

Arthritis in Nebraska





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WHAT IS IN THIS REPORT ?

This report describes the burden of arthritis in Nebraska. It was made possible by a grant from the Centers for Disease Control and Prevention (CDC). The report defines arthritis and describes the four most common types. It identifies who is most affected by arthritis and describes the risk factors associated with arthritis. It contains information primarily from the Behavioral Risk Factor Surveillance System (BRFSS) Survey conducted in Nebraska. It also contains treatment guidelines and descriptions of programs which are available to help manage arthritis.



EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

The data presented in this report show that arthritis affects approximately 350,000 people in the state of Nebraska. The disease is most common among the elderly, and women are more likely to have it than men. Also, arthritis is more common among people who are obese and/or physically inactive. The annual cost of arthritis to Nebraska is more than \$450 million, which includes the cost of medical care and the value of lost time at work.

SOURCES OF INFORMATION

Behavioral Risk Factor Surveillance System (BRFSS)

The data on the prevalence of arthritis and its risk factors that are presented in Figures 1-8 of this report were collected in 2003 as part of the Behavioral Risk Factor Surveillance System (BRFSS). The BRFSS is a random sample telephone survey of adults 18 years of age and older that is conducted annually throughout the United States, in collaboration with the Centers for Disease Control and Prevention (CDC). In Nebraska, the BRFSS survey is conducted by the Nebraska Health and Human Services System. Nearly 5,000 people are interviewed each year. The BRFSS survey includes questions on a wide range of health-related topics, including arthritis, diabetes, tobacco and alcohol use, physical activity, diet, weight control, health insurance, and the use of preventive and other health care services.



Executive Summary

The Nebraska BRFSS interviewed 4,979 adults during 2003. Those who participated in the survey were asked the following questions about arthritis:

- 1) The next questions refer to your joints. Please do not include the back or neck. During the past 30 days, have you had any symptoms of pain, aching, or stiffness in or around a joint?
- 2) Did your joint symptoms first begin more than 3 months ago?
- 3) Have you seen a doctor or other health professional for these joint symptoms?
- 4) Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?
- 5) Are you now limited in any way in any of your usual activities because of arthritis or joint symptoms?
- 6) In this next question we are referring to work for pay. Do arthritis or joint symptoms now affect whether you work, the type of work you do, or the amount of work you do?

For this report, a person is classified as having arthritis if they answered “yes” to question #4. Those who answered “yes” to questions #1-2 and “no” to question #4 are considered to have “possible arthritis.” Responses of “don’t know,” “not sure,” or refusals are excluded from the analysis of all BRFSS data presented in this report.



WHAT IS ARTHRITIS ?

Arthritis

(are-THRY-tis) comes from the Greek words *arth* meaning joint and *itis* meaning inflammation. It comprises more than 100 different varieties of diseases and conditions that affect the joints and other parts of the body. Examples of these diseases and conditions include osteoarthritis, rheumatoid arthritis, fibromyalgia, lupus, juvenile arthritis, gout, bursitis, Lyme disease, and carpal tunnel syndrome. This assortment of diseases is classified together as arthritic or rheumatic diseases.

Arthritis generally causes pain, stiffness, and in some cases swelling in and around the joints, back, and neck. Four common types of arthritis are described to the right.

OSTEOARTHRITIS

Osteoarthritis (OS-tee-oh-are-THRY-tis) (OA) is a degenerative joint disease, resulting from the breakdown of the cushioning cartilage in the joints, causing pain and stiffness. It is one of the oldest and most common types of arthritis. It primarily affects the hips, knees, feet, and hands. Pain, stiffness, movement, and activity limitations can result from degeneration of joint cartilage and changes in underlying bone.

RHEUMATOID ARTHRITIS

Rheumatoid (Roo-ma-toid) arthritis (RA) is an autoimmune (AW-toh-ih-MYOON) disease that results in inflammation of the lining of the joints and other organs throughout the body. Autoimmune diseases are illnesses which occur when the body tissues are mistakenly attacked by its own immune system. The joints become warm, swollen, tender, and difficult to move. If the inflammation continues, it can destroy cartilage, bone, tendons, and ligaments. The result is permanent joint deformity and disability due to joint destruction, deformity, and loss of joint function. Non-specific systematic symptoms such as fatigue, weakness and depression may precede joint symptoms.

