



Time to Move on Arthritis

Time to Move, an expert report prepared by specialists, GPs, health organisations, researchers and consumers from around Australia, shows that hundreds of millions of dollars can be saved from early and better treatment for people with arthritis, allowing people to live normal lives and remain at work. Early retirement due to arthritis currently costs \$9.4 billion a year in lost GDP.

Time to Move is a national collaborative policy white paper spearheaded by Arthritis Australia that provides an affordable, achievable strategy for improving care from childhood onwards for people with arthritis – specifically osteoarthritis (OA), rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA).

Osteoarthritis – affects 1.9 million Australians and is increasing; yet up to 70% of cases of OA can be prevented. Joint replacements for OA currently cost \$2 billion a year and the cost is growing by \$80 million a year.

Rheumatoid arthritis – a diagnosis of RA needs to be treated as an emergency. Permanent joint damage can set in if treatment is delayed by more than 12 weeks from symptom onset. RA affects nearly half a million Australians.

Juvenile idiopathic arthritis – There is a serious shortage of paediatric rheumatologists to diagnose and care for children with JIA – some states have none. JIA affects 5000 Australian children.

“Arthritis is one of the most common, costly and disabling chronic conditions in the country and comes with a bill for the health and welfare systems of more than \$5 billion a year,” said Ainslie Cahill, CEO of Arthritis Australia. “This is in addition to an annual loss of \$9.4 billion in GDP caused by early retirement due to arthritis.

“But we know that much of the pain and disability caused by arthritis could be prevented or reduced by providing better care for people as early as possible in the disease course. This helps to keep people with arthritis in work and living life to the full – this is what ***Time to Move*** is addressing”

For example, for people with RA and children with JIA, starting treatment as early as possible and ideally within 12 weeks of symptom onset is critical to avoid permanent joint damage and disability.

“A diagnosis of RA needs to be treated as an emergency,” argues rheumatologist Dr Mona Marabani, “because early treatment can stop the disease in its tracks, cutting joint damage and disease severity by a third and doubling the chance of achieving remission.

“The evidence though, is that Australians with RA are not being diagnosed early enough, so effective treatment is delayed, leading to a preventable burden of pain and disability. Average delays of six months to diagnosis have recently been reported, and the situation is often worse in rural areas. This report offers systematic ways to support early diagnosis and treatment for people with suspected RA.”

Better management of people with osteoarthritis in the earlier stages of the disease can also help to reduce the pain and disability the condition can cause.

“For some reason both doctors and patients think that osteoarthritis is inevitable and there isn’t much you can do about it, except wait until the pain is so bad that you need a joint replacement,” claims Prof David Hunter, a leading arthritis researcher at the University of Sydney.

“Yet the evidence shows that avoiding excess weight gain and joint injuries can prevent most cases of OA, while weight loss and appropriate exercise can reduce symptoms and stop them getting worse once you have the condition. In fact, if you exercise with OA the right way, you can get the same level of effect as from the usual pain killing drugs, but without the side-effects.

“A tiny investment in better sports coaching at school and club level, supporting weight loss and exercise for people in the early stages of the disease and providing better systems for assessing people for joint replacement surgery could save hundreds of millions of dollars in health system costs if implemented Australia-wide.”

“Delays in diagnosis and treatment are also an issue in what we call juvenile idiopathic arthritis – JIA – an autoimmune arthritis affecting children,” says Dr Roger Allen, head of paediatric rheumatology at the Royal Children’s Hospital, Melbourne. “This is a real issue because if JIA is not treated quickly and appropriately, it can seriously affect the growth and development of a child, causing severe joint damage, growth abnormalities and permanent disability.

“Delays in diagnosing JIA are a tougher nut to crack because JIA can be difficult to diagnose, but the issue for GPs is that in some states, there’s a serious shortage of paediatric rheumatologists to diagnose and treat children with the condition, which can mean that even if JIA is suspected there’s nowhere to turn. Our ***Time to Move*** report offers effective ways of giving Australian children everywhere access to high quality assessment and treatment.”

“The ***Time to Move*** white paper highlights that care for people with arthritis in Australia falls well short of best practice and urgent improvements are needed,” said Ms Cahill.

