

1.0 Highlights

1.1 *Impact of Arthritis*

- At a population level the burden of **arthritis is higher in women than men**, but at an individual level the impact is similar.
 - Arthritis affects more women than men across all age groups. Overall arthritis affects 21% of the women of Ontario compared to 13% of men.
 - Arthritis and rheumatism affects 1.03 million women in Ontario aged 15 years and older.
 - Given that the population is aging, the number of women who will be diagnosed with arthritis in the future is expected to grow. By 2026 it is estimated that 27% of women in Ontario (1.73 million) aged 15 years and older will be living with arthritis. This has huge policy implications, as anticipated costs related to arthritis will rise due to increased health care utilization including medication use and medical procedures such as arthroscopy and joint replacement surgeries.
- Women with arthritis differ from men with arthritis and from other women (women with other chronic diseases and women with no chronic health problems) with respect to **socioeconomic circumstances, including education and income**.
 - Women with arthritis have less education and are more likely to be in the lowest income category than men with arthritis and women with other or no chronic conditions.
 - Women with arthritis are less likely than women with other chronic health issues to have young children.
- Women with arthritis frequently live with **pain and disability**.
 - Women with arthritis experience more pain and long-term disability than those without the disease.
 - Women and men with arthritis report similar levels of pain and long-term disability.
 - Women with arthritis report more **sleep difficulties** than women with other chronic diseases across all age groups and men with arthritis in older age groups.
- **Stress and depression** often accompany chronic health problems.
 - Women with arthritis experience higher rates of depression than women with no or other chronic disease, as well as men.
 - Younger women with arthritis have higher rates of depression than older women with arthritis.
 - The disparity between rates of depression in women with arthritis compared to women with no or other chronic conditions is most notable in younger women.

- Similarly, higher proportions of women with arthritis report stress than women with no or other chronic conditions. As with depression, women with arthritis in younger age groups report higher levels of stress than those in older age groups.
- Women with arthritis are more likely to report fair or **poor health** and worsening health over time at any age than women with other chronic conditions. Women with arthritis are also more likely to report that they have unmet health care needs than women with other chronic health problems. This is particularly true of younger women.
- Accompanying disability and poor health, women with arthritis are more likely to **require help with daily activities** and more likely to be **without a job** than men with arthritis or women with other chronic conditions. The impact of arthritis on women with respect to work is likely underestimated as many of the current methods for capturing contribution to society do not take into account many of the roles that women traditionally undertake.

1.2 Access to Health Care

- Women with arthritis use a **higher proportion of health care services** than women with no or other chronic conditions and men.
 - Women with arthritis are more likely to report that they visited a primary care physician four or more times, and a specialist two or more times, in the previous year than women with other chronic conditions.
 - A higher proportion of women than men make physician visits specifically for arthritis.
 - At all ages, women with arthritis are more likely to see a specialist than women with other chronic health problems.
 - Men who visit a physician for arthritis-related conditions, and specifically osteoarthritis (OA), are more likely to see an orthopaedic surgeon than women in every age group. However, women with these conditions are more likely than men to see rheumatologists and internists. With a few exceptions, women who visit a physician for reasons related to rheumatoid arthritis (RA) are more likely to see specialists (rheumatologists, internists, orthopaedic surgeons) than men who had RA-related visits.
 - Women with arthritis are more likely to see physiotherapists and chiropractors than women with other chronic conditions.
- **Medication use** is an important type of treatment for arthritis in women.
 - Women with arthritis are more likely to use pain relievers than both women with other chronic conditions and men with arthritis.
 - Women with arthritis take more narcotic medications (codeine, Demerol or morphine) than women with other chronic conditions.

- From middle age onward more women use antidepressants than men. Women with arthritis also use more antidepressants than women with other chronic diseases.
- There has been a consistent increase in the number of women who have prescriptions for disease-modifying anti-rheumatic drugs (DMARDs) over time. Nevertheless, the overall rate of provision of these drugs falls short of the estimated prevalence of RA.
- Although the prescription of non-steroidal anti-inflammatory drugs (NSAIDs) for women has generally declined over the last decade, there was a notable increase from 2000 coinciding with the release of the Cox-2 inhibitors. More prescriptions for these drugs were given to women than men.
- Overall, there has been a slight increase in the number of corticosteroid prescriptions for women since 1992.
- There is notable variation in the usage rates of different kinds of **surgery** between women and men with arthritis, and between women of different age groups.
 - Although it varies across age groups, overall, women undergo slightly fewer same-day surgeries and have somewhat fewer inpatient admissions than men with arthritis, despite the fact that women are more likely to have arthritis.
 - On average women with arthritis have more same-day surgeries and in-patient admissions than women with other chronic diseases.
 - Women undergo fewer arthroscopic procedures than men, despite having a higher prevalence of arthritis. However, the difference between the number of procedures performed on women and men has been narrowing over the past ten years.
 - The rate of all arthritis-related knee arthroscopic procedures for women increases with age to the 55-64 year age group and then decreases.
 - There are discrepancies in the numbers of women *requiring* total joint replacements (TJR) and actual *usage* rates, which implies that many more women could receive surgical procedures than do so. Rates for both total knee replacements (TKRs) and total hip replacements (THRs) are higher for women than for men.
- Although the number of THR and TKR procedures performed has increased over the past ten years, so have **waiting times**.
 - Median wait times are equivalent for men and women.
- Older, female patients with other health conditions are more likely to receive **inpatient rehabilitation** following THRs and TKRs than younger women or men.