FIBROMYALGIA

Fibromyalgia (Fi-bro-my-AL-gia) is a chronic pain disorder characterized by fatigue, sleep disturbances, and widespread pain in the muscles and tendons, particularly in the neck, spine, shoulders, and hips. It affects females more often than males.

JUVENILE ARTHRITIS

Juvenile arthritis is a term that refers to all types of arthritis that affect children, including juvenile rheumatoid arthritis, the most common form. The major symptoms for all forms of arthritis in children are pain, fatigue, stiffness, and swelling in the joints.

TREATMENT GUIDELINES

The National Arthritis Foundation Recommends the Following Treatment Guidelines for Arthritis:

- ▶ Exercise to keep joints flexible and increase muscle strength
- ▶ Rest and relaxation
- ▶ Medications to control pain
- ▶ Joint protection to prevent strains or stress on joints.



Given the limited number of currently known risk factors for all types of arthritis, most arthritis intervention efforts have been directed towards secondary (early detection and treatment) or tertiary (complication reduction prevention). Research is ongoing to discover additional primary prevention efforts that may be useful.

ADDITIONAL RECOMMENDATIONS FOR SPECIFIC TYPES OF ARTHRITIS INCLUDE:

Osteoarthritis

Treatment for osteoarthritis focuses on decreasing pain and improving joint flexibility and movement. Treatment options include:

- Heat/cold therapy for temporary pain relief
- Weight control to relieve stress on weight-bearing joints
- Surgery, sometimes, to relieve chronic pain in damaged joints
- Physical Activity

Rheumatoid Arthritis

Treatment for rheumatoid arthritis focuses on reducing inflammation and relieving pain and stiffness, reducing the inflammation, and maintaining normal joint flexibility. Three types of medications may be useful in controlling early progression:

- Symptomatic medications to reduce pain, stiffness, and swelling, such as aspirin, analgesics, and steroids
- Disease-modifying medications, such as low doses of prednisone, methotrexate, antimalarial medications, azulfidine, cyclosporine, and others
- Biologic response modifiers such as Enbrel, Humira, Kineret and Remicade

In addition, treatment often includes:

- Physical activity and focus on positive coping skills
- Physical or occupational therapy
- Surgery, sometimes, for severely damaged, painful joints

INTERVENTIONS/ PROGRAMS

Three effective, evidence-based programs recommended by the CDC and the Nebraska Arthritis Partnership (NAP) are:

- ▶ People with Arthritis Can Exercise (**PACE**)
- ▶ The Arthritis Self-Help Course (**ASHC**)
- ▶ The Arthritis Foundation Aquatic Program (**AFAP**)

Fibromyalgia

Treatment options for fibromyalgia emphasize muscular fitness and pain management. The most common recommendations include:

