016)

The total lifetime societal savings for total hip repair or replacement were estimated at almost $10 billion from more than 300,000 procedures performed in the U.S. each year. (Koenig 2016)

Knee, Hip and Shoulder OA Burden

Knee osteoarthritis is frequently accompanied by comorbidities that contribute to a decreased quality of life:
- obesity or being overweight (90 percent)
- hypertension (40 percent)
- depression (30 percent)
- diabetes (15 percent). (Hunter 2011)

Knee injuries remain the most prevalent worldwide, with 700,000 cases annually in the U.S. and accounting for 12.5 percent of post-traumatic osteoarthritis cases. (Gage 2012)

Adolescents and young adults with anterior cruciate ligament injuries are prone to develop osteoarthritis before they reach age 40. (Oiestad 2010)

In anterior cruciate ligament ruptures, approximately 50 percent of those affected develop post-traumatic osteoarthritis five to 15 years after injury (treated and with surgery). (Whittaker 2015)

More than 719,000 total knee arthroplasties were performed in 2010 in the U.S. (HCUP 2010)

Knee osteoarthritis contributes more than $27 billion in health care expenditures annually. (Losina 2015)

From 1999 to 2008, the utilization rate of total knee replacement procedures in the U.S. more than doubled for the overall population, and tripled for individuals age 45 to 64. (Losina 2012)

It’s estimated that 54 percent of knee osteoarthritis (OA) patients will receive total knee replacement over their lifetime under current guidelines; the current trend suggests that there may be a 29 percent increase in lifetime direct medical costs attributable to this procedure among knee OA patients. (Losina 2015)

By the end stages of osteoarthritis, total knee arthroplasty is often necessary to address the degradation of the joint and the associated symptoms that severely limit day-to-day function. (Hochberg 2012)

Although many patients eventually require total knee arthroplasty, they spend an average of 13 years exhausting pharmacologics before undergoing surgery. (Losina 2015)

Surgery for end-stage knee osteoarthritis is performed on 658,000 Americans annually. (Bhandari 2012)

Hip and knee osteoarthritis causes the greatest burden in terms of pain, stiffness and disability, leading to the need for prosthetic joint replacement in the most severe cases. (Litwic 2013)
- Between July 1, 2007, and June 30, 2012, people without significant comorbid conditions who underwent knee or hip replacement procedure had a greater decrease in osteoarthritis-related health care resource utilization and costs after they recovered from surgery. (Pasquale 2015)

- The most severe fracture that can result from osteoarthritis involves the hip, which requires hospitalization. This type of fracture leads to permanent disability in 50 percent of individuals and fatality in another 20 percent. (Maiese 2016)

- Hip osteoarthritis profoundly affects quality of life in the U.S., with estimated costs as high as $42.3 billion from 904,900 hip and knee replacements in 2009. (Murphy 2012)

- With the lifetime risk of symptomatic hip osteoarthritis (OA) estimated at 25.3 percent, conditions that can lead to OA must be addressed to reduce the quality of life lost, caused by disability and functional limitations, and their corresponding economic impact. (Murphy 2010)

- Total hip arthroplasty is a highly successful medical intervention, having favorable long-term outcomes in improvement of physical functioning, survivorship and self-reported quality of life. (Babovic 2013)

- Across all patients, primary total hip arthroplasty is projected to grow by 75 percent between 2010 and 2020. (Kurtz 2014)

- One study projected that more than 50 percent of total hip arthroplasties will be performed in patients younger than 65 by 2030. (Kurtz 2009)

- The number of total hip arthroplasties performed on patients 18 to 64 years old has increased by 91 percent between 2003 and 2013. (HCUP 2015)

- Most prosthetic infections are diagnosed after patients are discharged (Poulsides 2012)

- Infection is a devastating complication after shoulder arthroscopy or arthroplasty that can lead to substantial morbidity. Recent studies have reported a rate of infection of 0.27 percent after shoulder arthroscopies and up to 15 percent of shoulder arthroplasties. (Werner 2016)

- A recent study found infection was the most common surgical cause of readmission after shoulder arthroplasty and that these readmissions incurred an average hospital cost of $11,000. (Schairer 2014)

- The 90-day readmission rate for shoulder arthroplasty has been reported to be as high as 6 percent; these rates have been reported to be increasing. (Matsen 2015)

- Factors associated with the risks of longer lengths of hospital stay, readmission within 90 days and revision surgery for primary shoulder arthroplasties:
  - Advancing age was associated with longer lengths of stay and more frequent readmission, but with fewer surgical revisions.
  - Women, African-Americans, and Medicaid patients had longer lengths of stay.
  - Patients who underwent arthroplasty for fracture-related problems had longer lengths of stay.

Knee osteoarthritis contributes more than $27 billion in health care expenditures annually. (Losina 2015)

- Knee osteoarthritis contributes more than $27 billion in health care expenditures annually. (Losina 2015)
- Patients who underwent arthroplasty for post-traumatic osteoarthritis had shorter lengths of stay but more revision surgeries.
- Facilities with the highest case volumes had longer lengths of stay and higher 90-day readmission rates. (Matsen 2015)

- The rate of revision for failed shoulder arthroplasty per 100,000 population has grown by 400 percent over the last two decades; revisions now have been reported to account for up to 10 percent of all shoulder arthroplasties. (Matsen 2015)

**Global Burden**

- In developed nations, osteoarthritis is considered to be one of the 10 most common disabilities in older individuals, especially those who remain active in the workforce. (Palmer 2015)

- The total number of years lived with disability worldwide caused by knee and hip osteoarthritis (OA) increased by 60.2 percent between 1990 and 2010, and by 26.2 percent per 1,000 people. This means OA has moved up from 15th to 11th in the list of the most frequent causes of disability. (Vos 2013)

**Australia**

- More than half of the 1.8 million Australians with osteoarthritis were between 25 and 64 years old in 2015. (Ackerman 2015)

- In Australia, 13 percent of primary total hip replacements and 7 percent of primary total knee replacements are undertaken in people under age 55. (Ackerman 2015)

- The costs of retiring early in Australia due to arthritis include over $9 billion in lost gross domestic product, and additional societal costs are associated with reduced work productivity. (Ackerman 2015)

- An increasing incidence of sports injuries could result in an increasingly larger future burden of osteoarthritis in the population, with a corresponding increase in health service delivery and musculoskeletal ill-health burdens in future years. (Finch 2015)

- While direct health care costs are often reported, indirect health care costs may be eight times greater than direct costs, indicating that the true burden of osteoarthritis is underestimated. (Finch 2015)

- The cost of arthritic disease in Australia is estimated to be $24 billion per annum, affecting one in eight adults. (Finch 2015)

- Osteoarthritis (OA) is an independent predictor of increased risk of cardiovascular disease. (Finch 2015)

- People undergoing total joint replacement are 26 percent more likely to have cardiovascular disease than people without OA. (Finch 2015)

**United Kingdom**

- Knee pain and disability are very strongly related to obesity, which is rising fast. Knee replacements are being performed much more frequently. There were more than 80,000 primary procedures in 2011 and increasing by around 3 percent annually. The majority of patients were obese (body mass index of 35 or greater) and this proportion is growing.
  - In 2006, 15 percent of patients were obese.
  - In 2013, 21 percent of patients were obese. (Willis 2015)

- Younger, more active patients are at greater risk of implant failure, as are obese patients.
  - There are around 5,000 (6 percent) revisions out of 88,000 total procedures in England each year.
  - The need for revisions is bound to increase considerably with the increase in primary procedures and the tendency to operate on younger and more obese patients. (Willis 2015)
IN 2015, ESTIMATED NATIONAL INDIRECT COSTS OF RA-RELATED ABSENTEEISM FROM WORK WERE $252 MILLION ANNUALLY.

(Gunnarsson 2015)
Section 3: Autoimmune and Inflammatory Arthritis

A Related Group of Rheumatoid Diseases

A healthy immune system is protective. It generates internal inflammation to get rid of infection and prevent disease. But the immune system can go awry, mistakenly attacking the joints with uncontrolled inflammation, causing joint erosion and damage to internal organs, eyes and other parts of the body.

There are many types of arthritis that fall into the category of autoimmune and inflammatory arthritis. This section presents the facts for some of the most common diseases in this group: rheumatoid arthritis (RA), spondyloarthritis (SpA), psoriatic arthritis (PsA) and systemic lupus erythematosus (SLE or lupus). The goal of treatment is to reduce pain, improve function and prevent further joint damage.
Rheumatoid Arthritis

Rheumatoid arthritis (RA) is an autoimmune disease in which the body’s immune system mistakenly attacks the joints. This creates inflammation that causes the tissue that lines the inside of joints to thicken, resulting in swelling and pain in and around the joints. Irreversible joint deformity can occur, so doctors recommend early diagnosis and aggressive treatment to control RA.

RA most commonly affects the joints of the hands, feet, wrists, elbows, knees and ankles, and is usually symmetrical. Because RA can also affect body systems, such as the cardiovascular or respiratory system, it is called a systemic disease, meaning “entire body.”

The following facts describe some of the features common to RA.

Prevalence
- Rheumatoid arthritis (RA) is an inflammatory systemic disease, with the hallmark of symmetric peripheral polyarthritis. The etiology of RA is not completely known and assumed to be affected by environmental causes, genetic predisposition, and female sex; women develop RA in a 2:3 ratio compared to men. (Houri 2016)
- In 2005, rheumatoid arthritis was estimated to affect 1.3 million adults in the U.S., representing 0.6 percent of the population. (Helmick 2008)
- By 2007, an estimated 1.5 million adults had rheumatoid arthritis. (Myasoedova 2010)
- The prevalence of rheumatoid arthritis is approximately 0.5 percent to 1 percent in developed countries and 0.6 percent in the U.S. population. (Gabriel 2009)
- Women are two to three times as likely to be affected as men. (Vollenhoven 2009)
- One in 12 women and 1 in 20 men will develop an inflammatory autoimmune rheumatic disease during their lifetime. (Crowson 2011)

Human and Economic Burdens
- Only 7 percent of all rheumatologists practice in rural areas, where 20 percent of the population lives. (ACR 2013)
- The lost productivity associated with rheumatoid arthritis is substantial. Because of its progressive nature, many individuals report missing work or choose not to work because of disease-related disabilities. (Burton 2006)
- Approximately 20 percent to 70 percent of individuals who were working at the inception of their rheumatoid arthritis were disabled after seven to 10 years. (Burton 2006)
- One study that followed employees with early-stage rheumatoid arthritis, and found a 39 percent prevalence of work disability after 10 years. (Eberhard 2007)
- The indirect cost of rheumatoid arthritis due to lost productivity has been estimated to be nearly three times greater than the costs associated with treating the disease. (Agarwal 2011)
- Approximately one-fourth to one-half of all patients with rheumatoid arthritis become unable to work within 10 to 20 years of follow-up. (Mikuls 2010)
- Among those who did miss work, employees with rheumatoid arthritis (RA) missed more days than employees without the disease. (Gunnarsson 2015)

- In 2015, estimated national indirect costs of RA-related absenteeism from work were $252 million annually. (Gunnarsson 2015)

- Mortality hazards are 60-70 percent higher in patients with rheumatoid arthritis (RA) compared with those in the general population, and the survival gap between patients with RA and those without RA appears to be only widening. (Mikuls 2010)

- There were 323,649 hospitalizations for rheumatoid arthritis (RA; mean age 61.0 years; men, 21.5 percent) between 1993 and 2011. During this time, the annual hospitalization rate for patients with a principle discharge diagnosis of RA declined from 13.9 to 4.6 per 100,000 US adults. (Lim 2016)

- In addition to imposing enormous indirect costs, rheumatoid arthritis (RA) extracts an increasing amount of health care resources. Based on 2005 U.S. Medicare/Medicaid data, total annual societal costs of RA (direct, indirect, and intangible) increased to $39.2 billion. (Birnbaum 2010)

- The direct and indirect costs included annual excess health care costs to RA patients of $8.4 billion, and costs of other RA consequences of $10.9 billion. These costs translate to a total annual cost of $19.3 billion. The intangible costs included of quality-of-life deterioration ($10.3 billion) and premature mortality ($9.6 billion). (Birnbaum 2010)

- From a stakeholder perspective, 33% of the total cost was allocated to employers, 28% to patients, 20% to the government, and 19% to caregivers. (Birnbaum 2010)

- A 2009 study found that approximately 43.6 percent of rheumatoid arthritis patients had problems paying medical and drug bills after insurance payments and 9.0 percent reported a severe or great burden -- being unable to purchase all the medications or care they needed because of out-of-pocket medical expenses. This burden was substantially greater for patients <65 years of age (11.8 percent) compared with those ≥65 years (5.3 percent). (Wolfe 2009)

**Comorbidities**

- A 2007 study found that excess mortality in rheumatoid arthritis has been seen in cardiovascular disease (31 percent), pulmonary fibrosis (4 percent), and lymphoma (2.3 percent). (Young 2007)

- Psychiatric disorders in rheumatoid arthritis are common, particularly depression, with an estimated point prevalence of 16.8 percent (10 percent to 23 percent) that is significantly greater compared with that of the general population. (Matcham 2013)

WOMEN ARE TWO TO THREE TIMES AS LIKELY TO BE AFFECTED BY RA AS MEN. (Vollenhoven 2009)
Spondyloarthritis (SpA)

Spondyloarthritis (SpA) is an umbrella term for inflammatory diseases that involve both the joints and the entheses (the sites where the ligaments and tendons attach to the bones). The most common of these diseases is ankylosing spondylitis. Others include reactive arthritis, psoriatic arthritis and enteropathic arthritis, which is associated with inflammatory bowel disease.

