



Musculoskeletal **fact sheet** Osteoarthritis

Osteoarthritis

What is osteoarthritis?

Osteoarthritis is a degenerative condition mostly affecting the joints such as hips, knees and ankles. The main symptoms include pain, stiffness and limited joint movement which get worse over time.

Normally, healthy cartilage allows bones to glide over one another. In people with osteoarthritis, the cartilage covering the bone ends in the joints breaks down and wears away, causing the bones to rub together, creating pain, swelling and loss of motion (Figure 1).

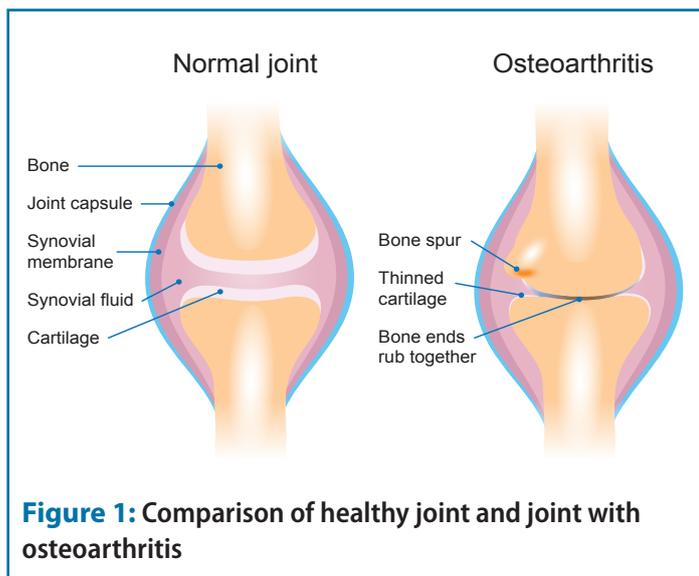


Figure 1: Comparison of healthy joint and joint with osteoarthritis

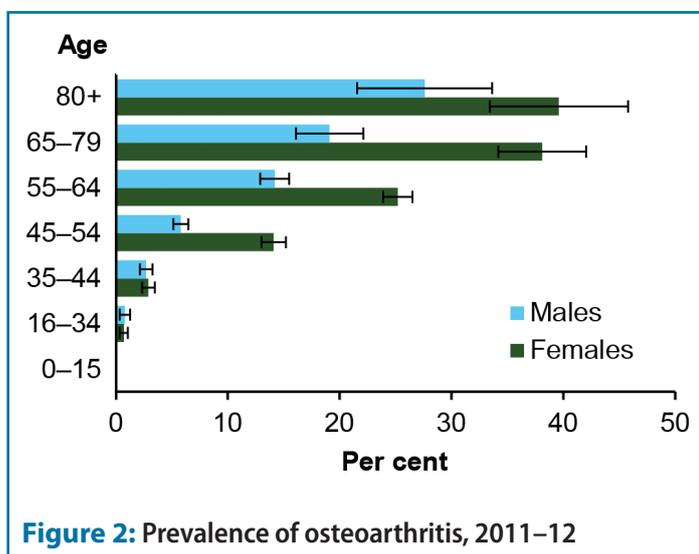
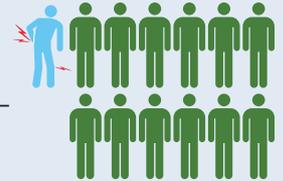


Figure 2: Prevalence of osteoarthritis, 2011-12

Fast Facts

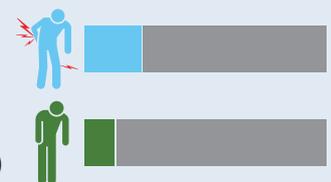
1 in 13 Australians (8%) reported having osteoarthritis—that's 1.8 million people



2 out of 3 people with osteoarthritis are female, based on self-reported data



2x as many people with osteoarthritis self-reported fair or poor health (24%) compared to people without osteoarthritis (13%)



Who gets osteoarthritis?

Based on self-reported data from the most recent Australian Bureau of Statistics National Health Survey (2011-12), 1.8 million Australians (8%) reported having osteoarthritis. It is more common in women (10.2%) than men (5.6%).

The prevalence of osteoarthritis rises with age. While relatively few younger people have this condition, the prevalence rises sharply from age 45 (Figure 2).

How to manage osteoarthritis?

General practitioners (GPs)

The first point of contact within the health care system for people with osteoarthritis is often their GP. In 2012-13, 2.8 of every 100 GP-patient encounters were for the management of osteoarthritis—about 3.6 million GP encounters.

Management of osteoarthritis in general practice includes:

- assessment
- prescribing, advising and supplying medication
- patient education
- referral to other health services (specialists, allied health practitioners, diagnostic testing and hospitals).



Medications

It is important to work with your health practitioner to identify suitable treatment plans for managing the symptoms of osteoarthritis. The first line of treatment is often regular use of simple analgesics such as paracetamol. When these drugs provide insufficient pain relief, non-steroidal anti-inflammatory drugs can be used. Corticosteroid injections into the joint (Intra-articular) can also be given for short-term treatment of hip and knee osteoarthritis. Oral opioids may be necessary in some instances to relieve moderate to severe pain.

Hospitals

According to the National Hospital Morbidity Database, there were 103,763 hospitalisations in 2012–13 with a principal diagnosis of osteoarthritis. Joint replacement surgery is considered a cost-effective intervention for people with severe osteoarthritis and those unresponsive to medication. These procedures restore joint function, help relieve pain and improve quality of life of the affected person.

After adjusting for age, joint replacements with osteoarthritis as the principal diagnosis have increased over the 10 years to 2012–13:

- the rate of knee replacements increased from 107 to 156 per 100,000 population (40,255 knee replacements in 2012–13)
- the rate of hip replacements increased from 84 to 98 per 100,000 population (25,169 hip replacements in 2012–13).

How does osteoarthritis affect quality of life?

Compared to those without the condition, people with osteoarthritis are:

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

How much is spent on osteoarthritis?

Based on AIHW disease expenditure data, \$1.6 billion was attributed to osteoarthritis in 2008–09 (the most recent year for which data are available). This expenditure consisted of:

- \$1,256 million on admitted patient costs (76.7%)
- \$282 million on out-of-hospital-costs (17.2%)
- \$99 million on prescription pharmaceuticals (6.0%).

Expenditure on osteoarthritis may not be fully captured in these estimates due to a lack of comprehensive data, for example on allied health costs and over-the-counter medications such as paracetamol.

What can I do to help prevent osteoarthritis?

It is not possible to completely prevent osteoarthritis. While some risk factors are inevitable (such as heredity, gender and age) there are some lifestyle factors that can improve your joint health. Consult your health professional for specific advice on:

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

Where can I find out more?

AIHW online web pages:

<<http://www.aihw.gov.au/osteoarthritis/>>

AIHW National Centre for Monitoring Arthritis and Musculoskeletal Conditions:

Tel: 02 6244 1000

Email: ncmamsc@aihw.gov.au

Other resources:

National Health and Medical Research Council 2003. Evidence-based Management of Acute Musculoskeletal Pain. Accessed 7 November 2014 Available at: <http://www.nhmrc.gov.au/_files_nhmrc/file/publications/synopses/cp94.pdf>

Arthritis Australia:

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

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