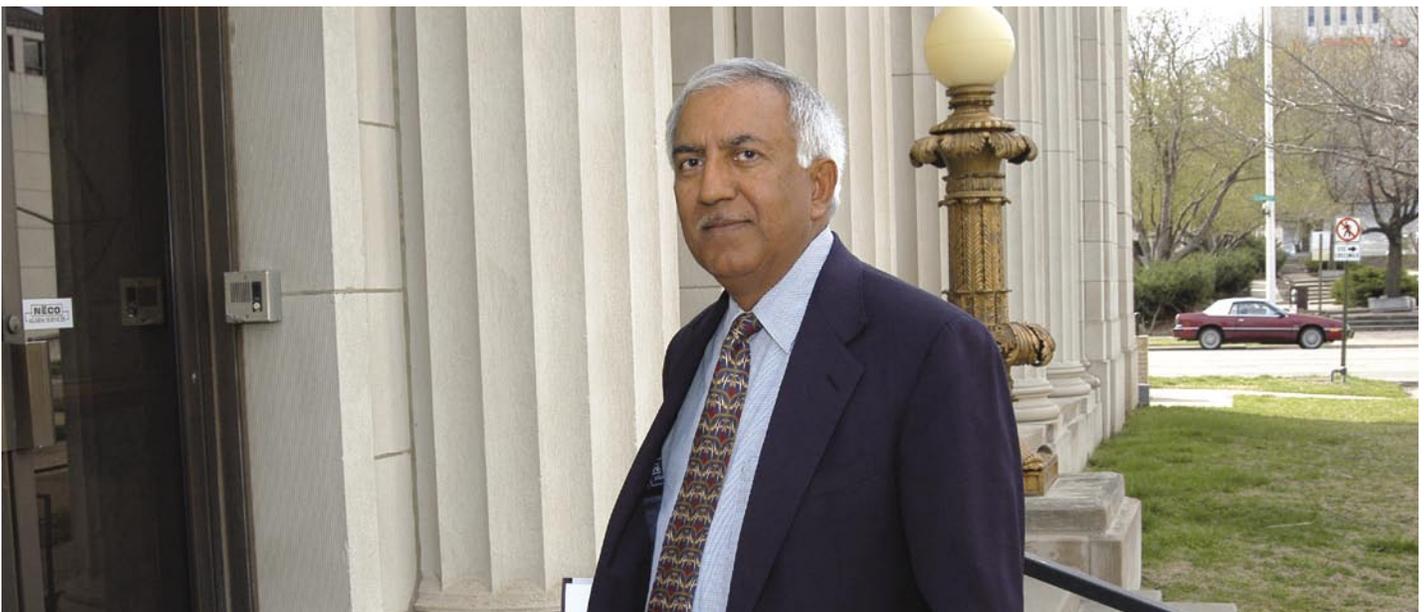
- Exercise, including stretching of muscles and cardiovascular fitness
- Medications to reduce pain and improve sleep
- Relaxation techniques

INTERVENTIONS/PROGRAMS:

People with Arthritis Can Exercise (PACE)

This is a land-based exercise program designed specifically for individuals who have arthritis. Exercise is one of the best ways to minimize the pain and disability associated with arthritis. PACE classes are designed to relieve stiffness, restore or maintain joint range of motion, increase flexibility, restore or maintain muscle strength, improve posture, and increase endurance. Classes are usually held 2-3 times per week. PACE leaders have been trained through the Arthritis Foundation.

** In the near future, the PACE program will become the Arthritis Foundation Exercise Program (AFEP)*



Treatment Guidelines

ASK YOUR DOCTOR IF ONE OF THESE PROGRAMS IS RIGHT FOR YOU!



NOTE: If you would like additional information on the above programs, or if you would like to be trained as a program leader, please contact the Arthritis Foundation at 402-330-6130 (within Omaha) or 800-642-5292 (outside Omaha, but within Nebraska) or send an E-mail to info.ne@arthritis.org.

Arthritis Self-Help Course (ASHC)

This is a six-week educational program designed to educate individuals who have arthritis and encourage them to take a greater role in the management of their arthritis. Classes meet once a week for six weeks and provide information, skills and support to people with arthritis and their families. Topics covered include but are not limited to: nutrition, exercise, medications, stress management, talking with your doctor. ASHC leaders have attended a 16-hour training workshop through the Arthritis Foundation.

** In the near future, the ASHC program will become the Arthritis Self-Management Program (ASMP)*

Arthritis Foundation Aquatic Program (AFAP)

This is a water exercise program designed for people who have arthritis. The warmth and support of the water often makes people with arthritis feel better by decreasing pain and stiffness. Participants in the AFAP also enjoy the socialization that is done during the class. Classes usually are held 2-3 times per week. AFAP leaders have been trained by the Arthritis Foundation.



RHEUMATOLOGISTS

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As a public service, the Arthritis Foundation, Nebraska Chapter is pleased to make this referral list available to aid persons who wish to seek the assistance of a doctor specializing in the diagnosis or treatment of arthritis.