In most cases, spondyloarthritis primarily affects the spine. Some forms can affect the peripheral joints – those in the hands, feet, arms and legs.

The following facts describe some of the features common to SpA.

Prevalence

- The spondyloarthritis (SpA) prevalence estimates are in the range of SpA prevalence estimates reported elsewhere in population-based surveys and it is likely that SpA may affect up to 1 percent of US adults, a prevalence similar to that reported for rheumatoid arthritis. (Reveille 2012)

- The overall age-adjusted prevalence of definite and probably SpA by the Amor criteria was 0.9 percent, corresponding to an estimated 1.7 million persons. (Reveille 2012)

- Current estimates of the prevalence of spondyloarthritis (SpA) in the U.S. range between: 0.2 percent and 0.5 percent ankylosing spondylitis, 0.1 percent for psoriatic arthritis, 0.065 percent for enteropathic peripheral arthritis, 0.05 percent and 0.25 percent for enteropathic axial arthritis, and an overall prevalence of SpA as high as >1 percent. (Reveille 2011)

Human and Economic Burdens

- Prevalent patients with ankylosing spondylitis are at a 30 percent to 50 percent increased risk of incident cardiovascular events. (Eriksson 2016)

- Work disability affects 10 percent to 20 percent of patients with ankylosing spondylitis, most often in those with physically demanding jobs. Lost income and lost productivity due to work disability represent major burdens to both families and society. (Reveille 2012)
Psoriatic Arthritis (PsA)

Some people might hear “psoriasis” and think of the skin disease that causes itchy, scaly rashes and crumbling nails. It’s true, psoriasis is a skin disease. But about 30 percent of people with psoriasis also develop a form of autoimmune, inflammatory arthritis called psoriatic arthritis (PsA), which can lead to joint pain, stiffness and swelling. It can affect the entire body and may result in permanent joint and tissue damage if not treated early and aggressively.

The disease may lay dormant in the body until triggered by some outside influence, such as a common throat infection.

The following facts describe some of the features common to PsA.

Prevalence

- Psoriatic arthritis is a heterogeneous disease characterized by involvement of skin, nails, peripheral and axial joints, and enthuses. (Sukhov 2016)

- The presence of Pso (psoriasis), inflammatory arthritis and absence of positive serological tests for rheumatoid arthritis are the hallmarks of psoriatic arthritis (PsA). In 60 to 70 percent of patients Pso precedes PsA, while in 15 to 20 percent arthritis precedes the onset of Pso. (Kerschbaumer 2016)

- Up to 30 percent of individuals with psoriasis may also develop psoriatic arthritis, an inflammatory form of arthritis that can lead to irreversible joint damage if left untreated. (Gladman 2005)

- Psoriasis frequency ranges from 1 percent to 3 percent in white population, and arthritis occurs in 10 percent to 40 percent of psoriasis patients. (Ogdie 2015)

- Psoriatic arthritis (PsA) has a prevalence of 0.05 percent to 0.25 percent of the population and 6 percent to 41 percent of patients with psoriasis. (Ogdie 2015)

- PsA has a higher prevalence in patients with more extensive skin disease and a prevalence as high as 30 percent in dermatology clinics (where patients tend to have more extensive/severe psoriasis). (Ogdie 2015)

- In seven European and North American countries, almost a third of patients with psoriasis seen in dermatology centers had psoriatic arthritis (PsA) as determined by rheumatologists. Of the patients given the diagnosis of PsA in this study, 41 percent had not received a previous PsA diagnosis, suggesting under-diagnosis of patients in dermatologic practices of this potentially debilitating disorder. (Mease 2013)

- In the U.S., psoriasis remains a common, immune-mediated disease, affecting 7.4 million adults. Its prevalence has remained stable since the mid-2000s. (Rachakonda 2014)

Human and Economic Burdens

- Depression and anxiety are estimated to affect more than 30 percent of psoriasis patients. Low self-esteem, social anxiety, embarrassment due to disease stigmata, or absence from work due to painful arthritis may partly explain the psychosocial impact of psoriasis. (Dowlatshahi 2014)

- Depression or insomnia is commonly seen in patients with psoriasis or psoriatic arthritis, ranging from 20 percent to 50 percent in the literature. (Fleming 2015)

- In National Psoriasis Foundation surveys, roughly two-thirds of people with psoriasis and/or psoriatic arthritis said their disease made them feel angry, frustrated, and/or helpless. More than half said psoriasis interfered with their ability to enjoy life, nearly 30

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percent suffer from depression, and 88 percent of family members report the same levels of depression and anxiety as those with psoriasis. (Martinez-Garcia 2014)

- According to a 2014 study, 55 percent of patients with moderate-to-severe psoriasis, and 41 percent of patients with psoriatic arthritis, are not being treated to the established standards of care. (Lebwohl 2014)

- A 2013 study of data collected from National Psoriasis Foundation surveys found that although roughly 91 percent of patients with psoriasis or psoriatic arthritis were covered by insurance, the majority spent more than $2500 per year in out-of-pocket costs for their disease. (Bhutani 2013)

- Both psoriasis and psoriatic arthritis, similar to other systemic inflammatory conditions, were linked to an increased risk of developing cardiovascular diseases. (Husted 2011)

- Patients with psoriatic arthritis and psoriasis tend to be heavier than unaffected individuals and patients with rheumatoid arthritis. (Bhole 2012)

- Patients with psoriatic arthritis experience pain, swelling, and joint tenderness, which produce reduced functioning in daily activities and impaired quality of life. (Strand 2012)

- Severe psoriasis is more common among psoriasis patients with psoriatic arthritis (PsA) than patients without PsA. (Haroon 2013)

- Psoriatic disease is an expensive condition: the economic burden of psoriatic disease is up to $135 billion a year. (Brezinski 2015)

- Obesity has also been found to predict worse outcome and poor response to treatment in patients with psoriasis and psoriatic arthritis. (Eder 2014)

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IN THE U.S., PSORIASIS REMAINS A COMMON, IMMUNE-MEDIATED DISEASE, AFFECTING 7.4 MILLION ADULTS. (Rachakonda 2014)
Systemic Lupus Erythematosus (SLE or Lupus)

Lupus is a chronic, autoimmune disease. People with lupus have an overactive and misdirected immune system. Lupus is systemic, meaning that it affects a wide part of the body, including the joints, kidneys, skin, blood, brain and other organs.

Systemic lupus erythematosus (SLE) accounts for about 70 percent of all lupus cases. While SLE generally is considered the most serious form of lupus, cases range from very mild to severe. SLE affects various parts of the body and can cause joint pain, fatigue, hair loss, sensitivity to light, fever, rash and kidney problems.

The following facts describe some of the features common to SLE.

Prevalence
- In Georgia, striking gender, age, and racial disparities in systemic lupus erythematosus (SLE) have been confirmed. Women have an age-adjusted incidence rate >5 times higher and prevalence rate >8 times higher than men using the American College of Rheumatology Criteria. The relatively higher female to male ratio that we found in prevalent (8:1) compared to incidence cases (5:1) may be related to a greater awareness among physicians of SLE in general and as a result in men. (Lim 2014)

- The prevalence of SLE is 3 to 4 times higher in African Americans than whites, and disease onset occurs at a younger age among African Americans. (Lim 2014)

- In Michigan, systemic lupus erythematosus prevalence was 2.3 times higher in black persons than in white persons, and 10 times higher in females than in males. (Somers 2014)

- In the United States, studies suggest strong associations between ethnicity, socioeconomic status, and outcomes of lupus, with African-Americans, Hispanics and individuals of low socioeconomic status being most susceptible. (Crosslin 2009)

- Geographical and racial distribution — both geography and race affect the prevalence of systemic lupus erythematosus and of frequency and severity of clinical and laboratory manifestations. (Chakravarty 2007)

- The disease appears to be more common in urban than rural areas. (Chakravarty 2007)

- There is an increased prevalence of systemic lupus erythematosus (SLE) in women. Nearly nine times greater than in men. In addition, there is a large incidence of SLE in people of non-Caucasian origin. (Danchenko 2006)

- The prevalence of systemic lupus erythematosus is higher among Asians, Afro-Americans, Afro-Caribbeans, and Hispanic Americans compared with Americans of European decent in the U.S, and among Asian Indians compared with Caucasians in Great Britain. (Rus 2002)

- In the US population, the all race incidence was 5.1 per 100,000 per year and the prevalence was 52.2 per 100,000, with comparative figures of 3.8 and 26.2 in the U.K., and 2.9 and 28.4 in Japan, respectively. (D’Cruz 2007)

Human and Economic Burdens
- Serious infections are recognized as major causes of morbidity and mortality in patients with lupus, accounting for 13 to 37 percent of hospitalizations, 65 percent of avoidable hospitalizations and one-third of deaths. (Tektonidou 2015)
Hospitalization rates for serious infections in systemic lupus erythematosus (SLE) increased substantially between 1996 and 2011, reaching over 12 times higher than in patients without SLE in 2011. In-hospital mortality was higher among patients with SLE and opportunistic infections and those with pneumonia or sepsis who required mechanical ventilation. (Tektonidou 2015)

Fatigue in systemic lupus erythematosus is known to be related to physical inactivity, poor sleep quality, depression, anxiety, negative mood, cognitive dysfunction, obesity, vitamin D deficiency/insufficiency, and comorbidities such as fibromyalgia. (Ahn 2012)

In systemic lupus erythematosus patients, the occurrence of neuropsychiatric events is associated with a lower quality of life and poor prognosis. (Hanly 2010)

Cognitive dysfunction is present in up to 80 percent of patients with systemic lupus erythematosus. (Meszaros 2012)

Based on a study using data from Medicaid billing claims from 47 U.S. states and Washington, D.C., mortality rates for patients who were coded for systemic lupus erythematosus found that mortality rates were highest among Native American, white and black patients. (Gomez-Puerta 2015)

While we have certainly improved over the past 10 to 20 years, increased mortality remains part of the natural history of lupus. Systemic lupus erythematosus patients still have two to five times the risk of death compared with the general population. (Fors Nieves 2016)

The analysis of the Truven Health MarketScan database (2006-2012) revealed that pregnancies in women with lupus were associated with a higher risk of complications, higher healthcare costs, and fewer prescribed medications, including immunosuppressants, than the control groups. (Petri 2015)

Due to the chronic, unpredictable, and systemic nature of complete systemic lupus erythematosus, patients often have reduced ability to perform work, care for their dependents and engage in other unpaid work. Hence, the resulting indirect costs can exceed direct costs by two-to-four-fold. (Choi 2016)

Studies from the U.S. reveal that 15 percent to 40 percent of systemic lupus erythematosus patients are unemployed within 5 years of diagnosis. (Drenkard 2014)

