



NEWFOUNDLAND AND LABRADOR
MEDICAL ASSOCIATION

FACT SHEET- Rheumatology

Prevalence of Arthritis

- Arthritis affects a person's joints, ligaments, tendons, bones and other components of the musculoskeletal system. All forms of arthritis share such symptoms as pain, swelling or stiffness in or around the joints. The disease is a leading cause of pain, physical disability and health care utilization in Canada.ⁱ According to Health Canada, arthritis/rheumatism is among the top three most prevalent chronic conditions in the country.ⁱⁱ
- Arthritis disability not only impacts on individuals with the disease, it also has a significant impact on their families and creates barriers to leisure, social and workforce participation at all ages.ⁱⁱⁱ Two-thirds of those affected with arthritis are women, where prevalence is almost twice that of men.^{iv}
- Statistics Canada reports that in 2008, there were 89,235 people in Newfoundland and Labrador diagnosed with arthritis or 17.6% of the population, the second highest of all provinces. Across Canada, there were 4.3 million people diagnosed with arthritis or 12.9% of the population.^v As population ages, this number is expected to increase to approximately 7 million by 2031.^{vi}
- According to the Canadian Institute for Health Information, people living in rural areas report a significantly higher prevalence of arthritis/ rheumatism compared to their urban counterparts. In fact, arthritis and rheumatism is the one chronic condition that shows the greatest differences between urban and rural areas.^{vii}
- Orthopedic surgery is the most common type of surgical intervention for arthritis. It presents a viable alternative when attempts at non-surgical management cannot prevent joint pain or damage.^{viii} Over 90% of people who undergo hip or knee replacement surgery have arthritis.^{ix} The number of hip and knee replacements performed is rising annually and is expected to continue to increase.^x The fact that orthopedic surgeons are operating at capacity, means the system may not be able to respond to the projected increases in the number of people with arthritis.^{xi}

Rheumatology in Newfoundland and Labrador

- Rheumatologists are physicians who specialize in diseases of the joints, muscles, bones and tendons. These medical specialists diagnose and treat arthritis, back pain, muscle strains, athletic injuries and collagen diseases. They may work closely with other specialists such as physical therapists and orthopedic surgeons.^{xii}
- According to Health Canada, one of the barriers that limit access to rheumatologists is the lack of locally available services. It says that that manpower issues, such as shortages of both rheumatologists and orthopedic surgeons, are a concern that could be addressed through more recruitment.^{xiii}
- In Newfoundland and Labrador, there is a serious shortage of rheumatologists. Newfoundland and Labrador has the country's second lowest number of rheumatologists with only four serving needs of the entire province. That compares to Nova Scotia where there are about 16 rheumatologists, the highest in Atlantic Canada.^{xiv}

- Rheumatologists in Newfoundland and Labrador have identified a need of at least one rheumatologist per 75,000 population or at least seven full-time clinical rheumatologists. Although Newfoundland and Labrador currently has four rheumatologists, they represent about 2.5 full time equivalent (FTE) rheumatologists when you factor in teaching time and research duties. Therefore, in order to achieve the desired seven FTE rheumatologists, the province requires a total of at least 10.