The physicians included on this list have advised us they are licensed under state law and satisfy the criteria listed below, which we have established as a requirement for inclusion on this list.

This list includes specialists in arthritis, called rheumatologists. Rheumatologists are doctors who specialize in the diagnosis and treatment of arthritis and related disorders of joints, muscles, and bones. Physicians in this specialty are first Board Certified (have passed an exam) in such areas as internal medicine or pediatrics, and then completed additional accredited training in the diagnosis and treatment of arthritis. Some physicians may also have passed another specialty exam in Rheumatology and be Board Certified in Rheumatology or Pediatric Rheumatology.

Many other types of physicians can diagnose and treat arthritis. They include physicians who are certified by the designated boards in family practice, internal medicine, physical medicine and rehabilitation (physiatrists), pediatrics and orthopedic surgery (for arthritis surgery). Physicians who are Board Certified have passed a special examination in their specialty.

We are unable to evaluate the professional qualifications and competence of individual physicians included on this list. Inclusion of a particular physician on this list should not be interpreted as a representation by us concerning that physician's competence or qualifications.

Physicians included on this list have attested that they are Board Certified or Board Eligible Rheumatologists.

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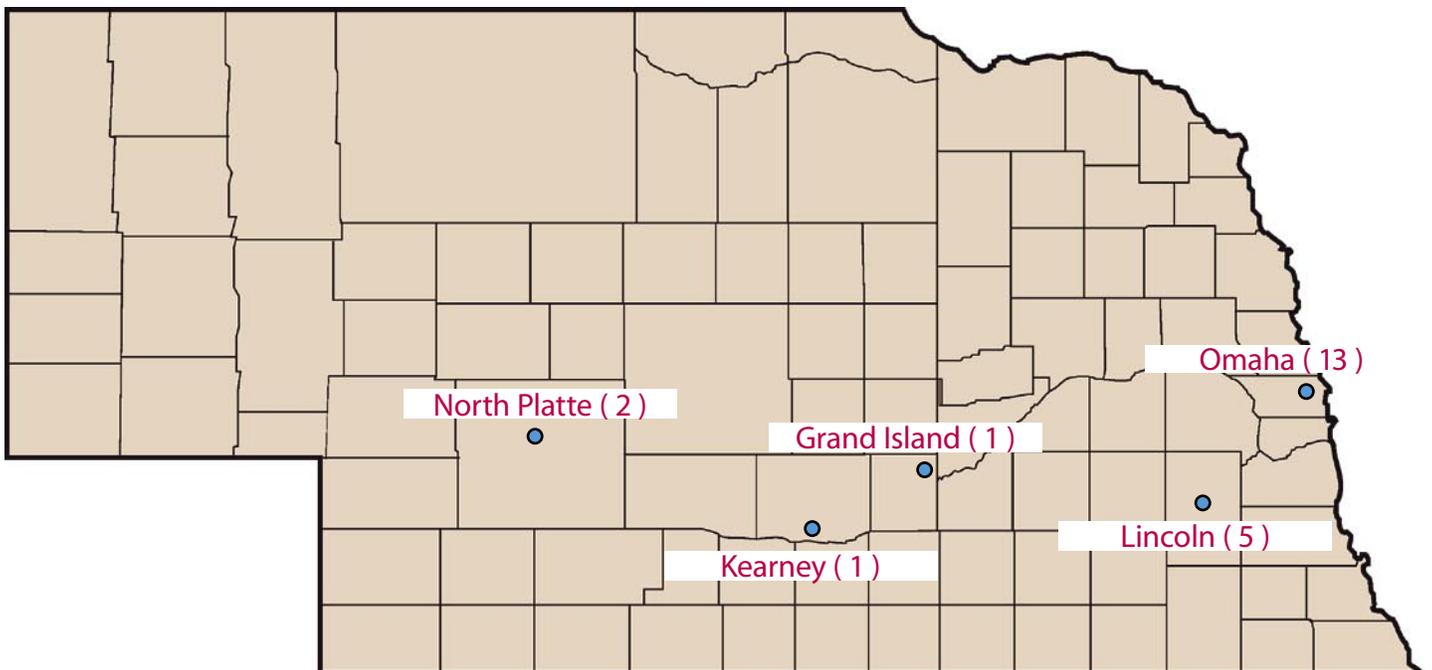
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RHEUMATOLOGISTS IN NEBRASKA