About 44 percent of the hip and knee joints of systemic lupus erythematosus patients undergoing corticosteroid treatment display osteonecrosis lesions. (Nakamura 2010)

A systematic review from 2000 to 2009 demonstrated that most systemic lupus erythematosus direct costs were related to inpatient (16-20 percent) and outpatient (24-56 percent) services, followed by medications (19-30 percent). (Slawsky 2011)

Based on health insurance claims, the annual per patient direct costs for complete systemic lupus erythematosus were estimated to range as high as $71,334 in 2015 for those with lupus nephritis. (Carls 2009)

In a retrospective study of U.S. Medicaid enrollees between 2000 and 2009, systemic lupus erythematosus (SLE) patients had significantly higher healthcare utilization and higher overall expenditures than patients with no SLE. Compared with a matched cohort of patients without SLE, SLE patients incurred $10,984 more total cost per year with 55 percent of that being attributed to inpatient care. (Kan 2013)

The medical costs of LUPUS total $51,295 (mean total over a 4 year period) (Kan 2016)
SLE flares were experienced by 97 percent of SLE patients, with an average of 2.6 flares per patient per year. Cost per flare was highest for severe flares at $11,716. Patients with at least one severe flare during the follow-up period had an annual cost of $49,754, more than twice the costs of patients with moderate or mild flares as their highest flare severity. (Kan 2013)

Between 2000-2010 in the U.S., mean annual direct costs of systemic lupus erythematosus (SLE) patients ranged from $13,735 to $20,926; the costs of those with and without nephritis ranged from $29,034 to $62,651 and $12,273 to $16,575, respectively. Across studies of a general SLE population, pharmaceutical costs composed 19 to 30 percent of total expenditures, with inpatient costs accounting for 16 to 50 percent and outpatient costs accounting for 24 to 56 percent of overall costs. (Slawsky 2011)

The medical costs of systemic lupus erythematosus are substantial, with a mean total medical care cost of $51,295 over 4 years. (Kan 2016)

According to a longitudinal survey of persons with systemic lupus erythematosus (SLE), in the year of diagnosis, 76.8 percent of participants had been employed, whereas only 48.7 percent were employed at the end of the study. As expected, annual hours of employment also decreased since the year of diagnosis, from 1,378.2 hours per year to 899.5 hours per year. Applying the 2004 national average hourly wage of $18.09, the mean income of working-age participants decreased from $24,931 in the year of diagnosis to $16,272 at the time of the study, representing a productivity cost of $8,659. (Panopalis 2008)

- Glomerulonephritis is seen in 30 to 50 percent of unselected patients with systemic lupus erythematosus at the onset of the disease, and renal involvement is observed in at least 60 percent in the course of this disease. (Rajashekar 2008)

- Renal damage is one of the principal causes of morbidity and mortality in patients with systemic lupus erythematosus. (Rahman 2008)

- Childhood-onset systemic lupus erythematosus (SLE) comprises about 15 to 20 percent of all patients with SLE. (Silva 2012)

- Neuropsychiatric manifestations usually occur early in the course of systemic lupus erythematosus. (Hanly 2007)

- Acute articular involvement is an important feature of childhood-onset systemic lupus erythematosus and adult-onset patients. It has been described in up to 70 percent of children and 90 percent of adults. (Tarr 2015)

- The prevalence of renal and cardiovascular damage in systemic lupus erythematosus (SLE) is higher among African Americans than Whites, and African Americans with SLE suffer these complications at earlier ages. (Ward 2007)

- It is estimated that 10 to 30 percent of patients with systemic lupus erythematosus progress to end-stage renal disease within 10 years, even with aggressive therapies. (Hanly 2016)

- Systemic lupus erythematosus is one of the leading causes of work disability in the U.S., accounting for about 20 percent of the more than estimated 1.5 million Americans with a work disability. (Agarwal 2016)

- The symptoms of lupus can have a profound impact on the person’s employment. Impacts of lupus are more pronounced
among young and middle-adulthood. Studies have shown that loss in work hours cost the nation nearly $13 billion annually. The loss also impacts the individual’s work, quality of life, self-management, and self-efficacy. (Agarwal 2016)

- Depression in lupus is multifactorial. Higher-dose prednisone (20 mg or more daily) is one important risk factor. Global disease activity is not a risk factor, but cutaneous activity and certain types of neurologic activity (myelitis) are predictive of depression. The independent effect of prednisone provides clinicians with an additional incentive to avoid and reduce high-dose prednisone exposure in lupus. (Huang 2014)

- A longitudinal study among predominantly middle-class white women with systemic lupus erythematosus indicated that more than 60 percent were out of the workforce 20 years after the diagnosis. (Yelin 2007)

- About 15 to 20 percent of all systemic lupus erythematosus cases develops before the age of 18 years and constitutes pediatric systemic lupus erythematosus. (Weiss 2012)

- Lupus nephritis is a severe manifestation of the disease, affecting up to 60 percent of patients at some point. (Singh 2009)

- The overall reported prevalence of end-stage renal disease caused by lupus nephritis has increased 56 percent over the 10-year period of 2000 to 2010. (NIH 2010)

- Cross-sectional studies report the prevalence of obesity among adults with systemic lupus erythematosus (SLE) at around 28 percent. (Chaiamnuay 2007)

- Maternal outcomes (such as pre-eclampsia, hypothyroidism, stroke and infection) were more common among women with systemic lupus erythematosus (SLE): 16 percent of prevalent-SLE pregnancies were diagnosed with pre-eclampsia, compared with 5 percent of those from the general population. (Arkema 2016)

- Among the pre-SLE women, pre-eclampsia was found in 26 percent of those with SLE within two years postpartum and 13 percent in those with SLE within two to five years postpartum. (Arkema 2016)

- Infant outcomes, such as preterm birth, infection and mortality, were worse among those born to mothers with prevalent SLE and pre-SLE during pregnancy. (Arkema 2016)

- Adverse pregnancy outcomes (APO) occurred in 19 percent (almost one in five) of pregnancies: fetal death occurred in 4 percent, neonatal death occurred in 1 percent, preterm delivery occurred in 9 percent, and 10 percent of neonates were small for their gestational age (birthweight was below the fifth percentile). Maternal flares and higher disease activity also predicted the APOs. (Buyon 2015)

LUPUS APPEARS TO BE MORE COMMON IN URBAN THAN RURAL AREAS.

(Chakravarty 2007)
Section 4:

Juvenile Idiopathic Arthritis

The Most Common Type of Arthritis in Children

There are many forms of childhood arthritis. An estimated 294,000 U.S. children under age 18 (or one in 250 children) are diagnosed with arthritis or another rheumatologic condition (Sacks 2007). Of all the forms of arthritis, juvenile idiopathic arthritis (JIA) is the most common type of arthritis in children. It occurs when the immune system mistakenly attacks the body’s tissues, causing inflammation in joints and potentially other areas of the body. Idiopathic means “of unknown origin.”

The following facts describe some of the features common to all forms of JIA.
There are six JIA subtypes.

**Systemic JIA** causes inflammation in one or more joints and is often accompanied by a high spiking fever that lasts at least two weeks and a skin rash. About 10 percent of children with JIA will have this form.

**Oligoarticular JIA** causes arthritis in four or fewer joints, typically the large ones (knees, ankles and elbows). Children with this type of JIA are more likely to get uveitis (chronic eye inflammation) than those with the other subtypes.

**Polyarticular JIA** causes inflammation in five or more joints, often the small joints of the fingers and hands, but weight-bearing joints and the jaw can also be affected. About 25 percent of children with JIA will have this form.

**Juvenile psoriatic arthritis** involves arthritis that usually occurs in combination with a skin disorder called psoriasis. The psoriasis may begin many years before any joint symptoms become apparent.

**Enthesitis-related JIA** is characterized by tenderness where the bone meets a tendon, ligament or other connective tissue. This tenderness accompanies joint inflammation of arthritis and most often affects the hips, knees and feet.

**Undifferentiated arthritis** describes juvenile arthritis that does not fit into any of the other types, or involves symptoms spanning two or more subtypes.

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**Prevalence**
- The cause of juvenile idiopathic arthritis is unknown, and more girls than boys are affected. (Sacks 2007)

- The disorder has been identified all over the world in nearly all races and ethnicities with an average prevalence rate of one to two per 1,000 children. (Gabriel 2009)

**Human and Economic Burdens**
- The term juvenile idiopathic arthritis describes an inflammatory syndrome in children which predominantly affects the joints. The definition includes an onset before the 16th birthday and symptoms persisting for longer than 6 weeks. (Thierry 2014)

- Juvenile idiopathic arthritis is an incurable, relapsing and remitting and potentially progressive condition. (Stoll 2014)

In many children, juvenile idiopathic arthritis is a life-long illness with a high risk of disease- and treatment-related morbidity. (Guzman 2014)

- In a survey of North American pediatric rheumatologists, 77 percent of respondents agreed that there are patients who continue to experience moderate to severe pain despite appropriately dosed disease-modifying anti-rheumatic drugs (DMARDs) and non-steroidal anti-inflammatory drugs (NSAIDs). (Kimura 2006)

- There is higher inpatient healthcare utilization in children with juvenile idiopathic arthritis (JIA) compared to those without JIA including joint surgery, non-joint surgery, and hospitalizations. (Krause 2016)

- It has been found that there are higher rates of depression in children with juvenile idiopathic arthritis as compared to those without but no difference when adults. (Krause 2016)

- Fatigue is common in patients with juvenile idiopathic arthritis (JIA), even when they reach adulthood. The prevalence of fatigue in patients with JIA is great compared to the general population. (Armbrust 2016)

- Parents of a child with juvenile idiopathic arthritis are likely to incur high medical costs due to their offspring’s frequent visits to physicians and therapists to manage the disease. (Bernatsky 2007)
- Fifty-three percent of the parents of juvenile idiopathic arthritis (JIA) cases reported an increase in the number of missed work hours for the period covering the year before and the year after their child’s index diagnosis, while only 32 percent of the parents of children without JIA reported a work-time loss. (Rasu 2015)

- Parents of a child with juvenile idiopathic arthritis (JIA) were 2.78 times more likely to report work-time loss than parents having no children with JIA. (Rasu 2015)

- Male parents of children with juvenile idiopathic arthritis are 2.81 times more likely to report a work-time loss than female parents. (Rasu 2015)

- Parents of children without juvenile idiopathic arthritis were 64 percent less likely to experience work-time loss than parents with a child with JIA. (Rasu 2015)

- Compared with parents who had no children with juvenile idiopathic arthritis (JIA), who lost an estimated average of U.S. $2986.08 due to aggregate missed work hours between 2000 and 2009, those who had a child with JIA lost an average of U.S. $4,589.37 due to missed work during the same period. (Rasu 2015)

- The consequences of JIA-induced fatigue can be major, as they hamper children’s performance at school, social life, sports, and hobbies. (Eyckmans 2011)

- American studies demonstrated obesity in 18 percent of patients with juvenile idiopathic arthritis. (Pelajo 2012)

- In many children, juvenile idiopathic arthritis is a life-long illness with a high risk of disease- and treatment-related morbidity. (Guzman 2014)

- In addition to pain and physical limitations, children with juvenile idiopathic arthritis may also experience high levels of stress during the course of their disease. (Seid 2014)

- Patients with juvenile idiopathic arthritis (JIA) have a poorer HRQOL (Health Related Quality of Life) as compared with healthy peers in both physical and psychosocial domains, with physical health being more affected. The areas of HRQOL most affected by JIA were global health, physical functioning, role social limitation (physical), and bodily pain/discomfort. (Oliveira 2007)

- Juvenile idiopathic arthritis-associated uveitis (JIA-U) can lead to ocular complications and permanent vision loss. (Saurenmann 2007)

- Approximately 10 to 25 percent of the children in the U.S. with juvenile idiopathic arthritis develop uveitis within the first 4 years of their arthritis diagnosis. (Saurenmann 2007)

- Approximately one-third of children with systemic juvenile idiopathic arthritis present with occult macrophage activation syndrome, a potentially life-threatening condition necessitating rapid recognition and treatment. (Shenoi 2016)
IN MANY CHILDREN, JUVENILE IDIOPATHIC ARTHRITIS IS A LIFE-LONG ILLNESS WITH A HIGH RISK OF DISEASE- AND TREATMENT-RELATED MORBIDITY.  

