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### CDCS GREAT ARTHRITIS REMEDY: EXERCISE, SELF-MANAGEMENT

By NANCY ALDRICH

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Older adults looking for arthritis pain relief should take a regular dose of physical activity--swimming, brisk walking, bicycling, gardening or raking leaves. That's because the problems that plague the health of many Americans--lack of exercise and being overweight--also contribute to the pain and disability of arthritis.

The most important message is that there is a lot that people who have arthritis can do to help themselves, said senior behavioral scientist Teresa J. Brady of the U.S. Centers for Disease Control and Prevention (CDC) in Atlanta. Using the slogan Physical Activity--The Arthritis Pain Reliever, CDC has directed a national educational effort at raising awareness among older Americans of nature's pain remedy.

#### **BURDEN UNDERESTIMATED**

People underestimate the arthritis burden and tend to minimize its effects, assume it is a normal part of aging and don't go to their doctor, said Chad Helmick, a CDC medical officer and senior epidemiologist. Although arthritis is the leading cause of disability among all U.S. adults, he said that people with the condition tend to self-diagnose and fail to understand that self-management techniques can help them. Arthritis isn't just a normal part of aging that must be endured. It is a disease, he said. He noted that 60% of people with arthritis are under age 65.

CDC estimates that in 2001, 49 million adults in the United States--including 21.4 million older people--had doctor-diagnosed arthritis. However, the number of U.S. adults with arthritis could be as high as 70 million if those reporting chronic joint symptoms but not reporting doctor-diagnosed arthritis are included. The real story, though, is how much this number will increase, Helmick noted. CDC estimates that by 2030, the figure will jump to 41.1 million older Americans with some form of arthritis.

Approximately 16% of those over age 65 who have chronic joint symptoms

have not seen their doctor, said Joe Sniezek, chief of CDC's Arthritis Program. In addition to physical activity, self-management techniques include weight control and pain management, as well as learning coping skills and how to navigate the healthcare system. The U.S. Surgeon General's 1996 report *Physical Activity and Health* found that regular moderate aerobic or resistance-training exercise programs reduce symptoms and improve functioning among people with rheumatoid arthritis and osteoarthritis.

Almost 60% of people age 65 or older report arthritis or chronic joint symptoms. About 20% of people with arthritis report limitations in activity, including 3 million to 4 million older adults, CDC data show.

## THE HIGH COST

As the leading cause of disability among U.S. adults, arthritis and other rheumatic conditions also carry the highest cost for any disability, Helmick said. The latest data from the 1997 Medical Expenditure Panel Survey show that arthritis costs the nation \$86.2 billion a year. The figure includes direct costs (\$51.1 billion in medical expenditures) and indirect costs (\$35.1 billion in lost wages among the working-age population), Helmick explained. Costs by state ranged from a low of \$121 million in Wyoming to a high of \$8.4 billion in California.

Although there is little data on whether arthritis treatment can reduce these costs, it makes sense that if you slow the progression of the disease, you are going to save resources along the way, Sniezek said.

Past studies have demonstrated the effectiveness of community-based arthritis education in significantly reducing patients' pain, depression and disability levels. Furthermore, research by Marian A. Minor, a principal investigator with the Missouri Arthritis Rehabilitation Research and Training Center, shows that physical activity is effective in osteoarthritis treatment, leading to a decrease in pain and disability and an increase in mobility and flexibility.

Physical activity is beneficial, according to CDC, because stronger muscles help support and protect joints affected by arthritis. Activity also helps with weight reduction, contributes to an improved sense of well-being and delays disability. Weight control is essential for people who have arthritis because extra pounds put pressure on many joints.

Weight loss reduces joint stress and helps prevent further damage, and physical activity lowers joint pain and stiffness while increasing flexibility, muscle strength, cardiac fitness and endurance. The Framingham Osteoarthritis Cohort Study found that physical activity can help prevent knee osteoarthritis, and similar studies have shown that weight loss slows the progression of some forms of arthritis. So losing weight actually does help once you've got arthritis, Helmick said.

Other treatments include medications, physical or occupational therapy, and surgery. Treatment plans also may recommend balancing rest and activity, eating a proper diet and using joints in an energy-conserving way by not wasting motion. Some patients are advised to apply heat or cold to sore joints, sometimes in conjunction with exercise.

Besides its focus on reducing the effects of arthritis and improving the quality of life for people with the disease, CDC also aims to increase awareness of the cost and quality-of-life problems stemming from arthritis in the public health community. Until a few years ago, arthritis was not on the public-health radar screen, probably because it is not a leading cause of death. It is really a quality-of-life-issue, Sniezek said. Most chronic disease efforts in the past were primarily concerned with averting death, and thus focused on diabetes prevention, heart-disease prevention and smoking cessation.

Three events that occurred in the late 1990s finally put arthritis onto the public health agenda. In 1998, CDC, the Arthritis Foundation and the

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Association of State and Territorial Health Officials, with input from more than 90 organizations, spearheaded the *National Arthritis Action Plan*, which rallied the public health community around the issue of arthritis, Sniezek said. The action plan brought all the right people together, he added, leading to public health activities, research, programs and monitoring.