Note: Number of rheumatologists shown in parentheses

NEBRASKA ARTHRITIS CONTROL PROGRAM

NAP MISSION

The mission of the NAP is to reduce the burden of arthritis in our state and improve the quality of life for those people in Nebraska with arthritis.



The Nebraska Arthritis Program was formally established in 2002. It is located in the Office of Disease Prevention and Health Promotion which is within the Nebraska Health and Human Services System (NHHSS). The Program is funded by the Centers for Disease Control and Prevention (CDC), an agency within the U.S. Department of Health and Human Services.

Working in partnership with the Arthritis Foundation, Nebraska Chapter (AFNC), the Nebraska Arthritis Program formed the Nebraska Arthritis Partnership (NAP).

NAP MEMBERSHIP

The NAP is comprised of dedicated individuals working in collaboration and representing health care organizations, businesses, health care professionals, interested and concerned consumers, government and not-for-profit organizations.

A complete NAP Member List may be found on pages 22-24

NAP STRATEGIC PLAN

The NAP Strategic Plan includes and addresses the following elements in achieving its mission and addressing arthritis in Nebraska:

- a public health approach
- staffing and management
- partnerships/linkages
- surveillance
- interventions/programs

Nebraska Arthritis Control Program



PUBLIC HEALTH APPROACH

Public Health is population-based and encourages individuals to take an active role in their own individual care.

Public health emphasizes prevention and uses three types:

- **Primary prevention** is designed to prevent a disease or condition from occurring in the first place. Although arthritis is not preventable at this time, research is being done so that one day arthritis may be prevented.
- **Secondary prevention** attempts to identify a disease at its earliest stage so that prompt and appropriate management can begin. Persons who think they have arthritis are encouraged to see their health care provider. Information is available to help people manage arthritis.
- **Tertiary prevention** focuses on reducing or minimizing the effects of a disease once it has developed. For persons who have been diagnosed as having arthritis, individual treatments may be designed to improve the quality of life. They may include classes, physical activity, nutrition, medication, and other lifestyle changes. Severe cases may require surgery.

STAFFING AND MANAGEMENT

The Nebraska Arthritis Program employs a program administrator to oversee all aspects of the arthritis program. In order to accomplish this task the administrator coordinates and works with staff from the Arthritis Foundation, Nebraska Chapter, the Nebraska Health and Human Services System, and members of the Nebraska Arthritis Partnership.

Nebraska Arthritis Control Program

PARTNERSHIPS/LINKAGES

The truth is that no one individual or organization can do everything to address arthritis. By working together, individuals and organizations with a shared focus can combine their skills, resources, and policies to most effectively address arthritis and help individuals suffering from arthritis or one of over 100 rheumatic conditions.

A primary example of an important partnership is the one between the Nebraska Arthritis Program and the Every Woman Matters Program.

The Nebraska Office of Women's Health and Every Woman Matters program (EWM) are pleased to collaborate with the Nebraska Arthritis Partnership to increase awareness and educate women about the early detection of arthritis and keeping active once a diagnosis is made.

The Every Woman Matters program began in 1992 and provides breast and cervical cancer and cardiovascular and diabetes screening services to eligible clients ages 40 through 64.

In addition to screening services, the Program offers education related to chronic disease prevention and healthy living, including keeping active despite arthritis. Program participants answer questions during their screening visit related to joint pain, ease of mobility, and activity level. Women are then connected with education and information about opportunities to participate in a Nebraska Arthritis Partnership-recommended intervention.

