



Musculoskeletal **fact sheet** Rheumatoid arthritis

Rheumatoid arthritis

What is rheumatoid arthritis?

Rheumatoid arthritis is a chronic disease marked by inflammation of the joints, most often affecting the hand joints and both sides of the body at the same time. It can also affect the whole body, including the organs leading to problems with the heart, respiratory system, nerves and eyes.

In a healthy joint, the tissue lining the joint (called the synovial membrane) is very thin and produces fluid that lubricates and nourishes the joint. In rheumatoid arthritis, the immune system attacks the synovial membrane, causing inflammation, pain, swelling and stiffness (Figure 1).

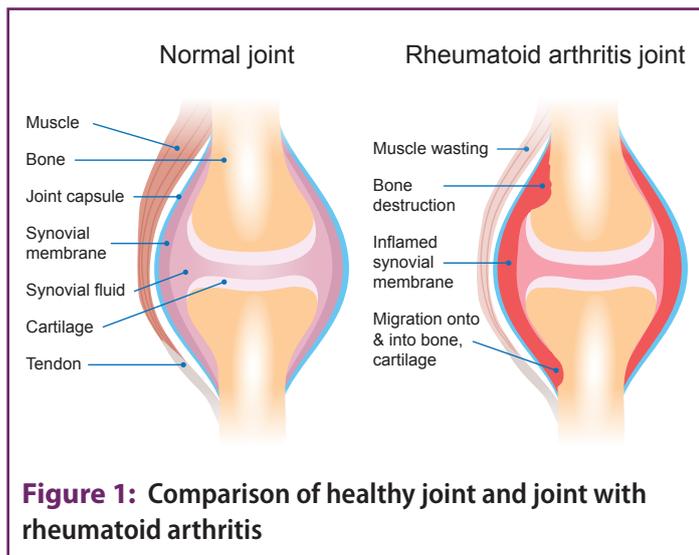


Figure 1: Comparison of healthy joint and joint with rheumatoid arthritis

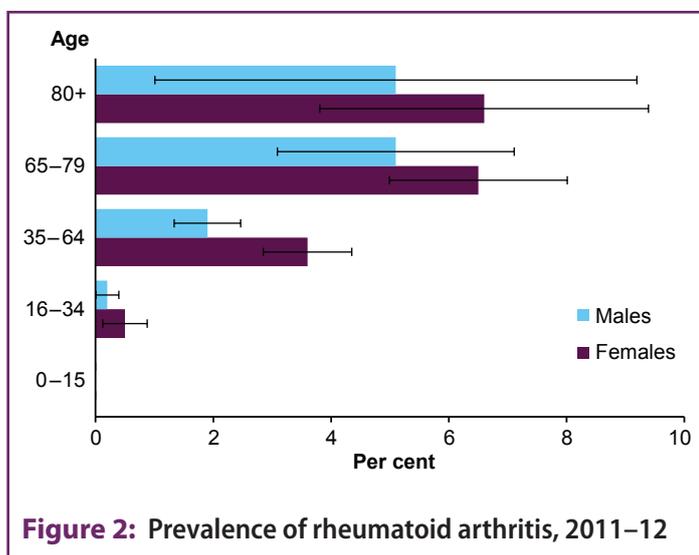


Figure 2: Prevalence of rheumatoid arthritis, 2011–12

Fast Facts

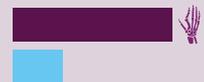
2% of Australians reported having rheumatoid arthritis—that's 445,000 people



5 out of 8 people with rheumatoid arthritis are female, based on self-reported data



10% of people with rheumatoid arthritis report poor health, compared to 3% without rheumatoid arthritis



Who gets rheumatoid arthritis?

Based on self-reported data from the most recent Australian Bureau of Statistics National Health Survey (2011–12), about 445,000 Australians (2%) reported having rheumatoid arthritis. It is more common for women (2.4%) than men (1.5%) and affects older age groups. In 2011–12, it was most common for those aged 65 or over (Figure 2).

How do you manage rheumatoid arthritis?

Medications

Paracetamol, codeine, and non-steroidal anti-inflammatory drugs, are sometimes called the 'first-line' medicines in managing rheumatoid arthritis. These are the initial medicines provided for symptom relief. Stronger medications such as corticosteroids, disease-modifying anti-rheumatic drugs (DMARDs) and biologic disease-modifying anti-rheumatic drugs (bDMARDs) may be prescribed when insufficient symptom control is obtained.

In 2013–14, more than 155,000 units of bDMARDs were dispensed, with \$281 million in benefits paid; an increase from \$13 million when introduced in 2003–04.

Hospitals

According to the National Hospital Morbidity Database, in 2012–13 there were 10,411 hospitalisations with a principal diagnosis of rheumatoid arthritis. A total of 9,926 procedures were performed on people with the principal diagnosis of rheumatoid arthritis. Most of these procedures (74.7%) were for drug treatments, such as receiving corticosteroids and bDMARDs to reduce inflammation and pain in a joint.



How does rheumatoid arthritis affect quality of life?

Soon after the onset of rheumatoid arthritis, functional limitations start and worsen with time. Joint damage in the wrist is reported as the cause of most severe limitations even in the early stages of rheumatoid arthritis. Work disability is a common problem, with 80% of sufferers likely to continue working at 2 years after disease onset, and 68% at 5 years.

People with this condition are more likely to suffer from anxiety, depression and low self-esteem than those without the condition. Rheumatoid arthritis is also associated with increased mortality due to related complications and comorbidities including infections and cardiovascular disease.

Compared to those without the condition, people with rheumatoid arthritis are:

- 3.2 times as likely to report poor health
- 2.7 times as likely to report very high levels of psychological distress
- 3.3 times as likely to report severe and very severe pain.

How much is spent on rheumatoid arthritis?

Based on AIHW disease expenditure data, \$355 million of total direct expenditure allocated to arthritis and other musculoskeletal diseases was attributed to rheumatoid arthritis in 2008-09 (the most recent year for which data are available). This expenditure consisted of:

- \$274 million on prescription pharmaceuticals (77.2%)
- \$44 million on admitted patient costs (12.4%)
- \$37 million on out-of-hospital-costs (10.4%)

Expenditure on rheumatoid arthritis is not fully captured in these estimates due to a lack of comprehensive data. In particular, expenditure on bDMARDs is not fully captured in these estimates.

What can I do to help prevent rheumatoid arthritis?

Rheumatoid arthritis is a complex disease that develops as a result of both genetic and environmental factors. The most important preventable risk factor for rheumatoid arthritis is not smoking. Consult your health professional for specific advice on:

- avoiding smoking
- achieving a healthy weight (too much weight places a strain on your joints)
- recommended foods and amounts to include as part of a healthy diet
- appropriate amounts and types of physical activity.

Where can I find out more?

AIHW online web pages:

<<http://www.aihw.gov.au/rheumatoid-arthritis/>>

AIHW National Centre for Monitoring Arthritis and Musculoskeletal Conditions:

Tel: 02 6244 1000

Email: ncmams@aihw.gov.au

Arthritis Australia:

<<http://www.arthritisaustralia.com.au/>>

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