

Arthritis and Disability

What is Disability?

Federal law defines "disability" as a physical or mental impairment that substantially limits or restricts the condition, manner, or duration under which an average person in the population can perform a major life activity, such as walking, seeing, hearing, speaking, breathing, learning, working or taking care of oneself.

An impairment or diagnosis, in and of itself, does not necessarily constitute a disability: it must "substantially limit" these activities. Disabilities do not necessarily impair the individual's performance but may require the individual to seek alternate methods to carry out a given task.

How does disability relate to arthritis?

Arthritis is the leading cause of disability in the United States. About 41 percent of persons with arthritis have limited activities due to their joint symptoms. Also symptoms like pain, stiffness and swelling of other supporting structures of the body such as muscles, tendons, ligaments and bones result in further limitation of the affected person to perform a given task.

How common is disability among people with arthritis?

Approximately 38 percent or 16 million of adults in the United States with doctor-diagnosed arthritis, which equals 7.8 percent of all US adults, report arthritis-attributable activity limitations due to arthritis. Many adults with doctor-diagnosed arthritis report significant limitations in vital activities such as:

- Walking 1/4 mile—6 million adults
- Stooping/bending/kneeling—7.8 million adults
- Climbing stairs—4.8 million adults
- Social activities such as church and family gatherings—2.1 million adults

Among adults with doctor-diagnosed arthritis, almost one-third report having a work limitation attributed to arthritis.

Arthritis is one of the most common chronic health conditions, which are the major causes of activity limitations. This is bound to increase with the growing elderly population. This increase in the prevalence of arthritis also will reflect in the increased risk of disability, especially physical and mobility disability.

Who is at risk of disability from arthritis?

Arthritis is a major risk factor for disability. The affected population usually includes men and women 45 years of age and older. Decreasing sensory and other body functions among older individuals also adds to the risk.

Someone with family history of arthritis also is at increased risk.

Obesity, past injuries to the joints, infections and certain occupations that require repetitive joint activities are potentially modifiable risk factors.

It also has been seen that people with low level of educational attainment, with low household income, with increased age, retired population, those unable to see a doctor and those who are sad/blue/depressed have increased prevalence of disability as compared to the average population. Higher prevalence of disability has been reported among Illinois adults residing in rural areas.

Apart from arthritis, high blood cholesterol, high blood pressure, obesity and asthma are more prevalent among adults with disability.

How can people with arthritis cope with disability?

For best management, it is required to control selectively **both arthritis and disability**. Arthritis can be treated with the help of medications available and disability can be controlled by making use of adaptive devices to overcome the specific limitations.

Appropriate management can help people with arthritis lead healthy and independent lives, thus decreasing the functional limitation.

It is important for patients to learn about their disease and to take part in their own care. Research has shown that patients, who take part in their own care report less pain, make fewer visits to their doctor and enjoy a better quality of life. Thus, most people who have taken self help courses reported to have controlled well their arthritis pain and disability.

The following are important self-management skills:

Exercise is important for maintaining healthy and strong muscles, for preserving joint mobility and for maintaining flexibility and good life style.

Rest or a short nap that does not interfere with nighttime sleep may be useful in controlling pain, tiredness and muscle weakness associated with arthritis.

Assistive devices can be used to reduce stress on certain joints. For example, braces or canes may help reduce stress on the knees. Jar grippers or similar gadgets may help reduce stress on the small joints.

When should you get help?

Early diagnosis and appropriate treatment are important in managing arthritis and its resultant disability. Physicians believe that the damage to the musculoskeletal system especially the bones, which are the main cause of functional limitation and disability, begin within the first two years that a person has the disease. Early diagnosis can decrease symptoms and long-term complications.

A person should see a health care professional if symptoms of pain or swelling develop in multiple joints on both sides of the body or if pain is severe in one location.

Resources:

National Institute of Arthritis and Musculoskeletal and Skin Diseases

301-495-4484

www.nih.gov/niams

Information for the fact sheet was compiled from the following sources

- Illinois BRFSS, 2003
- U.S. Centers for Disease Control and Prevention
- 2002 National Health Interview Survey
- Harvard University

July 2007