The White Paper emphasises that arthritis is a complex condition and requires a comprehensive approach by a coordinated team of healthcare professionals. “Comprehensive and effective management of arthritis involves a team of healthcare professionals from various disciplines, including GPs, physiotherapists and rheumatologists,” Ms Cahill, adds. “Having multidisciplinary healthcare teams available to improve an individual’s overall functioning, along with equitable access to best care across the country, will help to preserve and improve quality of life for people with arthritis.”

Time to Move was prepared over a 12 month period under the umbrella of Arthritis Australia. “We joined forces with consumers, specialists, GPs, health organisations and researchers to develop a workable national strategy for preventing, diagnosing and treating three of the commonest forms of arthritis,” said Ms Cahill.

“We had previously conducted surveys of health consumers and doctors which showed a large proportion were unhappy with either the care they were receiving or the care they were providing for people with arthritis. **Time to Move** brings together the best evidence from here and overseas and offers Federal and State governments, doctors and health consumers solutions which are both affordable and will save the nation a fortune.”

Ainslie Cahill concludes, “With Australia’s ageing population, it’s predicted that seven million Australians will suffer from some form of arthritis by 2050. As **Time to Move** clearly identifies, there is an urgent need for people with arthritis, their carers, clinicians and Government to come together to address the gaps in care and ensure a national, unified approach is implemented. This will help achieve consistent and top quality care, lessening the burden of disease as much as possible.”

Background

The **Time to Move** strategy provides a road map for improving care across Australia for people with arthritis, addressing the spectrum of intervention from prevention to advanced disease. It is supported by three additional documents which respectively address the care of people with osteoarthritis (OA), rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA). These documents are available at www.arthritisaustralia.com.au

About arthritis

Arthritis is an umbrella term for a range of conditions that affects the joints. There are over 100 different types of arthritis affecting people of all ages, including children. The most common forms are osteoarthritis, rheumatoid arthritis and, in children, juvenile idiopathic arthritis.

Arthritis is one of the most common, disabling and costly chronic diseases in Australia. It affects more than 3 million people of all ages with more than half of those affected being of working age.¹

Arthritis costs the health and welfare systems more than \$5.6 billion annually.^{1,2}

The loss to the Australian workforce is highly significant. More than 80,000 people aged 45 to 64 years can’t work because of their arthritis, at an estimated loss to GDP of \$9.4 billion a year³ and a cost of about \$1.3 billion annually for the Disability Support Pension.²

As the population ages, the number of people with arthritis is expected to reach 7 million by 2050.⁴

Osteoarthritis (OA) is a highly prevalent, disabling and costly condition that affects 1.9 million or one in 12 Australians. OA is one of the leading causes of chronic pain, disability and lost productivity in Australia, costing the health system \$3.75 billion and the economy around \$22 billion annually.¹

The burden of OA is expected to increase exponentially in coming decades due to an ageing and increasingly obese population, with prevalence expected to reach three million Australians by 2032.¹ Up to 70 per cent of OA is preventable by avoiding excess weight gain and joint injuries.^{5,6}

Improved management of OA in the early stages, especially by supporting people to maintain a healthy weight and keep physically active, can help to manage symptoms and prevent deterioration, reducing the demand for joint replacements.

Rheumatoid arthritis (RA) is a serious, chronic autoimmune condition affecting nearly half a million Australians. RA causes pain, fatigue, joint swelling and stiffness. If poorly treated, the condition can be highly disabling because it causes progressive and irreversible joint damage and loss of function, notably in manual dexterity, strength and mobility. RA also reduces life expectancy by six to seven years in those affected.⁷

Contrary to the commonly held perception that arthritis is an old person's disease, RA affects Australians of all ages. It is most commonly diagnosed between the ages of 35 and 55 years⁷ and 58 per cent of people with RA are of working age (25 to 64 years).¹

RA exacts an extensive personal, social and economic cost in Australia. Costs to the health system are conservatively estimated at more than half a billion dollars¹ annually while lost productivity due to disability caused by RA is substantial: within five years of diagnosis, up to 20 per cent of people with RA are no longer able to work because of their condition.⁸

There is no cure for RA; however, dramatic advances in treatment over the past decade have resulted in major improvements to short-, medium- and long-term outcomes. As a result, much of the joint damage, deformity and disability associated with the condition can now be prevented.

