OSTEOARTHRITIS AND ITS IMPACT ON EMPLOYERS AND EMPLOYEES



Advancing Osteoarthritis Awareness, Resources and Education

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North Carolina Business Group on Health

Presentation Outline

Overview of Osteoarthritis, including its causes, symptoms, and prevalence

Information about OA & comorbidities

An understanding of how OA impacts those in the workforce

A summary of the management strategies for OA

An opportunity to provide the AF's Walk With Ease program to employees

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Osteoarthritis (OA)

- OA is the <u>most common</u> type of arthritis.
- OA is not simply caused by "wear and tear" of the joint but is rather a complex disorder characterized by molecular, anatomic, and physiologic changes.





What causes OA?

Being overweight

Joint injury/trauma (e.g. car accident, sports injury)

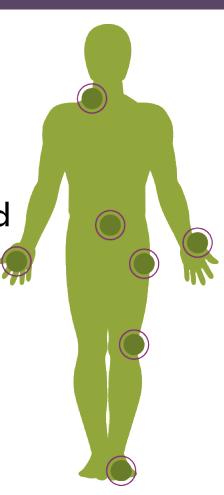
Joints that are not properly formed

A genetic defect in joint cartilage

Stresses on the joints from certain jobs and playing sports

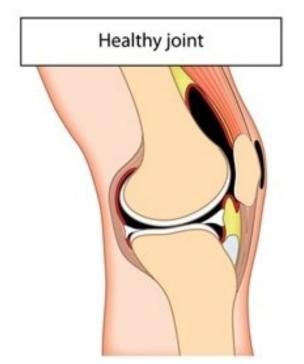
Female gender (after 45)

 \square Aging





OA vs. RA





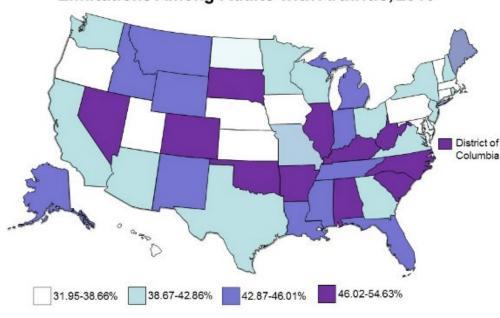




Prevalence of OA

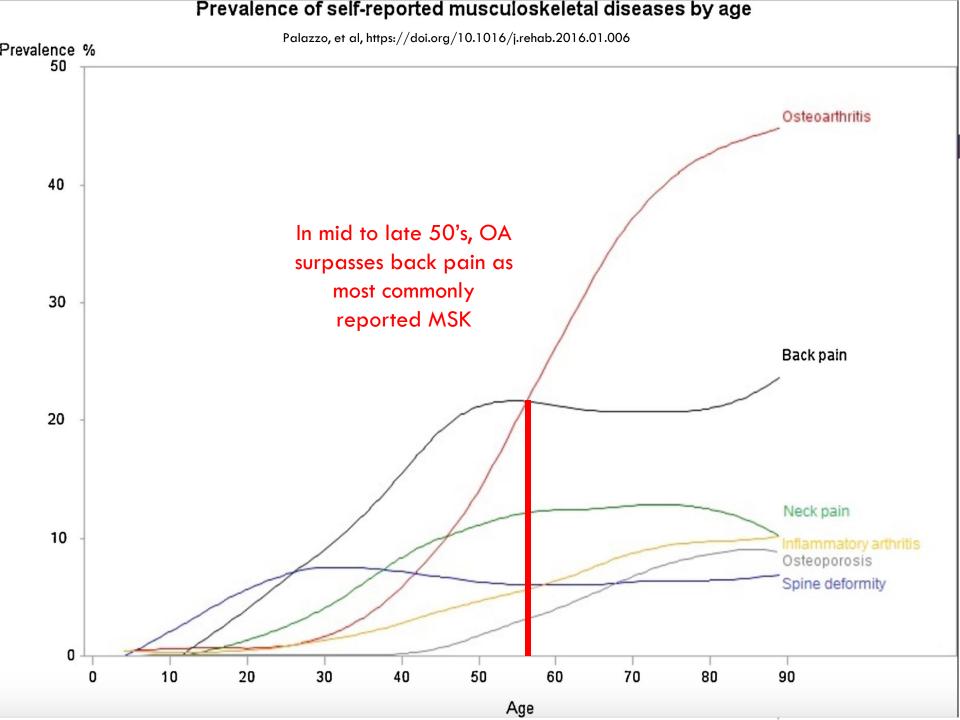
- 54 million U.S. adults have arthritis
- OA is THE most common arthritis (32.5 million)
- The majority of adults with
 OA, 16.7 million, are of
 "working age" (18-64 years)
- Arthritis is the most common cause of disability in U.S. adults