The second event was the addition of arthritis to *Healthy People 2010*, the nation's decennial document detailing U.S. health objectives. That provides the marching orders of where, as a public health system and as a nation, we want to go in terms of improving the quality of life for people with arthritis, Brady said.

Furthermore, in 1999, Congress appropriated the first funds to CDC to develop arthritis activities through the public health system at the national and state levels. CDC currently provides funds to 36 state public health departments for their arthritis programs. All of these programs have produced innovations, such as delivering the Arthritis Self-Help Course to low-income, minority or rural communities; reaching appropriate individuals with a Spanish-language version of the program; and reaching out to women.

Among the exemplary programs CDC funds around the country is the Johnston County Osteoarthritis Project in rural North Carolina, which examines the incidence and progression of hip and knee osteoarthritis among county residents, most of whom are African American or white. This is an important study that will help us examine some of the risk factors for osteoarthritis and why it gets worse, Helmick said.

In 2003, six workgroups, including representatives from CDC, formulated recommendations regarding physical activity and arthritis. The workgroups, part of the Exercise and Physical Activity Conference held in St. Louis, Mo., called for better awareness and prevention programs for people with arthritis, exercise recommendations for those with specific types of arthritis, consistent measurement and analysis to assess physical activity among people with arthritis, and more research on the effectiveness of weight control and exercise in preventing the development and progression of osteoarthritis. The workgroups' recommendations are published in the February, April and June 2003 issues of the journal *Arthritis Care and Research*.

*Nancy Aldrich is the editor of Aging Opportunities News, Silver Spring, Md.*

*She wrote this article as part of the American Society on Aging's 2004 Media Project with the Centers for Disease Control. A longer version of the piece, including a useful list of contacts and resources, is available on the website at [www.asaging.org/media/cdc.cfm](http://www.asaging.org/media/cdc.cfm).*

## JOINT SOURCES

Many excellent information sources on arthritis are available from government and private organizations. A comprehensive list is posted on the American Society on Aging website at [www.asaging.org/media/cdc.cfm](http://www.asaging.org/media/cdc.cfm) as part of the media-awareness project ASA has developed with the Centers for Disease Control and Prevention (CDC). Simply click on CDC New Backgrounder: Arthritis and Elders. Following is a selection of sources.

Materials and information on programs around the United States are available online from the Arthritis Program of **CDC's National Center for Chronic Disease Prevention and Health Promotion**. The center's home page for arthritis information and additional links is at [www.cdc.gov/nccdp/arthrit/index.htm](http://www.cdc.gov/nccdp/arthrit/index.htm). By clicking on Health Communications Campaign, visitors to the site can get posters, handouts and other information for the Physical Activity. The Arthritis Pain Reliever public information project. Generally, the site is worth exploring for articles, statistics, charts and other informational nuggets. For more information, contact the center at (770) 488-5131 or [ordcinfo@cdc.gov](mailto:ordcinfo@cdc.gov).

In addition, the **National Institute of Arthritis and Musculoskeletal and Skin Diseases** (NIAMS), part of the National Institutes of Health, provides numerous handouts, such as on osteoarthritis or rheumatoid arthritis, as well as reports, question-and-answer sheets, and related materials in English or Spanish. The institute's website is at [www.niams.nih.gov/index.htm](http://www.niams.nih.gov/index.htm).

Among the private organizations that offer information and assistance are the following:

**The Arthritis Foundation** offers assistance through its 150 local chapters and provides numerous publications via its national headquarters, located online at [www.arthritis.org](http://www.arthritis.org); phone: (800) 283-7800.

**The American Academy of Orthopaedic Surgeons:** [www.aaos.org](http://www.aaos.org); (800) 346-AAOS.

**American College of Rheumatology/Association of Rheumatology Health Professionals:** [www.rheumatology.org](http://www.rheumatology.org); (404) 633-3777.

**American Physical Therapy Association:** [www.apta.org](http://www.apta.org); (703) 684-2782 or (800) 999-APTA.

**Arthritis Self-Help Course:**

[www.arthritis.org/events/getinvolved/ProgramsServices/ArthritisSelfHelp.asp](http://www.arthritis.org/events/getinvolved/ProgramsServices/ArthritisSelfHelp.asp)

**Johns Hopkins Arthritis Website:**

[www.hopkins-arthritis.som.jhmi.edu/rheumatoid/rheum.html](http://www.hopkins-arthritis.som.jhmi.edu/rheumatoid/rheum.html).

**Lupus Foundation of America Inc.:** [www.lupus.org](http://www.lupus.org); (202) 349-1155.

**National Fibromyalgia Partnership Inc.:** [www.fmpartnership.org](http://www.fmpartnership.org); (866) 725-4404.

**SLE (Lupus) Foundation:** [www.lupusny.org](http://www.lupusny.org); (212) 685-4118 or (800) 74-LUPUS.

**Spondylitis Association of America:** [www.spondylitis.org](http://www.spondylitis.org); (800) 777-8189.

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