Impact on Patients

- Health Canada reports that compared with people with other chronic conditions, those with arthritis can experience more pain, activity restrictions and long-term disability, may be more likely to need help with daily activities, report worse self-rated health and increased depression.^{xv}
- Basic activities that most people are able to do can be challenging for people with arthritis. About 64% of arthritis sufferers in Canada report difficulties getting a good night's sleep. Some 59% report difficulties with participating in recreation, leisure, hobbies or social activities; 54% report difficulties doing household chores; 50% report difficulties running errands or shopping; 42% report difficulties getting around the house and 39% report difficulties bathing or dressing.^{xvi}
- The ability to earn a living is also compromised for people with arthritis with 51% of arthritis sufferers in Canada reporting that they require some kind of job modification to continue working and 22% report having stopped work altogether because of their arthritis.^{xvii}
- It's no surprise then that arthritis profoundly affects people's physical and mental health. About 30% of arthritis sufferers in Canada rate their general health as fair or poor and 21% report they have felt the need for help with their emotions, stress or mental health in order to manage their arthritis.^{xviii}
- While some kinds of arthritis such as rheumatoid arthritis and lupus can cause premature death, most aren't fatal. However, according to 1998 Statistics Canada figures, just over two deaths per 100,000 were recorded as being directly due to arthritis and related conditions making arthritis a more common underlying cause of death than melanoma, asthma or HIV/AIDS.^{xix} People with arthritis are also the most frequent users of non-steroidal anti-inflammatory drugs (NSAIDs), which can cause gastrointestinal bleeding. Deaths due to GI bleeding were responsible for 1,322 deaths in 1998.^{xx}
- Arthritis is also one of the most costly illnesses from an economic perspective.^{xxi} The cost of arthritis in Canada is estimated at \$4.4 billion each year. The direct costs of arthritis—such as expenditures on hospital stays, physician services and medications—added up to \$908.9 million or 20% of total health care costs in 2009. Indirect costs—including those related to lost productivity due to long and short-term disability—totaled \$3.5 billion for arthritis alone.^{xxii}
- People with arthritis are admitted to hospital more frequently for either surgical or non-surgical reasons than individuals without arthritis. Non-surgical admissions to hospital may be required to manage the non-joint related consequences of arthritis, arthritis-related pain and disability, or the side effects of drugs used to treat arthritis, such as gastrointestinal complications.^{xxiii}
- Of the 2.3 million hospital admissions for people aged 15 years and older in Canada in 2000, there were 200,000 (9%) associated with arthritis or related conditions. Seven percent of 1.5 million medical admissions were attributed to arthritis and 11% of the 800,000 surgical admissions included arthritis as one of the diagnoses associated with the admission.^{xxiv}

Importance of Timely Treatment

- Early referral to a rheumatologist for confirmation of diagnosis and the timely initiation of treatment for the early onset of arthritis is critical. Joint damage occurs early and early treatment helps prevent damage and the loss of long-term function.^{xxv} If left untreated, arthritis can affect the structure and functioning of the joints, leading to increased pain, disability and difficulty in performing everyday activities.^{xxvi}
- Patients should also be seen frequently by their rheumatologist with a goal of tightly controlling the extent of inflammation in their joints.^{xxvii} Studies published in the *Journal of the Canadian Rheumatology Association* have found that patients who had continuing care from rheumatologists experienced lower rates of progression of disability than those who had only intermittent care.^{xxviii}
- People with arthritis have the right to timely diagnosis and access to specialty care.^{xxix} Yet, nearly 30% of Canadians between the ages of 15 to 44 with arthritis believe they have not received the health care they required.^{xxx} Studies in the *Journal of the Canadian Rheumatology Association* estimate that there may be up to 50% of patients with rheumatoid arthritis who have never seen an arthritis specialist.^{xxxi}
- Waiting times for consultations with rheumatologists are unacceptably long, resulting in suboptimal clinical outcomes, increased costs to the health care system and society, and reduced quality of life for people with arthritis.^{xxxii} In fact, rheumatologists' waiting lists have become so long that they are only able to accommodate urgent referrals.^{xxxiii}
- The current model of care delivery to people with arthritis is not able to meet the present and future needs of the population.^{xxxiv} The lack of qualified personnel to care for the expanding number of arthritis patients (such as rheumatologists, orthopedic surgeons, anesthetists, family practitioners and allied health professionals) means that patients are being denied timely and appropriate access to treatment.^{xxxv}

Implications of the Aging Population

- Canada's health care system is currently oriented to acute care and short-term needs. As a result, it is not in an optimal position to deal with long-term and evolving diseases such as arthritis and related conditions, which become increasingly prevalent with advancing age.^{xxxvi}
- The Government of Newfoundland and Labrador reports that arthritis/rheumatism is the most prevalent chronic condition among seniors aged 65 and older in Newfoundland and Labrador at 51.9 per cent, which is higher than the national average of 45.9 per cent. In fact, it says that arthritis among seniors is more prevalent than high blood pressure, diabetes, asthma, cataracts, glaucoma, obesity and heart disease.^{xxxvii}
- The Government of Newfoundland and Labrador also speculates that as the number of people over the age of 65 years in our province grows, we can expect increasing rates of chronic diseases, which will likely increase the demand for certain services.^{xxxviii}