Early diagnosis of RA is crucial because there is a window of opportunity early in the disease during which aggressive treatment with disease-modifying antirheumatic drugs (DMARDs) can alter the course of the disease, prevent or delay joint damage, increase the chance of disease remission and improve long-term outcomes, including the reduction of disability. This window of opportunity may be as little as three months from symptom onset.^{9,10,11}

Juvenile idiopathic arthritis (JIA) is a painful, potentially disabling inflammatory arthritis that affects around 5000 Australian children under 16 years of age. Although JIA resolves in many children, there is no cure and around 50 per cent of those diagnosed will continue to have ongoing active disease into adulthood.¹²

If not treated quickly and appropriately, JIA can seriously affect the growth and development of a child, causing severe joint damage, growth abnormalities and permanent disability.¹³

Dramatic advances in treatment for JIA over the past decade have resulted in major improvements to short-, medium- and long-term outcomes. As a result, much of the joint damage, deformity and disability associated with the condition can now be prevented. This creates a moral imperative to ensure that children and young people receive timely and appropriate care that allows them to lead healthy, independent lives.

Evidence indicates, however, that we are failing children and young people with JIA in Australia. Many are not receiving best-practice care, severely compromising their future health and functional capacity. Delays in diagnosing JIA in Australia are common, with up to 41 per cent of children in some areas experiencing delays of more than six months from symptom onset to diagnosis.¹⁴ Inadequate public and health practitioner awareness of the condition and limited access to specialists for diagnosis and care appear to be key factors leading to these delays.

Multidisciplinary team care led by paediatric rheumatologists is consistently recommended in local and international guidelines and standards of care for JIA. However paediatric rheumatologists are in seriously short supply, with none at all in some states and territories. Similarly, there are few multidisciplinary teams trained in JIA management in Australia, particularly in rural and remote areas and in the private sector, in which around half of rheumatology practice takes place. Time to Move offers strategies for dealing with these deficiencies.

Arthritis Australia

Arthritis Australia is the peak arthritis organisation in Australia and is supported by affiliate offices in the ACT, New South Wales, Northern Territory, Queensland, South Australia, Tasmania and Western Australia.

Arthritis Australia provides support and information to people with arthritis as well as their families and friends. The organisation promotes awareness of the challenges facing people with arthritis to the community and to leaders in business, industry, and government. In addition, Arthritis Australia funds research into potential causes and possible cures as well as better ways to live with arthritis.

www.arthritisaustralia.com.au

About the Time to Move White Paper

Arthritis Australia convened a multidisciplinary care steering group to develop a policy white paper outlining a national collaborative model of care for three major forms of arthritis – osteoarthritis (OA), rheumatoid arthritis (RA) and juvenile idiopathic arthritis (JIA). The following representatives formed the steering group which led the development of the ***Time to Move*** White paper:

- Dr Roger Allen, Paediatric Rheumatologist
- Ms Ainslie Cahill, CEO Arthritis Australia
- Mr Jeff Cheverton, Metro North Brisbane Medicare Local
- Ms Anne Develin, The Pharmacy Guild of Australia
- Ms Wendy Favorito, Arthritis Australia Consumer Representative
- Dr Stan Goldstein, Bupa Australia
- Prof David Hunter, Rheumatologist
- Prof Danny Liew, The Melbourne EpiCentre
- Dr Mona Marabani, Rheumatologist
- Ms Maree Raymer, State-wide Orthopaedic Physiotherapy Screening and Multidisciplinary Service QLD
- Ms Jennie Roe, Australian National Preventative Health Agency
- Dr Norman Swan, General Practitioner and Media Commentator
- Dr Rob Walters, General Practitioner

Available for interview

People with arthritis

- **Patrick McHarg** is 11 years old and has juvenile idiopathic arthritis. He was diagnosed at the age of six years. His mother, Sarah McHarg is also available to speak about what it means to have a child with arthritis.
- **Wendy Favorito** is 43 years old and has rheumatoid arthritis. She is well-versed with what it means to live with arthritis, having been diagnosed at the age of six years.
- **Damian Smith** is 45 years old and was diagnosed with osteoarthritis in 2011 after many years of symptoms. Damian enjoyed a 10 year career playing rugby for the Australian Wallabies and the Queensland Reds.