Age-Adjusted Prevalence of Arthritis-Attributable Work Limitations Among Adults with Arthritis, 2015

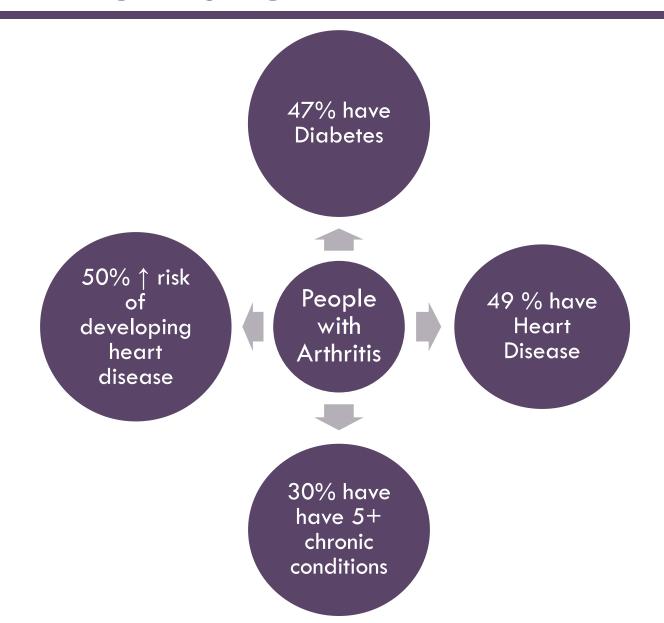


Source: 2015 BRFSS; CDC unpublished data.





OA & Comorbidities



OA & Mental Health

DEPRESSION

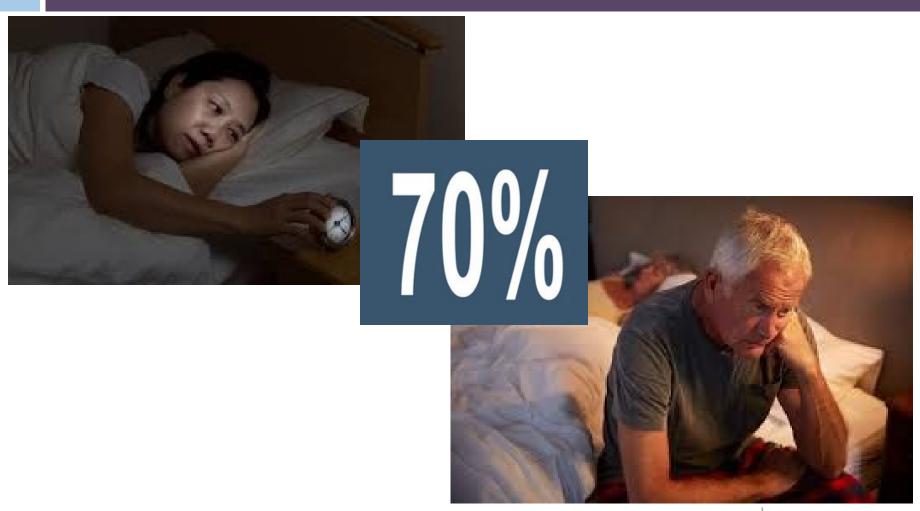
One third of people with arthritis over the age of 45 suffer from depression or anxiety ¹