(Guzman 2014)
Section 5:

Gout

What is Gout?
Gout is a form of inflammatory arthritis that develops in some people who have high levels of uric acid in the blood. The acid can form needle-like crystals in a joint and cause sudden, severe episodes of pain, tenderness, redness, warmth and swelling. The pain may last hours or weeks and make it difficult to perform daily activities.

The first gout attack usually occurs in the large joint of the big toe, but other joints can be affected too. Gout attacks usually occur at night and may last three to 10 days.

The following facts describe some of the features common to gout.
Prevalence
- Gout is a treatable condition in which monosodium urate crystals deposit in the joints and periarticular tissues, causing inflammation and painful flares of arthritis. In more severe cases, tophaceous gout may also occur. Although treatable, the prevalence of gout is increasing, and patients often struggle to successfully manage the condition. (Dalbeth 2016)

- In western developed countries, contemporary prevalence of gout is 3 to 6 percent in men and 1 to 2 percent in women. Prevalence steadily increases with age, but plateaus after age 70. (Kuo 2015)

- Gout is one of the most common rheumatology diseases and is the most common cause of inflammatory arthritis among adults in the U.S. (Khanna 2012)

- Gout is the most common inflammatory arthritis in the U.S., with a prevalence of about 3.9 percent of adults, or 8.3 million individuals. (Zhu 2011)

- An analysis of the National Health and Nutrition Examination Survey estimates that approximately 8 million Americans are affected by gout. (Zhu 2011)

- Men are nearly three times more likely to develop gout, compared with women, and black males are most commonly affected. (Wilson 2016)

- Approximately 60 percent of patients experience a recurrent gout flare within one year of an initial event, and 78 percent experience a recurrent flare within two years. (Brinser 2005)

Human and Economic Burdens
- Gout incidence increases with age in both men and women, with the most significant age-related increase noticed in postmenopausal women. (Wilson 2016)

- Yearly incremental total health care cost of patients with treatment failure for gout was $10,222, where 40 percent of the annual medical cost was for gout-related care. (Wu 2012)

- In one qualitative study, pain associated with acute gout was described as intolerable, resulting in a feeling of desperation for the attack to end and a sense of helplessness. (Lindsay 2011)

- Gout flares frequently result in patients being unable to bear weight and being bedbound for the duration of the acute attack. Severe foot pain, impairment and disability were observed in a study among patients with acute gout. (Rome 2012)

- Patients with gout have higher than average medical costs and health care utilization than patients without gout. (Jackson 2015)

- Based on recent prevalence estimates for gout, and taking into account the higher costs associated with managing frequent gout, it was estimated that for all gout cases, the annual cost directly attributable to gout was at least $4 billion ($666 per patient per year), and that the overall aggregate annual costs for the medical care of patients with gout may have exceeded $20 billion in 2006 ($2,500 per patient per year). (Bardin 2015)

- It is estimated that direct and gout-specific costs range from $199 for patients with fewer than three yearly attacks, to $6,179 per year for patients with three or more yearly attacks, and were of similar magnitude as costs associated with rheumatoid arthritis. (Rai 2015)

- Costs associated with emergency department (ED) visits in the U.S. from 2006 to 2008 due to gouty arthritis accounted for 0.2 percent of the total annual ED visit costs, and that the median ED visit cost for gouty arthritis was $667 per visit; total costs associated with ED visits for gouty arthritis in 2008 equaled $166 million. (Garg 2013)

- Using data from two national ambulatory care surveys, there were a total of 50.1 million gout-related ambulatory visits in the U.S. from 2002 to 2008 (an average of 7.2 million visits per year), corresponding to a cost of approximately $1 billion annually. (Li 2013)

- Gout has a substantial comorbidity burden, and is particularly interconnected with other diseases associated with hyperuricemia, such as diabetes, hypertension and obesity. (Karis 2014)

- The U.S. labor force consisted of 155 million persons in July 2012. If gout is present in 2 percent of workers (3.1 million persons), and each
misses five days annually as a result of the disease, the yearly loss of
wages/productivity amounts to $833 per worker (based on 2010
data), or an aggregate loss of $2.6 billion. Thus, a combined
provisional estimate of annual direct and indirect costs of gout patient
care totals more than $6 billion. In fact, the actual disease burden is
even greater when the cost and health risks of over-the-counter
analgesic and anti-inflammatory drugs, missed wages of spouses and
the need for caregivers or transport providers are added. (Wertheimer
2013)

- Compared to controls without gouty arthritis, employees with this
condition had significantly more sick leave, short-term disability, and
worker’s compensation benefits. (Brook 2006)

- The number of work days missed increases as the number of yearly
gout flares increases. (Lynch 2013)

- Advanced gout is associated with impaired mobility and reduced
health-related quality of life, as well as an increased risk of all-cause
mortality. (Dalbeth 2016)

- The National Health and Nutrition Examination Survey data from
2007-2008 reported that among gout patients: 74 percent had
hypertension, 71 percent had stage two or greater chronic kidney
disease, 53 percent were obese, 26 percent had diabetes, 14 percent
have had myocardial infarction and 10 percent have had a stroke.
(Dalbeth 2016)

- Large prospective studies have shown that gout is associated with
increased risk of death, primarily due to cardiovascular disease. (Choi
2007)

- Poorly controlled gout leads to absences from work, health care use
and reduced social participation. (Khanna 2012)

- The rate of emergency department visits for gout in adults overall
increased from 75.0 to 85.4 per 100,000 (a 14 percent increase),
and increased 29 percent for those aged 45 to 54. Nationwide,
emergency department charges increased from $156 million to $281
million (an 80 percent increase). (Lim 2016)

- Nearly 8 percent of all emergency department visits for gout result in
hospitalization, with a median inpatient stay approaching three days.
(Singh 2016)

- For those with a primary gout diagnosis leading to hospitalization,
total combined charges resulting from the emergency department and
subsequent inpatient stay approached $350 million. (Coburn 2016)

- Every year, medical expenses in the U.S. attributed to gout account
for a staggering $4 billion in direct costs and $2.6 billion in indirect
costs. These costs take a considerable toll on our economy.
(Wertheimer 2013)

- Using an emergency department database spanning the U.S., visits
pertaining to gout generated more than $166 million in emergency
department charges (with a median charge of $667 per visit) in 2008.
(Garg 2013)

- There were 254,982 hospitalizations for gout (mean age: 66.7
years; men: 66.4 percent). From 1993 to 2011, the annual hospitaliza-
tion rate for patients with a principle discharge diagnosis of gout
increased from 4.4 to 8.8 per 100,000 U.S. adults. From 2001 to
2011, the inflation-adjusted hospital costs per 100,000 adults with a
principle discharge diagnosis of gout increased from $34,457 to
$58,003. (Lim 2016)

- The frequency of outpatient visits for gout increased three-fold from
1993 to 2009, with the most significant increase after 2003.
(Krishnan 2013)

- The number and cost of emergency department (ED) visits with gout
as the primary diagnosis rose from 2009 to 2012.
  - In 2009, there were 180,789 ED visits, costing a total of
  $195 million.
  - In 2010, there were 201,044 ED visits, costing $239 million.
  - In 2012, there were 205,152 ED visits, costing $287 million.
  These accounted for 0.14 to 0.16 percent of all ED visits.
(Singh 2016)

- While comorbid conditions may account for some of the elevated
resource use among gout patients, gout-related health care utilization
increases with the severity of gout. (Singh 2011)
GOUT IS ONE OF THE MOST COMMON RHEUMATOLOGY DISEASES AND IS THE MOST COMMON CAUSE OF INFLAMMATORY ARTHRITIS AMONG ADULTS IN THE UNITED STATES.

(Khanna 2012)
Section 6:

Fibromyalgia

What is Fibromyalgia?
Fibromyalgia is a condition associated with widespread chronic pain, fatigue, memory problems and mood changes. It is not a single disease, but a constellation of symptoms that can be managed. Although fibromyalgia is not a form of arthritis because it does not inflame or damage joints, it is considered an arthritis-related condition. It is often found as a comorbid condition in people who have different forms of arthritis.

Fibromyalgia affects more than 3.7 million Americans. The majority are women between 40 and 75, but it also affects men, young women and children, especially adolescent females. It sometimes occurs in more than one member of the same family, suggesting that a predisposing gene may exist.

The following facts describe some of the features common to fibromyalgia.
Prevalence

- With as many as three in four patients with fibromyalgia undiagnosed, estimates of its prevalence have ranged from 2 percent to 5 percent. (Arnold 2011)

Human and Economic Burdens

- Fibromyalgia is a condition characterized by chronic, widespread pain. In addition to pain, patients frequently report a number of other symptoms, including sleep disturbances, headaches, fatigue, reduced function, anxiety and depression. (Bennett 2009)

- Fibromyalgia represents a substantial economic burden for both the patient and the health care system, with increased costs for prescription medications, lost productivity, and short-term disability, compared to patients with chronic widespread pain. (Schaefer 2016)

- Fibromyalgia symptoms directly affect a patient’s ability to work, frequently resulting in missed workdays, reduction in hours and having to change jobs. (Schaefer 2016)

- Living with fibromyalgia also has a significant emotional impact, with depression and anxiety being common comorbidities. (Vincent 2015)

- Fibromyalgia symptoms result in significant functional impairment and a negative impact on patients’ quality of life, which manifests in a number of ways: Patients report difficulties in establishing and maintaining physical and emotional relationships with others; adjusting their personal expectations of what activities they can complete and goals they can achieve; dealing with mood disturbances, such as anxiety and depression; and starting or continuing education or a career. (Arnold 2008)

- Patients often have difficulty adjusting to living with fibromyalgia, with one study of patients and their spouses/partners identifying a sense of loss of identity. (Rodham 2010)

- Patients also felt isolated from health care providers whom they felt they had to convince they had a “real” condition to be taken seriously. (Rodham 2010)

- Patients have characterized living with fibromyalgia as having to manage two major burdens: pain, which can be ever-present and overwhelming, and being doubted by others because the symptoms of fibromyalgia are subjective and not seen by others. (Juuso 2011)

Juvenile-Onset Fibromyalgia

- The lifetime prevalence of major depression is estimated to be 26 percent in children with juvenile-onset fibromyalgia and 61.5 percent in adults with fibromyalgia. (Schaefer 2015)

- Objective physical activity monitoring has documented that adolescents with juvenile-onset fibromyalgia become very sedentary and therefore are at greater risk of deconditioning and further risk of inactivity. (Kashikar-Zuck 2010)

- School absenteeism is common, with adolescents missing an average of three school days per month, and several of them are unable to attend regular school at all (that is, they are homeschooled) because of the symptoms of juvenile-onset fibromyalgia. (Kashikar-Zuck 2010)

- Perhaps not surprising, adolescents with juvenile-onset fibromyalgia are seen by their classmates (and themselves) as being isolated, more emotionally sensitive than their healthy peers, and have fewer friendships. (Kashikar-Zuck 2007)
CONCLUSION

Every day we feel the toll of arthritis. Describing the research that has led to our understanding of the personal and community costs of arthritis can be daunting. More so, by restricting the work to original peer-reviewed sources, *Arthritis by the Numbers* is a single vetted repository of key findings. This publication is designed to be an expedient resource to professional and lay audiences, such as the tireless advocates who, each day, make the case for prioritizing the science and policy that advance the needs of people with arthritis.

For nearly a decade, our health care system has been in transition. With a time of unprecedented change to health care and research, there are many opportunities to advance the cause of people with arthritis. We need to shift the dialogue from cutting costs to investing in science and innovation in order to find a cure.

Many issues prevent people with arthritis from accessing even the treatments and health care currently available: cost of treatments, lack of the number of physicians needed for specialty care, and distance to providers and other care services. As the number of people affected by arthritis increases, the costs and burdens to individuals and society will continue to increase unless we advocate for the changes needed to help people with arthritis live fuller, more productive lives. We must seize the opportunities to advance our understanding of arthritis through innovative research to find a cure.

