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Submission to Select Committee Inquiry into the Obesity Epidemic in Australia

ABOUT US

Arthritis Australia

Arthritis Australia is the peak arthritis consumer organisation in Australia and is supported by affiliate offices in 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 family and friends. It promotes awareness of the challenges facing people with arthritis across the community, and advocates on behalf of consumers to leaders in business, industry and government. Arthritis Australia is also the largest non-government funder of arthritis research in Australia.

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Introduction

Thank you for the opportunity to make a submission to this Inquiry into the obesity epidemic in Australia.

Obesity is a major risk factor for a number of different types of arthritis, although community awareness of this risk is generally poor. Obesity also adversely affects outcomes for people with arthritis, aggravating pain and disability and leading to poorer outcomes from treatment and surgery.

Arthritis is already one of the most common, costly and disabling chronic conditions in Australia. It affects nearly four million people and costs the health system over \$5.5 billion a year.¹ It is also the second leading cause of disability and early retirement due to ill-health in Australia, at a cost of over \$1.1 billion a year in extra welfare payments and lost taxation revenue and \$7.2 billion in lost GDP.²

Unless more is done to reduce the current growth in obesity rates both in children and adults, we can look forward to increasing prevalence, earlier onset and greater severity of arthritis in coming years. This will lead to a substantial increase in health system costs, increased welfare costs and higher rates of lost productivity.

The link between obesity and arthritis

Excess body weight is a major risk factor for the development and progression of osteoarthritis (OA), the most common type of arthritis which affects over 2.2 million Australians.¹ Being overweight doubles a person's risk of developing OA of the knee, while obesity increases the risk fourfold.³

In 2008, it was estimated that one in four people with OA in Australia, or more than 420,000 people, had developed OA as a result of obesity.⁴

The increase in childhood obesity is of particular concern. The earlier in life a person gains excess weight, the greater that person's risk of developing OA, while excess weight in early adulthood increases the risk of OA requiring knee replacement by 25%.⁵

In addition, obesity adversely affects outcomes for people with OA at every stage of the disease, aggravating pain and disability, increasing the risk of joint replacement and leading to poorer outcomes from joint replacement surgery.^{6 7} Nearly half of obese patients undergoing joint replacement surgery have poor outcomes, compared to less than 10 per cent of those of normal weight.⁷

Obesity is also a risk factor for gout^{8 9} and psoriatic arthritis^{10 11} and there is increasing evidence that obesity increases the risk of developing rheumatoid arthritis.¹² These conditions together affect around 600,000 Australians. Obesity also reduces the effectiveness of some of the expensive biologic medicines used to treat these conditions^{13 14} and decreases the odds of achieving remission in people with rheumatoid arthritis.¹⁵

Rising numbers of overweight and obese people, increases in obesity at earlier ages, and increases in the number of people who are very obese¹⁶ are expected to lead to higher prevalence, earlier onset and greater severity of arthritis, especially OA of the knee, in the future. This is likely to drive an exponential increase in joint replacement procedures and in associated costs to the health system.

Economic burden of obesity related to arthritis

Health system costs

Arthritis cost the health system \$5.5 billion in 2015 and this is expected to increase to \$7.6 billion by 2030.¹ A substantial proportion of this cost could be prevented by reducing population rates of obesity.

For example, it has been estimated that preventing obesity at the population level could reduce the prevalence of symptomatic knee OA in Australia by 43 per cent, and of knee OA requiring joint replacement by 53 per cent.¹⁷ Australia spent around \$1.5 billion in 2017 on knee replacements for OA, more than on any other hospital procedure. The total cost of this procedure is growing at more than \$60 million a year, driven mainly by an ageing and increasingly obese population.¹⁸

Halving knee replacements would result in an annual saving to the health system of around \$750 million.

Economic costs

Arthritis is second only to back pain as the leading cause of disability and early retirement due to ill-health in Australia.² Arthritis also accounts for 40% of lost workforce productivity due to chronic disease.¹⁹

In 2015, 71,000 people aged 15-64 years were out of the workforce as a result of arthritis, including 52,000 people with the condition and 19,000 carers of people with arthritis.²

The economic costs of early retirement due to arthritis has been estimated to be over \$1.1 billion a year in extra welfare payments and lost taxation revenue and \$7.2 billion in lost GDP.²

While it is not clear what proportion of the economic costs for all types of arthritis is due to obesity, some estimates are available in relation to OA. In 2008, the total economic cost of OA due to obesity, including the cost of lost wellbeing, was estimated to be \$5.7 billion or around one-quarter of the total economic cost of OA.⁴

Effective interventions

The health behaviours which contribute to overweight and obesity are underpinned by a complex range of social, economic, educational and environmental factors. Evidence suggests that strategies targeting individual behaviours relating to diet, energy intake and physical activity, without changing the many determinants of these behaviours, are unlikely to achieve significant or sustained outcomes.

Australia lacks a coherent, sustained obesity prevention strategy, although action is underway in some areas such as food re-formulation, food labelling and encouraging increased participation of children and young people in sports and physical activities.

A comprehensive, multi-sectoral approach to improving physical activity levels and nutrition aimed at reducing overweight and obesity at the population level is required.^{20 21 22}

Arthritis Australia endorses the 2017 Australian Obesity Prevention Consensus which outlines eight policy actions for the Australian Government that represent the most critical

and urgent components of a national obesity prevention strategy. This consensus statement draws upon national and international evidence to address obesity, aligns with the WHO Global Action Plan for the Prevention and Control of Non-Communicable Disease 2013-2020 and is supported by more than 30 community, public health, medical and academic groups. The policy actions are:

1. Legislate to restrict children's exposure to unhealthy food and drink advertising on television
2. Set food reformulation targets for manufacturers to improve access to healthier food option
3. Improve food labelling by making the Health Star Rating System mandatory by July 2019
4. Develop and fund a national active transport strategy to promote walking, cycling and use of public transport
5. Fund sustained public education campaigns to improve attitudes and behaviours around diet, physical activity and sedentary behaviour
6. Introduce a health levy on sugary drinks to increase the price by 20%
7. Establish obesity prevention as a national priority with a national taskforce, ongoing monitoring, evaluation and reporting on targets
8. Develop and monitor national diet, physical activity and weight guidelines.²³

Conclusion

Urgent action to arrest the increase in obesity rates in Australia is required to prevent the development and progression of a range of chronic conditions including arthritis. In particular, preventing weight gain in children is a priority to provide them with the best chance of living long and healthy lives.

13/8/2018

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