People with OA are at greater risk of depression because of increased disability and fatigue associated with their pain ²





OA & Sleep





Cost of OA

- Among the most expensive conditions to treat when joint replacement surgery is required.
- OA was the 2nd most costly health condition treated at US hospitals in 2013.
 - In that year, it accounted for \$16.5 billion, or 4.3%, of the combined costs for all hospitalizations.
- OA was also the most expensive condition for which privately insured patients were hospitalized, accounting for over \$6.2 billion in hospital costs.





OA Impact on Employers

OA and Employees

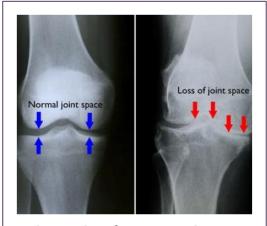


developing hip OA is

25%



\$164 billion in lost wages each year due to absence



The risk of an employee developing knee osteoarthritis is 45%



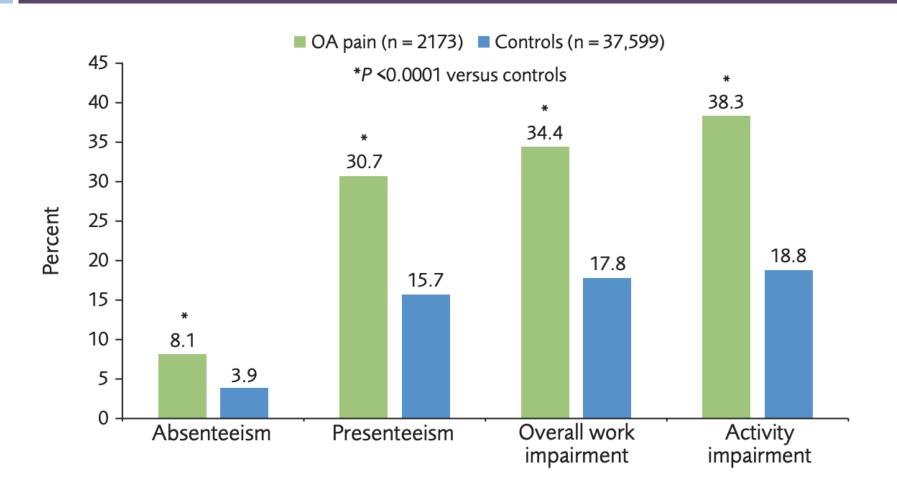
OA Impact on Employers

Sample Employers in NC

- ✓ UNC Chapel Hill = 13,000 = \$2.8 million
- ✓ Duke Energy = 29,000 employees = \$6.3 million
- ✓ Bank of America = 137,000 employees = \$30 million



Work Productivity and Activity Impairment





Disability Claims

STD claims for OA

54 lost workdays of about \$11,400 \$15,400 in lost economic output

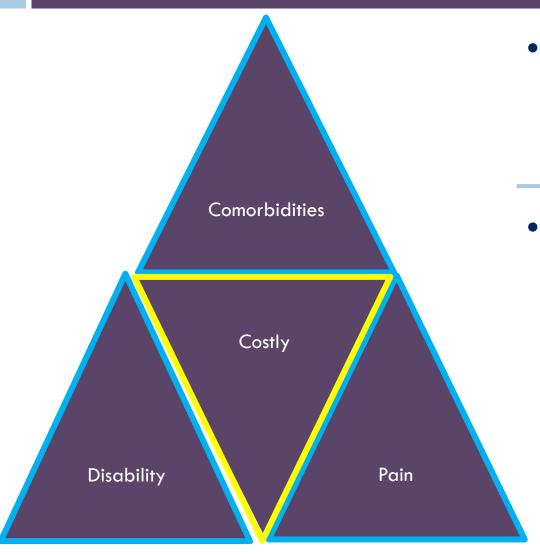
LTD claims for osteoarthritis

156 lost workdays

of more than \$21,000/ year



Key facts for employers



 Most common cause of disability among adults.