By investing in finding a cure, and prioritizing science and policy that advance the needs of people with arthritis, we will ultimately be able to reduce the community and personal costs of arthritis.
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RA


SpA + PsA


SLE


Section 4: Juvenile Idiopathic Arthritis (JIA)


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Section 5: Gout


Section 6: Fibromyalgia


Appendix 2

The state arthritic facts in Appendix 2 come from the CDC web pages. The references for each fact are noted by the numbers listed below.


APPENDIX 1

Types of Arthritis

The following is a list of arthritis and related conditions considered to be types of arthritis. For more information about each type of arthritis, visit arthritis.org.

- Adult-onset Still’s Disease
- Ankylosing Spondylitis
- Back Pain
- Behçet’s Disease
- Bursitis
- Calcium Pyrophosphate Deposition Disease (CPPD)
- Carpal Tunnel Syndrome
- Chondromalacia Patella
- Chronic Fatigue Syndrome
- Complex Regional Pain Syndrome
- Cryopyrin-Associated Periodic Syndromes
- Degenerative Disc Disease
- Developmental Dysplasia of Hip
- Ehlers-Danlos
- Familial Mediterranean Fever
- Fibromyalgia
- Fifth Disease
- Giant Cell Arteritis
- Gout
- Hemochromatosis
- Infectious Arthritis
- Inflammatory Arthritis
- Inflammatory Bowel Disease
- Juvenile Dermatomyositis (JD)
- Juvenile Idiopathic Arthritis (JIA)
- Juvenile Scleroderma
- Kawasaki Disease
- Lupus
- Lupus in Children & Teens
- Lyme Disease
- Mixed Connective Tissue Disease
- Myositis
- Osteoarthritis (OA)
- Osteoporosis
- Pagets
- Palindromic Rheumatism
- Patellofemoral Pain Syndrome
- Pediatric Rheumatic Diseases
- Pediatric SLE
- Polymyalgia Rheumatica
- Pseudogout
- Psoriatic Arthritis (PsA)
- Raynaud’s Phenomenon
- Reactive Arthritis
- Reflex Sympathetic Dystrophy
- Reiter’s Syndrome
- Rheumatic Fever
- Rheumatism
- Rheumatoid Arthritis (RA)
- Scleroderma
- Sjögren’s Disease
- Spinal Stenosis
- Spondyloarthritis (SpA)
- Systemic Juvenile Idiopathic Arthritis (JIA)
- Systemic Lupus Erythematosus (SLE)
- Systemic Lupus Erythematosus (SLE) in Children & Teens
- Systemic Sclerosis
- Temporal Arteritis
- Tendinitis
- Vasculitis
- Wegener’s Granulomatosis
APPENDIX 2

State Facts

All of the state data presented in this appendix is from the Center for Disease Control and Prevention (CDC). The CDC presents state-specific data from the Behavioral Risk Factor Surveillance System (BRFSS), which the CDC considers the best source for state-specific arthritis prevalence estimates.

BRFSS collects information in odd-numbered years (i.e., 2003, 2005, etc.) from a randomly dialed telephone survey of non-institutionalized, US civilians aged 18 years or older. The survey is completed in all 50 states, the District of Columbia, Puerto Rico, Guam, and the Virgin Islands. For additional information on the BRFSS and how it is used to collect specific information on arthritis, see https://www.cdc.gov/arthritis/data_statistics/state-data-current.htm.

Because the state arthritis facts in Appendix 2 are from the CDC, the references for each fact are noted by numbers (see References for Appendix 2).

Each state’s “yearly costs for days lost from work because of arthritis” has been calculated by the Arthritis Foundation’s Advocacy staff using the CDC’s Disease Cost Calculator (Version 2; Reference 4).
APPENDIX 2

CDC Map
Arthritis Prevalence in the U.S.

Percentage of people by state who have doctor-diagnosed arthritis
Alabama: Why Arthritis Matters

Arthritis affects 33% of the population in Alabama. That’s 1,248,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 1,248,000 people in AL living with doctor-diagnosed arthritis.2
- That means that 33% of AL adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in AL with arthritis.1

In AL, adults with one or more chronic conditions often have arthritis.

- Diabetes: 56% of AL adults with diabetes also have arthritis.2
- Hypertension: 51% of AL adults with hypertension also have arthritis.2
- Obesity: 41% of AL adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis. 5

- 640,000 (51%) adults in AL with arthritis have activity limitations.2
- About 16% of these adults have arthritis-attributable work limitations.3
- About 44% of adults in AL with arthritis are inactive.2
- In AL, the yearly cost for days lost from work because of arthritis is $235 million.4

You can help people in AL by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Alaska: Why Arthritis Matters

Arthritis affects 21% of the population in Alaska. That’s 117,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 117,000 people in AK living with doctor-diagnosed arthritis.2
- That means that 21% of AK adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 22% of the people in AK with arthritis.1

In AK, adults with one or more chronic conditions often have arthritis.

- Diabetes: 44% of AK adults with diabetes also have arthritis.2
- Hypertension: 39% of AK adults with hypertension also have arthritis.2
- Obesity: 30% of AK adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis. 5

- 55,000 (47%) adults in AK with arthritis have activity limitations.2
- About 11% of these adults have arthritis-attributable work limitations.3
- About 32% of adults in AK with arthritis are inactive.2
- In AK, the yearly cost for days lost from work because of arthritis is $35 million.4

You can help people in AK by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Arizona: Why Arthritis Matters

Arthritis affects 24% of the population in Arizona. That’s 1,222,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 1,222,000 people in AZ living with doctor-diagnosed arthritis.\(^2\)
- That means that 24% of AZ adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 19% of the people in AZ with arthritis.\(^1\)

In AZ, adults with one or more chronic conditions often have arthritis.
- Diabetes: 46% of AZ adults with diabetes also have arthritis.\(^2\)
- Hypertension: 40% of AZ adults with hypertension also have arthritis.\(^2\)
- Obesity: 30% of AZ adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 558,000 (56%) adults in AZ with arthritis have activity limitations.\(^2\)
- About 11% of these adults have arthritis-attributable work limitations.\(^3\)
- About 34% of adults in AZ with arthritis are inactive.\(^2\)
- In AZ, the yearly cost for days lost from work because of arthritis is $314 million.\(^4\)

You can help people in AZ by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Arkansas: Why Arthritis Matters

Arthritis affects 30% of the population in Arkansas. That’s 672,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 672,000 people in AR living with doctor-diagnosed arthritis.2
- That means that 30% of AR adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in AR with arthritis.1

In AR, adults with one or more chronic conditions often have arthritis.
- Diabetes: 59% of AR adults with diabetes also have arthritis.2
- Hypertension: 46% of AR adults with hypertension also have arthritis.2
- Obesity: 38% of AR adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 345,000 (51%) adults in AR with arthritis have activity limitations.2
- About 15% of these adults have arthritis-attributable work limitations.3
- About 48% of adults in AR with arthritis are inactive.2
- In AR, the yearly cost for days lost from work because of arthritis is $142 million.4

You can help people in AR by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
California: Why Arthritis Matters

Arthritis affects 19% of the population in California. That’s 5,719,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³
• There are 5,719,000 people in CA living with doctor-diagnosed arthritis.²
• That means that 19% of CA adults live with arthritis.²
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in CA with arthritis.¹

In CA, adults with one or more chronic conditions often have arthritis.
• Diabetes: 36% of CA adults with diabetes also have arthritis.²
• Hypertension: 36% of CA adults with hypertension also have arthritis.²
• Obesity: 26% of CA adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
• 2,446,000 (43%) adults in CA with arthritis have activity limitations.²
• About 8% of these adults have arthritis-attributable work limitations.³
• About 25% of adults in CA with arthritis are inactive.²
• In CA, the yearly cost for days lost from work because of arthritis is $1.791 billion.⁴

You can help people in CA by ensuring that all legislation protects:
• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Colorado: Why Arthritis Matters

Arthritis affects 23% of the population in Colorado. That’s 949,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²
• There are 949,000 people in CO living with doctor-diagnosed arthritis.²
• That means that 23% of CO adults live with arthritis.²
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in CO with arthritis.³

In CO, adults with one or more chronic conditions often have arthritis.
• Diabetes: 47% of CO adults with diabetes also have arthritis.²
• Hypertension: 42% of CO adults with hypertension also have arthritis.²
• Obesity: 33% of CO adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
• 398,000 (42%) adults in CO with arthritis have activity limitations.²
• About 10% of these adults have arthritis-attributable work limitations.³
• About 27% of adults in CO with arthritis are inactive.²
• In CO, the yearly cost for days lost from work because of arthritis is $253 million.⁴

You can help people in CO by ensuring that all legislation protects:
• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Connecticut: Why Arthritis Matters

Arthritis affects 25% of the population in Connecticut. That’s 690,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 690,000 people in CT living with doctor-diagnosed arthritis.\(^2\)
- That means that 25% of CT adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in CT with arthritis.\(^1\)

In CT, adults with one or more chronic conditions often have arthritis.
- Diabetes: 45% of CT adults with diabetes also have arthritis.\(^2\)
- Hypertension: 43% of CT adults with hypertension also have arthritis.\(^2\)
- Obesity: 35% of CT adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 290,000 (42%) adults in CT with arthritis have activity limitations.\(^2\)
- About 10% of these adults have arthritis-attributable work limitations.\(^3\)
- About 33% of adults in CT with arthritis are inactive.\(^2\)
- In CT, the yearly cost for days lost from work because of arthritis is $191 million.\(^4\)

You can help people in CT by ensuring that all legislation protects:
- **Timely Access to Care** and Treatments.
- **Continuous Coverage** without pre-existing exclusions.
- **Affordability** of premiums, co-pays, deductibles and other patient cost-sharing.
Delaware: Why Arthritis Matters

Arthritis affects 28% of the population in Delaware. That’s 207,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²
- There are 207,000 people in DE living with doctor-diagnosed arthritis.²
- That means that 28% of DE adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in DE with arthritis.¹

In DE, adults with one or more chronic conditions often have arthritis.
- Diabetes: 50% of DE adults with diabetes also have arthritis.²
- Hypertension: 45% of DE adults with hypertension also have arthritis.²
- Obesity: 36% of DE adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.³
- 90,000 (44%) adults in DE with arthritis have activity limitations.²
- About 11% of these adults have arthritis-attributable work limitations.³
- About 42% of adults in DE with arthritis are inactive.²
- In DE, the yearly cost for days lost from work because of arthritis is $44 million.⁴

You can help people in DE by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Washington, DC: Why Arthritis Matters

Arthritis affects 18% of the population in Washington, DC. That’s 207,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.3
  • There are 101,000 people in DC living with doctor-diagnosed arthritis.2
  • That means that 18% of DC adults live with arthritis.2
  • In the U.S., 1 in 3 veterans has arthritis—veterans represent 10% of the people in DC with arthritis.1

In DC, adults with one or more chronic conditions often have arthritis.
  • Diabetes: 47% of DC adults with diabetes also have arthritis.2
  • Hypertension: 42% of DC adults with hypertension also have arthritis.2
  • Obesity: 37% of DC adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
  • 48,000 (48%) adults in DC with arthritis have activity limitations.2
  • About 10% of these adults have arthritis-attributable work limitations.3
  • About 31% of adults in DC with arthritis are inactive.2
  • In DC, the yearly cost for days lost from work because of arthritis is $29 million.4

You can help people in DC by ensuring that all legislation protects:
  • Timely Access to Care and Treatments.
  • Continuous Coverage without pre-existing exclusions.
  • Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Florida: Why Arthritis Matters

Arthritis affects 26% of the population in Florida. That’s 4,154,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.¹

- There are 4,154,000 people in FL living with doctor-diagnosed arthritis.²
- That means that 26% of FL adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in FL with arthritis.¹

In FL, adults with one or more chronic conditions often have arthritis.

