

Arthritis or Rheumatism

HIGHLIGHTS

- In 2003, almost half (45%) of seniors living in Peel reported that they had arthritis or rheumatism, as diagnosed by a health-care professional. In Peel, females were more likely (55%) than males (33%) to report that they had been diagnosed with arthritis or rheumatism.
- Arthritis or rheumatism was the second leading cause of emergency department visits for females, and fourth leading cause for males.
- The hospitalization rates for arthritis or rheumatism among seniors remained relatively stable at around 1,000 hospitalizations per 100,000 population 65 years and older from 1995 to 2003 in both Peel and Ontario.



INTRODUCTION

Arthritis (‘arth’ meaning joint, ‘itis’ meaning inflammation) consists of more than 100 different conditions. These can be anything from relatively mild forms of tendinitis (as in ‘tennis elbow’) and bursitis to crippling general forms, such as rheumatoid arthritis. There are pain syndromes like fibromyalgia and arthritis-related disorders, such as systemic lupus erythematosus, that involve every part of the body. There are forms of the disease, such as gout, which almost nobody connects with arthritis and there are other conditions—like osteoarthritis, the misnamed ‘wear and tear’ arthritis—that many people think is the only form of the disease.⁹⁰

A related term, used less often by doctors now, is rheumatism. This non-specific term refers to any persistent condition of pain and stiffness related to joints, tendons, ligaments, or bursas, which are small ‘cushions’ that lie under a tendon to protect it from injury.

Joint and musculoskeletal pain are common to all these conditions, which is why they are grouped together as ‘arthritis.’ Often that pain is a result of inflammation of the joint lining.⁹⁰

Inflammation is involved in many forms of arthritis. It is the body’s natural response to injury. The warning signs that inflammation presents are redness, swelling, heat and pain. These are the same kinds of reaction the body has to a sliver in the hand, for example. When a joint becomes inflamed, it may get any or all of these symptoms. This can prevent the normal use of the joint and therefore cause the loss of function of that joint.⁹⁰

The joints most commonly affected by arthritis are weight-bearing joints, such as feet, knees, hips and spine. Other joints, such as finger and thumb joints, may also be affected.⁹⁰

It is estimated that 85% of Canadians are affected by osteoarthritis (the most common type of arthritis) by age 70.⁹¹

The key risk factors for the development of arthritis are age, excess weight, injury and complications from other conditions, heredity and lack of physical activity.⁹²

While some of the factors which make one susceptible to arthritis, such as age, sex and heredity are unchangeable, it is possible to reduce the likelihood of developing this disease by adopting a healthy lifestyle that includes exercises (such as walking, biking and swimming) to strengthen supporting muscles and maintain joint mobility. Weight control can also help reduce stress on the joints and spine.⁹²

Prevalence of Arthritis and Rheumatism

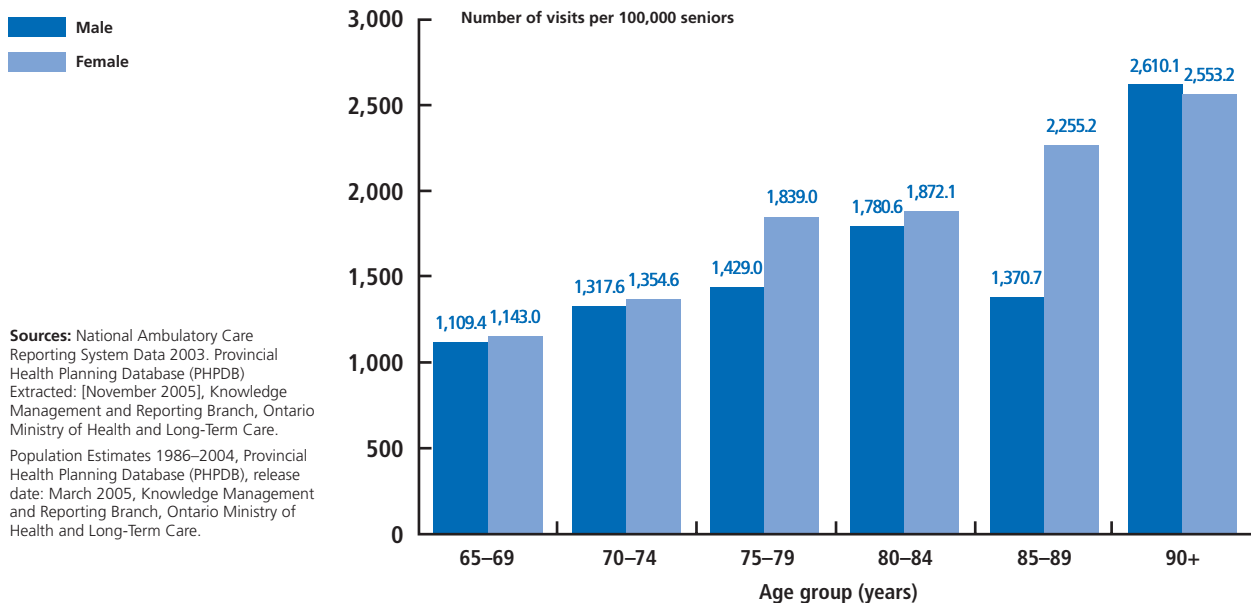
In 2003, almost half (45%) of seniors living in Peel reported that they had arthritis or rheumatism, as diagnosed by a health-care professional. This proportion was higher among Ontario seniors (50%). In Peel, females were more likely (55%) than males (33%) to report that they had been diagnosed with arthritis or rheumatism.