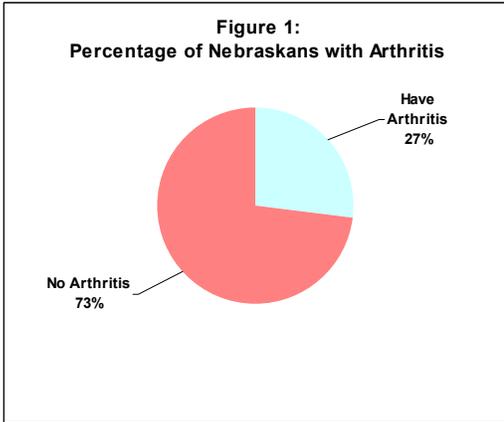
As of 2005, the Every Woman Matters program has reached over 50,000 women across Nebraska. The Program is funded by the Centers for Disease Control and Prevention and is housed within the Nebraska Health & Human Services System, Office of Women's Health.

For more information about the Every Woman Matters program and the Nebraska Office of Women's Health, please call 1-800-532-2227 or visit www.hhss.ne.gov/hew/owh.

SURVEILLANCE

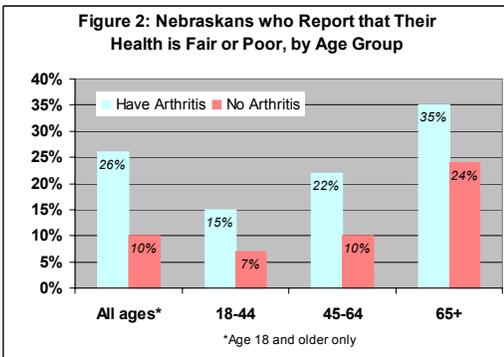
In order to best determine where efforts and resources should be directed, surveys are conducted and data and information are gathered and analyzed. This is an on-going process and the primary source for this information is the Behavioral Risk Factor Surveillance System.

ARTHRITIS IN NEBRASKA

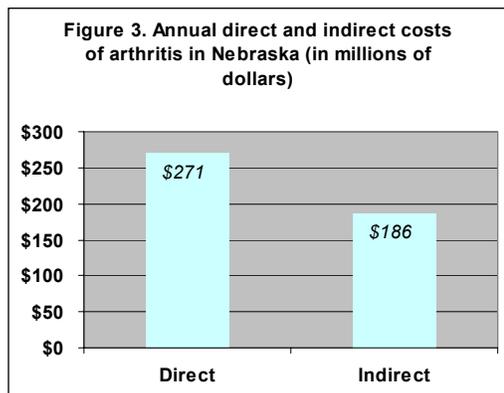


More than one of every four Nebraska residents (27%) have been diagnosed with arthritis by a physician. This figure translates into a statewide total of 345,000 people who have arthritis.

In addition, nearly one of every five Nebraska residents (18%) reports chronic joint symptoms that are typical of arthritis (that is, pain, aching, or stiffness in or around a joint for at least three months), even though they have never been diagnosed with arthritis by a physician. It is possible that these people may also have arthritis, although they are included in the “no arthritis” category in **Figure 1**.



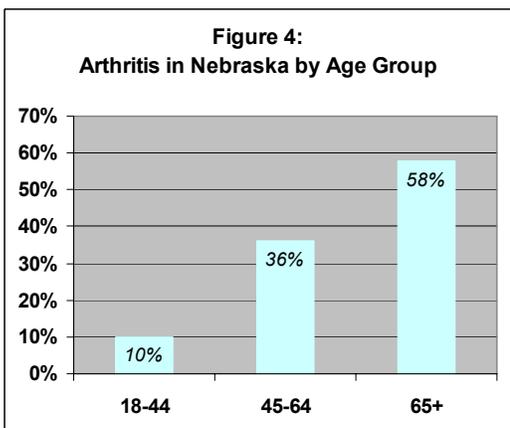
Compared to people who do not have arthritis, people with arthritis are less likely to enjoy good health (**Figure 2**). In fact, more than one of every four Nebraskans with arthritis (26%) rate their health as either fair or poor, compared to 10% for people who do not have arthritis. Even though people with arthritis are, on average, older than people who do not have it, this difference is evident within every age group.