- Diabetes: 53% of FL adults with diabetes also have arthritis.²
- Hypertension: 44% of FL adults with hypertension also have arthritis.²
- Obesity: 35% of FL adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 1,941,000 (47%) adults in FL with arthritis have activity limitations.²
- About 11% of these adults have arthritis-attributable work limitations.³
- About 39% of adults in FL with arthritis are inactive.²
- In FL, the yearly cost for days lost from work because of arthritis is $934 million.⁴

You can help people in FL by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Georgia: Why Arthritis Matters

Arthritis affects 25% of the population in Georgia. That’s 1,890,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 1,890,000 people in GA living with doctor-diagnosed arthritis. \(^2\)
- That means that 25% of GA adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in GA with arthritis.\(^1\)

In GA, adults with one or more chronic conditions often have arthritis.
- Diabetes: 52% of GA adults with diabetes also have arthritis.\(^7\)
- Hypertension: 43% of GA adults with hypertension also have arthritis.\(^2\)
- Obesity: 35% of GA adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 882,000 (47%) adults in GA with arthritis have activity limitations.\(^2\)
- About 12% of these adults have arthritis-attributable work limitations.\(^3\)
- About 39% of adults in GA with arthritis are inactive.\(^2\)
- In GA, the yearly cost for days lost from work because of arthritis is $465 million.\(^4\)

You can help people in GA by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Hawaii: Why Arthritis Matters

Arthritis affects 19% of the population in Hawaii. That’s 211,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis. ¹

- There are 211,000 people in HI living with doctor-diagnosed arthritis. ²
- That means that 19% of HI adults live with arthritis. ²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in HI with arthritis. ³

In HI, adults with one or more chronic conditions often have arthritis.

- Diabetes: 39% of HI adults with diabetes also have arthritis. ²
- Hypertension: 31% of HI adults with hypertension also have arthritis. ²
- Obesity: 28% of HI adults who are obese also have arthritis. ²

23.7 million Americans experience activity limitation due to their arthritis. ⁵

- 81,000 (38%) adults in HI with arthritis have activity limitations. ²
- About 7% of these adults have arthritis-attributable work limitations. ³
- About 26% of adults in HI with arthritis are inactive. ²
- In HI, the yearly cost for days lost from work because of arthritis is $67 million. ⁴

You can help people in HI by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Idaho: Why Arthritis Matters

Arthritis affects 25% of the population in Idaho. That’s 309,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³

- There are 309,000 people in ID living with doctor-diagnosed arthritis.²
- That means that 25% of ID adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 19% of the people in ID with arthritis.¹

In ID, adults with one or more chronic conditions often have arthritis.

- Diabetes: 47% of ID adults with diabetes also have arthritis.²
- Hypertension: 42% of ID adults with hypertension also have arthritis.²
- Obesity: 32% of ID adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 137,000 (44%) adults in ID with arthritis have activity limitations.²
- About 11% of these adults have arthritis-attributable work limitations.³
- About 31% of adults in ID with arthritis are inactive.²
- In ID, the yearly cost for days lost from work because of arthritis is $75 million.⁴

You can help people in ID by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Illinois: Why Arthritis Matters

Arthritis affects 23% of the population in Illinois. That’s 2,308,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 2,308,000 people in IL living with doctor-diagnosed arthritis. 2
- That means that 23% of IL adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 13% of the people in IL with arthritis.1

In IL, adults with one or more chronic conditions often have arthritis.

- Diabetes: 46% of IL adults with diabetes also have arthritis.2
- Hypertension: 43% of IL adults with hypertension also have arthritis.2
- Obesity: 32% of IL adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 982,000 (43%) adults in IL with arthritis have activity limitations.2
- About 10% of these adults have arthritis-attributable work limitations.3
- About 36% of adults in IL with arthritis are inactive.2
- In IL, the yearly cost for days lost from work because of arthritis is $721 million.4

You can help people in IL by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Indiana: Why Arthritis Matters

Arthritis affects **28%** of the population in Indiana. That’s **1,390,000** adults living with doctor-diagnosed arthritis in the state.

**There are more than 50 million American adults with arthritis.**
- There are **1,390,000** people in IN living with doctor-diagnosed arthritis.  
- That means that **28%** of IN adults live with arthritis.
- In the U.S., **1 in 3 veterans has arthritis**—veterans represent **13%** of the people in IN with arthritis.

**In IN, adults with one or more chronic conditions often have arthritis.**
- Diabetes: **51%** of IN adults with diabetes also have arthritis.
- Hypertension: **48%** of IN adults with hypertension also have arthritis.
- Obesity: **36%** of IN adults who are obese also have arthritis.

**23.7 million Americans experience activity limitation due to their arthritis.**
- **599,000 (43%)** adults in IN with arthritis have activity limitations.
- About **11%** of these adults have arthritis-attributable work limitations.
- About **41%** of adults in IN with arthritis are inactive.
- In IN, the yearly cost for days lost from work because of arthritis is **$362 million**.

**You can help people in IN by ensuring that all legislation protects:**
- **Timely Access to Care** and Treatments.
- **Continuous Coverage** without pre-existing exclusions.
- **Affordability** of premiums, co-pays, deductibles and other patient cost-sharing.
Iowa: Why Arthritis Matters

Arthritis affects 26% of the population in Iowa. That’s 619,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 619,000 people in IA living with doctor-diagnosed arthritis.²
- That means that 26% of IA adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in IA with arthritis.¹

In IA, adults with one or more chronic conditions often have arthritis.

- Diabetes: 52% of IA adults with diabetes also have arthritis.²
- Hypertension: 45% of IA adults with hypertension also have arthritis.²
- Obesity: 34% of IA adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 228,000 (37%) adults in IA with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 37% of adults in IA with arthritis are inactive.²
- In IA, the yearly cost for days lost from work because of arthritis is $173 million.⁴

You can help people in IA by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Kansas: Why Arthritis Matters

Arthritis affects 25% of the population in Kansas. That’s 536,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³
- There are 536,000 people in KS living with doctor-diagnosed arthritis.²
- That means that 25% of KS adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in KS with arthritis.¹

In KS, adults with one or more chronic conditions often have arthritis.
- Diabetes: 50% of KS adults with diabetes also have arthritis.²
- Hypertension: 43% of KS adults with hypertension also have arthritis.²
- Obesity: 34% of KS adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
- 228,000 (43%) adults in KS with arthritis have activity limitations.²
- About 10% of these adults have arthritis-attributable work limitations.³
- About 37% of adults in KS with arthritis are inactive.²
- In KS, the yearly cost for days lost from work because of arthritis is $157 million.⁴

You can help people in KS by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Kentucky: Why Arthritis Matters

Arthritis affects 32% of the population in Kentucky. That’s 1,087,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)

- There are 1,087,000 people in KY living with doctor-diagnosed arthritis.\(^2\)
- That means that 32% of KY adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 13% of the people in KY with arthritis.\(^1\)

In KY, adults with one or more chronic conditions often have arthritis.

- Diabetes: 56% of KY adults with diabetes also have arthritis.\(^2\)
- Hypertension: 49% of KY adults with hypertension also have arthritis.\(^2\)
- Obesity: 44% of KY adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)

- 562,000 (52%) adults in KY with arthritis have activity limitations.\(^2\)
- About 16% of these adults have arthritis-attributable work limitations.\(^3\)
- About 42% of adults in KY with arthritis are inactive.\(^2\)
- In KY, the yearly cost for days lost from work because of arthritis is $217 million.\(^4\)

You can help people in KY by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Louisiana: Why Arthritis Matters

Arthritis affects 28% of the population in Louisiana. That’s 989,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³

- There are 989,000 people in LA living with doctor-diagnosed arthritis.²
- That means that 28% of LA adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in LA with arthritis.¹

In LA, adults with one or more chronic conditions often have arthritis.

- Diabetes: 54% of LA adults with diabetes also have arthritis.²
- Hypertension: 45% of LA adults with hypertension also have arthritis.²
- Obesity: 36% of LA adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 472,000 (48%) adults in LA with arthritis have activity limitations.²
- About 16% of these adults have arthritis-attributable work limitations.³
- About 45% of adults in LA with arthritis are inactive.²
- In LA, the yearly cost for days lost from work because of arthritis is $218 million.⁴

You can help people in LA by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Maine: Why Arthritis Matters

Arthritis affects 31% of the population in Maine. That’s 332,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

• There are 332,000 people in ME living with doctor-diagnosed arthritis.2
• That means that 31% of ME adults live with arthritis.2
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in ME with arthritis.1

In ME, adults with one or more chronic conditions often have arthritis.

• Diabetes: 58% of ME adults with diabetes also have arthritis.2
• Hypertension: 49% of ME adults with hypertension also have arthritis.2
• Obesity: 40% of ME adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

• 149,000 (45%) adults in ME with arthritis have activity limitations.2
• About 12% of these adults have arthritis-attributable work limitations.3
• About 37% of adults in ME with arthritis are inactive.7
• In ME, the yearly cost for days lost from work because of arthritis is $77 million.4

You can help people in ME by ensuring that all legislation protects:

• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Maryland: Why Arthritis Matters

Arthritis affects 24% of the population in Maryland. That’s 1,096,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²
- There are 1,096,000 people in MD living with doctor-diagnosed arthritis.²
- That means that 24% of MD adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in MD with arthritis.¹

In MD, adults with one or more chronic conditions often have arthritis.
- Diabetes: 44% of MD adults with diabetes also have arthritis.²
- Hypertension: 41% of MD adults with hypertension also have arthritis.²
- Obesity: 37% of MD adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.²
- 405,000 (37%) adults in MD with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 38% of adults in MD with arthritis are inactive.²
- In MD, the yearly cost for days lost from work because of arthritis is $287 million.⁴

You can help people in MD by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Massachusetts: Why Arthritis Matters

Arthritis affects **24%** of the population in Massachusetts. That’s **1,300,000** adults living with doctor-diagnosed arthritis in the state.

**There are more than 50 million American adults with arthritis.**

- There are **1,300,000** people in MA living with doctor-diagnosed arthritis.  
- That means that **24%** of MA adults live with arthritis.
- In the U.S., **1 in 3 veterans has arthritis**—veterans represent **14%** of the people in MA with arthritis.

**In MA, adults with one or more chronic conditions often have arthritis.**

- Diabetes: **48%** of MA adults with diabetes also have arthritis.
- Hypertension: **41%** of MA adults with hypertension also have arthritis.
- Obesity: **37%** of MA adults who are obese also have arthritis.

**23.7 million Americans experience activity limitation due to their arthritis.**

- **555,000 (43%)** adults in MA with arthritis have activity limitations.
- About **10%** of these adults have arthritis-attributable work limitations.
- About **38%** of adults in MA with arthritis are inactive.
- In MA, the yearly cost for days lost from work because of arthritis is **$353 million**.

**You can help people in MA by ensuring that all legislation protects:**

- **Timely Access to Care** and Treatments.
- **Continuous Coverage** without pre-existing exclusions.
- **Affordability** of premiums, co-pays, deductibles and other patient cost-sharing.
Michigan: Why Arthritis Matters

Arthritis affects 30% of the population in Michigan. That’s 2,305,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³

• There are 2,305,000 people in MI living with doctor-diagnosed arthritis.²
• That means that 30% of MI adults live with arthritis.²
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 13% of the people in MI with arthritis.¹

In MI, adults with one or more chronic conditions often have arthritis.

• Diabetes: 53% of MI adults with diabetes also have arthritis.²
• Hypertension: 48% of MI adults with hypertension also have arthritis.²
• Obesity: 39% of MI adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

• 1,038,000 (45%) adults in MI with arthritis have activity limitations.²
• About 13% of these adults have arthritis-attributable work limitations.³
• About 36% of adults in MI with arthritis are inactive.²
• In MI, the yearly cost for days lost from work because of arthritis is $585 million.⁴

You can help people in MI by ensuring that all legislation protects:

• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Minneapolis: Why Arthritis Matters

Arthritis affects 22% of the population in Minnesota. That’s 907,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 907,000 people in MN living with doctor-diagnosed arthritis.2
- That means that 22% of MN adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in MN with arthritis.1

In MN, adults with one or more chronic conditions often have arthritis.