Emergency Department Visits for Arthritis or Rheumatism

There were 1,316 emergency department visits for arthritis or rheumatism among Peel seniors in 2003. Arthritis or rheumatism was the second leading cause of visits for females, and fourth leading cause for males.

Emergency department visits due to arthritis or rheumatism generally increased by age for both females and males, except for 85- to 89-year-old males (see Figure 13.1).

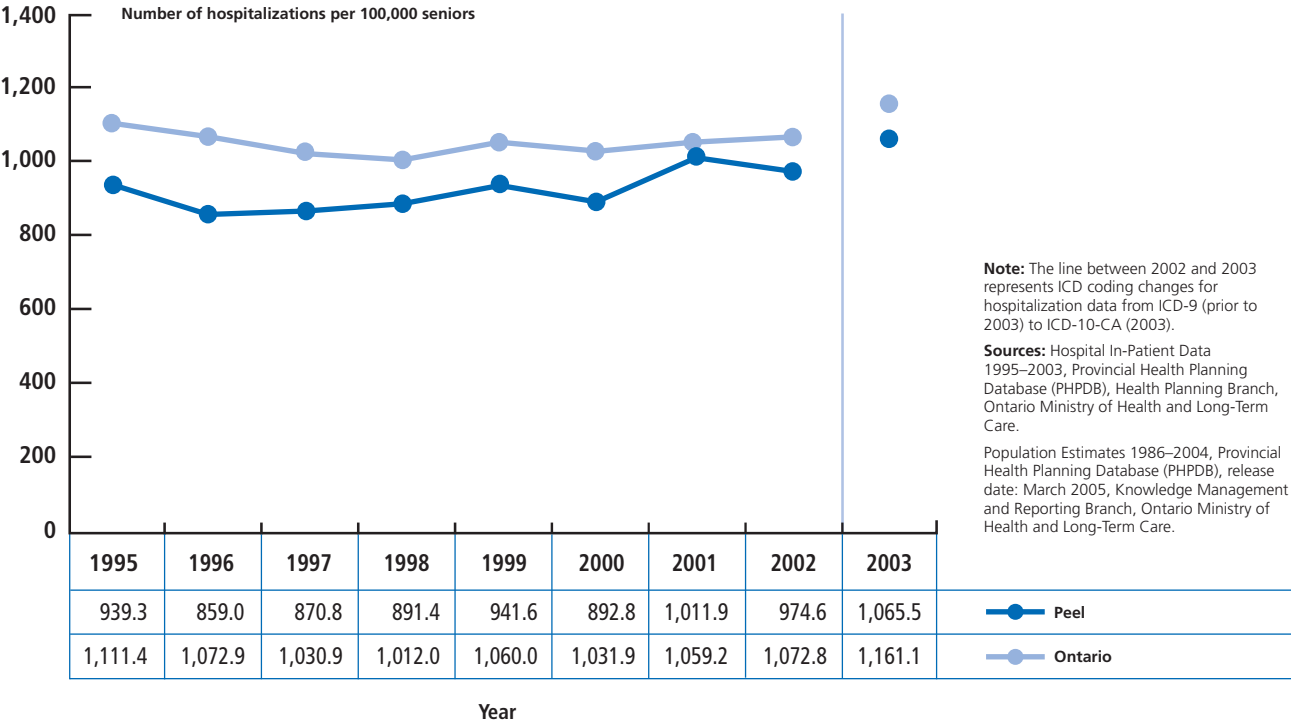
Figure 13.1: Emergency Department Visits for Arthritis or Rheumatism by Age Group and Sex, Region of Peel, 2003