Arthritis experts

- **Dr Roger Allen**, paediatric rheumatologist (JIA)
- **Dr Mona Marabani**, rheumatologist (RA)
- **Professor David Hunter**, rheumatologist (OA)

*AbbVie provided an educational grant to Arthritis Australia to support the Arthritis Australia Models of Care Steering Group meetings and the development of the **Time to Move** White Paper. AbbVie was represented at the steering committee meetings and contributed to the evidence review and development of the White Paper. With over 10 years dedicated experience in rheumatology, AbbVie has been a long-term supporter and partner with the arthritis community in Australia working towards delivering quality education, information and total health outcomes for Australians living with rheumatoid arthritis.*

Issued on behalf of Arthritis Australia

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References

- 1 Arthritis and Osteoporosis Victoria, 2013. *A problem worth solving*. Elsternwick: Arthritis and Osteoporosis Victoria
- 2 Welfare system cost based on: Australian Bureau of Statistics 2009. *Disability, Ageing and Carers, Australia: Summary of Findings, 2009* and Australian Government Department of Social Services 2013. *Characteristics of Disability Support Pension Recipients*. June 2013 and Australian Government Budget figures http://www.budget.gov.au/2011-12/content/bp1/html/bp1_bst6-02.htm. Arthritis is the main disabling condition in one third of people aged 65 years or less disabled by a musculoskeletal condition, and 26.1% of DSP recipients are disabled by a musculoskeletal condition. So arthritis accounts for 8.7% of DSP expenditure, or \$1.3 billion in 2013-14
- 3 Schofield DJ, Shrestha RN, Percival R, Passey M, Callander E, Kelly S, 2013. The personal and national costs of lost labour force participation due to arthritis: an economic study. *BMC Public Health* 2013; 13:18822
- 4 Access Economics, 2007. *Painful Realities: The economic impact of arthritis in Australia in 2007*
- 5 Muthuri SG, Hui M et al., 2011. What if we prevent obesity? risk reduction in knee osteoarthritis estimated through a meta-analysis of observational studies. *Arthritis Care & Research*; 63(7): 982-990
- 6 Hunter DJ, 2011. Lower extremity osteoarthritis management needs a paradigm shift. *Br J Sports med* 2011; 45:283-288
- 7 Lassere MN, Rappo J, Portek IJ, Sturgess A, Edmonds JP, 2013. How many life years are lost in patients with rheumatoid arthritis? Secular cause-specific and all-cause mortality in rheumatoid arthritis, and their predictors in a long-term Australian cohort study. *Internal Medicine Journal* 2013; 43(1): 66-72
- 8 Shanahan EM, Smith M, Roberts-Thomson L, Esterman A, Ahern M, 2008. Influence of rheumatoid arthritis on work participation in Australia. *IMJ* 38, 2008; 166-173
- 9 Gremese E, Salaffi F, Bosell SL et al., 2013. Very early rheumatoid arthritis as a predictor of remission: a multicentre real life prospective study. *Ann Rheum Dis* 2013; 72: 858-862 doi: 10.1136/annrheumdis-2012-201456
- 10 Lukas C, Combe B, Ravaut P, Sibilia J, Landewe R, van der Heijde D, 2011. Favorable effect of very early disease-modifying antirheumatic drug treatment on radiographic progression in early inflammatory arthritis. *Arthritis and Rheumatism*; 63(7): 1804-1811
- 11 Van der Linden MPM, le Cessie S, Raza K, van der Woude F, Knevel R, Huizinga TWJ, van der Helm-van Mil AHM. Long-term impact of delay in assessment of patients with early arthritis. *Arthritis and Rheumatism* 2010; 62(12): 3537-3546
- 12 Hayward K, Wallace CA, 2009. Recent developments in anti-rheumatic drugs in paediatrics: treatment of juvenile idiopathic arthritis. *Arthritis Research & Therapy* 2009; 11:216, doi:10.1186/ar2619
- 13 Packham JC, Hall MA, Pimm TJ, 2002. Long Term Follow up of 246 adults with Juvenile idiopathic arthritis: functional outcome, *Rheumatology* 2002; 41(12): 1428-1435
- 14 Arthritis Queensland, 2012. Stakeholder surveys: Report of survey findings to inform action planning for juvenile idiopathic arthritis in Queensland