

Osteoarthritis: A Leading Cause of Disability

The pain, stiffness and swelling from osteoarthritis (OA) can limit function and mobility and diminish quality of life. These symptoms may impinge on the ability to perform daily and work routines such as holding a cup, writing or typing, standing or sitting for long periods, bending and walking, or going up and down stairs.

OA is a chronic condition in many individuals who also have heart disease, diabetes, and obesity. Physical activity is a recommended management strategy for all these conditions but can be more difficult for people with OA because of joint pain.

WHY OA MATTERS

- **People with OA are more likely to fall, and 1/3 suffer from depression or anxiety due to pain and disability from OA.**
- **Opioids and benzodiazepines are prescribed for 27% of people with OA**, despite the high risk of adverse side effects and drug addiction plus lack of evidence supporting this approach.

To learn more about the vision and strategies for reducing the burden of OA, read [A National Public Health Agenda for Osteoarthritis: 2020 Update](#)

OA | OSTEOARTHRITIS
ACTION ALLIANCE



- **Early intervention is critical as delays in diagnosis and care lead to worsening of disease**, recurrence of injury, more severe injury, time off at work, and further disability. Making evidence-based interventions widely available and accessible can be done at a relatively low cost with significant long-term savings.
- **Over half of adults with OA are of working age** (18 to 64 years old), including many who participate in collegiate or professional sports. One in 14 of these working adults has OA-related medical or pharmacy claims.
- **Medical costs attributable to OA are significant** due to the effects of disability, multiple overlapping chronic diseases, and treatment. These annual medical costs total \$65.5 billion, with an average cost per person per year of \$2,018.

ACT NOW!

As a **health professional**, you can make a positive difference in the lives of adults with OA by taking these actions at a relatively low cost. Look for opportunities to tailor offerings to meet your specific needs and to assure equity in access and delivery by using telehealth, mobile technology, and other virtual or remote innovations.

1

Expand your knowledge of OA and stay up-to-date on clinical care guidelines (and earn CME credits).



[Exercise Prescription for OA & Weight Management – Continuing Medical Education \(CME\) for Primary Care, Rheumatology, and Obesity Medicine Providers](#)

Course on strategies and resources to help your patients with OA pursue physical activity safely and effectively, approved for AMA PRA Category 1 Credit™.



[OA Tools for Pharmacists – A Continuing Education Self Study Course and RX Toolkit](#)

Ideas and guidance for pharmacists on how to assume a more active role in the detection, prevention, and treatment of OA.



[Primary Care Toolkit – OA Care Tools](#)

Educational information for primary care providers to expand knowledge of OA, plus patient-facing handouts and resources that can help empower patients to engage in self-management strategies to complement clinical care.



[Experts in Arthritis – Updates on Osteoarthritis, Rheumatoid Arthritis, and Juvenile Arthritis](#)

A free public education seminar for people with arthritis and those who care about them covering current scientific evidence and management strategies in the treatment and care of osteoarthritis, rheumatoid arthritis, and juvenile arthritis.



2

Encourage physical activity and weight management in your practice by sharing resources, making referrals to proven interventions and community-based programs, and setting a good example.

[Resource library for healthcare professionals](#): Pain communication tools, outcome measures for use in clinical care and patient education, and a review of guidelines for the management of OA.

[Weight management resources](#): Materials for patients such as downloadable handouts “Weight Gain and Joint Pain” and “Can My Weight Make My Joint Pain Worse?” as well as academic and clinical resources for researchers and clinicians.

[Walk with a Doc](#): Guidance on starting a Walk with a Doc chapter to encourage physical activity and an increased connection between physicians and communities outside the clinical setting through monthly doctor-led walking groups.

3

Support participation in group programs offered by senior centers, community centers, and other neighborhood organizations.



[Tools for Patients, including a Resource Guide and printable postcard:](#) Printable handouts (postcard, prescription pad, etc.) for use with patients to help connect them to educational, self-management, and physical activity resources.



[A resource guide of community programs to help people manage arthritis pain:](#) Downloadable list of community programs that are available to help manage OA that's easy to print for patients to help them find a convenient program near them.



[Walk With Ease – An opportunity for patients to participate in the self-directed Walk With Ease program:](#) Guidance on connecting your patients to the Arthritis Foundation's Self-Directed Walk With Ease program, a six-week program that helps people with arthritis incorporate walking into their life in a safe, comfortable, and effective way.



[One-page handout with an overview of CDC Lifestyle Management Programs for Arthritis:](#) Resource for patients that describes self-management education (SME) and physical activity programs.



4

Promote injury prevention, particularly to prevent falls and anterior cruciate ligament (ACL) and knee injuries.

[Injury prevention resources:](#)

Handouts, resources, and links to evidence-based information about injury prevention for athletes, clinicians, and researchers.