Arthritis is the leading cause of disability

Arthritis is not a single disease, but rather a spectrum of diseases. Symptoms range from mild pain and stiffness commonly found in aging joints, to deforming effects of rheumatoid arthritis and psoriatic arthritis, to potentially deadly multiple-organ damage associated with lupus and scleroderma. The prevalence of arthritis increases markedly as age increases (Figure 1), and for many of those affected, it is associated with crippling pain, limitations in mobility, and loss of independence. Even the common arthritis of aging, osteoarthritis, can require the replacement of hips or knees with artificial joints in order to restore motion and relieve severe pain. Arthritis is the leading cause of disability in the United States.

Arthritis affects many North Dakotans

- In North Dakota in 2003, 28 percent of adults reported having been told by a doctor that they had arthritis.
- More than one-third (34%) of people with arthritis reported limitation in their activities, compared to only 9 percent of people without arthritis. (North Dakota, 2003)
- Thirteen percent of those with arthritis reported needing to use a cane, wheelchair or other special equipment, compared to 3 percent of those without arthritis. (North Dakota, 2003)
- Arthritis was more common among people with diabetes (47%), people with less than a high school education (47%), people who were obese (37%), and women (33%). (Figure 2) (North Dakota, 2003)
A long way from the HP2010 goal
Among North Dakotans who reported being told by their doctor that they have arthritis, 33 percent reported that their arthritis limits their activity. A Healthy People 2010 objective is to decrease the number of individuals with activity limitation because of arthritis to less than 21 percent. Reducing the prevalence of obesity and diabetes that can increase the risk of arthritis, as well as improving access to health care, may help move the state toward this goal.

EFFECTIVE STRATEGIES
To reduce the incidence and morbidity associated with arthritis in North Dakotans:

- Decrease the prevalence of obesity and overweight.
- Increase physical activity.
- Improve access to care for early intervention and continuing treatment.

TECHNICAL NOTE
Data presented in this “Healthy North Dakota - Highlights” come from the North Dakota Behavioral Risk Factor Surveillance System (BRFSS) for year 2003. Every year since 1984, a random sample of adult (age 18 and older) North Dakotans has been interviewed about a wide variety of behavioral risks that are important to staying healthy. Full details of the survey method used to secure these data can be seen at www.cdc.gov/brfss.

In 2003, there were 3,026 respondents to the North Dakota BRFSS. The responses described in this issue concern Arthritis: Persons who had ever been told by a doctor that they have arthritis.