 OA and other forms of Arthritis are the leading cause of missed work days in the US



OA is challenging to manage

Interventions can reduce pain, improve function, but:

- No cure or remission
- No strategy to reduce progression
- No proven way to prevent need for joint replacement
- Structural damage is irreversible and progressive
- Available pharmacologic treatments are associated with significant adverse events

One size fits all strategy may not be appropriate



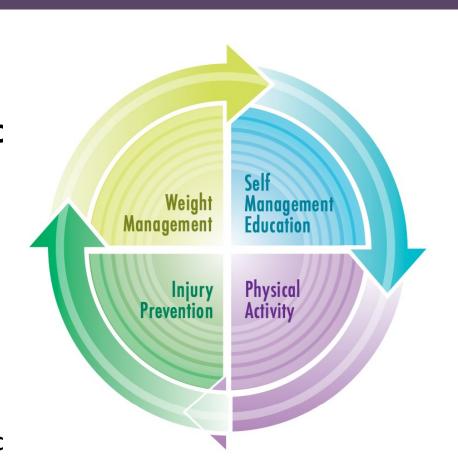
A Vicious Cycle





Management of OA

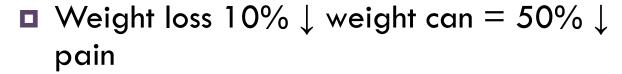
- A comprehensive plan for the management of OA may include:
 - ✓ Educational
 - ✓ Behavioral
 - √ Psychosocial
 - Physical interventions
 - ✓ Topical, oral, and intraarticulc medications





Educational, behavioral, psychosocial & physical approaches

- Self-Management Strategies
 - Exercise
 - Increase physical activity
 - Use Physical Activity Guidelines as a benchmark
 - Reduce sedentary behavior
 - Evidence-based physical activity programs



Self-efficacy and education





CDC's Lifestyle Management Programs for Arthritis

- Physical activity programs
 - □ Active Living Every Day
 - □ Fit & Strong!
 - Walk With Ease
 - Enhance Fitness
- Self-Management Education
 - Arthritis Self-Management Program
 - Chronic Disease Self-Management Program



How can employers support OA care?

In-depth understanding of the underlying mechanisms involved with work-related OA onset and progression

2

Develop effective interventions and policies that improve the work environment for OA prevention and management

Investigate occupation-specific progression of OA during the occupational lifespan of workers

4

Implement known effective interventions such as physical activity programs and self-management education

WWE Self-Directed Portal



LESS PAIN. MORE GAIN.

WALK WITH EASE

The Arthritis Foundation's Walk With Ease program is proven to reduce the pain of arthritis and improve overall health. Our online portal provides patients with:

A WALK WITH EASE
GUIDEBOOK WITH TOOLS TO
DEVELOP A WALKING PLAN



WEEKLY ENGAGEMENT EMAILS
TO KEEP YOU MOTIVATED AND
MOVING FORWARD!

www.walkwitharthritis.org oaaction@unc.edu



Examples







OACareTools = OA Toolkit for healthcare providers

OACARETOOLS.ORG

Downloadable patient handouts

Osteoarthritis | Prevention & Self-Management

Over 32 million Americans - 1 in almost every 7 adults - have osteoarthritis (OA). This disease of the joints can cause pain, stiffness, and weakness and often leads to disability. Below are strategies you can use to avoid or manage OA and improve your quality of life.



and meals

Weight loss can:

- · Avoid high calorie drinks
- Practice mindful eating · Eat a salad or fruit prior to a meal

Individuals with a history of knee injury are 3-6 times more likely to develop knee OA.

A good training program can reduce the chance of knee injuries by up to 50% and may help prevent injury-related knee OA.

