

# OA Prevention

## Connecting OA and Weight

Osteoarthritis and obesity are interconnected. The costs for each are significant, but together they can be staggering. Fortunately, strategies can be used to prevent and manage both diseases, reducing personal and societal costs.

### Osteoarthritis (OA) and Obesity Facts/Figures



OA is the most common form of arthritis and a leading cause of disability among **302 million people** worldwide. OA most commonly affects the knees, hips, and hands with symptoms including joint pain, swelling, stiffness, and reduced joint function.<sup>1</sup>



The Centers for Disease Control and Prevention (CDC) defines overweight as having a body mass index (BMI) of 25.0-29.9, and obesity as 30.0 or higher. In 2017-2018, 42.2% of the US population had **obesity**.<sup>2</sup>



Nearly one-third (30.6%) of adults with **obesity** also report having **arthritis**.<sup>3</sup>



Both OA and obesity increase the risk of cardiovascular disease, diabetes, lower quality of life, and mental illness such as clinical depression, anxiety, and other mental disorders. They also result in **increased pain and disability**.<sup>2,3</sup>



Arthritis is a common comorbid condition among adults with obesity. Having both arthritis and obesity may lead to greater physical inactivity.<sup>3,4</sup>



Workers who are overweight or obese use more healthcare services, are **less productive** at work, are **absent more** and are more likely to use short-term disability benefits than healthier employees.<sup>5</sup>



The **health and economic impact of obesity and OA** together in the US is estimated at over \$49.6 billion in direct medical costs, \$129 billion in indirect costs,<sup>6</sup> and per person medical costs amounting to \$2,074 annually among those who have both conditions.<sup>7</sup>



**Direct medical costs** may include preventive, diagnostic, and treatment services. Indirect costs include **lost productivity** due to increased time away from work to receive medical care, illness, disability leave, or decreased productivity while at work.<sup>2</sup>

### Healthy Behaviors to Improve Obesity and OA



Losing 10% of body weight (e.g., 20lbs in a 200-lb adult) may **reduce joint pain, inflammation, and disability, and improve physical function**.<sup>8</sup> Diet and nutrition education, self-management education, and physical activity are key contributors to weight loss and maintenance of weight loss.<sup>9</sup>



**Healthy eating, weight loss, and increasing physical activity** can help control diabetes, hypertension, obesity, and heart disease. These healthy behaviors are some of the most effective means for managing the symptoms and preventing or delaying the progression of OA.<sup>1,2,5</sup>



Individuals who are both overweight and have OA and receive **weight loss counseling** from a healthcare provider are four times more likely to engage in efforts to lose weight. However, fewer than half of those individuals actually receive such counseling.<sup>9</sup>

### TAKE ACTION

#### Primary care providers can:

- Engage patients in weight loss counseling with successful strategies such as motivational interviewing
- Guide patients to programmatic resources
- Educate patients that even small amounts of weight loss can significantly reduce joint load and pain.
- Refer patients to evidence-based community-delivered weight-loss and physical activity programs and weight management education<sup>9</sup>

#### Employers can:

- Offer virtual or on-site programming or provide discounts for evidence-based community-delivered weightloss and physical activity programs and weight management education
- Create a culture of health by enacting policies that support physical activity, access to nutrition and diet education programs, and providing healthy foods and drinks throughout the worksite that are promoted and endorsed by the company's senior leaders.

**Counseling strategies and resources for individuals on weight management can be found at [www.oacaretools.org](http://www.oacaretools.org).**



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#### References

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