- Diabetes: 48% of MN adults with diabetes also have arthritis.2
- Hypertension: 40% of MN adults with hypertension also have arthritis.2
- Obesity: 32% of MN adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 393,000 (43%) adults in MN with arthritis have activity limitations.2
- About 9% of these adults have arthritis-attributable work limitations.3
- About 33% of adults in MN with arthritis are inactive.2
- In MN, the yearly cost for days lost from work because of arthritis is $302 million.4

You can help people in MN by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Mississippi: Why Arthritis Matters

Arthritis affects 29% of the population in Mississippi. That’s 647,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 647,000 people in MS living with doctor-diagnosed arthritis.2
- That means that 29% of MS adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in MS with arthritis.1

In MS, adults with one or more chronic conditions often have arthritis.

- Diabetes: 52% of MS adults with diabetes also have arthritis.2
- Hypertension: 45% of MS adults with hypertension also have arthritis.2
- Obesity: 34% of MS adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 346,000 (54%) adults in MS with arthritis have activity limitations.2
- About 15% of these adults have arthritis-attributable work limitations.3
- About 50% of adults in MS with arthritis are inactive.2
- In MS, the yearly cost for days lost from work because of arthritis is $142 million.4

You can help people in MS by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Missouri: Why Arthritis Matters

Arthritis affects 29% of the population in Missouri. That’s 1,372,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 1,372,000 people in MO living with doctor-diagnosed arthritis.2
- That means that 29% of MO adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in MO with arthritis.1

In MO, adults with one or more chronic conditions often have arthritis.
- Diabetes: 56% of MO adults with diabetes also have arthritis.2
- Hypertension: 48% of MO adults with hypertension also have arthritis.2
- Obesity: 37% of MO adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 649,000 (51%) adults in MO with arthritis have activity limitations.2
- About 14% of these adults have arthritis-attributable work limitations.3
- About 37% of adults in MO with arthritis are inactive.2
- In MO, the yearly cost for days lost from work because of arthritis is $341 million.4

You can help people in MO by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Montana: Why Arthritis Matters

Arthritis affects 27% of the population in Montana. That’s 216,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

• There are 216,000 people in MT living with doctor-diagnosed arthritis.2
• That means that 27% of MT adults live with arthritis.2
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 19% of the people in MT with arthritis.1

In MT, adults with one or more chronic conditions often have arthritis.

• Diabetes: 54% of MT adults with diabetes also have arthritis.2
• Hypertension: 45% of MT adults with hypertension also have arthritis.2
• Obesity: 36% of MT adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.6

• 103,000 (48%) adults in MT with arthritis have activity limitations.2
• About 12% of these adults have arthritis-attributable work limitations.3
• About 30% of adults in MT with arthritis are inactive.2
• In MT, the yearly cost for days lost from work because of arthritis is $53 million.4

You can help people in MT by ensuring that all legislation protects:

• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Nebraska: Why Arthritis Matters

Arthritis affects 23% of the population in Nebraska. That’s 334,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 334,000 people in NE living with doctor-diagnosed arthritis.2
- That means that 23% of NE adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in NE with arthritis.1

In NE, adults with one or more chronic conditions often have arthritis.

- Diabetes: 48% of NE adults with diabetes also have arthritis.2
- Hypertension: 42% of NE adults with hypertension also have arthritis.2
- Obesity: 32% of NE adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 137,000 (41%) adults in NE with arthritis have activity limitations.2
- About 9% of these adults have arthritis-attributable work limitations.3
- About 34% of adults in NE with arthritis are inactive.2
- In NE, the yearly cost for days lost from work because of arthritis is $100 million.4

You can help people in NE by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Nevada: Why Arthritis Matters

Arthritis affects 22% of the population in Nevada. That’s 477,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²
- There are 477,000 people in NV living with doctor-diagnosed arthritis.²
- That means that 22% of NV adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in NV with arthritis.¹

In NV, adults with one or more chronic conditions often have arthritis.
- Diabetes: 42% of NV adults with diabetes also have arthritis.²
- Hypertension: 42% of NV adults with hypertension also have arthritis.²
- Obesity: 29% of NV adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
- 212,000 (44%) adults in NV with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 33% of adults in NV with arthritis are inactive.²
- In NV, the yearly cost for days lost from work because of arthritis is $131 million.⁴

You can help people in NV by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
New Hampshire: Why Arthritis Matters

Arthritis affects 27% of the population in New Hampshire. That’s 282,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 282,000 people in NH living with doctor-diagnosed arthritis.2
- That means that 27% of NH adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in NH with arthritis.1

In NH, adults with one or more chronic conditions often have arthritis.

- Diabetes: 53% of NH adults with diabetes also have arthritis.2
- Hypertension: 45% of NH adults with hypertension also have arthritis.2
- Obesity: 37% of NH adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 115,000 (41%) adults in NH with arthritis have activity limitations.2
- About 10% of these adults have arthritis-attributable work limitations.3
- About 35% of adults in NH with arthritis are inactive.2
- In NH, the yearly cost for days lost from work because of arthritis is $75 million.4

You can help people in NH by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
New Jersey: Why Arthritis Matters

Arthritis affects 23% of the population in New Jersey. That’s 1,590,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 1,590,000 people in NJ living with doctor-diagnosed arthritis.\(^2\)
- That means that 23% of NJ adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 13% of the people in NJ with arthritis.\(^1\)

In NJ, adults with one or more chronic conditions often have arthritis.
- Diabetes: 48% of NJ adults with diabetes also have arthritis.\(^2\)
- Hypertension: 40% of NJ adults with hypertension also have arthritis.\(^2\)
- Obesity: 34% of NJ adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 675,000 adults in NJ with arthritis have activity limitations.\(^2\)
- About 9% of these adults have arthritis-attributable work limitations.\(^3\)
- About 37% of adults in NJ with arthritis are inactive.\(^2\)
- In NJ, the yearly cost for days lost from work because of arthritis is $467 million.\(^4\)

You can help people in NJ by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
New Mexico: Why Arthritis Matters

Arthritis affects 25% of the population in New Mexico. That’s 386,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 386,000 people in NM living with doctor-diagnosed arthritis.2
- That means that 25% of NM adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in NM with arthritis.1

In NM, adults with one or more chronic conditions often have arthritis.

- Diabetes: 46% of NM adults with diabetes also have arthritis.2
- Hypertension: 43% of NM adults with hypertension also have arthritis.2
- Obesity: 30% of NM adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 176,000 (46%) adults in NM with arthritis have activity limitations.2
- About 11% of these adults have arthritis-attributable work limitations.3
- About 30% of adults in NM with arthritis are inactive.2
- In NM, the yearly cost for days lost from work because of arthritis is $100d million.4

You can help people in NM by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
New York: Why Arthritis Matters

Arthritis affects 23% of the population in New York. That’s 3,629,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 3,629,000 people in NY living with doctor-diagnosed arthritis.2
- That means that 23% of NY adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 10% of the people in NY with arthritis.1

In NY, adults with one or more chronic conditions often have arthritis.
- Diabetes: 48% of NY adults with diabetes also have arthritis.2
- Hypertension: 44% of NY adults with hypertension also have arthritis.2
- Obesity: 35% of NY adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 1,503,000 (46%) adults in NY with arthritis have activity limitations.2
- About 9% of these adults have arthritis-attributable work limitations.3
- About 41% of adults in NY with arthritis are inactive.2
- In NY, the yearly cost for days lost from work because of arthritis is $1.042 billion.4

You can help people in NY by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
North Carolina: Why Arthritis Matters

Arthritis affects 27% of the population in North Carolina. That’s 2,089,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 2,089,000 people in NC living with doctor-diagnosed arthritis.2
- That means that 27% of NC adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in NC with arthritis.1

In NC, adults with one or more chronic conditions often have arthritis.
- Diabetes: 53% of NC adults with diabetes also have arthritis.2
- Hypertension: 46% of NC adults with hypertension also have arthritis.2
- Obesity: 37% of NC adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 1,080,000 (52%) adults in NC with arthritis have activity limitations.2
- About 13% of these adults have arthritis-attributable work limitations.3
- About 40% of adults in NC with arthritis are inactive.2
- In NC, the yearly cost for days lost from work because of arthritis is $460 million.4

You can help people in NC by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
North Dakota: Why Arthritis Matters

Arthritis affects 23% of the population in North Dakota. That’s 134,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 134,000 people in ND living with doctor-diagnosed arthritis.2
- That means that 23% of ND adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in ND with arthritis.1

In ND, adults with one or more chronic conditions often have arthritis.
- Diabetes: 44% of ND adults with diabetes also have arthritis.2
- Hypertension: 41% of ND adults with hypertension also have arthritis.2
- Obesity: 31% of ND adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 57,000 (43%) adults in ND with arthritis have activity limitations.2
- About 10% of these adults have arthritis-attributable work limitations.3
- About 37% of adults in ND with arthritis are inactive.2
- In ND, the yearly cost for days lost from work because of arthritis is $37 million.4

You can help people in ND by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Ohio: Why Arthritis Matters

Arthritis affects 28% of the population in Ohio. That’s 2,547,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis. 
- There are 2,547,000 people in OH living with doctor-diagnosed arthritis. 
- That means that 28% of OH adults live with arthritis.
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in OH with arthritis.

In OH, adults with one or more chronic conditions often have arthritis.
- Diabetes: 54% of OH adults with diabetes also have arthritis.
- Hypertension: 46% of OH adults with hypertension also have arthritis.
- Obesity: 38% of OH adults who are obese also have arthritis.

23.7 million Americans experience activity limitation due to their arthritis.
- 1,136,000 (45%) adults in OH with arthritis have activity limitations.
- About 12% of these adults have arthritis-attributable work limitations.
- About 39% of adults in OH with arthritis are inactive.
- In OH, the yearly cost for days lost from work because of arthritis is $671 million.

You can help people in OH by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Oklahoma: Why Arthritis Matters

Arthritis affects 28% of the population in Oklahoma. That’s 813,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³

- There are 813,000 people in OK living with doctor-diagnosed arthritis.²
- That means that 28% of OK adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in OK with arthritis.³

In OK, adults with one or more chronic conditions often have arthritis.

- Diabetes: 55% of OK adults with diabetes also have arthritis.²
- Hypertension: 48% of OK adults with hypertension also have arthritis.²
- Obesity: 36% of OK adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 419,000 (52%) adults in OK with arthritis have activity limitations.²
- About 14% of these adults have arthritis-attributable work limitations.³
- About 46% of adults in OK with arthritis are inactive.²
- In OK, the yearly cost for days lost from work because of arthritis is $179 million.⁴

You can help people in OK by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Oregon: Why Arthritis Matters

Arthritis affects 27% of the population in Oregon. That’s 838,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

- There are 838,000 people in OR living with doctor-diagnosed arthritis. 2
- That means that 27% of OR adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in OR with arthritis.1

In OR, adults with one or more chronic conditions often have arthritis.

- Diabetes: 48% of OR adults with diabetes also have arthritis.2
- Hypertension: 45% of OR adults with hypertension also have arthritis.2
- Obesity: 35% of OR adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5

- 425,000 (51%) adults in OR with arthritis have activity limitations.2
- About 13% of these adults have arthritis-attributable work limitations.3
- About 27% of adults in OR with arthritis are inactive.2
- In OR, the yearly cost for days lost from work because of arthritis is $202 million.4

You can help people in OR by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Pennsylvania: Why Arthritis Matters

Arthritis affects 29% of the population in Pennsylvania. That’s 2,937,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5

• There are 2,937,000 people in PA living with doctor-diagnosed arthritis. ²
• That means that 29% of PA adults live with arthritis.²
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in PA with arthritis.¹

In PA, adults with one or more chronic conditions often have arthritis.

• Diabetes: 55% of PA adults with diabetes also have arthritis.²
• Hypertension: 48% of PA adults with hypertension also have arthritis.²
• Obesity: 40% of PA adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

• 1,118,000 (38%) adults in PA with arthritis have activity limitations.²
• About 10% of these adults have arthritis-attributable work limitations.³
• About 39% of adults in PA with arthritis are inactive.²
• In PA, the yearly cost for days lost from work because of arthritis is $684 million.⁴

You can help people in PA by ensuring that all legislation protects:

• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Rhode Island: Why Arthritis Matters

Arthritis affects 27% of the population in Rhode Island. That’s 226,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.¹

- There are 226,000 people in RI living with doctor-diagnosed arthritis.²
- That means that 27% of RI adults live with arthritis.³
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in RI with arthritis.¹

In RI, adults with one or more chronic conditions often have arthritis.