Arthritis is an expensive disease as well. As shown in **Figure 3**, CDC estimates that, in a recent single year, Nebraskans spent \$271 million on medical care for arthritis, which is called the direct cost of the disease. Arthritis also costs Nebraska workers \$186 million in lost salary and wages, which is called the indirect cost of the disease.

RISK FACTORS FOR ARTHRITIS

We do not yet know exactly what causes arthritis, but we do know that certain risk factors are linked to it. A risk factor is any behavior or condition that increases a person's chances of developing a health problem such as arthritis. Risk factors can be divided into two categories: non-modifiable and modifiable. Non-modifiable risk factors include those things that a person cannot change, such as gender or age. Modifiable risk factors include those things a person can potentially change, such as obesity or physical inactivity.



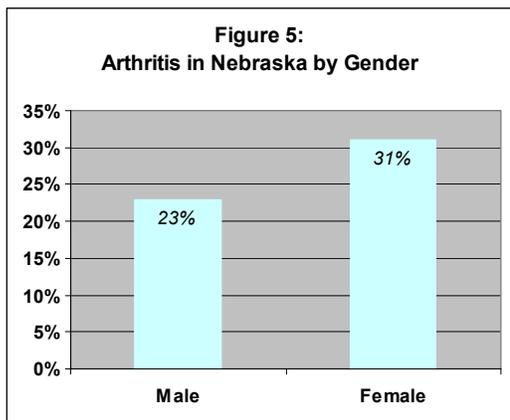
NON-MODIFIABLE RISK FACTORS

Age (Figure 4)

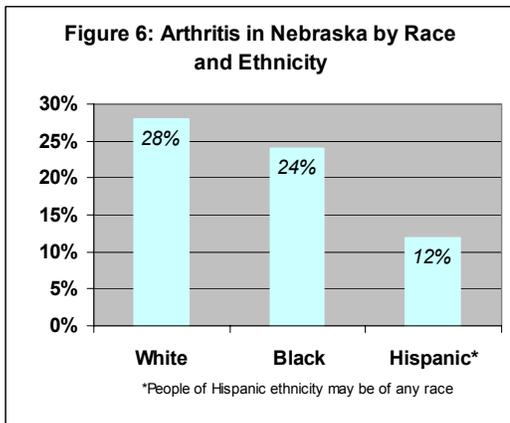
Not surprisingly, arthritis occurs most often in the elderly compared to younger age groups. More than half (58%) of Nebraskans 65 or older report that they have been diagnosed with arthritis, compared to 36% for people 45 to 64 and 10% for people 18 to 44.

Gender (Figure 5)

Women are more likely to be diagnosed with arthritis than are men. In Nebraska, 31% of women report having arthritis compared to 23% for men.



Risk Factors for Arthritis



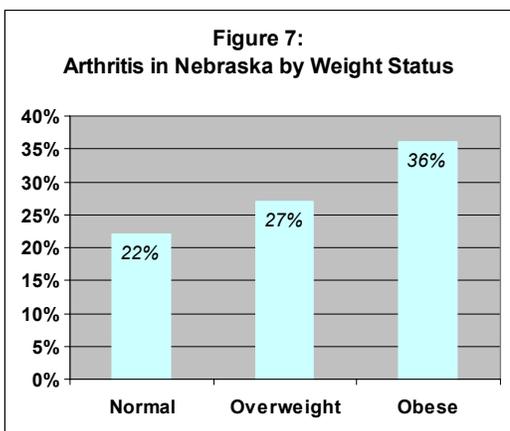
Race and Ethnicity (Figure 6)

Whites are slightly more likely to have arthritis than are blacks, although the difference between the two groups is not statistically significant. The low frequency of arthritis (12%) among Hispanics in Nebraska is probably the result of the relatively young age of this population.