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- ⁱ Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ⁱⁱ Ibid.
- ⁱⁱⁱ Ibid.
- ^{iv} Ibid.
- ^v Statistics Canada, CANSIM, table 105-0501 and Catalogue no. 82-221-X, Last modified on January 5, 2010.
- ^{vi} Public Health Agency of Canada, Arthritis: *Fast Facts from the 2009 Survey on Living with Chronic Disease in Canada*.
- ^{vii} Canadian Institute for Health Information, *How Healthy Are Rural Canadians? An Assessment of Their Health Status and Health Determinants A Component of the Initiative "Canada's Rural Communities: Understanding Rural Health and Its Determinants,"* September 2006
- ^{viii} Health Canada, Arthritis in Canada: An Ongoing Challenge, Ottawa 2003. (Presented jointly by Health Canada, the Arthritis Society, The Arthritis Network and The Arthritis Community Research & Evaluation Unit (ACREU) of Ontario).
- ^{ix} Alliance for the Canadian Arthritis Program, Arthritis isn't a big deal...until you get it. Ask 4 million Canadians. Report from the Summit on Standards for Arthritis Prevention and Care November 1 – 2, 2005 Ottawa, Ontario, Canada, Prepared on February 22, 2006.
- ^x Health Indicators 2009
- ^{xi} Health Canada, Arthritis in Canada: An Ongoing Challenge, Ottawa 2003. (Presented jointly by Health Canada, the Arthritis Society, The Arthritis Network and The Arthritis Community Research & Evaluation Unit (ACREU) of Ontario).
- ^{xii} Royal College of Physicians and Surgeons of Canada, Directory of Fellows, Specialty Descriptions: Rheumatology.
- ^{xiii} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xiv} CMA Masterfile, January 2009, Canadian Medical Association
- ^{xv} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xvi} Public Health Agency of Canada, Arthritis: *Fast Facts from the 2009 Survey on Living with Chronic Disease in Canada*.
- ^{xvii} Ibid.
- ^{xviii} Ibid.
- ^{xix} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xx} Ibid.
- ^{xxi} Ibid.
- ^{xxii} The Arthritis Society, *ArthroScope: Revealing the Impact of Arthritis*, Canada, 2004.
- ^{xxiii} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xxiv} Ibid.
- ^{xxv} The Journal of Canadian Rheumatology Association, *Canadian Consensus Statement on Early Optimal Therapy in Early Rheumatoid Arthritis*, Vivian P. Bykerk, et al. (circa 2004)
- ^{xxvi} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xxvii} The Journal of Canadian Rheumatology Association, *Canadian Consensus Statement on Early Optimal Therapy in Early Rheumatoid Arthritis*, Vivian P. Bykerk, et al. (circa 2004)
- ^{xxviii} The Journal of Rheumatology Copyright © 2005, 32:8
- ^{xxix} Rights 1 and 2 of the Canadian Arthritis Bill of Rights, the Arthritis Society, Canada, 2001.
- ^{xxx} The Arthritis Society, *ArthroScope: Revealing the Impact of Arthritis*, Canada, 2004.
- ^{xxxi} The Journal of Canadian Rheumatology Association, *Canadian Consensus Statement on Early Optimal Therapy in Early Rheumatoid Arthritis*, Vivian P. Bykerk, et al. (circa 2004).
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- ^{xxxiii} The Journal of Canadian Rheumatology Association, *Canadian Consensus Statement on Early Optimal Therapy in Early Rheumatoid Arthritis*, Vivian P. Bykerk, et al. (circa 2004).
- ^{xxxiv} Alliance for the Canadian Arthritis Program, *Arthritis isn't a big deal...until you get it. Ask 4 million Canadians. Report from the Summit on Standards for Arthritis Prevention and Care November 1 – 2, 2005*, Ottawa, Canada, Prepared on February 22, 2006.
- ^{xxxv} The Journal of Rheumatology Copyright © 2005, 32:8
- ^{xxxvi} Health Canada, Arthritis in Canada: An Ongoing Challenge (Ottawa: Health Canada, 2003), catalogue no. H39-4/14 2003E.
- ^{xxxvii} Government of Newfoundland and Labrador, Department of Health and Community Services, *Provincial Healthy Aging Policy Framework*, page 37.
- ^{xxxviii} Government of Newfoundland and Labrador, *Health Reflections Newfoundland and Labrador*, 2008.