Hospitalization for Arthritis or Rheumatism

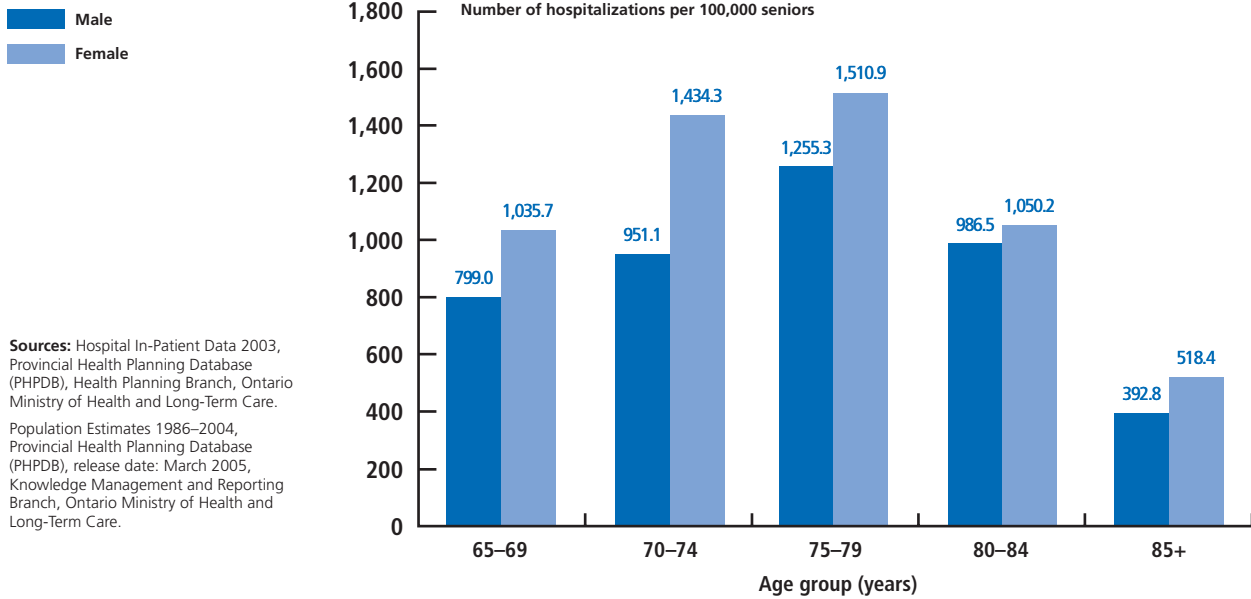
The hospitalization rates for arthritis or rheumatism among seniors remained relatively stable at approximately 1,000 hospitalizations per 100,000 population 65 years and older from 1995 to 2003 in both Peel and Ontario (see Figure 13.2).

Figure 13.2: Hospitalization for Arthritis or Rheumatism by Year, Region of Peel and Ontario, 1995–2003



In 2003, the hospitalization rates in Peel peaked among 75- to 79-year-old men and women (see Figure 13.3).