For athletes, it just takes 15 minutes, 2 to 3 times each week to do:

- Warm-up exercises
 Sports skills

Self-management education classes (online or in the community) can educate and empower people to manage the day-to-day impact of OA.

The Chronic Disease Self-Management Program (CDSMP) provides useful tools to help manage symptoms related to many chronic conditions,

including OA. Find a workshop near you:

> Physical activity is one of the best treatments for OA.

Physical activity improves pain, stiffness, and physical function in patients with OA. National guidelines: 150 mins/week of moderate intensity; even 45 is helpful.

Simple ways to be more active:

- · Walk around the house
- March in place (e.g. while watching TV)
- Park in furthest spot from the entrance

https://oaaction.unc.edu/rxlinks/

Physical Activity

OSTEOARTHRITIS

Osteoarthritis (OA)

WHAT IS OSTEOARTHRITIS?

Osteoarthritis (OA) is the most common form of arthritis. OA commonly occurs in the knees, hips, lower back and neck, small joints of the fingers, and the bases of the thumbs and big toes. The shoulders and iaw joints may also be affected. Other joints are rarely involved, except as a result of joint injury or unusual stress on the joint.

OA affects all parts of a joint, but in particular, cartilage. In normal joints, a firm, rubbery material called cartilage covers the end of each bone. This cartilage provides a smooth, gliding surface for joint motion and acts as a cushion between the bones In OA, this cartilage breaks down, leading to symptoms such as pain and swelling and problems using the joint

SYMPTOMS OF OA

OA symptoms tend to build over time rather than show up suddenly. Symptoms can vary depending on the joint, your age, weight, joint alignment, fitness and physical activity level.

Common joint symptoms include:

- · persistent or recurring pain, aching or tenderness
- · stiffness and limited range of motion
- · clicking or cracking sound when bending
- · enlargement or changes to the shape

Joints affected by OA usually hurt or feel stiff during or after use. Stiffness after not moving for a while is also common.

FACTORS THAT IMPACT OA

Aging | OA becomes more common as people age.

Gender | Under 50 years of age, OA is more common in men. At age 50 and over, it's more

Excess body weight | Overweight or obesity contributes to more severe symptoms and impact of OA, especially OA of the knees.

Joint injury | Traumatic injury to a joint, whether from sports or an accident, can increase the risk of developing OA, or accelerate OA.

TREATMENT

There is no cure for OA, but treatments can reduce pain and help you move more comfortably

- Exercise
- Oral or topical medications
- Weight loss ☑ Heat/cold
- Shoe inserts Self-management classes
- Occupational or Physical Therapy

For tips and resources, visit https://oaaction.unc.edu/rxlinks/



Resources for People with Arthritis

Tips to set goals and overcome barriers to become and stay physically active.	Active Living Every Day
Find water aerobics classes in your area for a low-impact workout with less pain.	Arthritis Foundation Aquatics Program
Tips to start or maintain an exercise program for those with osteoarthritis.	Arthritis Foundation Exercise Program
Learn about this group physical activity class and find one in your community.	EnhanceFitness
Find an exercise class in your area to have better movement in joints with less pain.	Fit and Strong
Get started with 4 progressive strength-training exercises and more.	Get Active
Find programs to help you manage your osteoarthritis symptoms, improve your quality of life, and reduce healthcare costs.	Self-Management Resource Center (Arthritis Self-Management Program
Learn about the walking program that is proven to reduce the pain of arthritis and improve your overall health.	Walk With Ease
Get motivation and tips to help you lose weight for less joint pain.	Weight Management
Take steps now to prevent pain in the future.	Osteoarthritis Prevention
Get moving to prevent pain.	Tips to Increase Physical Activity











A NATIONAL PUBLIC HEALTH AGENDA FOR OSTEOARTHRITIS: 2020 UPDATE

From the Centers for Disease Control and Prevention, Arthritis Foundation, and the Osteoarthritis Action Alliance.







www.cdc.gov/arthritis

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Q&A

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