MODIFIABLE RISK FACTORS

All BRFSS participants are asked to provide their weight and height, and this information is used to classify them as either underweight, healthy weight, overweight (having an increased body weight in relation to height), or obese (having an excessively high amount of body fat in relation to lean body mass). For this report, a person’s weight has been divided by the squared value [multiplying a number by itself (e.g. 5 times 5 = 25, 25 is the squared value of 5)] of their height in inches and multiplied by 703. The result provides a figure known as the Body-Mass Index (BMI). BMI values and classifications are presented in the table below.

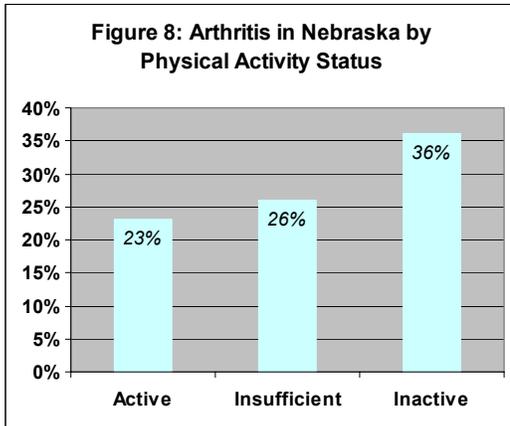
BMI Value	Classification
Less than 18.5	Underweight
18.5-24.9	Healthy weight
25.0-29.9	Overweight
30.0 or more	Obese



Obesity (Figure 7)

Arthritis is more common among the obese and overweight than among people of healthy weight. In Nebraska, more than one-third (36%) of those who are obese have been diagnosed with arthritis, compared to 27% for people who are overweight and 22% for people of normal weight.

Risk Factors for Arthritis



Physical Activity (Figure 8)

People who are inactive are more likely to have arthritis than are those who are active. More than one-third (36%) of physically inactive Nebraskans have been diagnosed with arthritis, compared to 23% for those who are active.

The BRFSS includes several questions about physical activity. Responses to these questions are used to classify survey participants as follows:

Active—Moderate physical activity at least 5 days a week for 30 minutes per day, vigorous physical activity at least 3 days a week for at least 20 minutes per day, or both. Physical activity includes leisure-time, household, and transportation.

Insufficient—Some physical activity but not enough to meet the recommended amount (see above).

Inactive—No reported moderate or vigorous physical activity in leisure time, or for household or transportation purposes.



NEBRASKA ARTHRITIS PARTNERSHIP (NAP) MEMBER LIST

NAME	AFFILIATION
Cindy Doerr	Vice President, Public Health and Advocacy, Arthritis Foundation, Nebraska Chapter
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Rob Gaffney	Consumer
Judy Hohlen	Aquatic Instructor
Dr. Larry Jung	Pediatric Rheumatologist, Children's Hospital
Dr. Ted Mikuls	Rheumatologist, University of Nebraska Medical Center
Jamie Stephens	Rheumatology Specialty Manager, Wyeth Pharmaceuticals
Dr. Robert Valente	Rheumatologist, Arthritis Center of Nebraska

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Nebraska Arthritis Partnership (NAP) Member List

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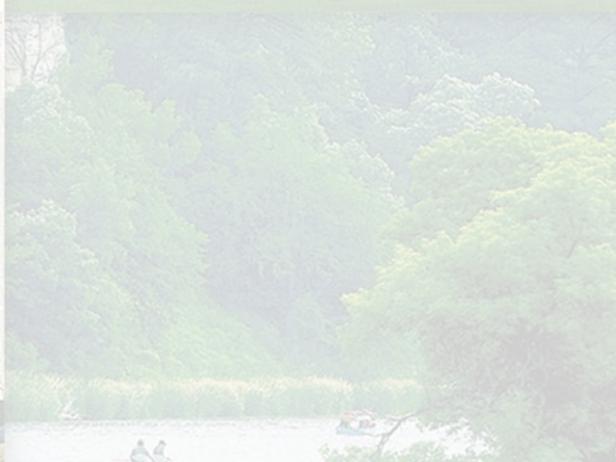
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