- Diabetes: 52% of RI adults with diabetes also have arthritis.²
- Hypertension: 46% of RI adults with hypertension also have arthritis.²
- Obesity: 37% of RI adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 89,000 (39%) adults in RI with arthritis have activity limitations.²
- About 10% of these adults have arthritis-attributable work limitations.³
- About 39% of adults in RI with arthritis are inactive.²
- In RI, the yearly cost for days lost from work because of arthritis is $57 million.⁴

You can help people in RI by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
South Carolina: Why Arthritis Matters

Arthritis affects 29% of the population in South Carolina. That’s 1,105,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.³
• There are 1,105,000 people in SC living with doctor-diagnosed arthritis.²
• That means that 29% of SC adults live with arthritis.²
• In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in SC with arthritis.¹

In SC, adults with one or more chronic conditions often have arthritis.
• Diabetes: 57% of SC adults with diabetes also have arthritis.²
• Hypertension: 48% of SC adults with hypertension also have arthritis.²
• Obesity: 38% of SC adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
• 555,000 (50%) adults in SC with arthritis have activity limitations.²
• About 14% of these adults have arthritis-attributable work limitations.³
• About 38% of adults in SC with arthritis are inactive.²
• In SC, the yearly cost for days lost from work because of arthritis is $228 million.⁴

You can help people in SC by ensuring that all legislation protects:
• Timely Access to Care and Treatments.
• Continuous Coverage without pre-existing exclusions.
• Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
South Carolina: Why Arthritis Matters

Arthritis affects 29% of the population in South Carolina. That’s 1,105,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.⁵
- There are 1,105,000 people in SC living with doctor-diagnosed arthritis.²
- That means that 29% of SC adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in SC with arthritis.¹

In SC, adults with one or more chronic conditions often have arthritis.
- Diabetes: 57% of SC adults with diabetes also have arthritis.²
- Hypertension: 48% of SC adults with hypertension also have arthritis.²
- Obesity: 38% of SC adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
- 555,000 (50%) adults in SC with arthritis have activity limitations.²
- About 14% of these adults have arthritis-attributable work limitations.³
- About 38% of adults in SC with arthritis are inactive.²
- In SC, the yearly cost for days lost from work because of arthritis is $228 million.⁴

You can help people in SC by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
South Dakota: Why Arthritis Matters

Arthritis affects 24% of the population in South Dakota. That’s 158,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 158,000 people in SD living with doctor-diagnosed arthritis.\(^2\)
- That means that 24% of SD adults live with arthritis.\(^2\)
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in SD with arthritis.\(^1\)

In SD, adults with one or more chronic conditions often have arthritis.
- Diabetes: 47% of SD adults with diabetes also have arthritis.\(^2\)
- Hypertension: 43% of SD adults with hypertension also have arthritis.\(^2\)
- Obesity: 32% of SD adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 73,000 (46%) adults in SD with arthritis have activity limitations.\(^2\)
- About 10% of these adults have arthritis-attributable work limitations.\(^3\)
- About 30% of adults in SD with arthritis are inactive.\(^2\)
- In SD, the yearly cost for days lost from work because of arthritis is $46 million.\(^4\)

You can help people in SD by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Tennessee: Why Arthritis Matters

Arthritis affects 32% of the population in Tennessee. That’s 1,630,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²
- There are 1,630,000 people in TN living with doctor-diagnosed arthritis.²
- That means that 32% of TN adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in TN with arthritis.¹

In TN, adults with one or more chronic conditions often have arthritis.
- Diabetes: 54% of TN adults with diabetes also have arthritis.²
- Hypertension: 50% of TN adults with hypertension also have arthritis.²
- Obesity: 41% of TN adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.³
- 772,000 (47%) adults in TN with arthritis have activity limitations.²
- About 15% of these adults have arthritis-attributable work limitations.³
- About 41% of adults in TN with arthritis are inactive.²
- In TN, the yearly cost for days lost from work because of arthritis is $316 million.⁴

You can help people in TN by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Texas: Why Arthritis Matters

Arthritis affects 20% of the population in Texas. That’s 4,055,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²

- There are 4,055,000 people in TX living with doctor-diagnosed arthritis.²
- That means that 20% of TX adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 16% of the people in TX with arthritis.¹

In TX, adults with one or more chronic conditions often have arthritis.

- Diabetes: 42% of TX adults with diabetes also have arthritis.²
- Hypertension: 38% of TX adults with hypertension also have arthritis.²
- Obesity: 26% of TX adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 1,773,000 (44%) adults in TN with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 43% of adults in TX with arthritis are inactive.²
- In TX, the yearly cost for days lost from work because of arthritis is $1.122 billion.⁴

You can help people in TX by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Utah: Why Arthritis Matters

Arthritis affects 20% of the population in Utah. That’s 407,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.⁵

- There are 407,000 people in UT living with doctor-diagnosed arthritis. ²
- That means that 20% of UT adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 14% of the people in UT with arthritis.¹

In UT, adults with one or more chronic conditions often have arthritis.

- Diabetes: 47% of UT adults with diabetes also have arthritis.²
- Hypertension: 40% of UT adults with hypertension also have arthritis.²
- Obesity: 29% of UT adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 168,000 (41%) adults in UT with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 29% of adults in UT with arthritis are inactive.²
- In UT, the yearly cost for days lost from work because of arthritis is $116 million.⁴

You can help people in UT by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Vermont: Why Arthritis Matters

Arthritis affects 27% of the population in Vermont. That’s 136,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis. 5
- There are 136,000 people in VT living with doctor-diagnosed arthritis. 2
- That means that 27% of VT adults live with arthritis. 2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in VT with arthritis. 1

In VT, adults with one or more chronic conditions often have arthritis.
- Diabetes: 49% of VT adults with diabetes also have arthritis. 2
- Hypertension: 45% of VT adults with hypertension also have arthritis. 2
- Obesity: 37% of VT adults who are obese also have arthritis. 2

23.7 million Americans experience activity limitation due to their arthritis. 5
- 61,000 (45%) adults in VT with arthritis have activity limitations. 2
- About 11% of these adults have arthritis-attributable work limitations. 3
- About 32% of adults in VT with arthritis are inactive. 2
- In VT, the yearly cost for days lost from work because of arthritis is $36 million. 4

You can help people in VT by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Virginia: Why Arthritis Matters

Arthritis affects 23% of the population in Virginia. That’s 1,513,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.¹
- There are 1,513,000 people in VA living with doctor-diagnosed arthritis. ²
- That means that 23% of VA adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 17% of the people in VA with arthritis.¹

In VA, adults with one or more chronic conditions often have arthritis.
- Diabetes: 49% of VA adults with diabetes also have arthritis.²
- Hypertension: 40% of VA adults with hypertension also have arthritis.²
- Obesity: 33% of VA adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵
- 631,000 (42%) adults in VA with arthritis have activity limitations.²
- About 9% of these adults have arthritis-attributable work limitations.³
- About 38% of adults in VA with arthritis are inactive.²
- In VA, the yearly cost for days lost from work because of arthritis is $392 million.⁴

You can help people in VA by ensuring that all legislation protects:
- **Timely Access to Care** and Treatments.
- **Continuous Coverage** without pre-existing exclusions.
- **Affordability** of premiums, co-pays, deductibles and other patient cost-sharing.
Washington: Why Arthritis Matters

Arthritis affects 24% of the population in Washington. That’s 1,346,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.5
- There are 1,346,000 people in WA living with doctor-diagnosed arthritis.2
- That means that 24% of WA adults live with arthritis.2
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in WA with arthritis.1

In WA, adults with one or more chronic conditions often have arthritis.
- Diabetes: 48% of WA adults with diabetes also have arthritis.2
- Hypertension: 42% of WA adults with hypertension also have arthritis.2
- Obesity: 35% of WA adults who are obese also have arthritis.2

23.7 million Americans experience activity limitation due to their arthritis.5
- 657,000 (49%) adults in WA with arthritis have activity limitations.2
- About 11% of these adults have arthritis-attributable work limitations.3
- About 26% of adults in WA with arthritis are inactive.2
- In WA, the yearly cost for days lost from work because of arthritis is $343 million.4

You can help people in WA by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
West Virginia: Why Arthritis Matters

Arthritis affects **38%** of the population in West Virginia. That’s **557,000** adults living with doctor-diagnosed arthritis in the state.

There are more than **50 million American adults with arthritis.**

- There are **557,000** people in WV living with doctor-diagnosed arthritis.
- That means that **38%** of WV adults live with arthritis.
- **In the U.S., 1 in 3 veterans has arthritis**—veterans represent **15%** of the people in WV with arthritis.

In WV, adults with one or more chronic conditions often have arthritis.

- Diabetes: **62%** of WV adults with diabetes also have arthritis.
- Hypertension: **55%** of WV adults with hypertension also have arthritis.
- Obesity: **47%** of WV adults who are obese also have arthritis.

**23.7 million Americans experience activity limitation due to their arthritis.**

- **303,000 (54%)** adults in WV with arthritis have activity limitations.
- About **19%** of these adults have arthritis-attributable work limitations.
- About **41%** of adults in WV with arthritis are inactive.
- In WV, the yearly cost for days lost from work because of arthritis is **$97 million**.

You can help people in WV by ensuring that all legislation protects:

- **Timely Access to Care** and Treatments.
- **Continuous Coverage** without pre-existing exclusions.
- **Affordability** of premiums, co-pays, deductibles and other patient cost-sharing.
Wisconsin: Why Arthritis Matters

Arthritis affects 25% of the population in Wisconsin. That’s 1,104,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.\(^5\)
- There are 1,104,000 people in WI living with doctor-diagnosed arthritis.\(^2\)
- That means that 25% of WI adults live with arthritis.\(^2\)
- IN the U.S., 1 in 3 veterans has arthritis—veterans represent 15% of the people in WI with arthritis.\(^1\)

In WI, adults with one or more chronic conditions often have arthritis.
- Diabetes: 43% of WI adults with diabetes also have arthritis.\(^2\)
- Hypertension: 42% of WI adults with hypertension also have arthritis.\(^2\)
- Obesity: 33% of WI adults who are obese also have arthritis.\(^2\)

23.7 million Americans experience activity limitation due to their arthritis.\(^5\)
- 479,000 adults in WI with arthritis have activity limitations.\(^2\)
- About 10% of these adults have arthritis-attributable work limitations.\(^3\)
- About 29% of adults in WI with arthritis are inactive.\(^2\)
- In WI, the yearly cost for days lost from work because of arthritis is $330 million.\(^4\)

You can help people in WI by ensuring that all legislation protects:
- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
Wyoming: Why Arthritis Matters

Arthritis affects 26% of the population in Wyoming. That’s 116,000 adults living with doctor-diagnosed arthritis in the state.

There are more than 50 million American adults with arthritis.²

- There are 116,000 people in WY living with doctor-diagnosed arthritis.²
- That means that 26% of WY adults live with arthritis.²
- In the U.S., 1 in 3 veterans has arthritis—veterans represent 18% of the people in WY with arthritis.¹

In WY, adults with one or more chronic conditions often have arthritis.

- Diabetes: 52% of WY adults with diabetes also have arthritis.²
- Hypertension: 43% of WY adults with hypertension also have arthritis.²
- Obesity: 34% of WY adults who are obese also have arthritis.²

23.7 million Americans experience activity limitation due to their arthritis.⁵

- 49,000 adults in WY with arthritis have activity limitations.²
- About 11% of these adults have arthritis-attributable work limitations.³
- About 35% of adults in WY with arthritis are inactive.²
- In WY, the yearly cost for days lost from work because of arthritis is $28 million.⁴

You can help people in WY by ensuring that all legislation protects:

- Timely Access to Care and Treatments.
- Continuous Coverage without pre-existing exclusions.
- Affordability of premiums, co-pays, deductibles and other patient cost-sharing.
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