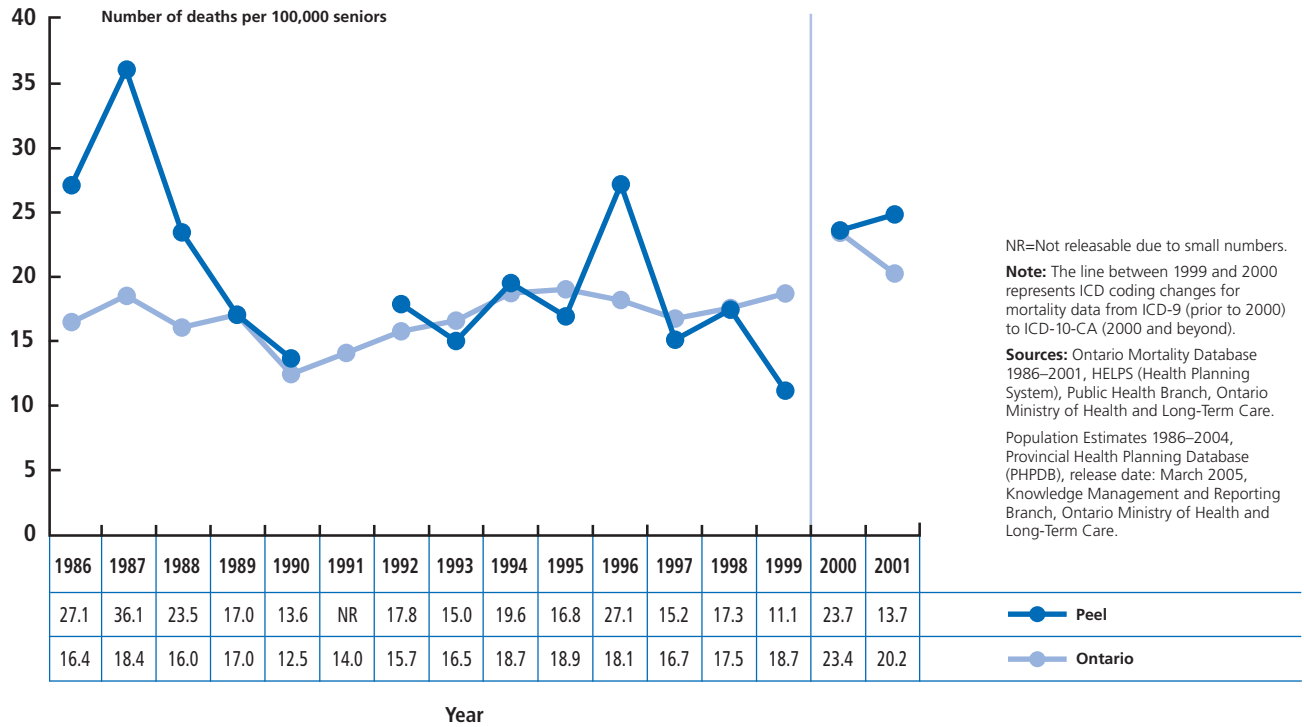
Figure 13.3: Hospitalization for Arthritis or Rheumatism by Age Group and Sex, Region of Peel, 2003



Mortality from Arthritis or Rheumatism

The death rate from arthritis or rheumatism fluctuated among Peel seniors between 1986 and 2001, while it increased in Ontario between 1990 and 2000 (see Figure 13.4).

Figure 13.4: Mortality from Arthritis or Rheumatism by Year, Region of Peel and Ontario, 1986–2001



Mortality data for arthritis for Peel seniors were not releasable by age group in 2001 due to small numbers.

SUMMARY

In 2003, almost half (45%) of seniors living in Peel reported that they had arthritis or rheumatism, as diagnosed by a health-care professional. This proportion was higher among Ontario seniors (50%). In Peel, females were more likely (55%) than males (33%) to report that they had been diagnosed with arthritis or rheumatism.

There were 1,316 emergency department visits for arthritis or rheumatism among Peel seniors in 2003. Arthritis or rheumatism was the second leading cause of visits for females, and fourth leading cause for males. Emergency department visits due to arthritis or rheumatism generally increased by age for both females and males, except for 85-to 89-year-old males.

The hospitalization rates for arthritis or rheumatism among seniors remained stable at around 1,000 hospitalizations per 100,000 population 65 years and older between 1995 and 2003 in both Peel and Ontario. In 2003, the hospitalization rates in Peel peaked among 75- to 79-year-old men and women.

The death rate from arthritis or rheumatism fluctuated among Peel seniors between 1986 and 2001, while the death rate increased in Ontario between 1990 and 2000.